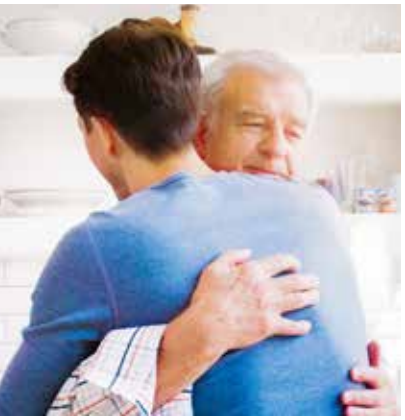
Baptist Cancer Center

ANNUAL REPORT

2018

BAPTIST®

CANCER CENTER



Cancer's impact is most strongly felt
one person at a time...

at Baptist Cancer Center,
we only treat ***one patient at a time.***

In the world of medical science, it's useful to study large groups of people to detect significant trends in how a disease process works. That's why the larger the group in a scientific study, the greater the validity of the results, and the **greater the value for the medical community.**

But the truth is, cancer's impact is most strongly felt one person at a time.

- **One person's determination** to work and undergo radiation treatment at the same time.
- **One person's struggle** to explain to her kids that she's OK with losing her hair.
- **One person's effort** to reassure aging parents while coping with his own anxiety.
- **One person's realization** that there is more to life than cancer and cancer treatment.
- **And one person's shout of joy** at the words, "It's gone."

While it's true that Baptist Cancer Center at Mississippi Baptist Medical Center treats more cancer patients than any other hospital in Mississippi, it's also true that we only treat one patient at a time. We also strive to communicate preventive measures so others won't have to hear the words "You have cancer."

Baptist Cancer Center seeks to pull all our considerable resources together into one place to meet the needs of our patients. Our services extend beyond the doors of the Baptist Cancer Center with valuable screenings for cancer detection. **Three cancer screenings are offered year-round: Breast Basic, Lung Select and Save Your Skin.**

Breast Basic is offered through the Center for Breast Health at Mississippi Baptist Medical Center. A screening mammogram often detects the smallest cancers and can enable the care team to diagnose and treat breast cancer at the earliest stages for the best outcomes. With same-day results and surgeon consults available within 48 hours, we not only provide results quickly, but also offer more opportunity for prevention.

Breast Basic is offered for a flat fee of $180, payable by cash only. The price includes the radiologist's fee, and insurance is not filed for this program. Women who have either no insurance or high deductibles for wellness services now have an affordable option for mammograms, the most recognized method for detecting breast cancer at its earliest, most treatable stage.

The Center for Breast Health at Mississippi Baptist Medical Center offers advanced digital technology; same-day results when previous films are available; an all-female staff; a private, comfortable setting; and soft, full-length robes to use during the screening.

Lung Select is recommended for adults ages 55-77 who:

- Currently smoke and have smoked one pack a day for 30 years or two packs a day for 15 years
- Quit smoking within the past 15 years after smoking one pack a day for 30 years or two packs a day for 15 years

Medicare or your insurance plan typically pays for this screening if participants:

- Are 55-77 years old
- Have no symptoms of lung cancer
- Currently smoke and have smoked one pack a day for 30 years or two packs a day for 15 years
- Quit smoking within the past 15 years after smoking one pack a day for 30 years or two packs a day for 15 years
- Have a doctor's order for the screening

A. Michael Koury, MD
Baptist Thoracic Surgery

The screening includes a Low Dose CT (LDCT) scan to detect abnormalities that may be too small to be seen on a routine X-ray. The goal of LDCT lung screenings is to save lives. Without an LDCT lung screening, lung cancer is usually not found until a person develops symptoms. At that time, the cancer is much harder to treat. Studies have shown that LDCT lung screenings can lower the risk of death from lung cancer by 20% in people who are at high risk. Early detection is the key.

Save Your Skin screenings are offered twice a year in two metro Jackson Baptist Medical Group clinics. They are open to anyone 18 and older, and the clinic providers volunteer their services for the free community screenings. Registration is required, and appointments fill up quickly. A recap of findings is included in the Cancer Committee reports.

Approximately 500 new cases of skin melanoma (cancerous growths) are diagnosed in Mississippi each year. Most skin cancers are associated with exposure to the sun. Childhood and adolescent sunburn are an almost universal risk factor for melanoma among Caucasian-Americans. Other risk factors that may contribute to the development of skin cancer include: fair to light skin complexion.; sex (men are more likely to develop skin cancer than women); age; race (risk of melanoma is more than 85 times higher for Caucasian-Americans than for African-Americans); heredity (numerous moles, as well as certain types of high-risk moles, often run in families).

IF CANCER IS DETECTED

If cancer is detected through one of the screenings or otherwise, Baptist Cancer Center is ready to treat the whole patient. At Baptist Cancer Center, we offer a range of support programs for our patients and their caregivers. Services include a clinical psychologist who provides individual and group counseling to help patients through the challenges of their diagnoses. Additionally, we offer nutrition counseling with a dedicated dietitian. Orientation is offered two days a week and is a complete overview of cancer treatment, including information about radiation therapy, chemotherapy, nutrition and several other important topics. Patients also receive a handbook.

Practical advice and guidance from our navigators helps ensure patients get to the right place at the right time. Our breast health navigator is certified for both imaging and cancer by the National Consortium of Breast Centers. The certification recognizes professionals who advance beyond basic knowledge in a field of specialty. She follows women throughout every aspect of treatment, helping to dispel fear, directing patients to financial and emotional support resources, and being a comfort to patients and their families. She provides education about benign and malignant breast diseases, treatments and side effects of treatment. She assesses the educational, physical, psychological and social needs of patients and families. She can also make appropriate referrals for further assessment when needed.

The Baptist Cancer Center navigator is the center's single point of contact for patients and caregivers. She is certified by the Oncology Nursing Certification Corporation and makes it easy for patients and their families to access services and information. The navigator assesses the needs of both patients and caregivers; directs them to appropriate support services; and educates patients and caregivers on any issues related to a patient's diagnosis. The navigator also coordinates all cancer support groups and activities.

Cancer Navigators

Tonya Ball, BSN, RN, OCN
Baptist Cancer Center Navigator

Lynn Day, BSN, RN, OCN
Baptist Cancer Center Navigator

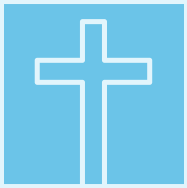
Adrienne Russell, MSN, RN, CN-BN
Center for Breast Health Navigator

WE TREAT COMPREHENSIVELY

It seems like such a simple statement, but at Baptist Cancer Center we do whatever we can to deliver on our promise of providing comprehensive, convenient care. At Baptist Cancer Center, services are conveniently accessible in one building, including our physician offices, outpatient infusion therapy, inpatient and outpatient radiation therapy, plus an extensive range of support services. No crossing the street. No going outside. No moving the car. Once patients come through the door, they're just steps away from every tool we have to provide the best possible outcome.

The Center for Breast Health at Mississippi Baptist Medical Center brings the same convenient, comprehensive services to women to prevent and detect breast cancer.

Within the center are private rooms for screening mammography that protect women's modesty and privacy. For women whose previous mammograms are on file, the center's onsite radiologists read mammograms and provide results during the patient's appointment. Therefore, if another view is needed to clarify the finding, the patient doesn't have to make another appointment to get definitive results. Also within the center are services for stereotactic breast biopsy and sentinel node mapping.



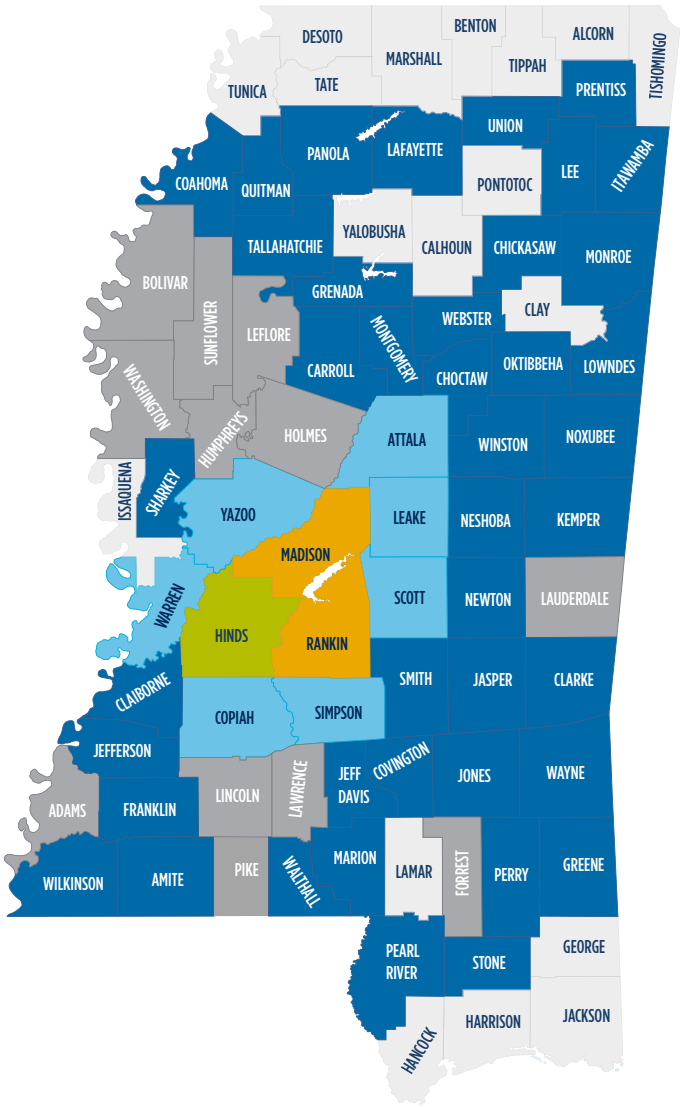
WE TREAT SPIRITUALLY

As a Christian healing ministry, we are followers in faith, guided by the example of Christ. Our Baptist family works together in a way that is consistent with our mission: "Dedication to Christian healing." We strive to provide our cancer services in a way that reflects the traditions and compassion of the Christian faith.

Our pastoral care staff includes a chaplain dedicated to the Baptist Cancer Center, ministering to cancer patients. For patients who seek spiritual support as part of their cancer care, Baptist provides appropriate avenues for encouragement, prayer, and counsel.

2017 CANCER CASES

Treated at Baptist Cancer Center – Mississippi Baptist Medical Center



Cases by County

Total Cases 2,238

- More Than 400 Patients
- 200-399 Patients
- 50-199 Patients
- 20-49 Patients
- 19 and under
- 0

Out-of-State Cases **(41)**

Alabama - 7
Arkansas - 3
Florida - 1
Georgia - 1
Illinois - 1
Louisiana - 22
North Carolina - 2
Oklahoma - 2
Texas - 1
Virgin Islands - 1

PRIMARY SITE STUDY – MELANOMA

Cutaneous melanoma represents only a minority of skin cancers and is the cause of the vast majority of skin cancer deaths. In the United States, melanoma is the sixth most common cancer in men and women. In the U. S., it is estimated there will be 91,270 new melanoma cases diagnosed and 9,320 deaths from melanoma during 2018 according to the American Cancer Society (ACS). (1)

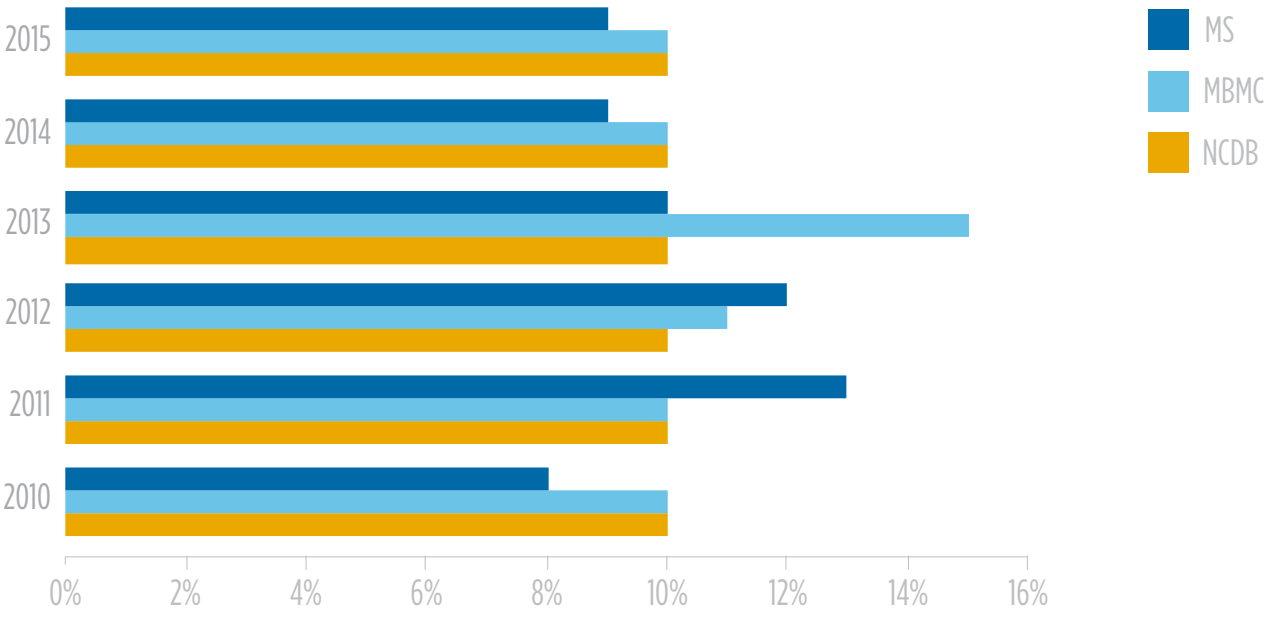
Purpose

The purpose of this review is to look at patterns of care and outcomes of patients with melanoma treated at Mississippi Baptist Medical Center (MBMC) as well as to review United States statistics from the National Cancer Data Base (NCDB). NCDB is a nation-wide oncology database of over 1500 hospitals from 50 states, a joint project between the Commission on Cancer of the American College of Surgeons and the American Cancer Society. Criteria used for this review will be from NCDB data from comprehensive community cancer centers in the Mid-South division (64 hospitals) for patients diagnosed during the years 2006-2015. The Mississippi data used in this review is from six hospitals in Mississippi. (2)

Incidence

Melanoma is cancerous growth that develops due to unrepaired DNA damage to skin cells, most often associated with ultraviolet radiation from sunshine or tanning beds that triggers mutations (genetic defects) that lead skin cells to multiply rapidly and form malignant tumors. These tumors originate in the pigment-producing melanocytes in the basal layer of the epidermis. Melanomas often resemble moles and some develop from moles. The majority are black or brown, but they can also be skin–colored, pink, red, purple, blue or white. There is compelling evidence that melanoma is associated with over exposure to ultraviolet (UV) radiation exposure (frequently leading to sunburn), especially in those who are genetically predisposed to the disease. Melanoma is a neoplasm that can metastasize to virtually any tissue or organ of the body. Melanoma cases from 2006 – 2015 were reviewed. The NCDB regional data has 6,417 cases, Mississippi had 1,225 cases and MBMC 500 cases. Yearly incidence of melanoma from 2006 to 2015 reveals very similar rates for the three datasets. (Graph 1)

Graph 1: Incidence of Melanoma



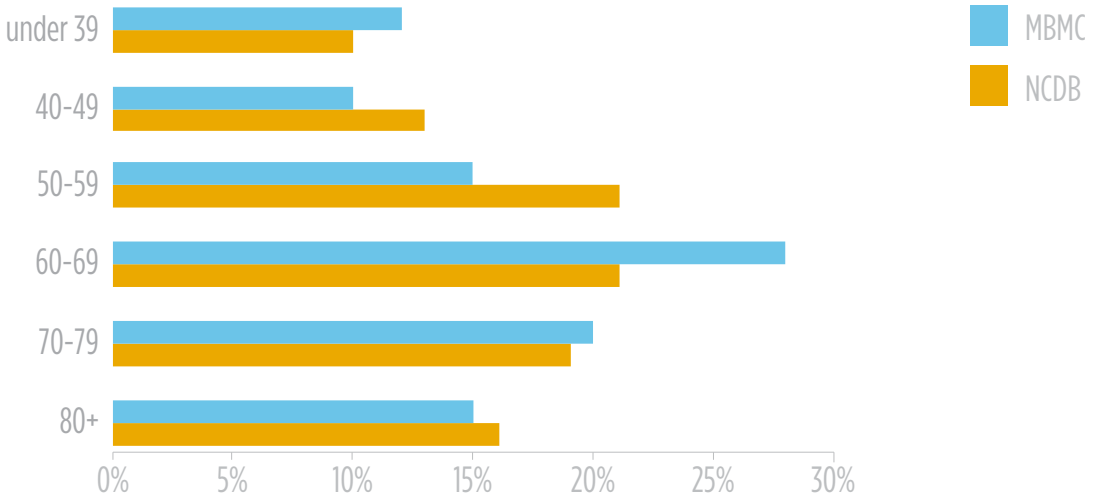
Risk Factors for Melanoma

Major risk factors include a personal or family history of melanoma and the presence of atypical, large or numerous (more than 50) moles and heavy exposure to ultraviolet radiation from sunlight or indoor tanning. Risk increases for people who are sun-sensitive (e.g., sunburn easily, natural blond or red hair color, and those who have a history of excessive sunburns or skin cancer). Melanomas may also be detected in non-exposed skin or in lymph nodes or organs.

Age

Melanoma is most common in non-Hispanic whites with an annual incidence rate of 26 per 100,000, compared to 4 per 100,000 in Hispanics and 1 per 100,000 in blacks. The incidence has continued to rise about 3% over the past 30 years. Incidence increases with age with rates higher in women than men before age 50, but by age 64, rates in men are double those in women, and by age 80, they are triple. This pattern reflects age and sex differences in occupational and recreational exposure to ultraviolet radiation. The male to female ratio is similar with MBMC 59% to 41% and NCDB 56% to 44%. The comparison of age between the groups reveal MBMC and NCDB similar with a slight difference for MBMC 28% to NCDB 21% in ages 60 to 69. (Graph 2)

Graph 2: Age at Diagnosis



Screening and Prevention

Warning signs of all skin cancers include changes in the size, shape, or color of a mole or skin lesions, the appearance of a new growth or a sore that does not heal with changes and size progression over a one-month period of time. The best way to detect skin cancer early is to be aware of new or changing skin growths. The ABCDE rule outlines warning signs of melanoma:

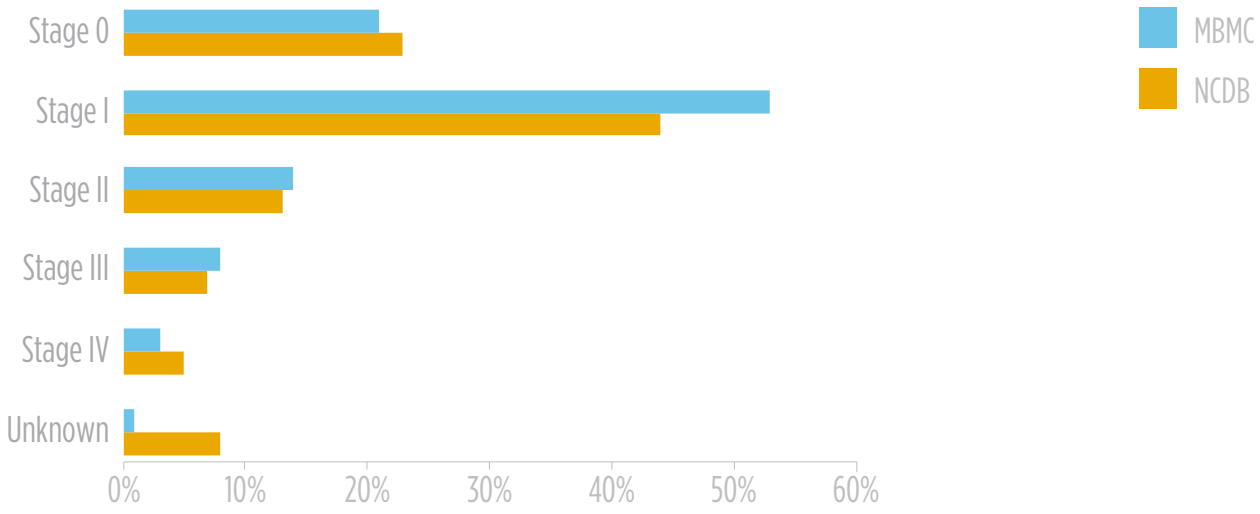
A -Asymmetry (one half of mole does not match the other half)
B -Border is irregular (edges are ragged, notched or lured)
C -Color (the pigmentation is not uniform, with variable degrees of tan, brown, or black)
D -Diameter greater than 6 mm (about the size of pencil eraser)
E -Evolution meaning a change in a mole over time.

Exposure to intense UV radiation can be minimized by wearing protective clothing (long sleeves, long pants or skirts, tightly woven fabric and a wide-brimmed hat); wearing sunglasses; applying sunscreen with sun protection factor (SPF) of 30 or higher to unprotected skin; and no sunbathing or indoor tanning. Children need protection from the sun because severe sunburns in childhood may increase risk of melanoma. (3)

Stage of Disease

The American Joint Committee on Cancer (AJCC) uses standard methods to stage melanoma cancer by evaluating the tumor (T), regional lymph nodes (N), and metastasis (M).(4) Patients with primary cutaneous melanoma and clinically negative regional nodes have a very low risk of synchronous occult regional metastasis at initial presentation in most thin (T1) lesions. This risk increases as the primary tumor thickness increases along with other adverse prognostic factors to approximately 35-50% in patients who present with clinically node-negative clinical T4b primary melanoma. Presentation with distant metastasis at diagnosis is very uncommon. Other prognostic factors include ulceration of lesion, mitotic rate, microsatellites, tumor-infiltrating lymphocytes, regression and lymph vascular invasion. The TNM values determine the stage of disease and range from Stage 0 (the least amount of disease) to a Stage IV (the most amount of disease). The data review reveals 73% of MBMC and 67% of NCDB patients are early stage (0 and I) disease, Stage II is 13% and Stage III and IV 11% for both sets of data. (Graph 3)

Graph 3: Stage of Disease



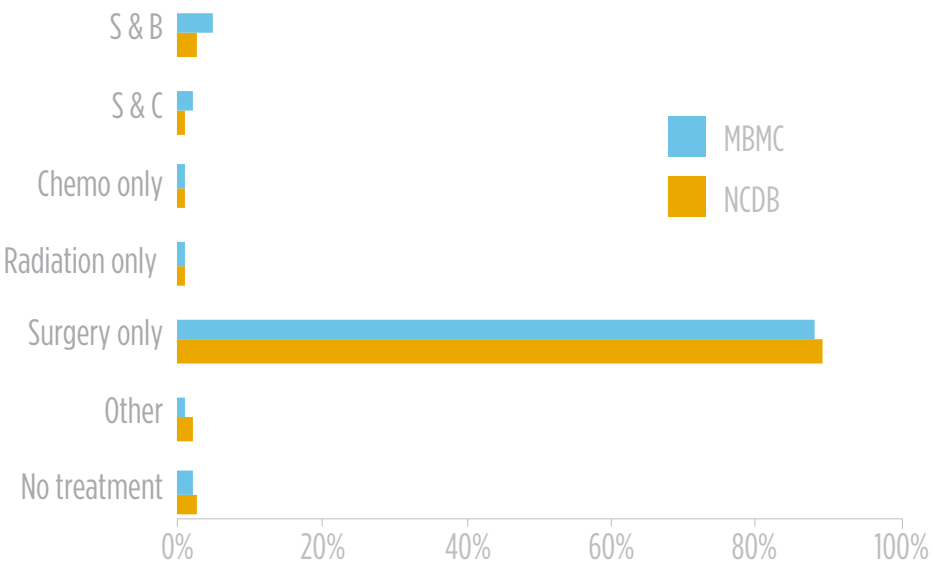
PRIMARY SITE STUDY – MELANOMA

Treatment

The primary treatment of melanoma is surgical removal of the primary growth with surrounding normal tissue. Sentinel lymph node biopsy (SLNB) provides important prognostic and staging data with minimal morbidity and can be used to identify regional node-negative patients who would not benefit from a complete nodal dissection. SLNB should be performed on acceptable surgical risk patients who have melanoma with a Breslow depth of greater than or equal to 0.8mm (>T1). Lymph node dissection may be indicated if the sentinel lymph contains metastatic disease. (5)

Melanoma with deep invasion or spread to lymph nodes may be treated with surgery, immunotherapy, chemotherapy, radiation or combinations of these modalities. The treatment of advanced melanoma has changed greatly in the recent years with new immunotherapy and targeted drugs. The data sets reveal surgery as primary treatment modality, which correlates with most cases showing early stage disease. Review shows surgery alone in 88% MBMC and 89% NCDB cases. (Graph 4)

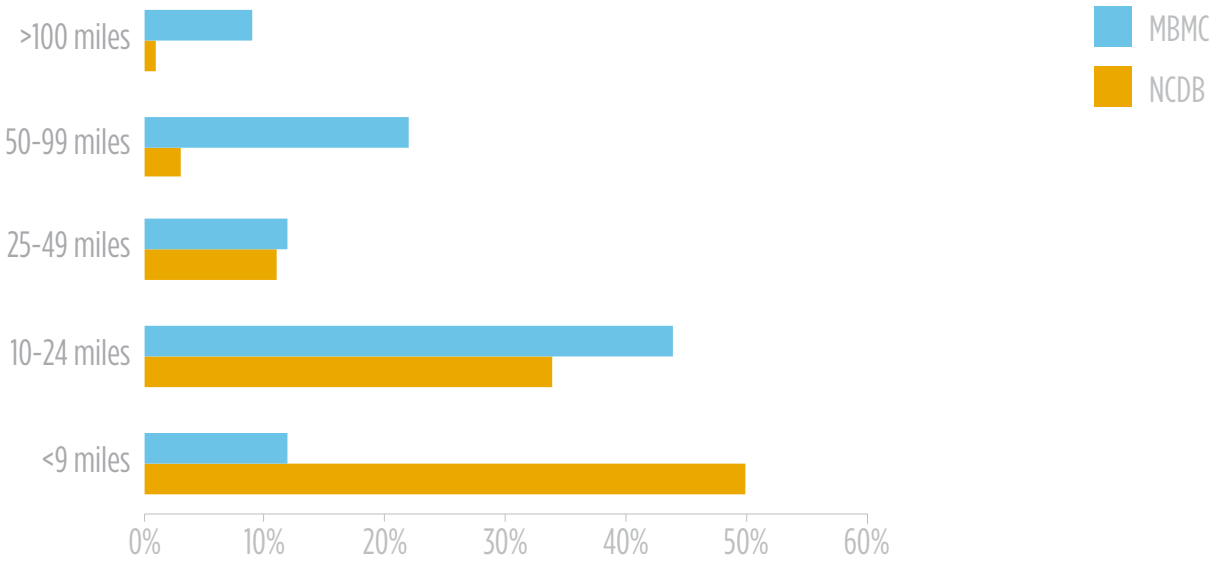
Graph 4: First Course Treatment



Distance Traveled For Melanoma Treatment

Review of the data for the miles traveled by patients to treat melanoma reveals 43% of MBMC patients travel more than 50 miles each way for treatment where the National data show only 15% patients travel more than 50 miles. (Graph 5) MBMC can assist patients and their care providers in finding temporary lodging during cancer treatment. The Hope House in the Jackson area provides lodging for qualified patients. The American Cancer Society collaborates with local motels to provide temporary lodging for patients under treatment on a space-available basis and will be opening the Hope Lodge in 2019 to provide lodging for qualified patients.

Graph 5: Distance Traveled For Treatment



Summary

The incidence of melanoma for all three data sets is comparable at 10% each year from 2010 to 2015. MBMC had a slightly higher percentage of age 60-69 patients at 28% to 21% NCDB. MBMC data compares favorably with NCDB data with the majority being Stage 0 and Stage I. Review of treatment for melanoma reveals surgery as the most common therapy, which correlates with MBMC and NCDB, both data sets having for the majority of patients having early Stage 0 and Stage I disease. MBMC has physicians with expertise to perform surgical resection with sentinel lymph node mapping if indicated. The majority of MBMC melanoma patients (43%) traveled more than 50 miles each way for therapy, which is higher than NCDB with (15%) traveling more than 50 miles.

National Recognition - HealthGrades Awards & Magnet Status

Mississippi Baptist Medical Center is one of the Best 100 Hospitals in the Nation as recognized by HealthGrades, America's leading independent healthcare ratings organizations.
MBMC did receive the Healthgrades Outstanding Patient Experience AwardTM for 3 years in a row (2015 – 2017). MBMC remains the only hospital in Mississippi to have Magnet recognition.

Comprehensive Services

Mississippi Baptist Medical Center and Baptist Cancer Center offer a comprehensive, multi-disciplinary complement of services for cancer patients which includes easy access to a wide range of diagnostic and therapeutic services as well as education, information and support. Services include patient navigators, oncology nurses, registered dietitian, chaplain, a board certified Clinical Psychologist, up-to-date radiation therapy equipment, a multitude of chemotherapy and immunotherapy drugs, as well as clinical trial opportunities that help make MBMC a leader in treating all cancer patients. To further enhance patient care, weekly multidisciplinary patient care conferences are held with specialists in all disciplines to discuss the patient's case, review pathology and radiology findings and discuss the plan of care.

MBMC offers community educational sessions and screenings including skin screenings at the Baptist Medical Group clinics periodically during the year. Many ongoing support groups, including a "Caregivers Support Group" for caregivers only which meets monthly. "Standing Strong" is a free supervised exercise program offered to cancer patients which is very important with the latest research showing better outcomes for patients that remain active during treatment.

Our board certified physicians and staff provide the highest quality evaluation and management for our cancer patients. For more information about Baptist Cancer Center, call 1-800-948-6262 or visit baptistcancercenter.com for services, programs, education podcasts, or additional resources. For information on cancer, visit our website or www.cancer.org, or www.nci.nih.gov.

Prepared by Richard B. Friedman, M.D. Cancer Committee Chair and Pam Barlow, CTR

References

1. American Cancer Society: Melanoma. 2018 Facts and Figures. Page 23-24.

2. Commission on Cancer, American College of Surgeons. NCDB Hospital Comparison Benchmark Reports, Cases 2006 – 2015. Chicago, IL, 2018.

3. 2018 UpToDate: Melanoma-Clinical-Features and Diagnosis, Literature Review current through July 2018 and last updated: Jan 31, 2018, online.

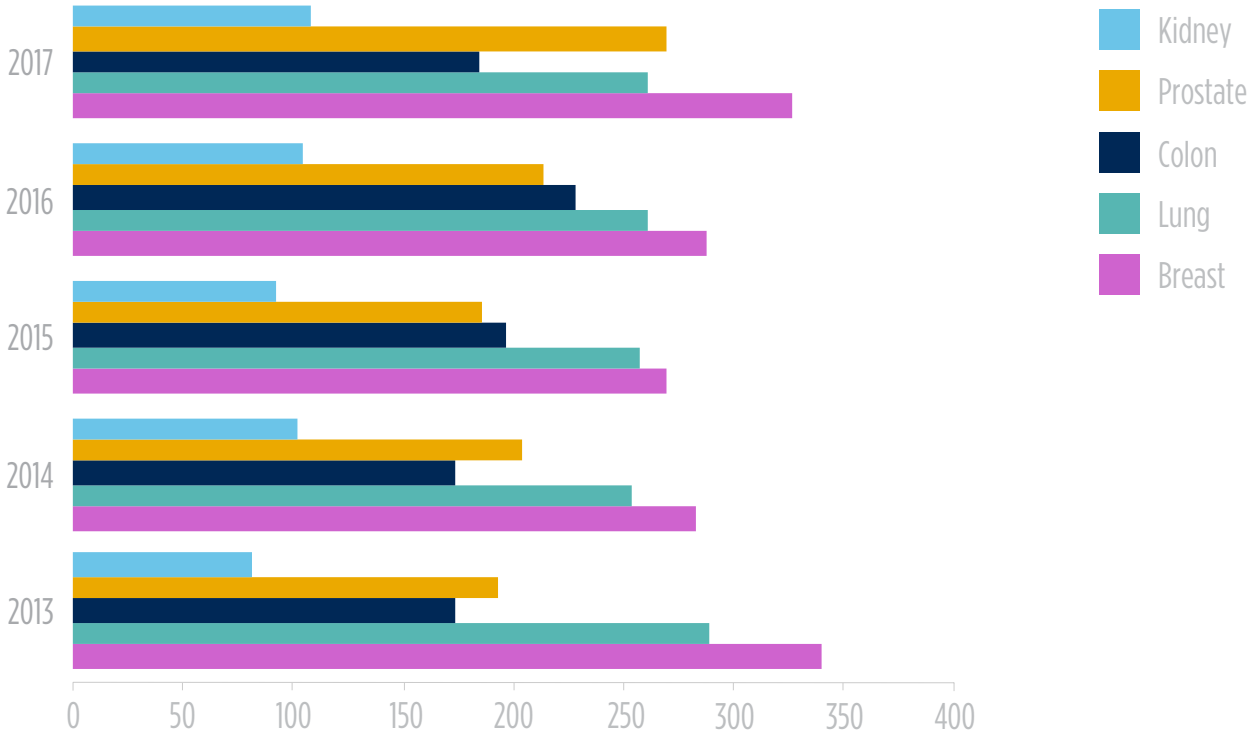
4. American Joint Committee on Cancer Staging Manual, 8th Edition, 3rd printing, Springer. page 565.

5. Cancer Control: 2009 Jul: 16(3):234-9 Sentinel Lymph Node biopsy for melanoma: indications and rationale.

CANCER REGISTRY

The Cancer Registry is an important part of the cancer program at Mississippi Baptist Medical Center with the primary goal to maintain an accurate comprehensive database for patients diagnosed and/or treated with cancer or a reportable tumor since January 1982. The registry collects cancer related data from diagnosis through treatment as well as lifetime follow-up. The Baptist database includes more than 71,500 cases. Registry data reports the incidence of cancer seen at MBMC, for educational purposes, and evaluating patient care provided, as well as treatment outcomes and survival results. The registry submits data annually to the National Cancer Data Base (NCDB), the Mississippi Cancer Registry monthly and to the Rapid Quality Reporting System monthly. Annual patient follow up is essential to assess treatment outcomes. The Baptist Cancer Registry exceeds the standards for follow up with a rate of 93% for the patients in last 5 years and 83% for patients since the reference year of 1982.

MBMC Top Cancer Sites 2013-2017

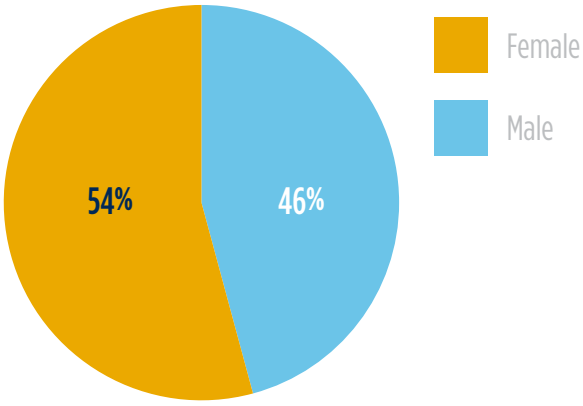


Summary of 2017 Cases

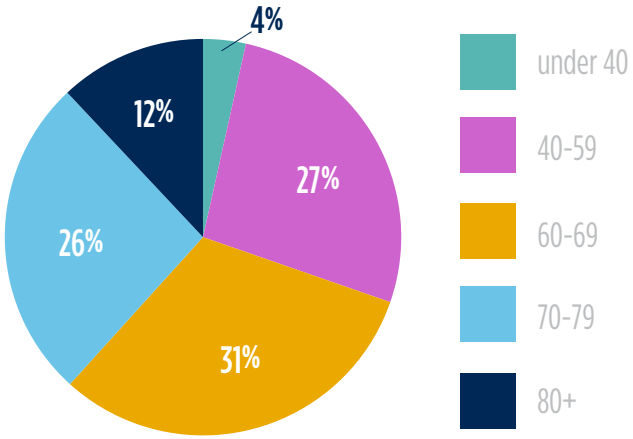
Total new cancer registry cases	2238
Analytic (diagnosed and treated at Baptist)	1867
Non-Analytic (1st seen at Baptist on recurrence)	371

Statistics for 2017 Analytic Cases (1867)

Sex



Age of Diagnosis

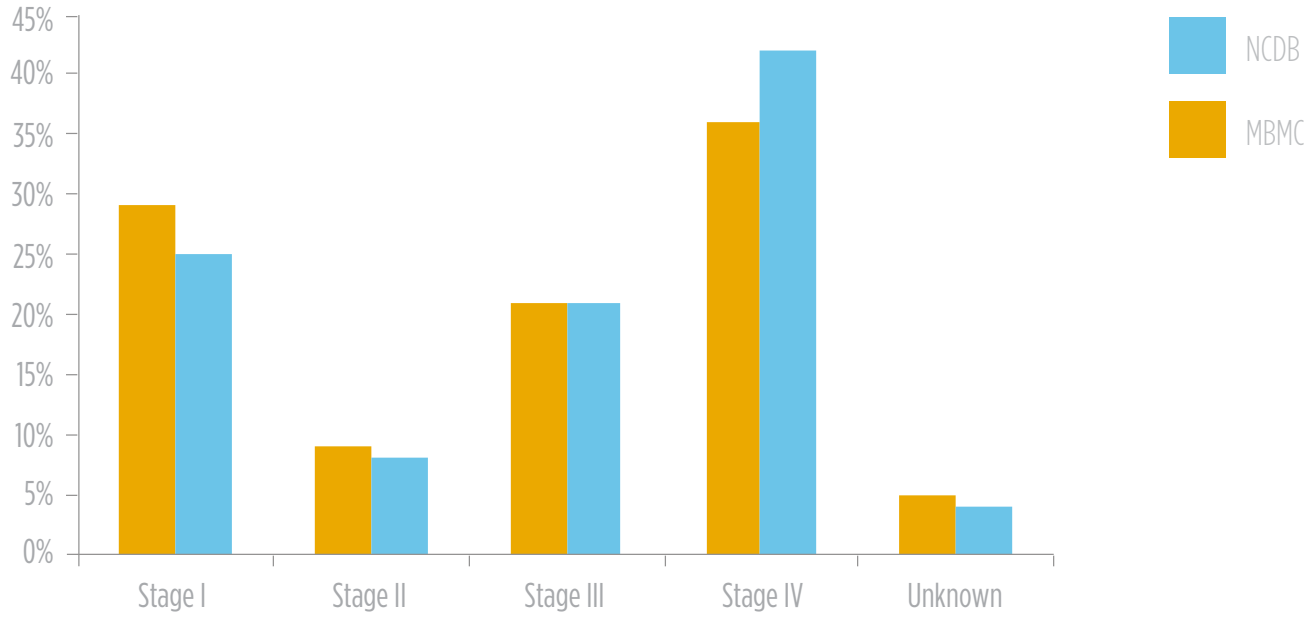


The 2017 analytic primary sites for Mississippi Baptist Medical Center (MBMC) reveal the top five to be breast, lung, prostate, colorectal and kidney. The NCDB data reveals the top sites in the U.S. to be lung, breast, colorectal and prostate as well as the major sites for Mississippi data correlates with the MBMC top sites.

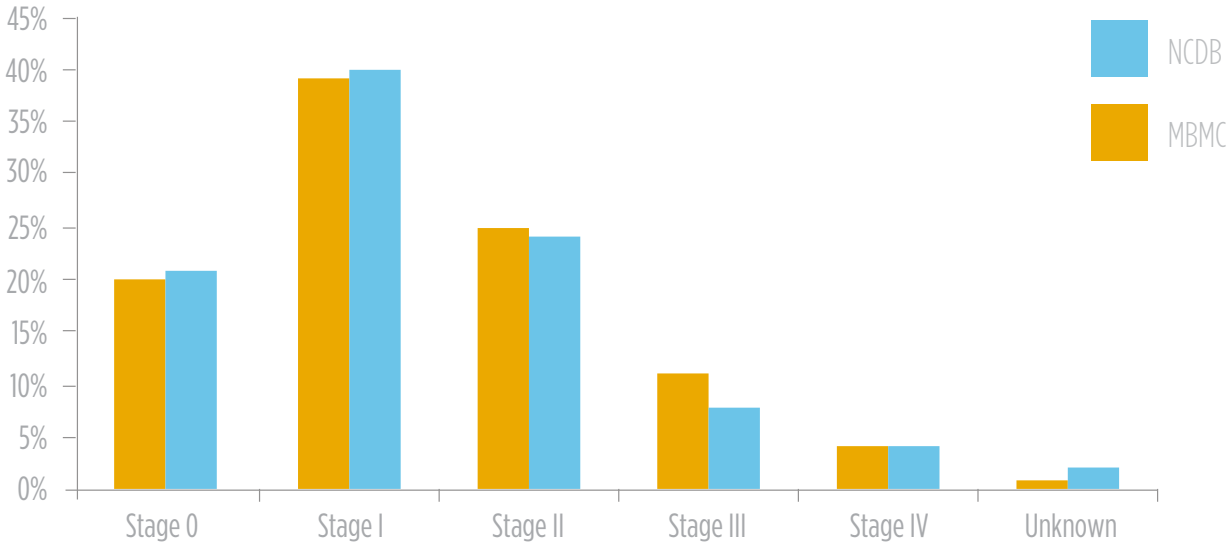
Stage of Disease

The AJCC Stage of Disease for some of the top primary sites for MBMC and NCDB 2006-2015 cases were reviewed for non-small cell lung, breast and colon cancer. Data reveals very similar stage of disease between the two data sets. See graphs for details.

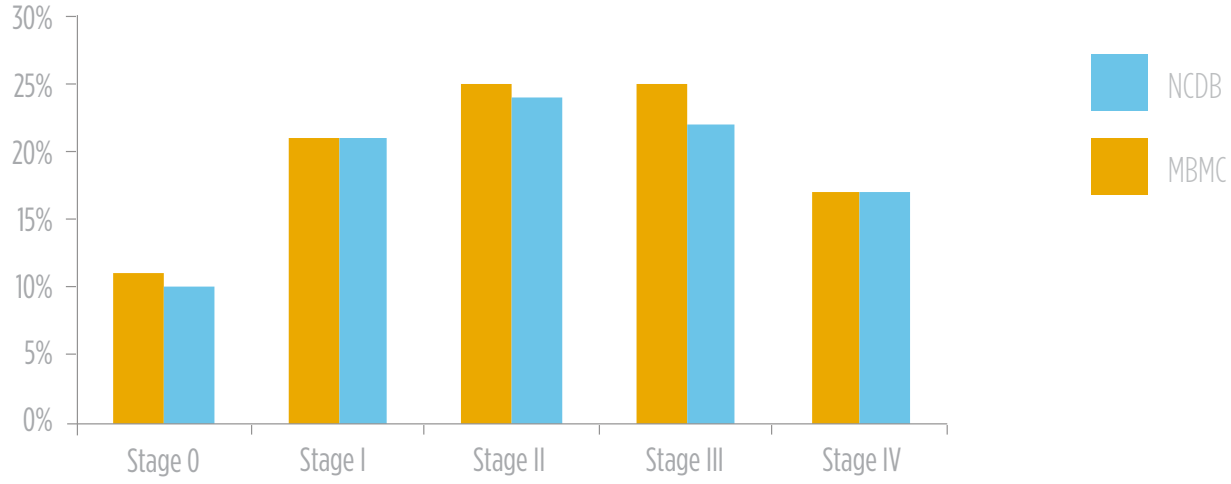
Non-small Cell Lung Cancer



Breast Cancer



Colon Cancer



Quality Data

MBMC has been participating with the Cancer Program Practice Program (CP3R) since 2004. This covers the quality measures reported through the National Cancer Data Base Call for Data annually. The sites include breast, colon, non-small cell lung, prostate, endometrium, cervix, ovary, gastric and bladder. The most current available data from 2015 reveals good compliance with all measures above CoC standards. No new information released.

MBMC has been participating with the Rapid Quality Reporting System (RQRS) since 2014. A web-based, systematic data collection and reporting system that advances evidence-based treatment through a prospective alert system for anticipated care that supports care coordination required for breast and colorectal cancer patients at the local level.

CANCER CONFERENCES

Tumor Board and Comprehensive Breast Patient Care conferences are held at Mississippi Baptist Medical Center in the Baptist Cancer Center Conference Room every Monday at 5:00 p.m. The Neurology/Neurosurgery/Radiology meetings are held every Tuesday at 7:30 a.m. The Lung Nodule conference meets at 12:00 p.m. on Tuesday as needed to review abnormal Low Dose CT Chest screenings. These patient care conferences offer multidisciplinary consultative services for patients along with an educational opportunity for the cancer support professionals. Discussions include the use of AJCC stage of disease, prognostic indicators and evidence-based national treatment guidelines in planning for optimal treatment strategies and expected outcomes.

In 2017, 284 cases, or 15% of analytic cases, were discussed at the meetings with 95% of the discussions for prospective treatment options and management.

The major primary sites discussed were breast, lung, CNS tumors, colon and rectum, and endometrium cases.

Mississippi Baptist Medical Center is accredited by the Mississippi State Medical Association to provide continuing medical educational (CME) for physicians. Participation in the conference earns one hour of Category I Continuing Education credit. Conferences are open to all the medical staff and appropriate ancillary personnel. Anyone interested in presenting a case or receiving a weekly agenda, may contact the Cancer Registry at 601-968-1339.

Physicians Presenting at Cancer Conferences in 2017

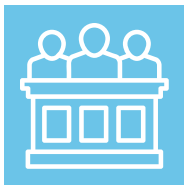
Vinod K. Anand, MD
Justin T. Baker, MD
H. Gregory Fiser, MD
Richard B. Friedman, MD
Alexander J. Haick, MD
Keith O. Jones, MD
A. Michael Koury, MD
Derek Letort, MD
Phillip B. Ley, MD
Andrew Mallette, MD
James L. Moore, MD
Jason G. Murphy, MD
Martin Newcomb, MD
Grace G. Shumaker, MD
W. Lynn Stringer, MD
M. Jeanann Suggs, MD, PhD
Matthew A. Vanlandingham, MD
Margaret Wadsworth, MD
Richard E. Weddle, MD
Tyler Winford, MD
Tammy H. Young, MD

Pathologists:

Steven Bigler, MD
Kathryn Brown, MD
Nanette Pinkard, MD
William Payne, MD

Radiologists:

E. J. Blanchard, MD
Larkin Carter, MD
Gary A. Cirilli, MD
J. Mack Haltom, III, MD
R. Houston Hardin, MD
Jason R. Hosey, MD
Edward K. Phillips, MD
Charles K. Pringle, MD
C. Dallas Sorrell, MD
J. Dean Tanner, MD
Timothy G. Usey, MD



2018 CANCER COMMITTEE

Richard B. Friedman, MD
Radiation Oncology
Chairman

A. Michael Koury, MD
Thoracic Surgery
American College of Surgeons
Cancer Liaison Physician

Justin Baker, MD
Medical Oncology

Steven Bigler, MD
Pathology

Alexander Haick, MD
Surgery

Jason Hosey, MD
Diagnostic Radiology

Michael Maples, MD
Chief Medical Officer

James L. Moore, MD
Gynecologic Oncology

William Payne, MD
Pathology

Dallas Sorrell, MD
Radiology

Natale Sheehan, MD
Medical Oncology

M. Jeanann Suggs, MD, Ph.D.
Radiation Oncology

Margaret Wadsworth, MD
Radiation Oncology

Bob Wilkerson, MD
Medical Oncology

Tammy Young, MD
Medical Oncology

Tonya Ball, BSN, RN, OCN
Cancer Center Patient Navigator
Community Outreach Coordinator

Pam Barlow, CTR
Cancer Registry Coordinator
Quality of Cancer Registry Data Coordinator

Cara Chandler, BSN, RN
Nurse Manager, Oncology Inpatient and Outpatient

Karen Ross, LSW
Social Worker/Discharge Planning

Teresa Davis, BSN, RN, OCN
Clinical Trials Coordinator

Harold Gore, PharmD
Bryan Miller, PharmD
Oncology Pharmacists

Michael Hall, MBA, BS, R.T.(R)(N), CNMT
Director of Oncology Services
Quality Improvement Coordinator

Brenda Howie, Ph.D., MSN, RN-BC
Chief Nursing Officer

Wanda Lett, CTR
Cancer Registrar
Cancer Conference Coordinator

Bufkin Moore, PsyD
Oncology Counselor

Deniece Ponder, MHSA, BSN, RN, OCN
Administrative Director of Oncology Services

Dana Price, RD
Clinical Dietitian

Adrienne Russell, RN, MSN, CN-BN
Breast Health Patient Navigator

Jeff Parker, B.C.C.
Chaplain

Ginger Stover, PT, DPT, CLT
Lymphedema Coordinator

Bobbie Ware, MHSA, BSN, RN, NEA-BC, FACHE
Chief Executive Officer

Robert Ware, MHA, MSN, CEN, ACNPC-AG
Director of Clinical Improvement
Palliative Care

PRIMARY SITE 2017 ALL CASES

	Total	Class		Sex		AJCC Stage (analytic cases only)					
		Analytic	N/A	M	F	Stg 0	Stg 1	Stg II	Stg III	Stg IV	NA/ Unk
All Sites	**2238**	**1867**	**371**	**1021**	**1217**	**116**	**552**	**460**	**226**	**320**	**193**
Oral Cavity	**34**	**26**	**8**	**22**	**12**	**1**	**5**	**7**	**3**	**8**	**2**
Lip	1	1	0	1	0	1	0	0	0	0	0
Tongue	13	10	3	10	3	0	2	3	2	2	1
Oropharynx	2	1	1	2	0	0	0	0	0	1	0
Hypopharynx	1	1	0	0	1	0	0	0	0	1	0
Other	17	13	4	9	8	0	3	4	1	4	1
Digestive System	**421**	**369**	**52**	**210**	**211**	**22**	**72**	**79**	**70**	**93**	**33**
Esophagus	13	12	1	10	3	0	1	0	0	7	4
Stomach	40	36	4	23	17	0	13	1	8	9	5
Colon	148	131	17	72	76	18	15	39	33	25	1
Rectum	61	54	7	31	30	4	15	8	11	10	6
Anus/Anal Canal	7	6	1	1	6	0	2	2	2	0	0
Liver	26	19	7	22	4	0	2	2	1	8	6
Pancreas	88	79	9	40	48	0	13	18	8	32	8
Other	38	32	6	11	27	0	11	9	7	2	3
Respiratory System	**318**	**281**	**37**	**163**	**155**	**1**	**72**	**17**	**57**	**119**	**15**
Nasal/Sinus	1	0	1	1	0	0	0	0	0	0	0
Larynx	11	8	3	8	3	1	0	2	1	3	1
Other	1	1	0	1	0	0	0	0	0	1	0
Lung/Bronc-Small Cell	47	44	3	23	24	0	2	0	8	31	3
Lung/Bronc-Non Small Cell	241	217	24	124	117	0	69	15	47	77	9
Other Bronchus & Lung	17	11	6	6	11	0	1	0	1	7	2
Blood & Bone Marrow	**79**	**60**	**19**	**30**	**49**	**0**	**0**	**1**	**1**	**2**	**56**
Leukemia	46	36	10	18	28	0	0	1	1	2	32
Multiple Myeloma	25	17	8	8	17	0	0	0	0	0	17
Other	8	7	1	4	4	0	0	0	0	0	7
Bone	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Connect/Soft Tissue	**13**	**11**	**2**	**5**	**8**	**0**	**5**	**1**	**3**	**1**	**0**

	Total	Class		Sex		AJCC Stage (analytic cases only)					
		Analytic	N/A	M	F	Stg 0	Stg 1	Stg II	Stg III	Stg IV	NA/ Unk
Skin	**66**	**50**	**16**	**43**	**23**	**12**	**24**	**9**	**1**	**1**	**3**
Melanoma	58	46	12	37	21	12	24	7	1	1	1
Other	8	4	4	6	2	0	0	2	0	0	2
Breast	**384**	**326**	**58**	**4**	**380**	**58**	**152**	**82**	**17**	**14**	**3**
Female Genital	**153**	**140**	**13**	**0**	**153**	**2**	**77**	**13**	**32**	**14**	**2**
Cervix Uteri	24	18	6	0	24	1	8	4	3	2	0
Corpus Uteri	84	82	2	0	84	0	52	6	17	5	2
Ovary	24	24	0	0	24	0	7	2	9	6	0
Vulva	17	13	4	0	17	1	10	1	0	1	0
Other	4	3	1	0	4	0	0	0	3	0	0
Male Genital	**331**	**274**	**57**	**331**	**0**	**2**	**27**	**219**	**10**	**13**	**3**
Prostate	326	269	57	326	0	0	25	219	10	13	2
Testis	3	3	0	3	0	0	2	0	0	0	1
Other	2	2	0	2	0	2	0	0	0	0	0
Urinary System	**173**	**153**	**20**	**113**	**60**	**18**	**74**	**16**	**17**	**20**	**8**
Bladder	48	38	10	41	7	13	5	6	3	7	4
Kidney/Renal	118	108	10	68	50	4	69	10	12	11	2
Other	7	7	0	4	3	1	0	0	2	2	2
Brain & CNS	**18**	**15**	**3**	**6**	**12**	**0**	**0**	**0**	**0**	**0**	**15**
Brain (Benign)	1	0	1	0	1	0	0	0	0	0	0
Brain (Malignant)	8	7	1	4	4	0	0	0	0	0	7
Other	9	8	1	2	7	0	0	0	0	0	8
Endocrine	**59**	**53**	**6**	**17**	**42**	**0**	**38**	**4**	**6**	**1**	**4**
Thyroid	52	49	3	13	39	0	38	4	6	1	0
Other	7	4	3	4	3	0	0	0	0	0	4
Lymphatic System	**77**	**62**	**15**	**49**	**28**	**0**	**6**	**12**	**6**	**32**	**6**
Hodgkin	10	9	1	7	3	0	0	3	1	3	2
Non-Hodgkin	67	53	14	42	25	0	6	9	5	29	4
Miscellaneous/Unknown	**112**	**47**	**65**	**28**	**84**	**0**	**0**	**0**	**3**	**2**	**43**

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