



# **2009 CANCER CENTER ANNUAL REPORT**

**REFLECTING 2008 DATA & ACTIVITIES**

## **CHAIRMAN'S REPORT**

**By Chairman, James Kamplain, M.D., Radiation Oncologist**

On behalf of the multidisciplinary Cancer Committee at Trinity Medical Center, we are pleased to present the 2009 Annual Report, reflecting data and goals for the calendar year 2008. Our comprehensive cancer program provides a network of oncology services specializing in the prevention, diagnosis, treatment, and management of patients with cancer. The Cancer Program is governed by a multidisciplinary cancer committee. Our multidisciplinary team of medical and radiation oncologists, surgeons, oncology nurses, physical and occupation therapists, social workers, dieticians, cancer data specialists, chaplains, pharmacists, hospice staff, American Cancer Society representatives and other support personnel work diligently to coordinate the best cancer treatment options available. To the members of our community, our Cancer Program offers quality cancer care that is close to home, a range of state-of-the-art services and equipment, community involved cancer screenings, and cancer support groups and education. Our cancer registry collects data on cancer type, stage of disease, first course of treatments, and offers lifelong patient follow-up.

A total of 661 new cancer cases were added to the Cancer Registry's database for 2008 with 585 classified as analytic and 76 classified as non-analytic cases. Non-analytic cases are cases not required by the Commission on Cancer to be abstracted and they are also excluded from survival analysis. Since the reference date of 2000, the additional cases accessioned in 2008 bring the total number of cases in our database to 7,698.

In this report you'll also find a detailed breast treatment analysis conducted by William Thompson, III, M.D utilizing cancer registry data. The study's criteria include women ages 18 - 69 diagnosed in years 2004 - 2008, who received surgeries less than a mastectomy along with radiation. In the study Dr. Thompson compares Trinity's breast surgical and radiation rates against state and national rates.

Finally, I am pleased to report that the Commission on Cancer has recognized our program's commitment to serving the needs of cancer patients throughout our community. I would like to congratulate each cancer committee member, ancillary departments and other support personnel for a job well done. It is through these cooperative efforts that our facility has been awarded Three-Year Accreditation with Commendation as a teaching hospital.

# **CANCER LIAISON PHYSICIAN REPORT**

**James Adams, MD, Radiation Oncologist**

The Cancer Center at Trinity Medical Center continues to improve and refine our oncology services to better serve our patients and their families. We are committed to meeting and exceeding standards of care set forth by the Commission on Cancer to ensure that quality care is delivered to all of our patients. Each year the multidisciplinary committee develops goals to better serve our cancer patient population. Through our efforts we are able to provide hope, support, faith and education throughout our community.

In 2008 our goals were:

- Establish a new resource library.
- Include Dieticians to meet all cancer patients, both inpatient and outpatient to provide nutritional education.
- Audit pain management of patients having thoracotomies.
- Continue to monitor daily weights on cancer patients receiving TPN.
- Prepare a lung cancer site study.
- Provide skin screening health fairs.
- Conduct one prostate cancer screening.
- Host a memorial service/cancer survivor celebration.
- Begin onsite TOUCH programs partnered with the American Cancer Society
- Complete any studies set forth by the COC.
- Publish a 2008 Annual Report
- Obtain error free NCDB submission.
- Establish a bereavement food cart for end - of - life patients' family members who wish to remain with their love ones.

In 2008 the Cancer Center purchased a dual PET/CT scan machine. Patients using this machine for diagnostic purposes receive radioactive sugar intravenously. Cancer cells are more metabolic than normal cells, and because of this, cancer cells absorb more of the radioactive tracer enabling our physicians to pinpoint cancerous cells more precisely. In 2008, Trinity Medical Center and the American Cancer Society initiated a partnership to serve our cancer patients and the surrounding communities. As a result of this partnership, ACS representatives are more visible on campus, delivering cancer educational materials to physicians and oncology nurses. Together with the ACS, we sponsor cancer screenings and host TOUCH programs. The volume of ACS patient referrals encouraged the development and approval of a patient referral form. We are pleased to report that all goals were met in 2008. The Tumor Board met 36 times in 2008 with 104 cases presented, at least 75% of those cases were presented prospectively.

I would like to extend a thank you to the many physicians, nurses, residents, resident coordinators, our cancer registrars, and ancillary support staff who attend our weekly cancer conferences. Thank you all for your support and cooperation.

# COMPREHENSIVE CANCER COMMITTEE

The Cancer Committee at Trinity Medical Center, plans, coordinates, analyzes, develops, implements, evaluates and improves all cancer-related activities. Committee members include physicians such as medical and radiation oncologists, general surgeons, pathologists, diagnostic radiologists, an obstetrics gynecologist, a neurological surgeon, a medical internist, surgery and pathology residents, oncology nurses, pain management nurses, quality management staff, radiation therapists, marketing, clinical research professionals, social workers, cancer registrars, and members of nursing administration.

In 2008 the Cancer Committee convened four times. Agenda topics included community outreach activities, quality of cancer care outcomes, programmatic endeavors, clinical goals, and quality improvement goals. The American College of Surgeons Commission on Cancer recognizes Trinity Medical Center's commitment to providing quality care to our cancer patients; therefore accrediting our hospital with a three year commendation.

## **COMMITTEE MEMBERS:**

**Chairman:** James Kamplain, MD, Radiation Oncologist

**Cancer Liaison Physician:** James Adams, MD, Radiation Oncologist

### **Coordinators**

Cancer Conference: Krystina Carlton, BS, RHIA

Cancer Registry: Briana McCants, BS, CTR  
Jane Northcutt, RN, BSN, Quality Manager

Quality Improvement: Heather Nelms, Lead PI Coordinator

Community Outreach: Leisha Harris, Marketing Director

### **Other Members**

William Thompson, III, MD, General Surgeon  
Timothy Bullock, MD, General Surgeon  
Jimmie Harvey, MD, Medical Oncologist  
Kevin Windsor, MD, Medical Oncologist  
Mary Guerry-Force, MD, Pathologist  
Bibb Allen, MD, Diagnostic Radiologist  
Tiffany Mullins, MD, Pathology Resident  
Joel Mixon, MD, Diagnostic Radiology  
Lindsay Killingsworth, MD, Obstetrics & Gynecology  
Clinton Holladay, MD, Diagnostic Radiology  
Zenko Hrynkiw, MD, Neurological Surgeon

# COMPREHENSIVE CANCER COMIITTEE-continued

## Other Members

Ajay Patel, MD, Internal Medicine  
Cameron Askew, MD, Surgery Resident  
Bobbie B. Parks, Clinical Research Coordinator  
Darryl Hinson, Cancer Center Manager  
Bob Anderson, Chaplain  
Sandy Barefield RN, Oncology Nurse  
Jayme Davidson, Social Worker  
Alison Enochs, ACS Representative  
Miki Golden, RN, Pain Mangement  
Vanessa McNeil, RN, Unit Director  
Rick Kolaczek, Radiology Director  
Linda Freeman, Rehab Clinical Manager  
Ty Walling, Director of Behavioral Health  
Bettye Neuhaus, Director of Pharmacy  
Sue Stanley, RN, Nurse Manager  
Dawn Young, Hospice Coordinator

# **CANCER REGISTRY TRINITY MEDICAL CENTER**

The cancer registry of Trinity Medical Center is a systematic collection of data about cancer and tumor diseases. Our cancer registrars capture a complete summary of patient history, treatment, and status for every cancer patient recorded in our database. The goal of our cancer registry is to improve cancer therapy and this is achieved by collecting detailed data about the patient's diagnosis and therapy. All data collection procedures in the cancer registry comply with the Health Insurance Portability and Accountability Act's (HIPPA) requirements. The Cancer Program of Trinity Medical Center is accredited by the Commission on Cancer.

The Commission on Cancer approved the reference date of January 1, 2000. Prior to this change the reference date was January 1, 1984. A total of 661 new cancer cases were added to the Cancer Registry's database in 2008 with 585 cases classified as analytic and 76 classified as non-analytic cases. Non-analytic cases are cases not required by the Commission on Cancer to be abstracted and they are also excluded from survival analysis. Since the reference date of 2000, additional cases accessioned in 2008, brings the total number of cases in our database to 7,698. The follow-up rate maintained for all eligible analytic patients diagnosed within the last 5 years averages 93.13%. This exceeds the Commission on Cancer standard 3.5 for approved hospitals.

The collected cancer data is used for hospital statistical purposes. Our healthcare providers use the data to compare treatment options, monitor and analyze incidence and prevalence, studies of quality, and much more. Every month collected cancer data is transmitted to the Alabama Statewide Cancer Registry. On the state level, the data that we transmit is aggregated and included in statewide statistical analyses. On the national level, organizations such as the North American Association of Central Cancer Registries, Commission on Cancer, and the Centers for Disease Control and Prevention aggregate and analyze the transmitted data as well. Our data combined with other Alabama hospitals is published nationally.

Briana McCants, BS, CTR  
Cancer Registry Supervisor

Krystina Carlton, BS, RHIA  
Cancer Coding Specialist

## **CANCER PROGRAM MISSION**

The Cancer Program at Trinity Medical Center is committed to preventing, diagnosing, and treating cancer with high quality, compassionate care in partnership with community physicians, staff, and other healthcare providers and research affiliates in the Birmingham market.

## **CANCER PROGRAM SERVICES**

The cancer services offered at Trinity Medical Center include, but not limited to: care coordination, government program services, laboratory, pathology, nutrition, oncology, pastoral care, radiology, surgery, a cancer center, cancer screening health fairs, hospice services, cancer survivor celebrations, and American Cancer Society referrals. Our oncology unit is staffed with compassionate certified oncology nurses, led by a team of skilled and gifted physicians specializing in oncology. Educational opportunities for our clinical staff and cancer registrars are encouraged. Didactic lectures, cancer conferences, cancer teaching seminars, national and state meetings are made available to physicians, nurses, clinical and non-clinical staff.

## **RADIATION ONCOLOGY SERVICES**

External Beam Radiation Therapy  
Intensity Modulated Radiation Therapy (IMRT)  
High Dose Rate Radiation Therapy (HDR)  
3D Treatment Planning  
Prostate Seed Implantation  
CT/PET Simulation with Respiratory Gating

## **CANCER SUPPORT SERVICES**

The Cancer Support Services offer a range of programs for the patients and caregivers which are based in the Cancer Treatment Center at Trinity Medical Center. Services offered include: Look Good Feel Better, Cancer Resource Center, T.O.U.C.H (Today Our Understanding of Cancer is Hope), Nutritional Therapy, Pain Management, Spiritual Support, Rehabilitative Services, Social Services and American Cancer Society referrals.

## **CANCER RESOURCE CENTER**

The Cancer Resource Center provides a variety of free resource materials including: breast self-exam education, cancer risk assessments, cancer related brochures, colorectal screening kits, and educational materials.

# RESEARCH

Trinity's Comprehensive Cancer Committee recognizes that clinical research advances science and ensures that patient care approaches the highest possible level of quality. Clinical trial information is readily available in all cancer care areas as well as our patient library and treating physicians' offices. Twenty-Seven patients were accrued to cancer-related clinical trials in 2008 at Trinity. These were found in the Medical Oncology Departments.

# Cancer Committee Quality Report

According to the American College of Surgeons database, greater than **25%** of patients who need radiation, following a lumpectomy for breast cancer did not undergo radiation therapy. In the state of Alabama this ratio unfortunately is much lower. Only 2229/3772 patients who needed radiation received radiation, for a treatment percentage of 59.1%. Conversely, **41%** did not receive radiation.

The obvious benefits of post lumpectomy radiation are well documented. In the October 2002 issue of the *New England Journal Medicine* with 20 year follow-up over 39% of women who had a lumpectomy alone had a local recurrence versus 14% in the lumpectomy plus radiation therapy group. In this study there was just a slight decrease in the overall cancer survival radiation therapy. A more recent article published in December 2005 in *The Lancet*, however showed also a marked improvement in overall survival and breast cancer survival with the addition of radiation therapy to lumpectomy alone. The mortality from breast cancer was 35.9% at 15 years from lumpectomy alone versus 30.5% in the group that had lumpectomy plus radiation.

The purpose of our study Trinity was to assess the percentage of breast cancer patients that were eligible to receive radiation to those that actually had radiation, and compare this to nationwide and the state databases.

The numerator in the study was radiation therapy to the breast initiated within one year of diagnosis. The denominator include women at age 18-69 at the time of diagnosis, primary tumors of the breast, invasive breast cancer only, AJCC stage I, II, or, III, treated with a lumpectomy and known to be a live within one year of diagnosis. Out of the 137 patient to have a lumpectomy at Trinity Hospital 93 (or 68%) of the patient's at the radiation here, 11 (or 8%) the patient had their radiation elsewhere and 33 (or 24%) the patient's had no radiation of record. This **76%** radiation treatment for eligible patients compares favorably with the national database and is vastly superior to the Alabama state percentage of only 59.1%.

A nice follow-up study would be to interview the 33 patients who failed to receive radiation and to determine the barriers to them not receiving radiation.

## SITE TABULATION FOR 2008-ANALYTIC

SITE NAME	NBR-CASES		MALE		FEMALE	
BASE OF TONGUE	2	0.36	1	50	1	50
PAROTID GLAND	1	0.18	1	100	0	0
NASOPHARYNX	1	0.18	0	0	1	100
HYPOPHARYNX	1	0.18	1	100	0	0
ESOPHAGUS	15	2.67	14	93.33	1	6.67
STOMACH	8	1.42	5	62.5	3	37.5
SMALL INTESTINE	1	0.18	0	0	1	100
COLON	47	8.36	24	51.06	23	48.94
RECTOSIGMOID JUNCTION	7	1.25	4	57.14	3	42.86
RECTUM	22	3.91	15	68.18	7	31.82
ANUS & ANAL CANAL	5	0.89	1	20	4	80
LIVER & BILE DUCTS	5	0.89	4	80	1	20
GALLBLADDER	1	0.18	0	0	1	100
OTHER BILIARY TRACT	7	1.25	6	85.71	1	14.29
PANCREAS	36	6.41	16	44.44	20	55.56
OTHER DIGESTIVE ORGANS	1	0.18	1	100	0	0
LARYNX	4	0.71	3	75	1	25
BRONCHUS & LUNG	112	19.93	65	58.04	47	41.96
HEARTMEDIASTINUM PLEURA	2	0.36	2	100	0	0
BONES JOINTS & ARTICULAR CARTILAGE	1	0.18	1	100	0	0
BONES JOINTS & OTHER UNSPECIFIED SITES	1	0.18	1	100	0	0
BLOOD & BONE MARROW	12	2.14	5	41.67	7	58.33
SKIN	8	1.42	4	50	4	50
CONNECTIVE SUBCUTANEOUS SOFT TISSUE	1	0.18	1	100	0	0
BREAST	61	10.85	0	0	61	100
CERVIX UTERI	1	0.18	0	0	1	100
CORPUS UTERI	12	2.14	0	0	12	100
UTERUS NOS	1	0.18	0	0	1	100
OVARY	5	0.89	0	0	5	100
PROSTATE GLAND	87	15.48	87	100	0	0
TESTIS	1	0.18	1	100	0	0
KIDNEY	16	2.85	12	75	4	25
KIDNEY, RENAL PELVIS	4	0.71	1	25	3	75
URETER	1	0.18	1	100	0	0
URINARY BLADDER	21	3.74	13	61.9	8	38.1
BRAIN	10	1.78	4	40	6	60
THYROID GLAND	13	2.31	5	38.46	8	61.54
ADRENAL GLAND	1	0.18	1	100	0	0
LYMPH NODES	22	3.91	8	36.36	14	63.64
UNK PRIMARY	5	0.89	2	40	3	60
TOTAL CASES	562	100	310	55.16	252	44.84

## SITE BY AJCC STAGE TABULATION FOR 2008-ANALYTIC

SITE NAME	NBR CASES	STG		STG		STG		STG		STG		STG		UN K	N/A	%
		(%)	0	(%)	I	(%)	II	(%)	III	(%)	IV	(%)				
BASE OF TONGUE	2	0	0	0	1	50	0	0	0	0	1	50	0	0	0	0
PAROTID GLAND	1	0	0	0	0	0	1	100	0	0	0	0	0	0	0	0
NASOPHARYNX	1	0	0	0	0	0	1	100	0	0	0	0	0	0	0	0
HYPOPHARYNX	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0	0
ESOPHAGUS	15	3	0	0	6	40	1	7	3	20	4	27	1	7	0	0
STOMACH	8	1	0	0	2	25	1	13	0	0	3	38	2	25	0	0
SMALL INTESTINE	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0	0
COLON	47	8	0	0	7	15	10	21	17	36	11	23	2	4	0	0
RECTOSIGMOID JUNCTION	7	1	0	0	1	14	0	0	4	57	1	14	1	14	0	0
RECTUM	22	4	2	9	6	27	4	18	5	23	3	14	2	9	0	0
ANUS & ANAL CANAL	5	1	0	0	2	40	2	40	1	20	0	0	0	0	0	0
LIVER & BILE DUCTS	5	1	0	0	1	20	0	0	2	40	1	20	1	20	0	0
GALLBLADDER	1	0	0	0	0	0	1	100	0	0	0	0	0	0	0	0
OTHER BILIARY TRACT	7	1	0	0	2	29	3	43	1	14	0	0	1	14	0	0
PANCREAS	36	6	0	0	4	11	13	36	2	6	11	31	6	17	0	0
OTHER DIGESTIVE ORGANS	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100
LARYNX	4	1	0	0	2	50	0	0	0	0	0	0	2	50	0	0
BRONCHUS & LUNG	112	20	1	1	25	22	10	9	16	14	39	35	20	18	1	1
HEART MEDIASTINUM PLEURA	2	0	0	0	0	0	0	0	1	50	0	0	1	50	0	0
BONES JOINTS & ARTICULAR CARTILAGE	1	0	0	0	0	0	0	0	0	0	1	100	0	0	0	0
BONES JOINTS & UNSPECIFIED SITES	1	0	0	0	0	0	0	0	0	0	0	0	1	100	0	0
BLOOD & BONE MARROW	12	2	0	0	0	0	0	0	0	0	0	0	0	0	12	100
SKIN	8	1	0	0	4	50	2	25	0	0	0	0	2	25	0	0
CONNECTIVE TISSUE	1	0	0	0	0	0	0	0	0	0	0	0	1	100	0	0
BREAST	61	11	9	15	20	33	18	30	6	10	5	8	3	5	0	0
CERVIX UTERI	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0	0
CORPUS UTERI	12	2	0	0	7	58	2	17	1	8	2	17	0	0	0	0
UTERUS NOS	1	0	0	0	0	0	1	100	0	0	0	0	0	0	0	0
OVARY	5	1	0	0	2	40	0	0	2	40	0	0	1	20	0	0
PROSTATE GLAND	87	15	0	0	0	0	69	79	14	16	1	1	3	3	0	0
TESTIS	1	0	0	0	1	100	0	0	0	0	0	0	0	0	0	0
KIDNEY	16	3	0	0	7	44	1	6	3	19	5	31	0	0	0	0
KIDNEY, RENAL PELVIS	4	1	0	0	2	50	0	0	1	25	1	25	0	0	0	0
URETER	1	0	0	0	0	0	0	0	1	100	0	0	0	0	0	0
URINARY BLADDER	21	4	7	33	6	29	3	14	3	14	2	10	0	0	0	0
BRAIN	10	2	0	0	0	0	0	0	0	0	0	0	0	0	10	100
THYROID GLAND	13	2	0	0	6	46	0	0	2	15	1	8	4	31	0	0
ADRENAL GLAND	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100
LYMPH NODES	22	4	0	0	2	9	3	14	2	9	3	14	12	55	0	0
UNK PRIMARY	5	1	0	0	0	0	0	0	0	0	0	0	0	0	5	100
OVERALL TOTALS	562	100	19	3	119	21	146	26	87	15	95	17	66	12	30	5

Number of cases excluded: 23  
This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

## SITE BY RACE TABULATION FOR 2008-ANALYTIC

SITE NAME	NBR		WHITE		BLACK		ASIAN		ORIENTAL		AMER INDIAN		OTHER	
	CASES	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)	NBR	(%)
BASE OF TONGUE	2	0	2	100	0	0	0	0	0	0	0	0	0	0
PAROTID GLAND	1	0	1	100	0	0	0	0	0	0	0	0	0	0
NASOPHARYNX	1	0	1	100	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	1	0	1	100	0	0	0	0	0	0	0	0	0	0
ESOPHAGUS	15	3	10	67	5	33	0	0	0	0	0	0	0	0
STOMACH	8	1	5	63	3	38	0	0	0	0	0	0	0	0
SMALL INTESTINE	1	0	1	100	0	0	0	0	0	0	0	0	0	0
COLON	47	8	40	85	6	13	0	0	0	0	1	2	0	0
RECTOSIGMOID JUNCTION	7	1	4	57	2	29	1	14	0	0	0	0	0	0
RECTUM	22	4	17	77	4	18	0	0	0	0	0	0	1	5
ANUS & ANAL CANAL	5	1	5	100	0	0	0	0	0	0	0	0	0	0
LIVER & BILE DUCTS	5	1	5	100	0	0	0	0	0	0	0	0	0	0
GALLBLADDER	1	0	1	100	0	0	0	0	0	0	0	0	0	0
OTHER BILIARY TRACT	7	1	7	100	0	0	0	0	0	0	0	0	0	0
PANCREAS	36	6	29	81	7	19	0	0	0	0	0	0	0	0
OTHER DIGESTIVE ORGANS	1	0	1	100	0	0	0	0	0	0	0	0	0	0
LARYNX	4	1	4	100	0	0	0	0	0	0	0	0	0	0
BRONCHUS & LUNG	112	20	102	91	10	9	0	0	0	0	0	0	0	0
HEART MEDIASTINUM PLEURA	2	0	2	100	0	0	0	0	0	0	0	0	0	0
BONES JOINTS & ARTICULAR CARTILAGE	1	0	1	100	0	0	0	0	0	0	0	0	0	0
BONES JOINTS & UNSPECIFIED SITES	1	0	1	100	0	0	0	0	0	0	0	0	0	0
BLOOD & BONE MARROW	12	2	9	75	3	25	0	0	0	0	0	0	0	0
SKIN	8	1	8	100	0	0	0	0	0	0	0	0	0	0
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	1	0	1	100	0	0	0	0	0	0	0	0	0	0
BREAST	61	11	49	80	12	20	0	0	0	0	0	0	0	0
CERVIX UTERI	1	0	1	100	0	0	0	0	0	0	0	0	0	0
CORPUS UTERI	12	2	8	67	3	25	0	0	0	0	0	0	1	8
UTERUS NOS	1	0	1	100	0	0	0	0	0	0	0	0	0	0
OVARY	5	1	5	100	0	0	0	0	0	0	0	0	0	0
PROSTATE GLAND	87	15	58	67	29	33	0	0	0	0	0	0	0	0
TESTIS	1	0	1	100	0	0	0	0	0	0	0	0	0	0
KIDNEY	16	3	14	88	2	13	0	0	0	0	0	0	0	0
KIDNEY, RENAL PELVIS	4	1	3	75	1	25	0	0	0	0	0	0	0	0
URETER	1	0	1	100	0	0	0	0	0	0	0	0	0	0
URINARY BLADDER	21	4	20	95	1	5	0	0	0	0	0	0	0	0
BRAIN	10	2	10	100	0	0	0	0	0	0	0	0	0	0
THYROID GLAND	13	2	11	85	2	15	0	0	0	0	0	0	0	0
ADRENAL GLAND	1	0	1	100	0	0	0	0	0	0	0	0	0	0
LYMPH NODES	22	4	19	86	3	14	0	0	0	0	0	0	0	0
UNK PRIMARY	5	1	5	100	0	0	0	0	0	0	0	0	0	0
OVERALL TOTALS	562	100	465	83	93	17	1	0	0	0	1	0	2	0

NOTE: ASIAN INCLUDES- ASIAN INDIAN, PAKISTANI, AND OTHER ASIAN

ORIENTAL INCLUDES- CHINESE, JAPANESE, FILIPINO, KOREAN, AND VIETNAMESE

OTHER INCLUDES- ALL RACES NOT LISTED ABOVE AND/OR UNKNOWN



**PRIMARY SITE TABULATION FOR 2008-ANALYTIC**

PRIMARY SITE	TOTAL CLASS			SEX		AJCC STAGE GROUP						
	A	N/A		M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	581	581	0	314	267	19	119	146	87	95	66	49
ORAL CAVITY	5	5	0	3	2	0	2	2	0	1	0	0
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	2	2	0	1	1	0	1	0	0	1	0	0
OROPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
HYPOPHARYNX	1	1	0	1	0	0	1	0	0	0	0	0
OTHER	2	2	0	1	1	0	0	2	0	0	0	0
DIGESTIVE SYSTEM	155	155	0	90	65	2	32	35	35	34	16	1
ESOPHAGUS	15	15	0	14	1	0	6	1	3	4	1	0
STOMACH	8	8	0	5	3	0	2	1	0	3	2	0
COLON	47	47	0	24	23	0	7	10	17	11	2	0
RECTUM	29	29	0	19	10	2	7	4	9	4	3	0
ANUS/ANAL CANAL	5	5	0	1	4	0	2	2	1	0	0	0
LIVER	5	5	0	4	1	0	1	0	2	1	1	0
PANCREAS	36	36	0	16	20	0	4	13	2	11	6	0
OTHER	10	10	0	7	3	0	3	4	1	0	1	1
RESPIRATORY SYSTEM	118	118	0	70	48	1	27	10	17	39	23	1
NASAL/SINUS	0	0	0	0	0	0	0	0	0	0	0	0
LARYNX	4	4	0	3	1	0	2	0	0	0	2	0
LUNG/BRONCHUS	112	112	0	65	47	1	25	10	16	39	20	1
OTHER	2	2	0	2	0	0	0	0	1	0	1	0
BLOOD & BONE MARROW	12	12	0	5	7	0	0	0	0	0	0	12
LEUKEMIA	6	6	0	3	3	0	0	0	0	0	0	6
MULTIPLE MYELOMA	6	6	0	2	4	0	0	0	0	0	0	6
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BONE	2	2	0	2	0	0	0	0	0	1	1	0
CONNECT /SOFT TISSUE	1	1	0	1	0	0	0	0	0	0	1	0
SKIN	8	8	0	4	4	0	4	2	0	0	2	0
MELANOMA	8	8	0	4	4	0	4	2	0	0	2	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
BREAST	61	61	0	0	61	9	20	18	6	5	3	0
FEMALE GENITAL	19	19	0	0	19	0	10	3	3	2	1	0
CERVIX UTERI	1	1	0	0	1	0	1	0	0	0	0	0
CORPUS UTERI	13	13	0	0	13	0	7	3	1	2	0	0
OVARY	5	5	0	0	5	0	2	0	2	0	1	0
VULVA	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	88	88	0	88	0	0	1	69	14	1	3	0
PROSTATE	87	87	0	87	0	0	0	69	14	1	3	0
TESTIS	1	1	0	1	0	0	1	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	42	42	0	27	15	7	15	4	8	8	0	0

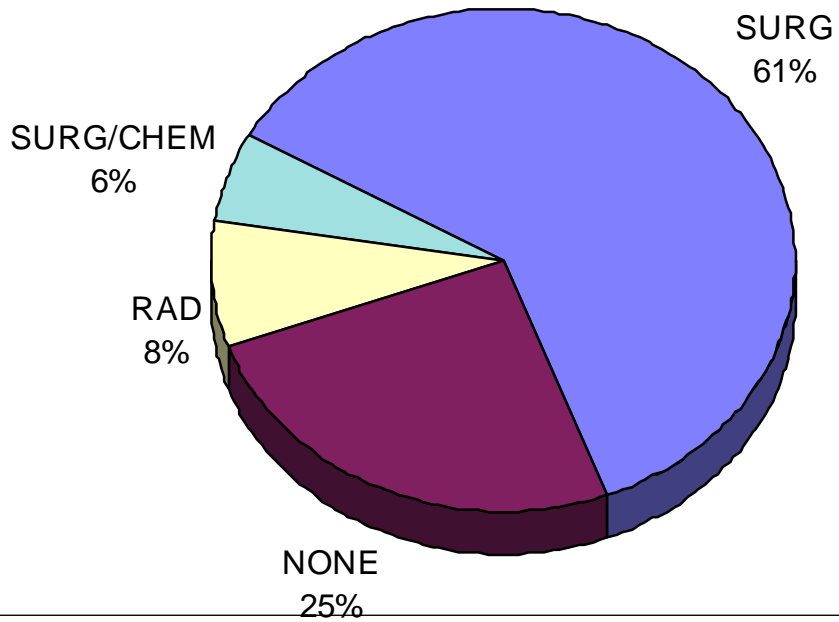
BLADDER	21	21	0	13	8	7	6	3	3	2	0	0
KIDNEY/RENAL	20	20	0	13	7	0	9	1	4	6	0	0
OTHER	1	1	0	1	0	0	0	0	1	0	0	0
BRAIN & CNS	29	29	0	8	21	0	0	0	0	0	0	29
BRAIN (BENIGN)	4	4	0	1	3	0	0	0	0	0	0	4
BRAIN (MALIGNANT)	10	10	0	4	6	0	0	0	0	0	0	10
OTHER	15	15	0	3	12	0	0	0	0	0	0	15
ENDOCRINE	14	14	0	6	8	0	6	0	2	1	4	1
THYROID	13	13	0	5	8	0	6	0	2	1	4	0
OTHER	1	1	0	1	0	0	0	0	0	0	0	1
LYMPHATIC SYSTEM	22	22	0	8	14	0	2	3	2	3	12	0
HODGKIN'S DISEASE	4	4	0	1	3	0	0	1	0	0	3	0
NON-HODGKIN'S	18	18	0	7	11	0	2	2	2	3	9	0
UNKNOWN PRIMARY	5	5	0	2	3	0	0	0	0	0	0	5
OTHER/ILL-DEFINED	0	0	0	0	0	0	0	0	0	0	0	0

Number of cases excluded: 4

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

**Rx Combination Graph**  
**2008-ANALYTIC**

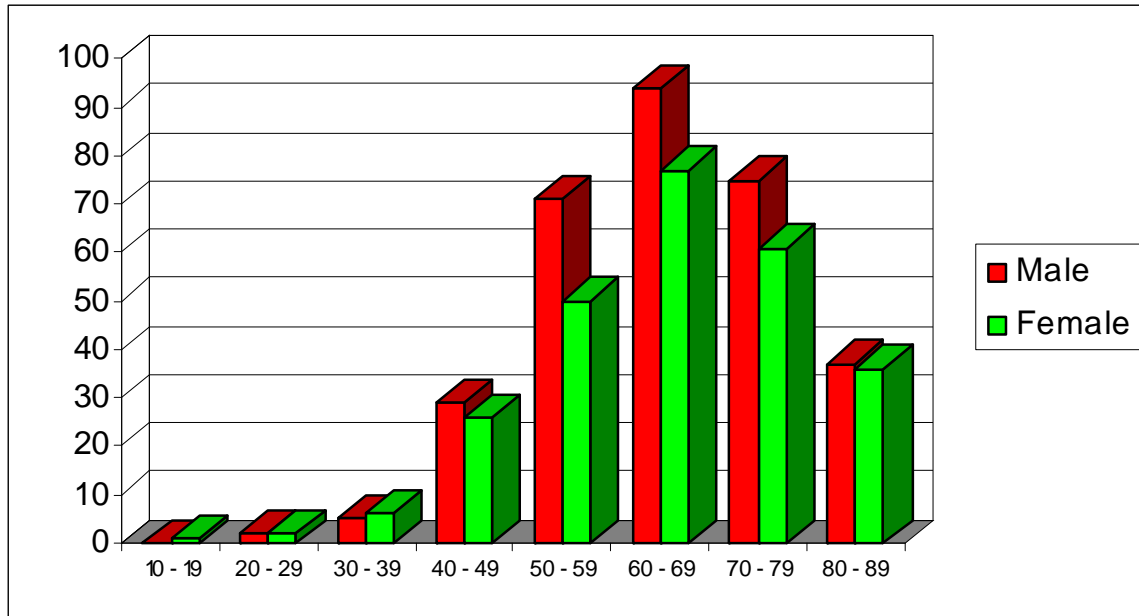
<b>Rx TYPE</b>	<b>NBR_CASES</b>	<b>PERCENT</b>
SURG	291	49.74%
NONE	120	20.51%
RAD	39	6.67%
SURG/CHEM	28	4.79%
CHEM	28	4.79%
SURG/RAD	26	4.44%
CHEM/RAD	24	0.041026
SURG/CHEM/RAD	17	2.91%
RAD/HOR	4	0.68%



## Age By Sex Graph

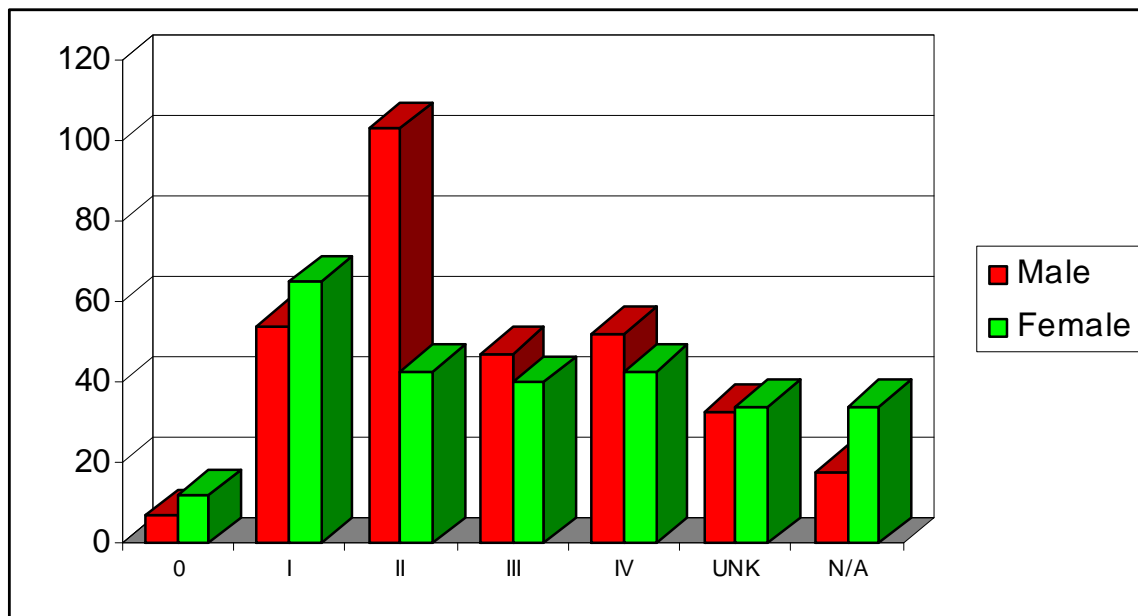
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2008-ANALYTIC		
Age Range	Male	Female
10 - 19	0	1
20 - 29	2	2
30 - 39	5	6
40 - 49	29	26
50 - 59	71	50
60 - 69	94	77
70 - 79	75	61
80 - 89	37	36
90 - 99	1	11
TOTALS	314	270



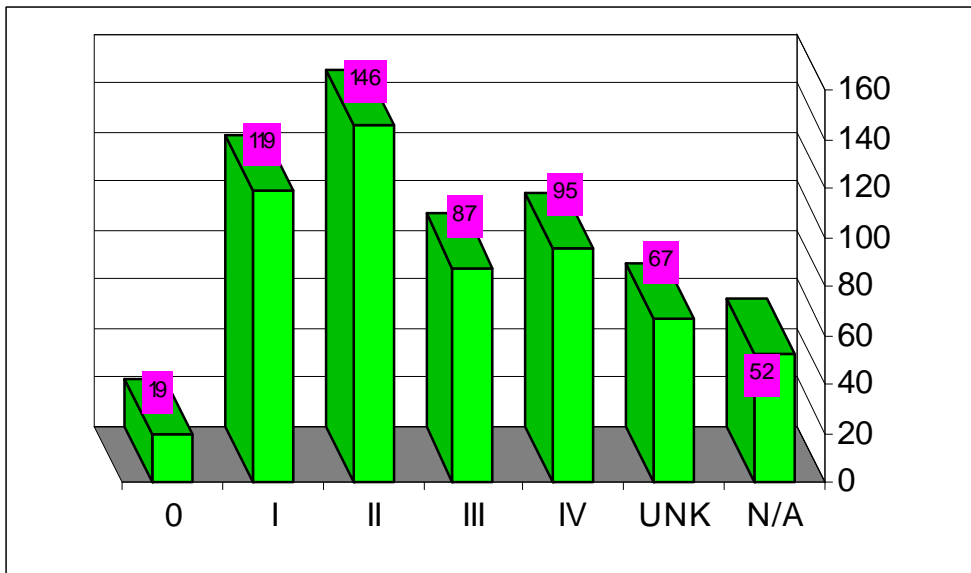
**AJCC Stage By Sex Graph**  
**2008-ANALYTIC**

Stage	Male	Female
0	7	12
I	54	65
II	103	43
III	47	40
IV	52	43
UNK	33	34
N/A	18	34
TOTALS	314	271

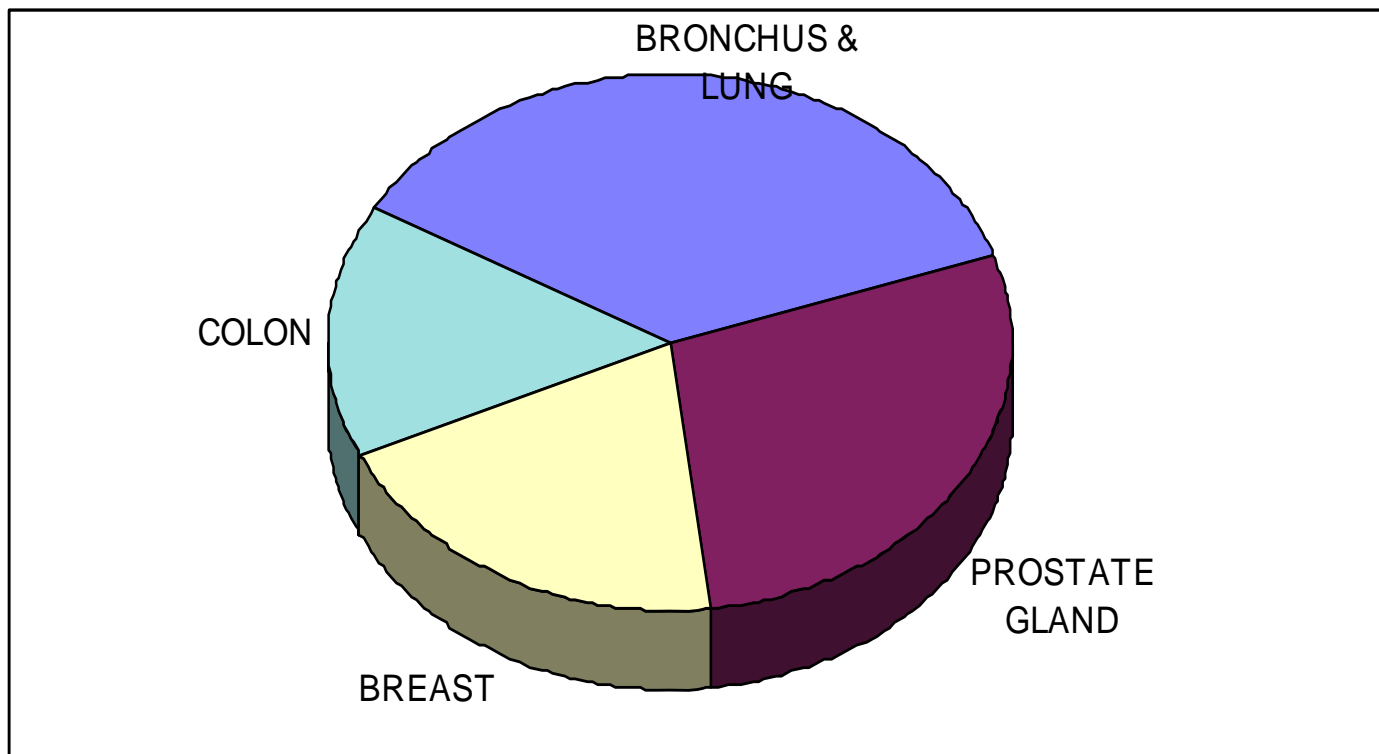


**TNM STAGE GRP Distribution Graph  
2008-ANALYTIC**

TNM STAGE GRP	NBR_CASES	PERCENT
0	19	3.25%
I	119	20.34%
II	146	24.96%
III	87	14.87%
IV	95	16.24%
UNK	67	11.45%
N/A	52	9%
<b>TOTAL CASES</b>	<b>585</b>	<b>100.00%</b>



**SITE CODE Distribution Graph**  
2008-ANALYTIC



<b>SITE CODE</b>	<b>NBR_CASES</b>	<b>PERCENT</b>
BRONCHUS & LUNG	112	19.11%
PROSTATE GLAND	87	14.85%
BREAST	61	10.41%
COLON	47	8.03%

<b>SITE CODE</b>	<b>NBR_CASES</b>	<b>PERCENT</b>
BRONCHUS & LUNG	112	19.15%
PROSTATE GLAND	87	14.87%
BREAST	61	10.43%
COLON	47	8.03%
PANCREAS	36	6.15%
RECTUM	22	3.76%
LYMPH NODES	22	4%
URINARY BLADDER	21	3.59%
KIDNEY	16	2.74%
MENINGES	15	0.025641
ESOPHAGUS	15	0.025641
BRAIN	14	0.023932
BLOOD & BONE MARROW	13	0.022222
THYROID GLAND	13	0.022222
CORPUS UTERI	12	2.05%
SKIN	8	0.013675
STOMACH	8	0.013675
OTHER BILIARY TRACT	7	0.011966
RECTOSIGMOID JUNCTION	7	0.011966
ANUS & ANAL CANAL	5	0.008547
OVARY	5	0.008547
LIVER & BILE DUCTS	5	0.008547
UNK PRIMARY	5	0.008547
KIDNEY, RENAL PELVIS	4	0.006838
LARYNX	4	0.006838
OTHER ENDOCRINE GLANDS	4	0.006838
HEART MEDIASTINUM PLEURA	2	0.003419
BASE OF TONGUE	2	0.003419
TESTIS	1	0.001709
SMALL INTESTINE	1	0.001709
PAROTID GLAND	1	0.001709
GALLBLADDER	1	0.001709
BONES JOINTS & OTHER UNSPECIFIED SITES	1	0.001709
BONES JOINTS & ARTICULAR CARTILAGE	1	0.001709
CERVIX UTERI	1	0.001709
OTHER DIGESTIVE ORGANS	1	0.001709
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	1	0.001709
UTERUS NOS	1	0.001709
NASOPHARYNX	1	0.001709
ADRENAL GLAND	1	0.001709
HYPOPHARYNX	1	0.001709
URETER	0	0
TOTAL CASES	585	100.00%

## ACKNOWLEDGEMENTS

The Cancer Center is pleased to present the 2009 Annual Report reflecting 2008 data and activities to the medical staff and community. This report was produced by Briana McCants, Krystina Carlton, Darryl Hinson, and Leisha Harris. Special appreciation extends to Dr. James Kamplain, Dr. James Adams and Dr. William Thompson for their help and expertise as well as the Comprehensive Cancer Committee and Cancer Leadership members. As always, we express our gratitude to the members of the Trinity Medical Center Administration.