

Cancer Registry Report

The Cancer Data Management System/Cancer Registry collects data on all types of cancer diagnosed or treated in an institution and is one of the four major components of an approved cancer program. From the reference or starting date of January 1, 1990, through December 31, 2006, GBMC's Cancer Registry has abstracted into its database the demographic, diagnostic, staging, treatment, and follow-up information on 32,546 cancer cases. To ensure accurate survival statistics, the Registry is required to follow these patients annually. GBMC's follow-up rate is 98%.

All data are reported quarterly to the Maryland Cancer Registry (MCR), which is part of the Maryland Department of Health and Mental Hygiene, and annually to the National Cancer Database (NCDB), the data management system for hospitals and programs approved by the Commission on Cancer. Co-sponsored by the American Cancer Society and the American College of Surgeons, the NCDB uses submitted data for comparative studies that evaluate oncology care and provides a Benchmark Summary of Cancer Care and Survival in the United States. The Cancer Committee at the Greater Baltimore Medical Center authorized our facility's 2005 data submission to the NCDB, which included site and stage data, to be posted to the American Cancer Society's web site (www.cancer.org). This Facility Information Profile System (FIPS) allows patients to view the types of cancers diagnosed and treated at a particular facility and can help patients make more educated decisions about their cancer care.

The MCR uses data to evaluate incidence rates for the entire state, and compares data by region and county; they also participate in national studies. In addition to required reporting, the Cancer Registry at GBMC provides data for physician studies and educational conferences. The Maryland Cancer Registry, the National Cancer Database and the Greater Baltimore Medical Center support web sites.

One part-time and 3 full-time Certified Tumor Registrars and a part-time follow-up clerk staff the Cancer Registry at GBMC. For additional information, call 443-849-8063.

ANALYSIS

The Cancer Registry accessioned 1,944 cases during calendar year 2006. Of these, 1,845 were analytic cases—those patients who were initially diagnosed at GBMC and/or received all or part of their first course of treatment at GBMC. The 99 non-analytic cases were initially diagnosed and treated at other facilities before referral to GBMC for additional treatment for recurrent disease or were initially diagnosed or treated at GBMC prior to January 1, 1990. Many of these non-analytic patients chose to be treated in one of the many clinical trials available at GBMC.

In 2006, the mean age at diagnosis for males at GBMC was 65.1; for females, it was 60.6.

The racial distribution of cases includes 83% Caucasian, 14.6% African-American, 2% Asian and 0.4% other. While 53.5% of patients diagnosed or treated at GBMC live in Baltimore County and 20.2% live in Baltimore City, patients come from 19 other Maryland counties, Pennsylvania, Delaware, and other states for treatment.

SITE DISTRIBUTION

Breast cancer continues to be the most frequently diagnosed and/or treated cancer at GBMC, with 551 analytic cases. The second most common cancer at GBMC is prostate with 205 analytics, followed by lung (181 analytics), colon/rectum (155 analytics), and thyroid (82 analytics). (Table 1 and Table 2 below) The American Cancer Society's Surveillance Research estimated that 25,870 new cancer cases would be diagnosed in Maryland in 2006. That same year, GBMC diagnosed and/or treated an increased number of cancers of the prostate (205 compared to 179 in 2005); lung (181 compared to 159 in 2005); esophagus (9 compared to 6 in 2005); and salivary gland (14 compared to 10 in 2005).

STAGING

To help the physician evaluate the patient's disease at diagnosis, estimate prognosis, guide treatment, evaluate therapy and access the results of early cancer detection, the American Joint Committee on Cancer (AJCC) has established a TNM Staging Classification based on the premise that cancers of similar sites and histologies share similar patterns of growth and extension. In the TNM staging system, T relates to extent of the primary tumor, N relates to lymph node involvement and M indicates the presence of distant metastases. The combination of the TNM provides a stage group classification of Stage 0, 1,2,3,4, or unstageable. Cancers may be unstageable because no AJCC staging classification exists for the site. For example, leukemias, unknown primaries, and primary brain tumors cannot be staged using the AJCC

criteria. Also patients may be unstageable because they choose to forego treatment or further testing needed to determine the appropriate stage. At diagnosis, 12.2% of GBMC's 1,845 analytic cases were Stage 0 (in situ), the earliest stage tumors. In general, the survival rates for in-situ cancers are higher than for those of invasive cancers. Of the invasive cancers, 29.0% were Stage 1; 25.1% were Stage 2; 12.1% were Stage 3; 12.2% were Stage 4; and 9.4% had no AJCC stage for the site or were unstageable (Table 3a Table 3b)

Table 1

GBMC Site Distribution

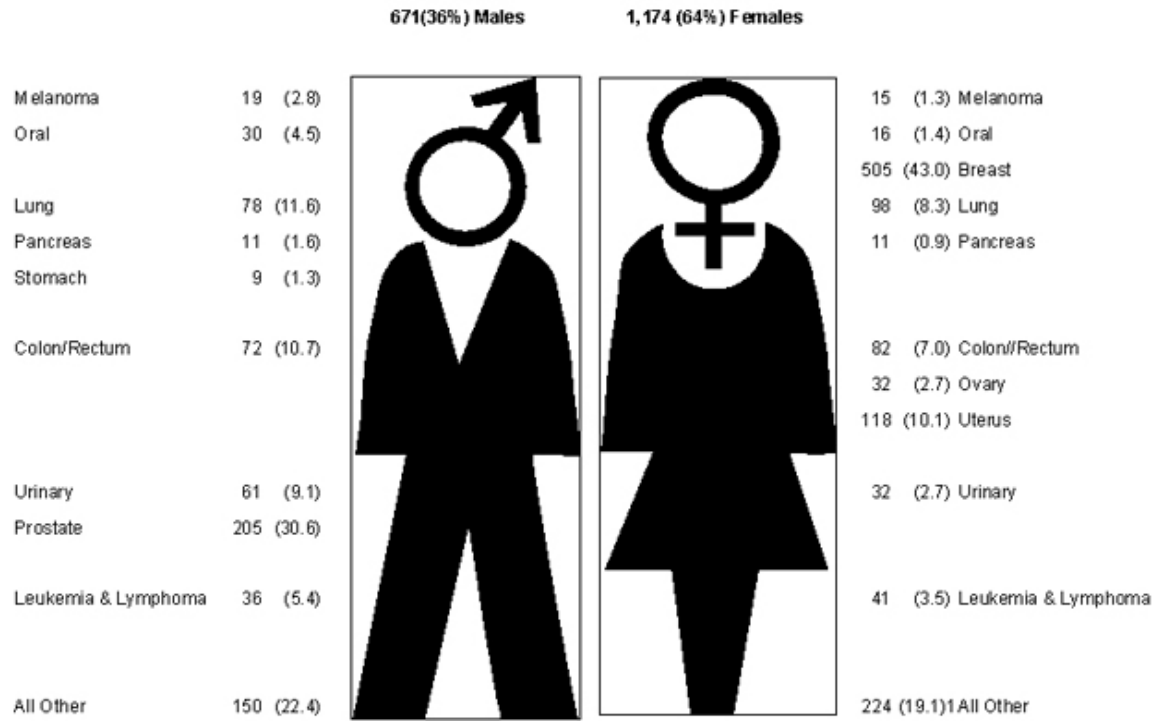
All Cases 2006

Primary Site	Total Cases	Analytic	Non-Analytic	Male	Female
GENITOURINARY	334	311	23	300	34
Prostate	216	205	11	216	0
Renal	47	45	2	29	18
Bladder	50	44	6	37	13
Other GU	21	17	4	18	3
BREAST	566	551	15	4	562
GASTROINTESTINAL	249	241	8	129	120
Esophagus	9	9	0	7	2
Stomach	20	20	0	11	9
Colon/Rectum	160	155	5	74	86
Anal	14	13	1	10	4
Pancreas	25	23	2	12	13
Other GI	21	21	0	15	6
GYNECOLOGIC	209	194	15	0	209
Cervix Uteri	68	66	2	0	68
Corpus Uteri	67	65	2	0	67
Ovary	44	36	8	0	44
Other Gyn	30	27	3	0	30
HEAD AND NECK	190	183	7	91	99
Oral Cavity	21	21	0	11	10
Pharynx	32	31	1	22	10
Salivary Gland	16	14	2	8	8
Larynx	25	24	1	24	1
Thyroid	85	82	3	19	66
Other Head & Neck	11	11	0	7	4
LUNG	188	181	7	82	106
LYMPH NODES	43	38	5	18	25
BONE MARROW	53	47	6	27	26
SKIN*	50	42	8	29	21
SOFT TISSUE SARCOMA	12	12	0	9	3
CNS	16	14	2	9	7
OTHER	11	8	3	7	4
UNKNOWN PRIMARY	23	23	0	8	15
ALL SITES TOTAL	1944	1845	99	713	1231

*Skin-Excludes basal/squamous skin cancers
Source:GBMC Cancer Registry Database

Table 2

Greater Baltimore Medical Center
Site Distribution by Sex
2006



*Key ##### Number of Cases (##.##% of Column Total)

Source:GBMC Cancer Registry
1,845 analytic cases

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Table 3a

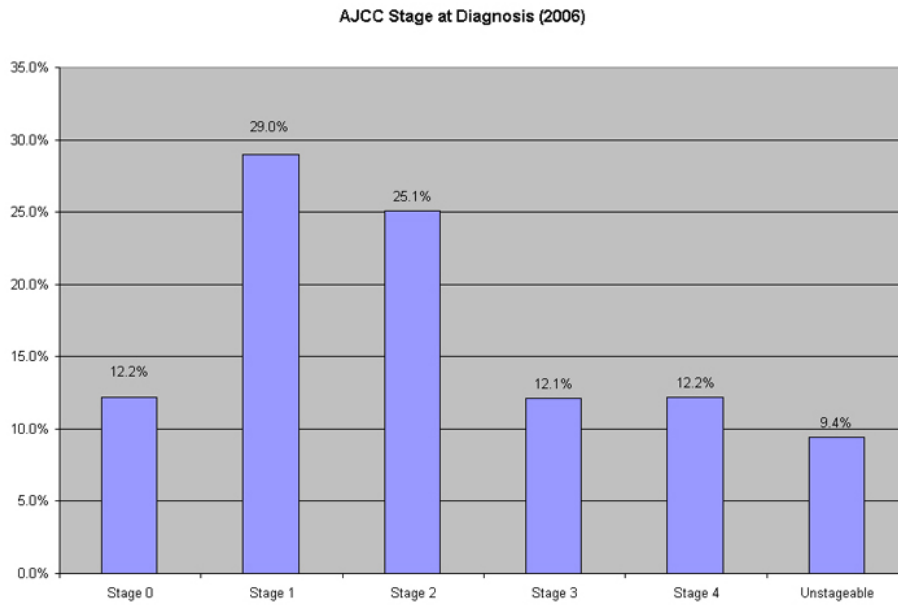


Table 3b

AJCC Stage at Diagnosis 2006
Based on 1,720 Analytical Cases

Stage 0	12.2%
Stage 1	29.0%
Stage 2	25.1%
Stage 3	12.1%
Stage 4	12.2%
Unstageable	9.4%