

Greater Baltimore Medical Center Sandra & Malcolm Berman Cancer Institute

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 five major components of a Commission on Cancer (CoC) accredited cancer program. From the reference or starting date of January 1, 1990, through December 31, 2009, GBMC's Cancer Registry has abstracted into its database the demographic, diagnostic, staging, treatment, and follow-up information on 38,430 cancer cases. To ensure accurate survival statistics, the Registry is required to follow these patients annually. GBMC's follow-up rate is 98.5%.

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 2008 data submission to the NCDB, which included site and stage data, to be posted to the American Cancer Society (ACS) 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 and its Sandra & Malcolm Berman Cancer Institute support web sites.

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

Analysis

The Cancer Registry accessioned 1,906 cases during calendar year 2009. Of these, 1,819 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 87 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.

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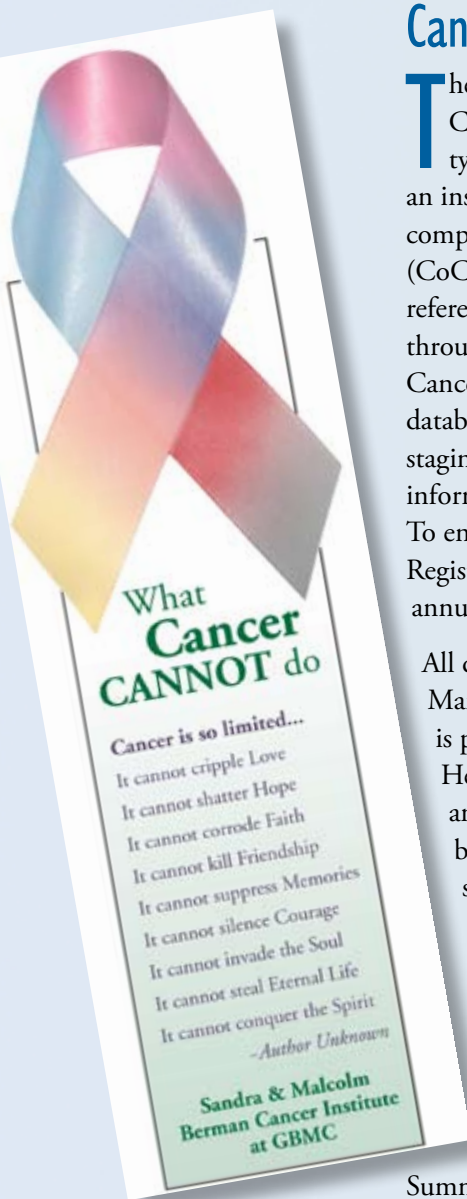


Table 1 ■ GBMC Site Distribution ■ All Cases 2009

Primary Site	Total Cases	Analytic	Non-Analytic	Male	Female
GENITOURINARY	259	237	22	227	32
Prostate	154	144	10	154	0
Renal	50	45	5	28	22
Bladder	47	41	6	37	10
Other GU	8	7	1	8	0
BREAST	531	519	12	2	529
GASTROINTESTINAL	238	235	3	116	122
Esophagus	17	17	0	11	6
Stomach	18	18	0	14	4
Colon/Rectum	129	129	0	58	71
Anal	10	10	0	5	5
Pancreas	35	33	2	15	20
Other GI	29	28	1	13	16
GYNECOLOGIC	184	178	6	0	184
Cervix Uteri*	31	28	3	0	31
Corpus Uteri	70	69	1	0	70
Ovary	47	47	0	0	47
Other Gyn	36	34	2	0	36
HEAD AND NECK	257	238	19	139	118
Oral Cavity	52	44	8	27	25
Pharynx	49	47	2	42	7
Salivary Gland	21	18	3	10	11
Larynx	36	32	4	33	3
Thyroid	91	89	2	22	69
Other Head & Neck	8	8	0	5	3
LUNG	169	158	11	85	84
LYMPH NODES	65	61	4	36	29
BONE MARROW	56	51	5	30	26
SKIN*	74	71	3	40	34
SOFT TISSUE SARCOMA	9	9	0	4	5
CNS	26	26	0	15	11
OTHER	11	11	0	6	5
UNKNOWN PRIMARY	27	25	2	11	16
ALL SITES TOTAL	1,906	1,819	87	711	1,195

*Cervix – Excludes CIN 3

*Skin – Excludes basal/squamous skin cancers

Source: GBMC Cancer Registry Database

Table 2 ■ GBMC Site Distribution by Sex 2009 ■ Based on 1,819 analytic cases

Males	664 (37%)	Females	1,155 (63%)
Melanoma	29 (4.4)	Melanoma	22 (1.9)
Oral	61 (9.2)	Oral	26 (2.3)
		Breast	453 (39.2)
Lung	80 (12.0)	Lung	73 (6.3)
Pancreas	14 (2.1)	Pancreas	16 (1.4)
Stomach	12 (1.8)		
Colon/Rectum	56 (8.4)	Colon/Rectum	69 (6.0)
		Ovary	43 (3.7)
		Uterus	78 (6.8)
Urinary	56 (8.4)	Urinary	28 (2.4)
Prostate	144 (21.7)		
Leukemia & Lymphoma	52 (7.8)	Leukemia & Lymphoma	46 (4.0)
All Other	160 (24.1)	All Other	301 (26.1)

Source: GBMC Cancer Registry

© 1997, Onco, Inc. – Numbers based on ACS All Sites distribution

In addition, the Cancer Registry reported 16 patients with benign brain and central nervous system (CNS) tumors to the MCR.

Beginning in January 2004, all hospital registries in the United States were required to collect data on both malignant and non-malignant CNS tumors and follow these patients for their lifetime. These patients are part of the Central Brain Tumor Registry of the United States (CBTRUS).

The racial distribution of cases includes 83.3% Caucasian, 15.1% African-American, 1.5% Asian and .1% other. While 55% of patients diagnosed or treated at GBMC live in Baltimore County and 16.7% 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 519 analytic cases. The second most common cancer at GBMC is lung with 158 analytics, followed by prostate (144 analytics), colorectal (129 analytics), and thyroid (89 analytics). (*Tables 1 and 2*)

The American Cancer Society's Surveillance Research estimated that 26,500 new cancer cases would be diagnosed in Maryland in 2009. That same year, GBMC diagnosed and/or treated an increased number of cancers of the lung (169 compared to 135 in 2008); and esophagus (17 compared to 7 in 2008). In addition, the total number of lymphomas and hematologic disorders seen at GBMC increased in 2009 (149 compared to 125 in 2008).

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, 10.3% of GBMC's 1,819 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, 31.7% were Stage 1, 21.8% were Stage 2, 14.1% were Stage 3, 11.6% were Stage 4, and 10.5% had no AJCC stage for the site or were unstageable. ■

About The Sandra & Malcolm Berman Cancer Institute at GBMC

- Coordinated, integrated care services are provided for patients including infusion therapy, radiation therapy, surgery and patient support. GBMC also has a dedicated oncology inpatient unit.
- Patients have access to the latest treatment options through more than 55 clinical research trials. In June 2010, GBMC was awarded the prestigious Clinical Trials Participation Award by the American Society of Clinical Oncology.
- Highly skilled surgeons offer minimally invasive surgical options for some patients, including da Vinci® robotic surgery and laparoscopic surgery.
- Radiation Oncology Center houses state-of-the-art equipment such as a CT simulator and RapidArc linear accelerator. The Sandra & Malcolm Berman Comprehensive Breast Care Center features sophisticated digital mammography, stereotactic breast biopsy and ultrasound capabilities.
- The dedicated Women's Oncology Center caters to the specialized needs of female cancer patients.
- The Milton J. Dance, Jr. Head & Neck Center's interdisciplinary team focuses on the diagnosis, treatment, recovery and rehabilitation of patients with head and neck cancer, offering speech pathology, nursing, psychosocial and nutritional rehabilitation services.
- Patient Support Services provides a wide variety of free supportive services for patients and their families, helping them with psychological, social, nutritional, survivorship, family and financial issues.

