

**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 major components of a Commission on Cancer (CoC) accredited cancer program. From the reference or starting date of January 1, 1990, through December 31, 2013, GBMC's Cancer Registry has abstracted into its database the demographic, diagnostic, staging, treatment, and follow-up information on 46,000 cancer cases. To ensure accurate survival statistics, the Registry is required to follow these patients annually. GBMC's follow-up rate on all patients is 97.89%.

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 2012 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](http://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 1,817 cases during calendar year 2013. Of these, 1,680 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 137 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. Some of the non-analytic cases are malignancies not required to be reported by the Commission on Cancer but are of interest to our hospital. These include some in situ gynecological cancers. Some of the non-analytic patients chose to be treated for their recurrent disease in one of the many clinical trials available at GBMC.

In addition, the Cancer Registry reported 13 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 78.04% Caucasian, 18.49% African-American, 2.74% Asian, 0.33% other and 0.4% unknown. While 50.5% of patients diagnosed or treated at GBMC live in Baltimore County and 17.9% live in Baltimore City, patients come from 19 other Maryland counties, the District of Columbia, 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 470 analytic cases. The second most common cancer at GBMC is lung with 147 analytics, followed by colorectal (127 analytics), prostate (108 analytics), and thyroid (80 analytics). (Table 1)

The American Cancer Society's Surveillance Research estimated that 30,680 new cancer cases would be diagnosed in Maryland in 2013. That same year, GBMC diagnosed and/or treated an increased number of cancers of the oral cavity (48 compared to 41 in 2012); colorectal (127 compared to 122 in 2012); and ovary (32 compared to 24 in 2012).

## **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, 8.9% of GBMC's 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, 33.2% were Stage 1; 20.8% were Stage 2; 13.5% were Stage 3; 14.6% were Stage 4; and 7.7% had no AJCC stage for the site or were unstageable.

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