

## **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, 2014, GBMC's Cancer Registry has abstracted into its database the demographic, diagnostic, staging, treatment, and follow-up information on 47,862 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 98.51%.

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 2013 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.

Three full-time Certified Tumor Registrars and a full time follow-up clerk staff the Cancer Registry at GBMC. For additional information, call 443-849-3296.

### **ANALYSIS**

The Cancer Registry accessioned 1808 cases during calendar year 2014. Of these, 1,683 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 125 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 27 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 analytic cases includes 75.64% Caucasian, 21.27% African-American, 1.67% Asian, 0.36% other and 1.06% unknown. While 51.5% of patients diagnosed or treated at GBMC live in Baltimore County and 19.1% live in Baltimore City, patients come from 19 other Maryland counties, the District of Columbia, Virginia, 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 442 analytic cases. The second most common cancer at GBMC is lung with 136 analytics, followed by colorectal (135 analytics), prostate (118 analytics), and thyroid (83 analytics).

The American Cancer Society's Surveillance Research estimated that 30,680 new cancer cases would be diagnosed in Maryland in 2014. That same year, GBMC diagnosed and/or treated an increased number of cancers of the oral cavity (54 compared to 48 in 2013); colorectal (135 compared to 127 in 2013); invasive cervical (14 compared to 8 in 2013) and melanoma (41 compared to 31 in 2013).

## **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, 32.3% were Stage 1; 20.6% were Stage 2; 13.4% were Stage 3; 14.8% were Stage 4; and 10.2% had no AJCC stage for the site or were unstageable.

December 2015

**Community Outreach Annual Report  
January 1, 2015 – December 31, 2015**

**Prostate Screenings**

This year, eighteen men, age 40 and over, had both a digital rectal exam (DRE) and a blood draw for detection of prostate specific antigen (PSA). Three were advised to seek further follow-up with a primary care physician (PCP), or a urologist for elevated PSA levels or suspicious DRE.

DATE	NUMBER REGISTERED	<i>NUMBER SCREENED</i>	ELEVATED PSA	SUSPICIOUS DRE	POSITIVE DIAGNOSES
4/14/15	9	7	1	0	0
11/10/15	13	11	2	0	0

**Lung Screenings**

This year, sixteen men and women participated in the Lung Cancer Early Diagnosis CT Screening. Ten individuals were recommended follow up with a thoracic surgeon or pulmonologist, and no one was referred to seek follow up with their primary care physician for non pulmonary- findings.

DATE	NUMBER REGISTERED	<i>NUMBER SCREENED</i>	REFERRED TO PCP FOR NON-PULMONARY FINDINGS	REFERRED TO THORACIC SURGEON FOR EQUIVOCAL FINDINGS
4/11/15	11	9	0	7
11/7/15	9	7	0	3

**Skin Screenings**

This year, sixty-one people were screened for skin cancer. Eleven were referred for an abnormal finding and those same eleven were also recommended for a biopsy.

DATE	NUMBER REGISTERED	<i>NUMBER SCREENED</i>	ABNORMAL RECOMMEND BIOPSY	ABNORMAL REFERRED TO DERM
4/21/15	9	8	1	1
5/19/15	14	12	3	3
6/23/15	13	9	2	2
9/22/15	31	22	5	5

**Oral Screenings**

This year, seven men and women had oral screening examinations. One was recommended to see an oral surgeon, and another an ENT specialist.

DATE	NUMBER REGISTERED	NUMBER SCREENED	TOTAL ABNORMALITIES Includes Dental/Other	COMMENTS
4/16/15	9	4	*JH H & N Associates Referral list provided  *1 persistent cough: ENT referral	5 cancelations the day of
10/2015	3	3	0	Individually seen by Dr. Sciubba

### Voice Screenings

The Milton J. Dance, Jr. Head and Neck Center holds monthly voice screenings, where the larynx is examined. A total of thirteen participants were screened. There were three abnormal findings, where a referral to an ENT specialist was made. No suspected cancer cases were found.

DATE	NUMBER SCREENED	NUMBER REFERRED	SUSPECTED CANCER CASES
1/15	1	1	0
2/15	No registrants		
3/15	1	0	0
4/15	1	0	0
5/15	1	0	0
6/15	2	0	0
7/15 & 8/15	No registrants		
9/15	4	0	0
10/15	3	2	0
11/15 & 12/15	No registrants		

### Patient Satisfaction

Program	Satisfaction Rating (0-100%)
Lung Screening	100%
Prostate Screening	100%
Skin Screening	96%

**GBMC supported numerous outreach activities, health fairs, and community events:**

North Baltimore County Relay For Life Kick-off: January 31

MD School For the Blind Employee Health Fair: March 17

Loyola College Health Fair: April 14

HopeWell Cancer Support Reach Out And Run: April 19

Medical Mutual: April 29

Towsontown Festival: May 3

Melanoma Monday: May 4

McCormick Health Fair: May 11

T. Rowe Price Health Fair: May 12

GBMC Employee Health Fair: May 14

Komen MD Breast Cancer Consortium: May 28

WBCM Health Fair: June 2

Relay For Life North Baltimore County-Towson: June 13 (Raised \$3,200 as a team!)

Annual Survivorship Celebration: June 14

Father's Day 5K & Wellness Fair: June 21

GBMC-Hopkins Gynecological Survivor Symposium: September 19

GBMC Legacy Chase: September 26

Senior Expo: October 28-29

Cancer Caregiver Event: November 5-6

Leukemia & Lymphoma Society Light The Night: November 14

**Cancer Support:**

Look Good, Feel Better: Scheduled monthly, 1<sup>ST</sup> and 3<sup>rd</sup> Monday

**Ongoing Community Involvement:**

Continued to provide oncology programs/services including Look Good Feel Better (62), head & neck patient and family support group (223). Clinical Dietician offered Tasty Tuesday's nutritional education series (58). The Caregiver Celebration provided support and activities to roughly 30 people. The Annual Survivorship Celebration had over 300 attendees.