

## 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, 2003, GBMC's Cancer Registry has abstracted into its database the demographic, diagnostic, staging, treatment, and follow-up information on 26,591 cancer cases. To ensure accurate survival statistics, the Registry is required to follow these patients annually. GBMC's follow-up rate is 95%.

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 2002 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](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 support web sites.

Three 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 2,074 cases during calendar year 2003. Of these, 1,966 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 108 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 2003, the mean age at diagnosis for males at GBMC was 66.6; for females, it was 59.7.

The racial distribution of 2,074 cases includes 84.6% Caucasian, 13.8% African-American and 1.6% Asian.

While 56.2% of patients diagnosed or treated at GBMC live in Baltimore County and 18% live in Baltimore City, patients come from 18 other Maryland counties, Pennsylvania, Delaware, the District of Columbia and other states and countries for treatment.

## SITE DISTRIBUTION

Breast cancer continues to be the most frequently diagnosed and/or treated cancer at GBMC, with 541 analytic cases. The second most commonly treated cancer at GBMC is prostate cancer (241 analytics compared to 231 analytics in 2002), followed by colorectal (195 analytics), lung (159 analytics), and thyroid (74 analytics). (Table 1 and Table 2) The American Cancer Society's Surveillance Research estimated that 24,400 new cancer cases would be diagnosed in Maryland in 2003. That same year, GBMC diagnosed and/or treated an increased number of cancers of the kidney (36 compared to 24 in 2002) and esophagus (11 compared to 6 in 2002). In the head and neck area, GBMC otolaryngologists treated an increased number of cancers of the oral cavity (33 compared to 28 in 2002).

## 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 gives 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 have no treatment or further testing needed to determine the appropriate stage. At diagnosis, 11% of GBMC's 1,966 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, 27.5% were Stage 1, 26.5% were Stage 2, 12.4% were Stage 3, 12.7% were Stage 4, 9.1% had no AJCC stage for the site, and 0.8% were unstageable (Table 3).

Table 1

<b>GBMC Site Distribution</b>					
<b>All Cases 2003</b>					
Primary Site	Total Cases	Analytic	Non-Analytic	Male	Female
<b>GENITOURINARY</b>	376	357	19	336	40
Prostate	256	241	15	256	0
Renal	36	36	0	19	17
Bladder	62	58	4	41	21
Other GU	22	22	0	20	2
<b>BREAST</b>	563	541	22	5	558
<b>GASTROINTESTINAL</b>	292	264	28	140	152
Esophagus	11	11	0	6	5
Stomach	14	14	0	5	9
Colon/Rectum	223	195	28	110	113
Anal	7	7	0	2	5
Pancreas	21	21	0	10	11
Other GI	16	16	0	7	9
<b>GYNECOLOGIC</b>	211	206	5	0	211
Cervix Uteri	78	77	1	0	78
Corpus Uteri	64	63	1	0	64
Ovary	41	39	2	0	41
Other Gyn	28	27	1	0	28
<b>HEAD AND NECK</b>	209	200	9	101	108
Oral Cavity	35	33	2	24	11
Pharynx	49	46	3	36	13
Salivary Gland	11	10	1	5	6
Larynx	28	26	2	20	8
Thyroid	74	74	0	9	65
Other Head & Neck	12	11	1	7	5
<b>LUNG</b>	164	159	5	91	73
<b>LYMPH NODES</b>	70	68	2	37	33
<b>BONE MARROW</b>	54	48	6	29	25

<b>SKIN*</b>	65	59	6	35	30
<b>SOFT TISSUE SARCOMA</b>	9	9	0	4	5
<b>CNS</b>	12	11	1	8	4
<b>OTHER</b>	20	15	5	12	8
<b>UNKNOWN PRIMARY</b>	29	29	0	12	17
<b>ALL SITES TOTAL</b>	2074	1966	108	810	1264

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

Table 2

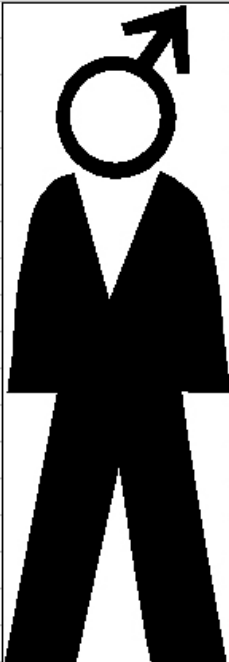
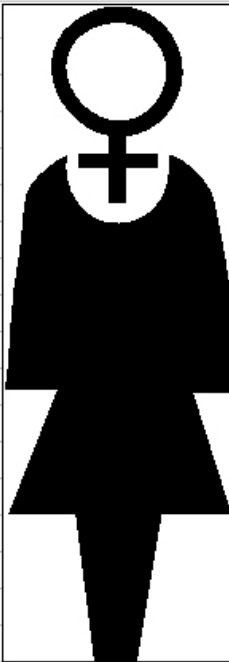
		760 (39%) Males	1,206 (61%) Females		
Melanoma	24 (3.2)			22 (1.8)	Melanoma
Oral	55 (7.2)			16 (1.3)	Oral
				515 (42.7)	Breast
Lung	85 (11.2)			68 (5.6)	Lung
Pancreas	8 (1.1)			10 (0.8)	Pancreas
Stomach	5 (0.7)				
Colon/Rectum	98 (12.9)			95 (7.9)	Colon//Rectum
				38 (3.2)	Ovary
				98 (8.1)	Uterus
Urinary	61 (8.0)			38 (3.2)	Urinary
Prostate	241 (31.7)				
Leukemia & Lymphoma	49 (6.4)			62 (5.1)	Leukemia & Lymphoma
All Other	134 (17.6)			244 (20.2)	All Other

Table 3

### AJCC Stage at Diagnosis (2003)

