2002 Annual Cancer Report

BAYMEDICAL

TABLE OF CONTENTS

2001 Chairman's Report……..3

2001 Report of the Cancer Registry……4

2001 Cancer Program Activities and ACS Support Services……..4

2001 American Cancer Society Support Services……...……5

2001 Cancer Committee……..5

2001 Cancer Conference Case Presentations……..6

AJCC Stage/Analytic Only……. 7

2001 Frequency of Cancer…… ……. 8

2001 Primary Histologies……...…… 9

2001 Incidence Comparison……..10

2001 Male Cancer Frequency……11

2001 Female Cancer Frequency…….12

Distribution by Age at Diagnosis…….. 13

2001 Non-Small Cell Lung Carcinoma Report..……..…… 14

2001 Non-Small Cell Lung Carcinoma by Sex……...…..16

2001 Non-Small Cell Lung Carcinoma Histologies……..17

2001 Non-Small Cell Lung Carcinoma Smoking History…….18

2001 Non-Small Cell Lung Carcinoma Family History……19

2001 Non-Small Cell Lung Cancer Treatments Stage 1 and 2…….20

2001 Non-Small Cell Lung Cancer Treatments Stage 3…….. 21

2001 Non-Small Cell Lung Cancer Treatments Stage 4……...22

2001 Non-Small Cell Lung Carcinoma Survival ……. 23

2001 Non-Small Cell Lung Carcinoma BMC Survival by AJCC Stage…….. 24

2001 Chairman's Report

Bay Medical Center continues to improve cancer care in our community through maintaining an American College of Surgeons Approved Cancer Program. The program was initially established on January 1, 1995. The program is maintained through its computerized cancer registry software, IMPATH Cancer Registry. This system is used for collecting all information required by the American College of Surgeons for Bay Medical Center to be an approved cancer program. This required data includes patient demographics, diagnosis, cancer stage, and patient follow-up. The information is compiled and analyzed to determine the effectiveness of treatment modalities as well as screening programs and prevention.

In 2001 there were 568 new cancer cases accessioned into the cancer registry. This brings the total number of cases to 4,501 since the program was initiated. In 2001 there were 127 breast cancers, which represented twenty-two percent of all cancer cases at Bay Medical Center. There were 123 lung cancers diagnosed, accounting for twenty-one percent, while there were fifty-seven colon cancers accounting for ten percent, and thirty-five melanoma cases accounting for six percent. Prostate cancer, genitalia cancer, urinary bladder cancer, and rectal cancer was also included in the anatomic sites for malignancies.

The Cancer Committee plays a vital role in the success of the cancer program. The Cancer Committee consists of the Committee Chairman, Cancer Liaison Physician, Medical and Radiation Oncology physicians, Surgeons, Radiology physicians, Pathology physicians, Cancer Registry Coordinator, and several other allied health members. The Cancer Committee meets bi-monthly starting in January each year. Some of the Cancer Committee priorities are assistance with the ACOS Survey Preparation, selection of PCE (Patient Care Evaluation) Studies, and Quality Improvement/Enhancement Studies. The committee decided that the Patient Care Evaluation Studies for 2001 would be Non-Small Cell Lung Carcinoma and Bladder Carcinoma. Gregory England, M.D., Cancer Liaison Physician and Cardiothoracic Surgeon, conducted the lung study and Carlos Ramos, M.D., a urologist, conducted the bladder study.

The Cancer Conferences at Bay Medical Center were held the second Tuesday of each month. There were 111 cases presented at Cancer Conferences during 2001. These include all cases presented at the Bay Medical Center/ Gulf Coast Medical Center Shared Cancer Conferences. These cases represent the most frequent cancer sites. Some of the cases presented were cancers of the lung, breast, colon, bladder, lymphoma, and melanoma.

The Cancer Program at Bay Medical Center continues to be active in screening and education programs for physicians as well as other health care providers in the community. These programs include cancer screenings for the breast, skin, colon/rectum and prostate, as well as other educational programs. Bay Medical Center also assists with other support services in the community such as the American Cancer Society Relay for Life. This fund raising event helps not only to raise money for cancer research, but also to increase the overall awareness of cancer treatment, prevention, and early detection. The Cancer Program at Bay Medical Center continues to participate in the Radiation Therapy Oncology Group (RTOG). This is a group of clinical facilities and physicians throughout the country that enroll patients in clinical studies in an effort to determine the effectiveness of cancer treatments. The participation at a community level is vital to improvements in cancer treatments as well as discovering new treatments for malignant diseases.

The Cancer Center Library was updated with new shelving and reading materials during 2001. New videos and pamphlets dealing with cancer and cancer related treatments were purchased. A television is available for patients to use for viewing videos. Patients are encouraged not only to talk to the doctor when they have questions, but also to access the library to learn more about their cancer and cancer treatments.

Bay Medical Center looks forward to helping in the fight against cancer in the coming years. Our goal is to decrease the morbidity rate caused by cancer and to increase the quality of life for those patients who must deal with the setbacks that are often experienced while undergoing cancer treatments.

It has been a pleasure serving as cancer committee chairman and I look forward to serving in the future.

Steven W. Kinsey, M.D.
Chairman, Cancer Committee

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2001 Report of the Cancer Registry

Bay Medical Center's Cancer Registry was established January 1, 1995. Impath Cancer Registry System, formerly Medical Registry Services is a computerized cancer registry system designed for collecting, following, managing, and analyzing cancer data. The Cancer Registrar analyzes data based on the patient's medical record and enters the information into the computer. All cancer cases must be completed within six (6) months from their diagnosis date. Cancer patients are given accession numbers based on the year in which they were diagnosed.

In 2001 there were 568 new cancer cases accessioned into the Cancer Registry. This gives the registry a total number of 4,501 cases entered since the reference date of January 1, 1995.

The Primary Site Table included in this report, is a breakdown of the anatomical sites for all the cancers that were either diagnosed and/or treated for the year 2001. Detail is given to the site, sex, and class of case. Cancer patients first diagnosed elsewhere or here and receive part or all, of their first course of therapy at Bay Medical Center are analytic cases and are followed for the life of the patient. Patients diagnosed previously and first course of therapy was completed elsewhere are considered Non-Analytical cases and are not followed, but are included in the registry if they are treated at BMC for a recurrence of the original cancer.

The Frequency of Cancer graph represents the most common cancers diagnosed and/or treated at Bay Medical Center in 2001. Breast cancer is the most frequently diagnosed cancer at Bay Medical Center with 127 new cases accounting for 22% in 2001. There was also 123 lung cancers diagnosed accounting for 21%. There were 57 colon cancers diagnosed accounting for 10%, 37 Melanoma's accounting for 6%, 29 prostate cancers accounting for 5%, 29 urinary systems cancers accounting for 5%, and 20 rectal cancers accounting for 3% of cancers diagnosed at Bay Medical Center. The Incidence Comparison graph compares the cancer cases diagnosed at Bay Medical Center to those expected across Florida and the United States according to the American Cancer Society.

Bay Medical Center provides education and screening for area residents. This along with early diagnosis and treatment affect long-term patient survival.

The Cancer Registry conducts follow-up on all patients treated for cancer at Bay Medical Center. If there has been no contact within 15 months, the patient is considered to "Lost to Follow". The Cancer Registry has to maintain a 90% follow-up rate to be in compliance with the American College of Surgeons Cancer Program Standards.

Regular follow-up visits for a cancer patient is important not only for the registry to be able to maintain accurate follow-up, but more importantly for the patient, since early detection is the link for longer survival when cancer reoccurs. The Cancer Registries current follow-up rate is 95.58%, which exceeds the target rate of 90%

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2001 Cancer Program Activities and ACS Support Services

February – Breast Cancer Screening: Women from the community were notified by flyers, friends and relatives, schools, health department, radio and other means of communication. They were educated about self-breast exams and the importance of doing the self-breast exam monthly. Fourteen women registered and 9 actually attended. They scheduled mammograms for these women and only one had an abnormal mammogram.

March – Colorectal Cancer Screening Program: A total of 55 people attended the screening. There were 99 kits distributed through the marketing department. Forty-six kits were returned with only 3 of those having abnormal results. These individuals were sent letter advising them to contact their physician.

May – Skin Cancer Screening: Thirty people attended the screening, which was performed at Bay Medical Surgery Center. Of the 30 who attended, 6 were advised to follow-up with their family physician.

May - "Relay for Life" Cancer Screening Education Session: A brief speech was given by the American Cancer Society encouraging people of all ages to help in the fight against cancer. Some of the ways which individuals can do this is by attending the cancer screening programs, regular self exams, being aware of what puts a person at risk for getting cancer, or seeking the advice of a physician if one suspects that something is going wrong with their health.

September – Prostate Cancer Screening: Held at GCMC. Men were screened for Prostate Cancer according to history; PSA was performed, and Manual examination by the physician. Those who participated received results and were instructed to seek their physician if their results were abnormal.

October – Breast Cancer Awareness Screening: Twenty-four women attended the screening, and Dr. Boyer spoke about breast cancer awareness and treatments for breast cancer. ACS handed out self-examination pamphlets to each participant and vouchers for a free mammogram were also given to everyone who attended.

October – "Tell a Friend Tuesday": Bay Medical Center and ACS worked together to promote "Breast Cancer Awareness". Individuals made phone calls to friends and relatives reminding and encouraging them to have regular breast examinations and mammograms. There were 72 volunteers who participated in the event for a total of 398 telephone contacts made.

2001 American Cancer Society Support Services

- **I Can Cope –** A six week educational support program for cancer patients, families, and friends
- **Still Coping –** An ongoing support group atmosphere for patients and families with any type of cancer
- **Reach to Recovery –** A peer support group for women following breast cancer surgery
- **Bosom Buddies –** A long term support group for breast cancer patients
- **Man to Man –** A peer support group for men with prostate cancer
- **Road to Recovery –** Free transportation services to doctors appointments and treatments
- **Look Good/Feel Better –** Periodic sessions demonstrating makeovers for cancer patients
- **ROCK Camp –** A summer camp for kids with cancer
- **Panhandle Lost Cord Club –** Support group for laryngetomee patients and their families

Information on these and other programs is available by calling the local American Cancer Society office at (850) 785-9205
Bay Medical Center provides leadership to community boards: American Cancer Society, Community Health Task Force, and Tobacco Free Partnership

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2001 Cancer Committee

Physician Members

Syed Mahmood, M.D., Chairman
Medical Oncology

David B. Hurst, M.D., Liaison
Radiation Oncology

Cynthia Boyer, M.D.
Radiation Oncology

R. Charles Nichols, M.D.
Radiation Oncology

Matthew G. Sweetser, M.D.
Medical Oncology

Fernando Malamud, M.D.
Medical Oncology

Scott Connin, M.D.
Diagnostic Radiology

Daniel G. Deana, M.D.
Pathology

Deborah Edgeworth, M.D.
Obstetrics / Gynecology

N. Reed Finney, M.D.
Cardiothoracic Surgery

Steven W. Kinsey, M.D.
General Surgery

Anthony D. Terracina, M.D.
General Surgery

Phillip H. Nunnery, M.D.
Plastic & Reconstructive Surgery

James D. Oenbrink, M.D.
Otolaryngology

Charles R. Kovaleski, M.D.
Dermatology

Timothy G. Moriarty, M.D.
Pulmonary Medicine

Maria Parris, D.O.
Family Practice

M. Yahia A. Rahim, M.D.
Pediatrics / Hematology

Carlos E. Ramos, M.D.
Urology

Sudhakar C. Reddy, M.D.
Gastroenterology

Allied Health Members

Cynthia Zahn
Cancer Program Coordinator / Cancer Center

Karen Myers
Cancer Registrar / Cancer Center

Grady Stanley
Clinical Services Director

Carissa Anthony
American Cancer Society

Connie Brown, R.N.
Chemotherapy Unit / Cancer Center

Myra Reeves
Public Relations

Greg Ohe, VP
Administration

Karla Seaborn
Medical Records Director

Gerry Jowers, R.N.
Radiotherapy Unit / Cancer Center

Cindy Shipman
Nutrition Services

Pam Spires
Quality Administration

2001 Cancer Conference Case Presentations

Bay Medical Center and Gulf Coast Medical Center have monthly Shared Cancer Conferences. The Managing / Treating Physician presents cases originating from either hospital.

Anal Canal	Anus
Appendix	Ascending Colon
Bladder	Brain
Breast	Cervix
Colon	Endometrium
Esophagus	Eye
Head & Neck	Hodgkin's Disease
Kidney	Larynx
Lung	Lymphoma
Melanoma	Non-Hodgkin's Lymphoma
Ovary	Parotid Gland
Perianal-Skin	Pituitary Gland
Rectosigmoid	Rectum
Salivary Gland	Sarcoma
Skin-Right Ear	Small Bowel
Stomach	Testis
Thyroid	Tongue
Tonsil	Tonsillar Pillar
Unknown	Unknown
Ureter	Uterus

Glossary

Neoplasm – An abnormal growth of malignant cells that often spreads if not treated in the early stages.

Analytic Case – Cancer cases diagnosed and / or treated for all or part of the first course of therapy at BMC.

Non-Analytic Case – Cancer cases diagnosed and treated elsewhere for the first course of therapy.

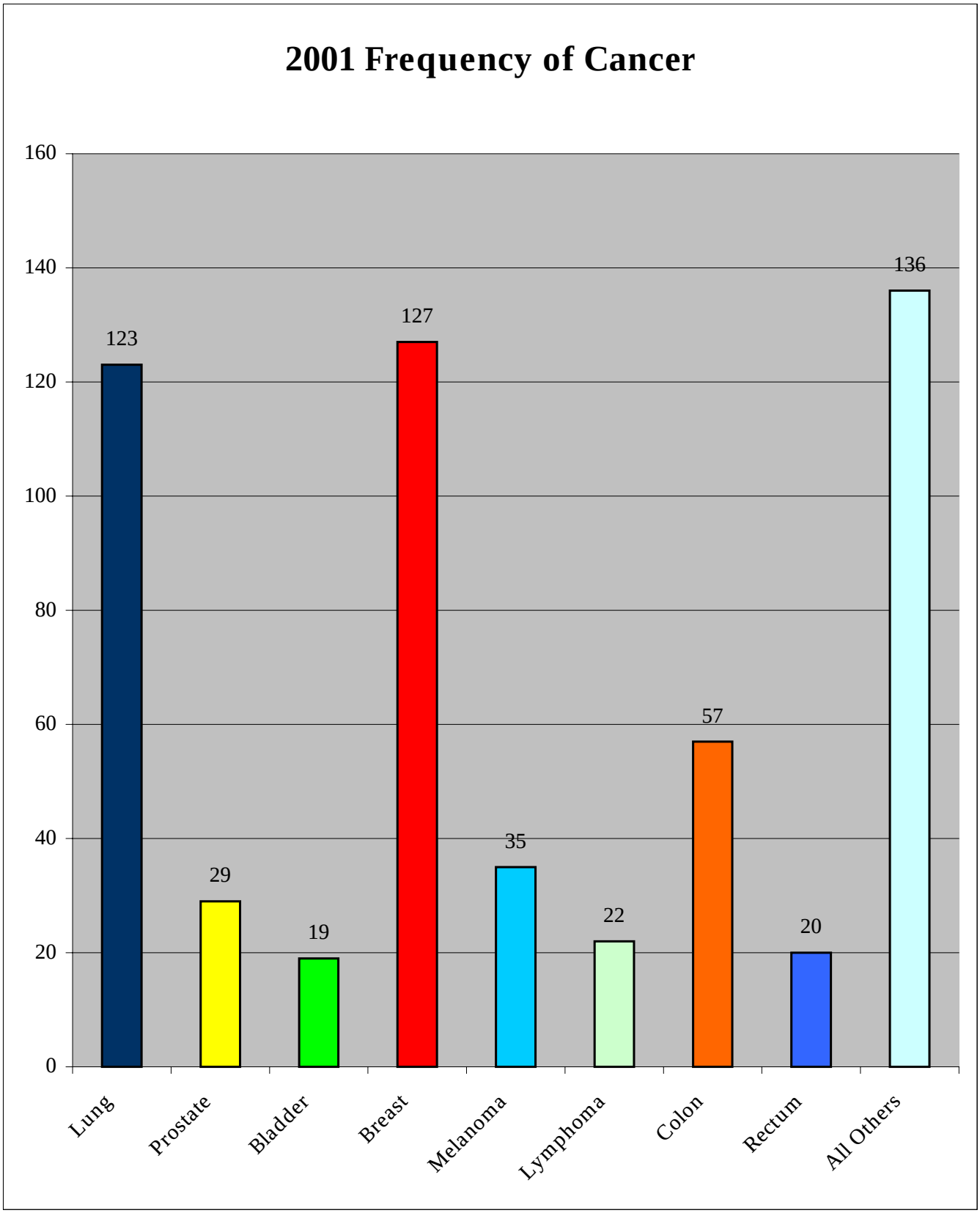
AJCC TNM Stage – A staging system developed by the American Joint Committee on Cancer. The tumor (T) stage is determined by the size and / or depth of invasion of the tumor, lymph node (N) involvement, and distant metastasis (M), which is the spreading of the cancer to distant sites. For applicable sites, the T, N, and M determine whether the stage is I, II, III, IV, or unknown stage. Higher staged cancers usually have a poor prognosis.

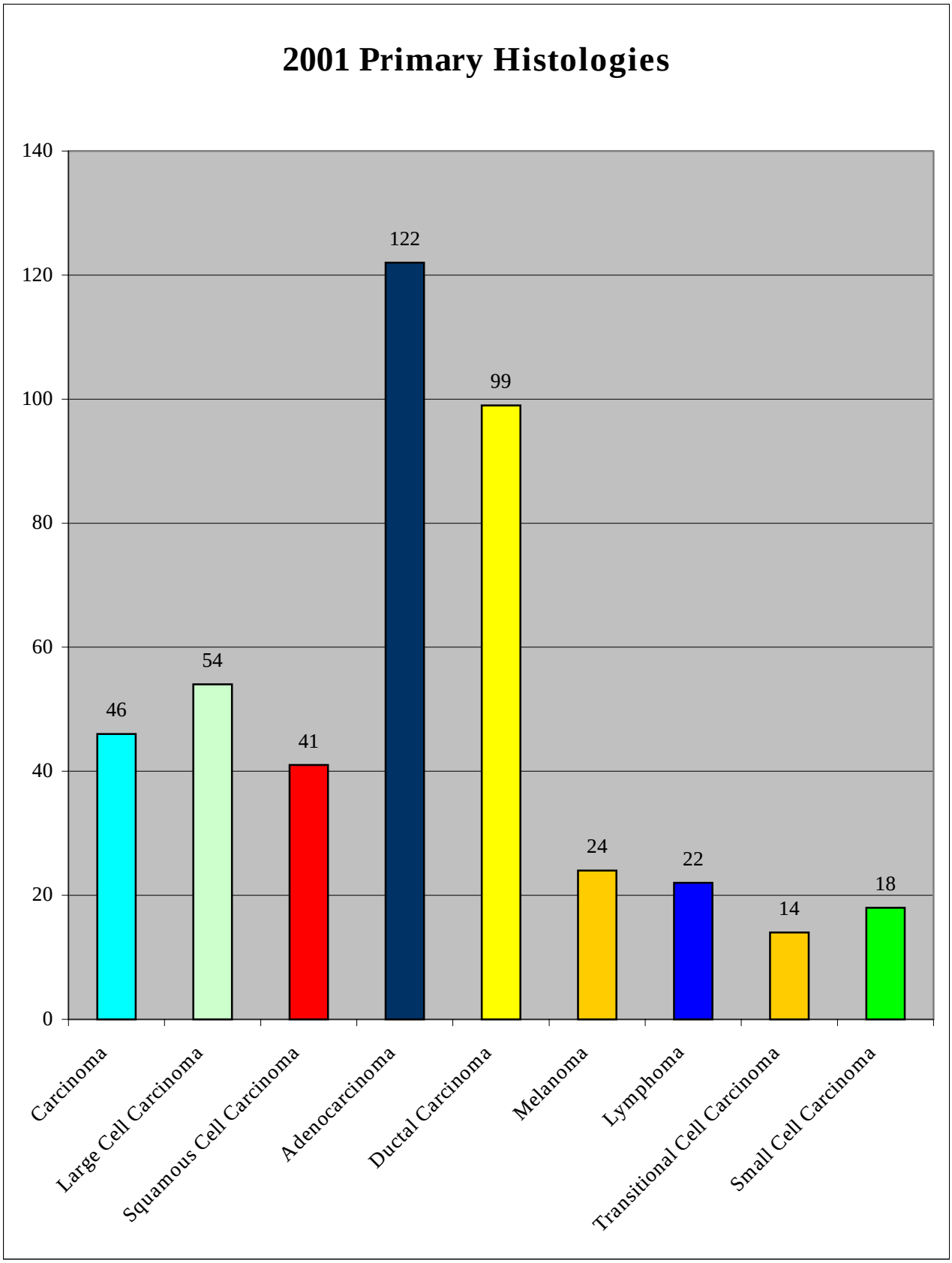
Reference Date – The date in which a cancer registry begins collecting cases. The date is usually January 1 of a given year.

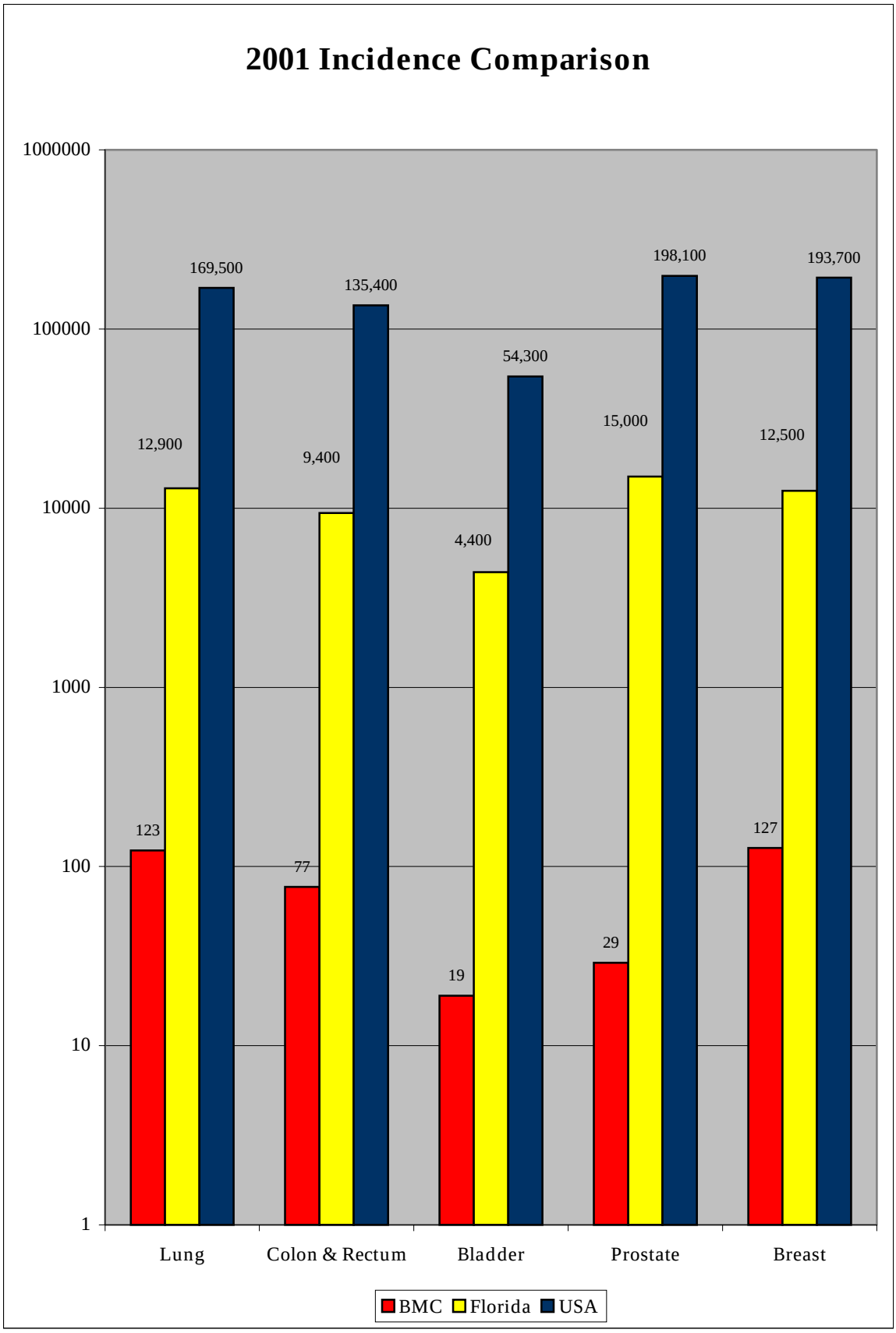
Histology – The specific cell type given to a tumor or a specimen from a biopsy and / or surgery.

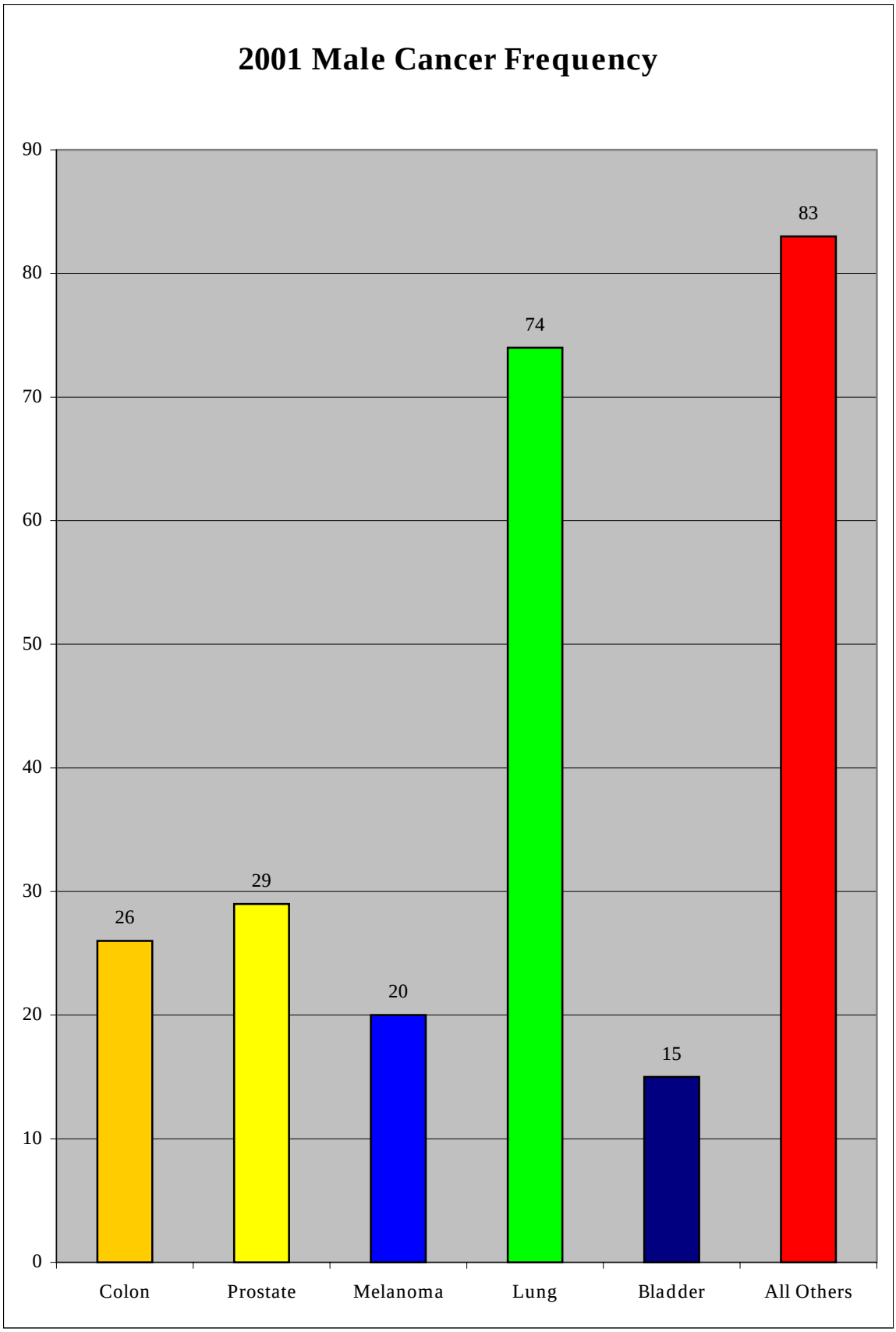
Approved Cancer Program – A cancer program, which has successfully passed a survey required by the American College of Surgeons.

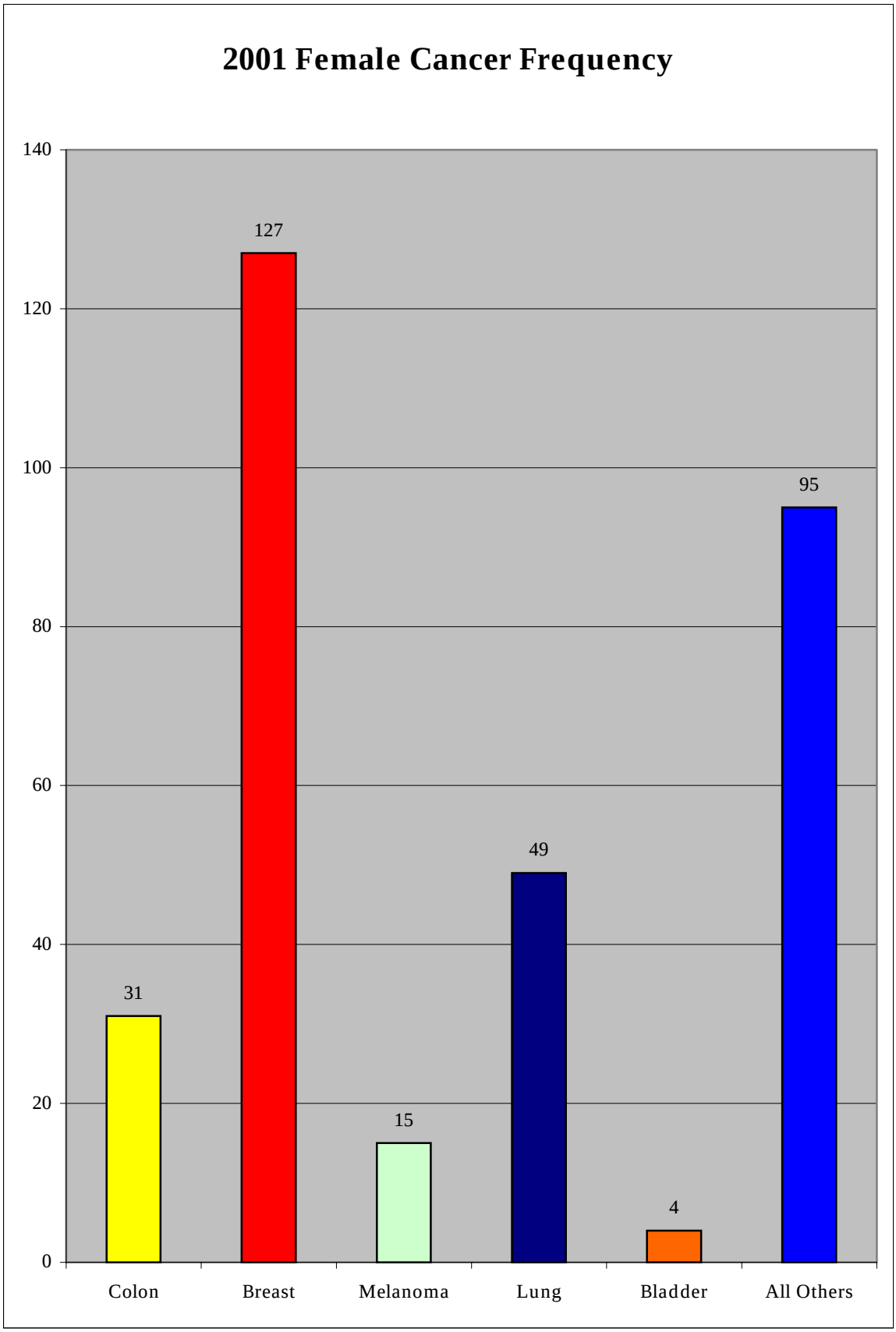
							AJCC STAGE/ANALYTIC ONLY						
Site	**Total**	**Percent**	**Male**	**Female**	**Analytic**	**N-Anal**	**0**	**1**	**2**	**3**	**4**	**99**	**88**
Oral Cavity													
Tongue	7	1.2	4	3	5	2	0	0	0	0	5	0	0
Salivary Glands	3	0.5	3	0	1	2	0	1	0	0	0	0	0
Floor of Mouth	1	0.2	0	1	1	0	0	1	0	0	0	0	0
Gum & Other Mouth	3	0.5	0	3	2	1	0	0	1	0	0	1	0
Tonsil	1	0.2	1	0	0	1	0	0	0	0	0	0	0
Hypopharynx	2	0.4	2	0	2	0	0	0	0	0	2	0	0
Other Buccal Cav & Phar	2	0.4	2	0	0	2	0	0	0	0	0	0	0
Digestive System													
Esophagus	2	0.4	2	0	2	0	0	1	0	0	1	0	0
Stomach	6	1.1	5	1	6	0	0	2	0	1	2	1	0
Small Intestine	2	0.4	1	1	1	1	0	0	0	0	1	0	0
Colon	57	10	26	31	47	10	1	16	14	7	5	1	3
Rectum & Rectosigmoid	20	3.5	12	8	18	2	0	6	4	5	0	3	0
Anus & Anal Canal	2	0.4	0	2	2	0	0	0	0	0	1	1	0
Liver	2	0.4	2	0	2	0	0	0	0	2	0	0	0
Pancreas	7	1.2	2	5	7	0	0	0	1	0	5	1	0
Respiratory System													
Larynx	3	0.5	1	2	1	2	0	0	0	1	0	0	0
Lung & Bronchus	123	21.3	74	49	109	14	0	13	9	40	45	2	0
Soft Tissue													
Heart	1	0.2	0	1	1	0	0	0	0	0	0	0	1
Melanoma													
Skin	35	6.2	20	15	23	12	9	11	2	1	0	0	0
Other Non-Epith Skin	2	0.4	2	0	1	1	0	0	0	0	0	0	1
Breast													
Breast	127	22.1	0	127	106	21	7	55	27	8	5	4	0
Female Reproductive System													
Cervix	10	1.8	0	10	8	2	0	3	1	2	1	1	0
Corpus	9	1.6	0	9	7	2	0	4	1	2	0	0	0
Uterus, NOS	2	0.4	0	2	0	2	0	0	0	0	0	0	0
Ovary	6	1.1	0	6	2	4	0	0	1	0	1	0	0
Vagina	1	0.2	0	1	1	0	0	0	0	0	1	0	0
Male Reproductive System													
Penis	2	0.4	2	0	2	0	1	0	0	0	0	0	1
Testis	1	0.2	1	0	1	0	0	1	0	0	0	0	0
Prostate	29	5.1	29	0	21	8	0	0	13	3	4	1	0
Urinary Tract System													
Urinary Bladder	19	3.3	15	4	15	4	2	3	5	1	4	0	0
Other Urinary Organs	2	0.4	1	1	2	0	0	1	1	0	0	0	0
Kidney & Renal Pelvis	8	1.4	6	2	6	2	0	2	0	1	3	0	0
Eye & Orbit													
Eye	1	0.2	0	1	0	1	0	0	0	0	0	0	0
Central Nervous System													
Brain	4	0.7	3	1	4	0	0	0	0	0	0	0	4
Endocrine System													
Thyroid	10	1.8	2	8	9	1	0	3	4	0	0	2	0
Thymus	2	0.4	2	0	2	0	0	0	0	0	0	0	2
Hodgkin's Disease													
Nodal Hodgkin's Disease	1	0.2	1	0	0	1	0	0	0	0	0	0	0
Extranodal Hodgkin's Disease	1	0.2	0	1	1	0	0	1	0	0	0	0	0
Non-Hodgkin's Lymphoma													
Nodal NH Lymphoma	15	2.6	8	7	10	5	0	2	3	0	4	1	0
Extranodal NH Lymphoma	5	0.9	2	3	3	2	0	1	0	1	0	1	0
Bone Marrow													
Multiple Myeloma	5	0.9	3	2	3	2	0	0	0	0	0	0	3
Leukemia	8	1.4	5	3	5	3	0	0	0	0	0	0	5
Ill-Defined & Unknown Sites													
Ill-Defined & Unknown	19	3.3	8	11	17	2	0	0	0	0	0	3	14
Total	**568**	**100%**	**247**	**321**	**456**	**112**	**20**	**127**	**87**	**75**	**90**	**23**	**34**

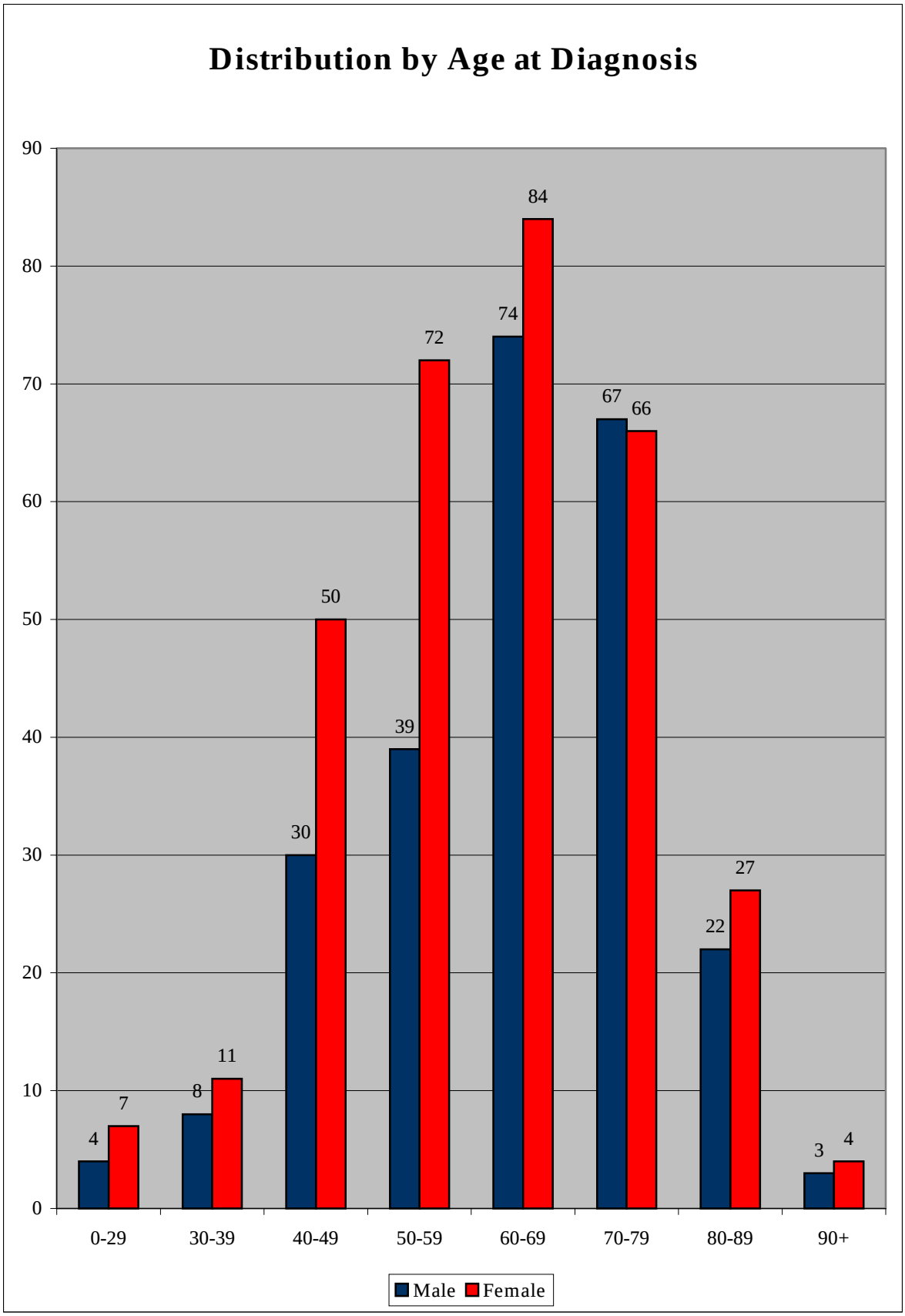

2001 Frequency of Cancer
160
140
120
100
80
60
40
20
0
123
29
19
127
35
22
57
20
136
Lung
Prostate
Bladder
Breast
Melanoma
Lymphoma
Colon
Rectum
All Others


2001 Primary Histologies
140
120
100
80
60
40
20
0
46
54
41
122
99
24
22
14
18
Carcinoma
Large Cell Carcinoma
Squamous Cell Carcinoma
Adenocarcinoma
Ductal Carcinoma
Melanoma
Lymphoma
Transitional Cell Carcinoma
Small Cell Carcinoma


2001 Incidence Comparison
1000000
100000
10000
1000
100
10
1
169,500
135,400
198,100
193,700
54,300
12,900
9,400
15,000
12,500
4,400
123
77
19
29
127
Lung
Colon & Rectum
Bladder
Prostate
Breast
BMC
Florida
USA


2001 Male Cancer Frequency
90
80
70
60
50
40
30
20
10
0
26
29
20
74
15
83
Colon
Prostate
Melanoma
Lung
Bladder
All Others


2001 Female Cancer Frequency
140
120
100
80
60
40
20
0
127
95
49
31
15
4
Colon
Breast
Melanoma
Lung
Bladder
All Others


Distribution by Age at Diagnosis
90
80
70
60
50
40
30
20
10
0
4
7
8
11
30
50
39
72
74
84
67
66
22
27
3
4
0-29
30-39
40-49
50-59
60-69
70-79
80-89
90+
Male
Female

2001 Non-Small Cell Lung Carcinoma Report

Lung Cancer is the number one cause of cancer death among men and women in the United States, accounting for more than one hundred fifty thousand deaths in 2001, which is twenty-eight percent of all cancer deaths for that year. It has been the leading cause of death for men since the 1950's and in 1987 surpassed breast cancer as the leading cancer killer in women. Lung cancer is the second most common cancer treated at Bay Medical Center.

Lung cancer is generally divided into two groups, non-small cell lung carcinoma and small cell lung carcinoma. According to the American Cancer Society, eighty percent of all lung cancers diagnosed each year account for non-small cell lung carcinoma and the other twenty percent is small cell carcinoma. In 2001 at Bay Medical Center there were fifty-one males and thirty-three females diagnosed with non-small cell lung carcinoma while four males and thirteen females were diagnosed with small cell lung carcinoma (Figure 1).

The American Cancer Society estimated that in 2001 there would be 135,000 new cases of non-small cell lung carcinoma in the United States with 10,320 of those being diagnosed in Florida. Bay Medical Center treated eighty-four of the expected non-small cell lung cancers.

Non-small cell lung carcinomas include a heterogeneous group of at least three distinct histologies including squamous cell carcinoma, adenocarcinoma and large cell carcinoma. These histologies are often classified together because they are treated similarly. The most common cell types at Bay Medical Center were adenocarcinomas accounting for seventeen cases, fifteen squamous cell carcinomas, and fifty-two large cell carcinomas (Figure 2).

Historically, lung carcinoma has been clearly linked with a smoking history. Of the eight-four cases of non-small cell lung cancer treated at Bay Medical Center, seventy-nine were current smokers or had a past smoking history. There were only five patients with no smoking history (Figure 3). In addition, positive family history is associated with an increased risk of lung carcinoma when compared to the general population. Thirty-five patients had a positive family history of carcinoma of the lung as compared to no family history in forty-nine cases (Figure 4).

The most common signs and symptoms of lung carcinoma include cough, hemoptysis, chest pain, dyspnea and weight loss. Unfortunately, the majority of patients that are symptomatic at the time of diagnosis present with more advanced stage of disease. Most early stage patients are asymptomatic with unexpected or incidental findings on chest X-rays or CT scans. This would suggest a role for radiographic screening in patients at high risk for lung cancer.

At diagnosis, patients with non-small cell lung cancer can be divided into three groups that reflect the extent of disease and treatment approach. The first group includes localized tumors that are surgically resectable (Stage I and II) and has the best prognosis with the potential for cure with surgical removal (Figure 5). Patients with resectable disease who have medical contraindications to surgery can be considered for curative radiation therapy.

The second group includes patients with either locally or regionally advanced (Stage III) lung cancer (Figure 6). Local control and palliation of symptoms can be achieved in unresectable patients with radiation therapy, or more commonly with radiation therapy in combination with chemotherapy. Unresectable or locally advanced Stage III disease treated with cytotoxic chemotherapy and radiation has improved the median survival in these patients from eleven months with radiation alone to seventeen months with concurrent chemotherapy and radiation therapy. The newer chemotherapy drugs, Pacilataxel, Gemcitabine, and Vinorelbine have shown improved response rates with less toxicity than the older chemotherapy agents. Patients with good performance status do best with combined chemotherapy and radiation therapy.

Selected resectable Stage III patients can be treated effectively with surgical resection, but a cure is seen in only a small minority of patients. Patients with resected Stage III disease have a five-year survival rate of ten to fifteen percent and with bulky residual disease it is two to five percent. Some resectable Stage III patients may benefit from pre-operative chemotherapy and radiation.

The final group of patients are those with metastatic disease (Stage IV). Patients with Stage IV disease are best managed with chemotherapy, chemotherapy and radiation therapy, or radiation therapy alone (Figure 7). Systemic chemotherapy and /or radiation therapy produces subjective partial response and palliation of symptoms for short durations in advanced Stage IV disease.

Cancer stage is the single most important predictor of five-year survival. Other important considerations include the patient's age, nutritional status and overall medical condition, especially the presence or absence of any significant underlying cardiopulmonary disease, the risk of which is increased in the lung cancer patient population which has a higher incidence of smoking.

The death rate is highest for this type of cancer because most lung cancer is not detected until the later stages when the potential for cure is dramatically diminished. Only seventeen of eighty-four patients (20%) presenting to Bay Medical Center were Stage I or II and thus, potentially candidates for primary surgical therapy with curative intent. Seven of the seventeen patients presenting with Stage I or II cancer were treated with surgery only, with another four patients undergoing surgical resection followed by postoperative chemotherapy and/or radiation therapy. Another two patients had radiation therapy only (Figure 5).

Sixty-seven of the cases at Bay Medical Center presented as either Stage III or IV which are generally beyond consideration for primary surgical therapy. At Bay Medical Center, the majority of patients presenting with advanced disease (Stage III and IV) are treated with chemotherapy and/or radiation (Figure 6 and 7). Unfortunately, seventeen of the Stage III and IV cancers underwent biopsy only and were not candidates for further therapy and therefore had a very poor prognosis.

Twelve of the Stage III patients were treated with radiation therapy while another seven were treated with combination chemotherapy and radiation therapy. There were also six patients who only had chemotherapy (Figure 6).

In treating Stage IV patients, ten had radiation alone and seven had radiation combined with chemotherapy, with another three receiving only chemotherapy. There were four patients who underwent surgical resection and one who had radiation following surgery (Figure 7).

For patients who are diagnosed at an early stage and are successfully resected the overall average five-year survival is about fifty percent. However, only fifteen percent of patients diagnosed with lung cancer are diagnosed at an early stage and unfortunately the majority are diagnosed in the advanced stages. Fifty-seven (sixty-eight percent) of the eighty-four patients diagnosed in 2001 with non-small cell lung cancer at Bay Medical Center have expired (Figure 8).

Bay Medical Center Regional Cancer Center is the largest referral center for specialized cancer treatment in this region. It is an affiliate member of the Radiation Therapy Oncology Groups and has the availability to participate in multi-institutional clinical cooperative trails and enroll patients in lung cancer treatment protocols. The multidisciplinary team of medical oncologists, radiation oncologist, pulmonologists and surgeons are committed to addressing this disease. Primary efforts are toward ongoing smoking cessation programs and efforts towards earlier detection and treatment.

Gregory J. England, M.D.
Thoracic Surgical Oncology
Cancer Liaison Physician

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Figure 1

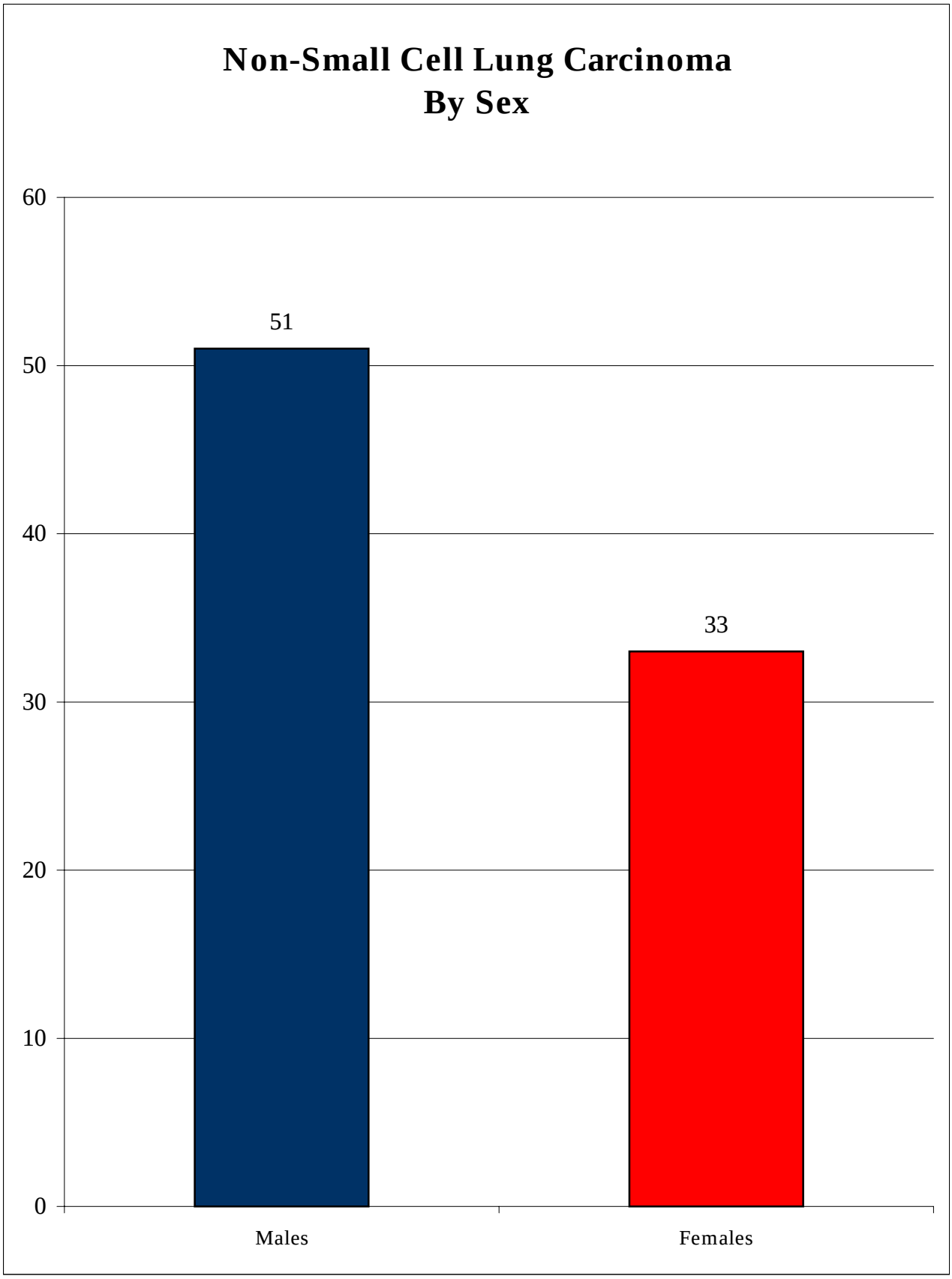

Non-Small Cell Lung Carcinoma
By Sex
60
50
40
30
20
10
0
51
33
Males
Females

Figure 2

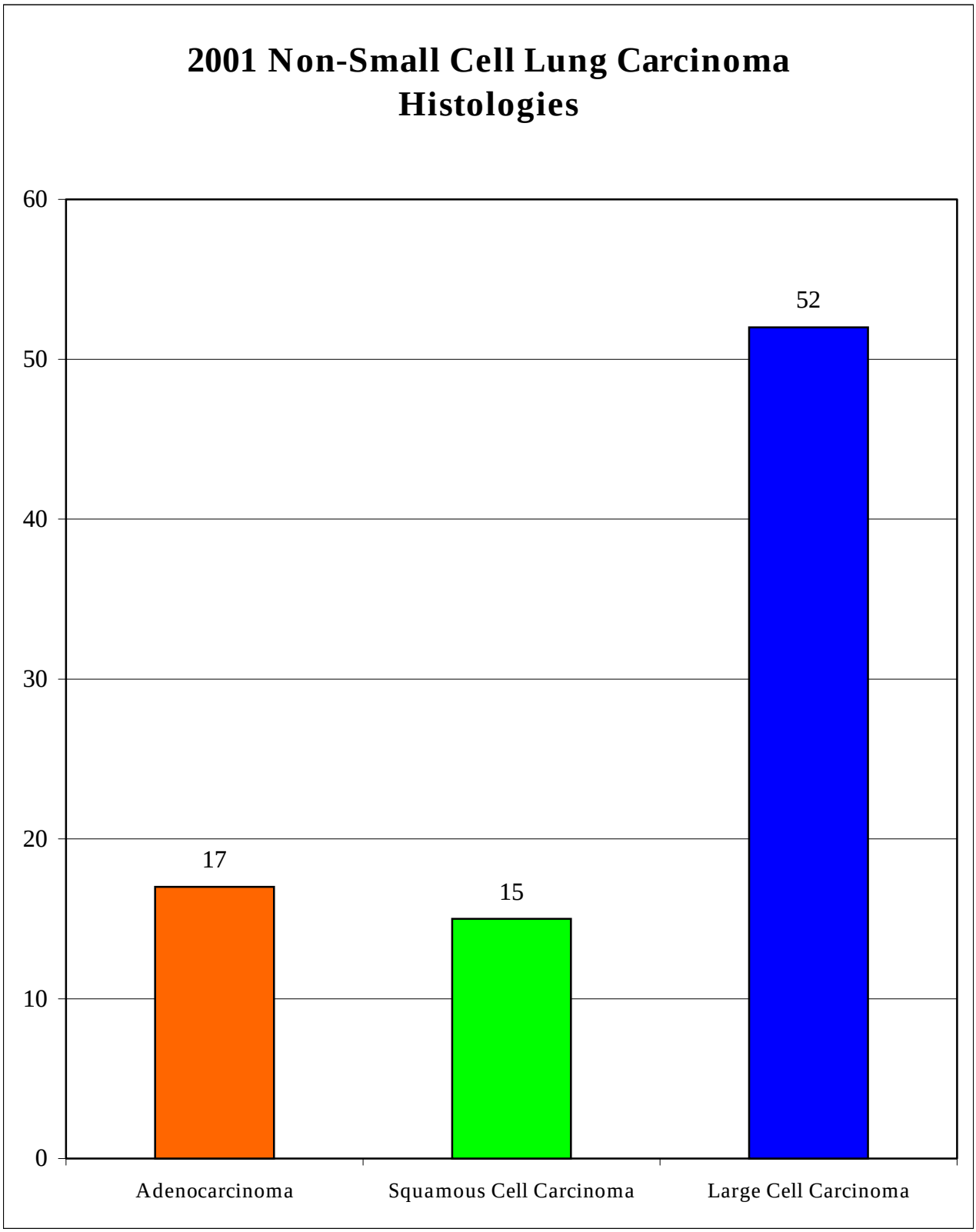

2001 Non-Small Cell Lung Carcinoma Histologies
60
50
40
30
20
10
0
17
15
52
Adenocarcinoma
Squamous Cell Carcinoma
Large Cell Carcinoma

Figure 3

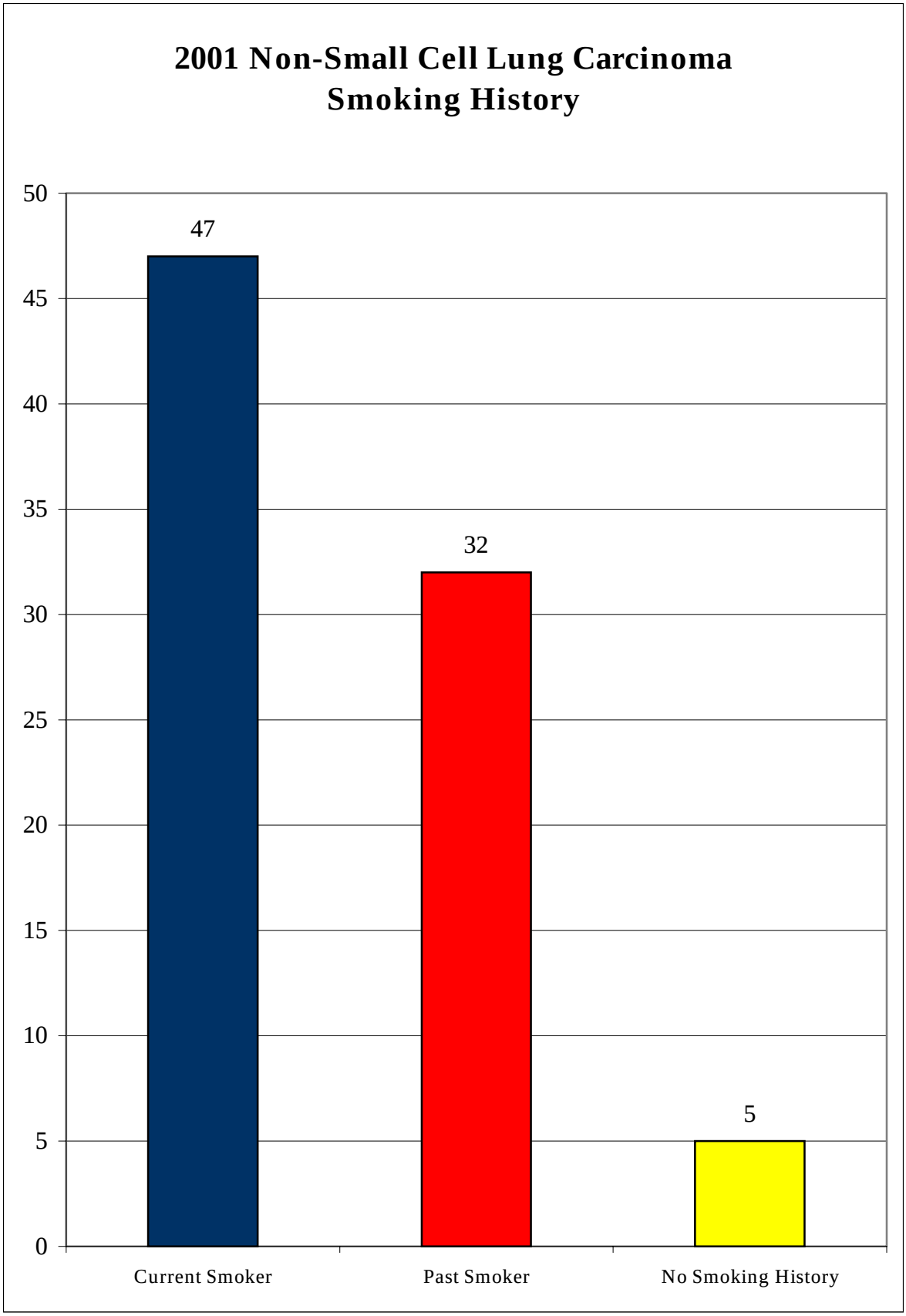

2001 Non-Small Cell Lung Carcinoma
Smoking History
50
45
40
35
30
25
20
15
10
5
0
47
32
5
Current Smoker
Past Smoker
No Smoking History

Figure 4

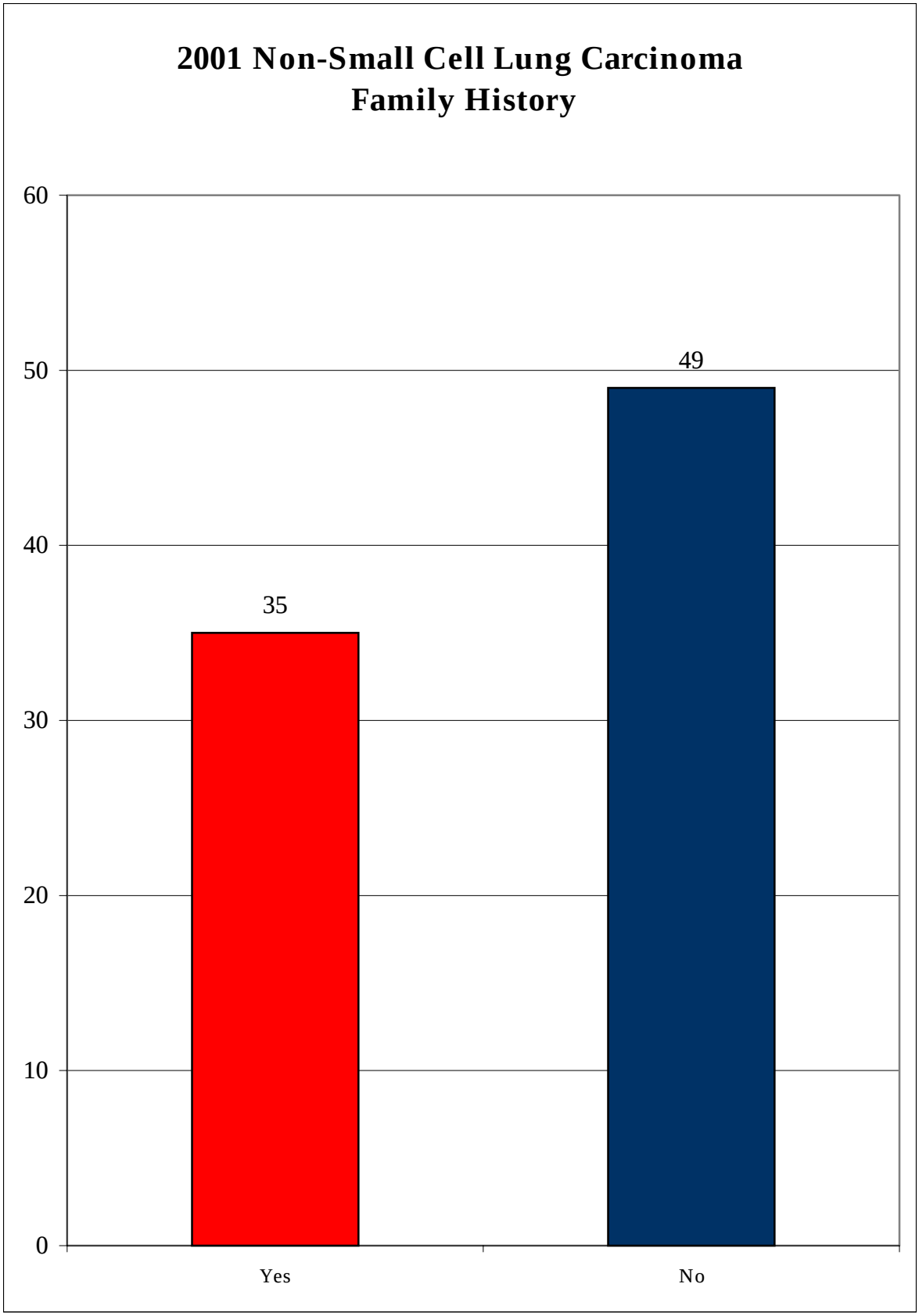

2001 Non-Small Cell Lung Carcinoma
Family History
60
50
40
30
20
10
0
35
49
Yes
No

Figure 5

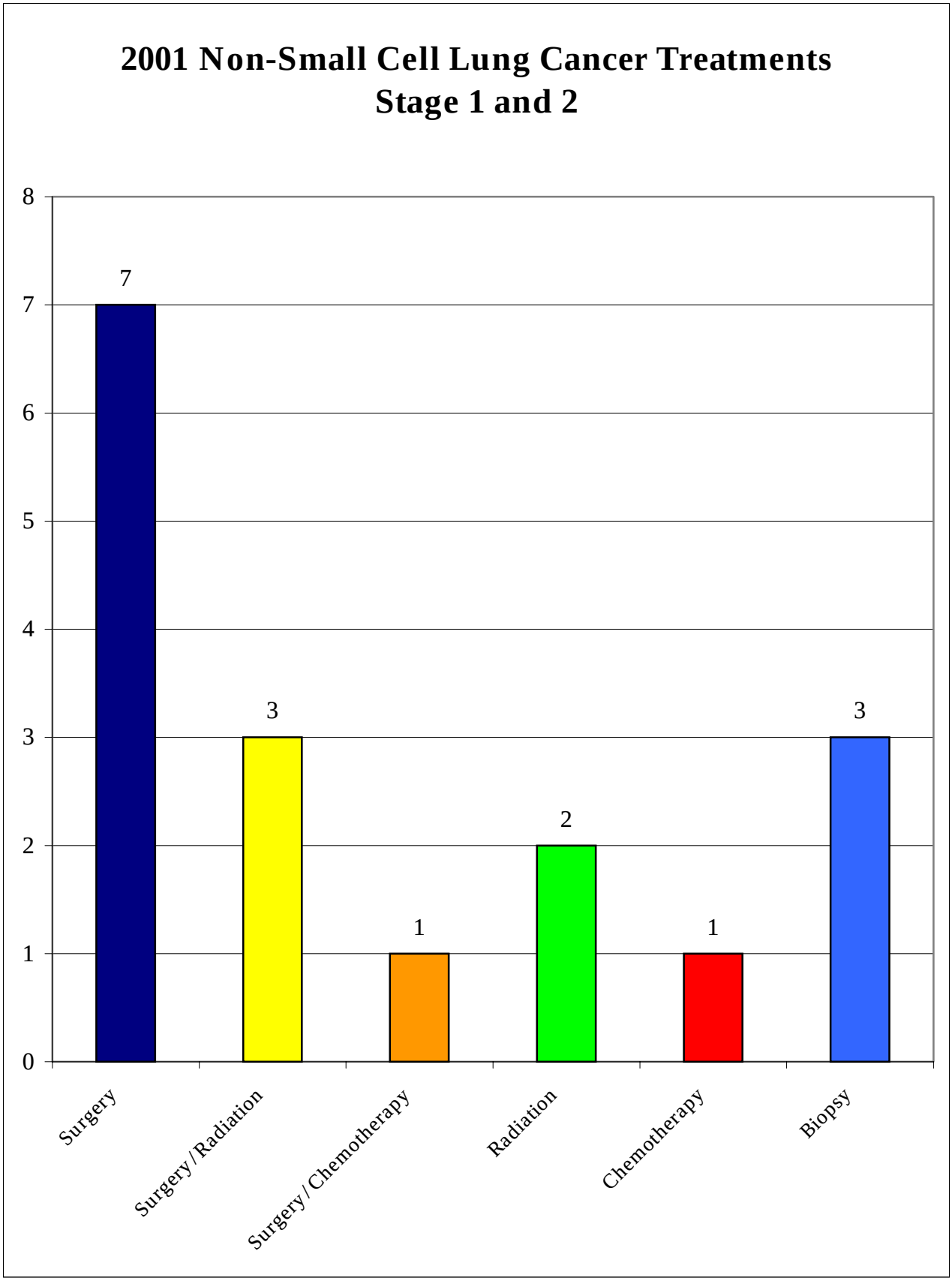

2001 Non-Small Cell Lung Cancer Treatments
Stage 1 and 2
8
7
6
5
4
3
2
1
0
7
3
1
2
1
3
Surgery
Surgery/Radiation
Surgery/Chemotherapy
Radiation
Chemotherapy
Biopsy

Figure 6

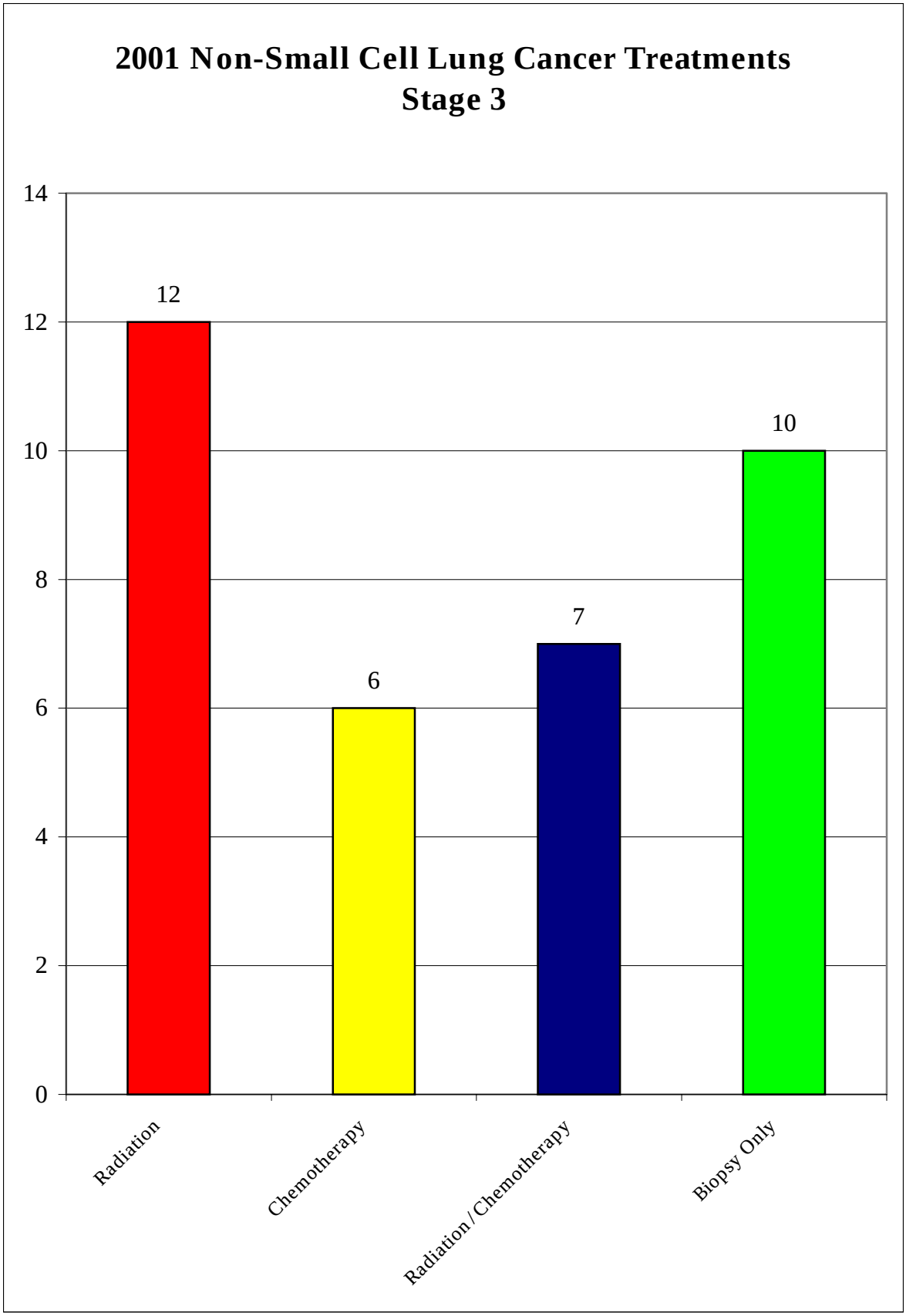

2001 Non-Small Cell Lung Cancer Treatments
Stage 3
14
12
10
8
6
4
2
0
12
6
7
10
Radiation
Chemotherapy
Radiation / Chemotherapy
Biopsy Only

Figure 7

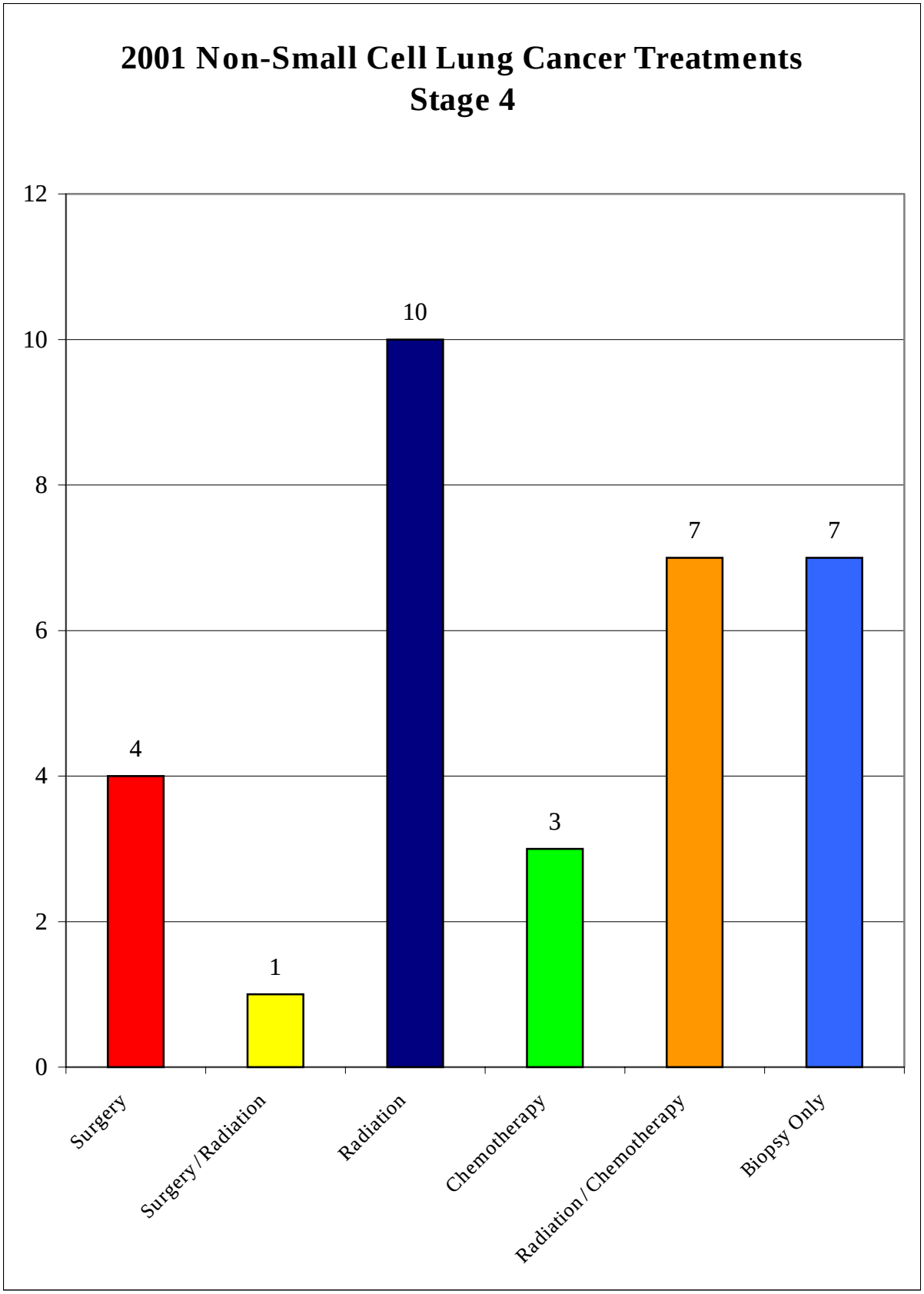

2001 Non-Small Cell Lung Cancer Treatments
Stage 4
12
10
8
6
4
2
0
4
1
10
3
7
7
Surgery
Surgery / Radiation
Radiation
Chemotherapy
Radiation / Chemotherapy
Biopsy Only

Figure 8

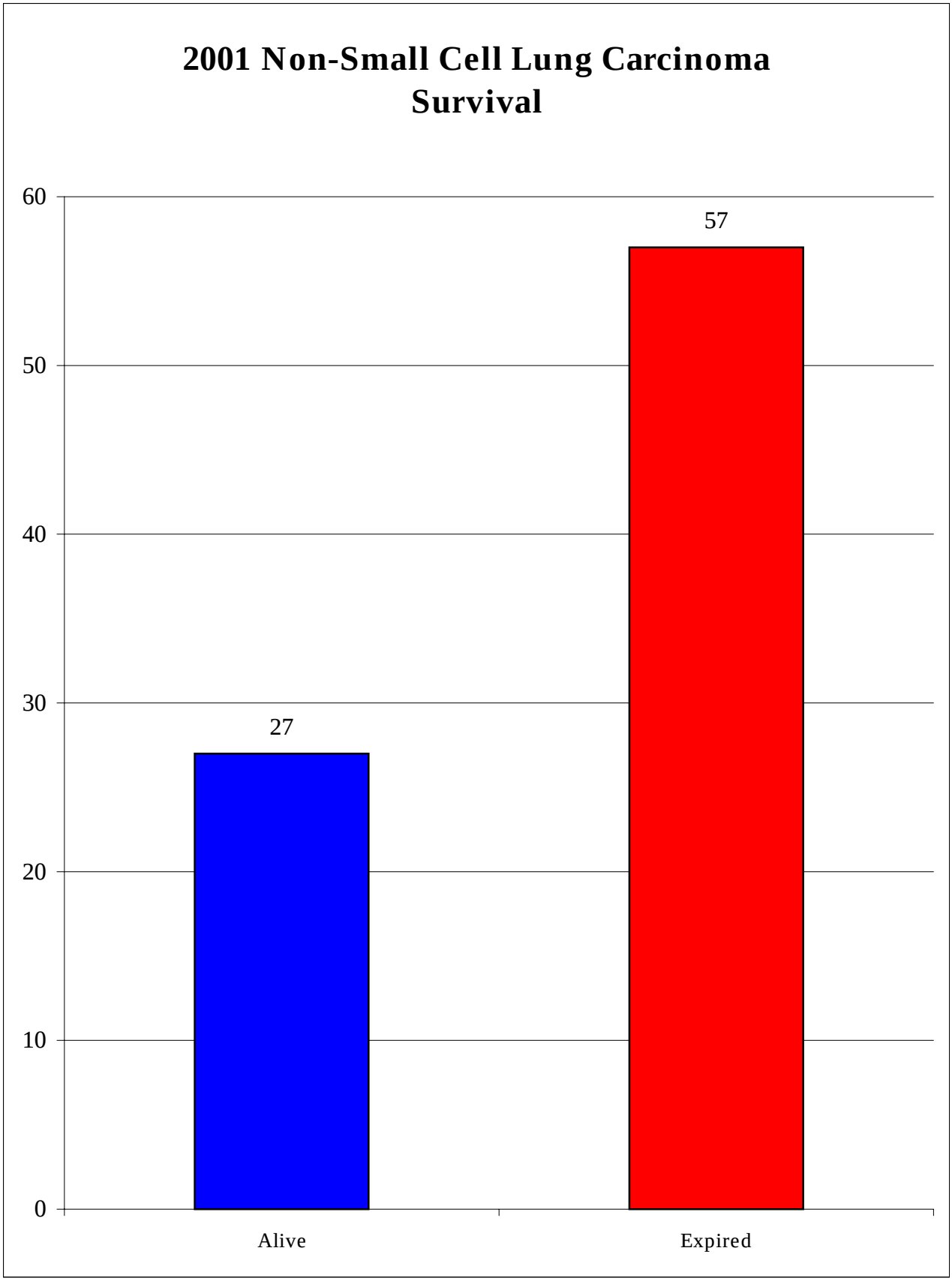
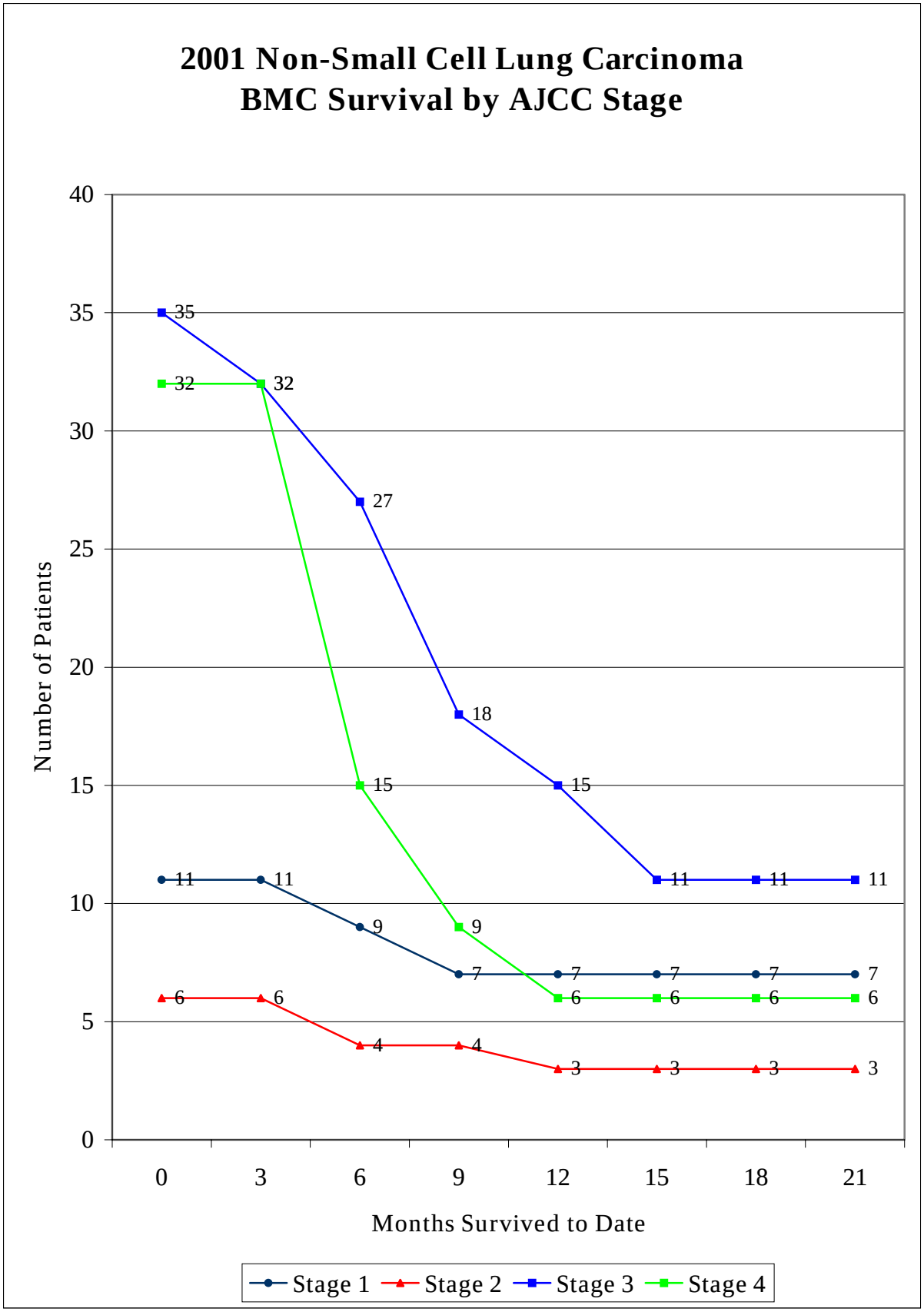

2001 Non-Small Cell Lung Carcinoma Survival
60
50
40
30
20
10
0
27
57
Alive
Expired

Figure 9


2001 Non-Small Cell Lung Carcinoma
BMC Survival by AJCC Stage
Number of Patients
40
35
30
25
20
15
10
5
0
0
3
6
9
12
15
18
21
Months Survived to Date
35
32
32
27
18
15
15
11
11
11
11
11
9
9
7
7
7
7
7
6
6
6
6
6
6
4
4
3
3
3
3
Stage 1
Stage 2
Stage 3
Stage 4