

20 CANCER ANNUAL REPORT

16 Baptist Health Cancer Program



Tiles made by patients and caregivers hang in Montgomery Cancer Center to encourage others on their journey.



MONTGOMERY
CANCER CENTER

A BAPTIST HEALTH FACILITY





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It is our pleasure to present the annual report for the Baptist Health Cancer Program. For almost 30 years, our cancer program has served patients in Central Alabama with a commitment to delivering high-quality, multidisciplinary, patient centered cancer care in our community. We believe that every patient's path is as unique as they are. We believe that "Together, we can do this."

Our program is seeking our initial, voluntary, three-year Commission on Cancer ("CoC") accreditation, a quality program of the American College of Surgeons. The path to accreditation began in 2014 with a goal of full accreditation with commendation by 2017. We use the standards set forth by The American College of Surgeons to improve the full scope of quality cancer care services for our patients. This inaugural report highlights accomplishments and provides a statistical overview of cancer patients treated within our program. These accomplishments remind us of how far we have come and what we have to look forward to in the future. To highlight a few:

- Expansion of Patient Navigation Team – Additional nurse and patient navigators were added to the navigation team to provide hands-on guidance to patients through the challenging medical experience of a cancer diagnosis. The additional navigators allow for targeted navigation by cancer type and successful implementation of distress screening.

- Montgomery Cancer Center – Prattville Clinic Expansion – We invested in new construction, 15,000 square foot outpatient infusion clinic conveniently located north of Montgomery, Alabama in the Prattville community to complement services offered in Montgomery.
- Carmichael Imaging Center Implementation of Intego® PET Infusion System – This technology enables this PET imaging site to personalize radioactive material doses for patients and reduce unnecessary radiation for technologists. Utilizing a fully shielded mobile design, the system infuses accurate, repeatable, patient-specific doses from multidose vials, all managed through touch screen technology.
- Low Dose CT Lung Screening Program – Tobacco use in Alabama remains higher than the national average. In 2016, we focused on growing our low dose CT lung cancer screening program through community awareness and provider education.

This report represents the tireless work of many talented, compassionate and courageous healthcare professionals who choose to stand with their patients each day. We look forward to continuing to serve and advancing cancer care in our community. If you have any questions regarding this report, please call (334) 273-7000 or visit www.montgomerycancercenter.com to learn more.

Scott McDaniel, MD
Cancer Committee Chair

Laura Hamilton
Cancer Program Manager

Susan Reed
Cancer Program Administrator

Cancer Committee is a multidisciplinary team of representatives from multiple physician specialties, nursing, administration, quality, and cancer registry. Cancer Committee meets regularly to review and evaluate the quality and direction of the cancer program and make recommendations for improvement using American College of Surgeons' Commission on Cancer guidelines.

Scott McDaniel, MD	Medical Oncology, Committee Chair
Naresh Bellam, MD	Medical Oncology, Vice-Chair
Robert Lee Franklin, MD	Radiation Oncology
Pat Rucker, MD	Radiology
Walter Bell, MD	Pathology
John Mark Vermillion, MD	Surgery
Pam Strickland, MD	Breast Surgery
Chip Wall, MD	Breast Surgery
Susan Reed	Cancer Program Administrator
Laura Hamilton, RN	Cancer Program Manager
Judy Smith, CTR	Cancer Registry Quality Coordinator
Tommy McKinnon	Community Outreach Coordinator
Jeni Huggins, RN, OCN	Clinical Research Coordinator
Janet Baker, RN, CPC	Cancer Conference Coordinator
Mona McDermott, LGSW	Psychosocial Services Coordinator
Genger Gallup, RN, OCN	Oncology Nurse Manager, Outpatient
Brad Talley, RN	Oncology Nurse Manager, Inpatient
Kathy Bonney, RN	Quality Improvement Coordinator
Dana Fitzpatrick, PT	Rehabilitation Services
Margaret Thompson, RN	Palliative Care Services
Carrie Webb, PharmD	Pharmacy
Jeanie Mann	American Cancer Society
Ali Pritchett, RD	Nutrition Services
Alta Gipson, LBSW	Social Work
Ashley Truesdale, RN	Nurse Navigator

CANCER REGISTRY REPORT



The cancer registry collects data on all cancer patients who are diagnosed and/or treated at each of the Baptist Health facilities, including Baptist Medical Center South, Baptist Medical Center East, and Prattville Baptist Hospital. Specially trained cancer registrars capture a summary of each cancer case including clinical diagnostic and therapeutic data in the cancer registry database. This information, including disease stage, status, and treatment information is reported to the central Alabama Statewide Cancer Registry for population-based cancer data. Once accredited by the Commission on Cancer, data collected by the cancer registry will be reported to the National Cancer Data Base. Sharing cancer data with central or population based registries allows the study of trends in cancer incidence, treatment and mortality patterns. The information in the cancer database is accessible for analysis and reporting of outcomes and is used by the cancer program for monitoring patient care and directing quality improvement efforts.

MULTIDISCIPLINARY CANCER CONFERENCES

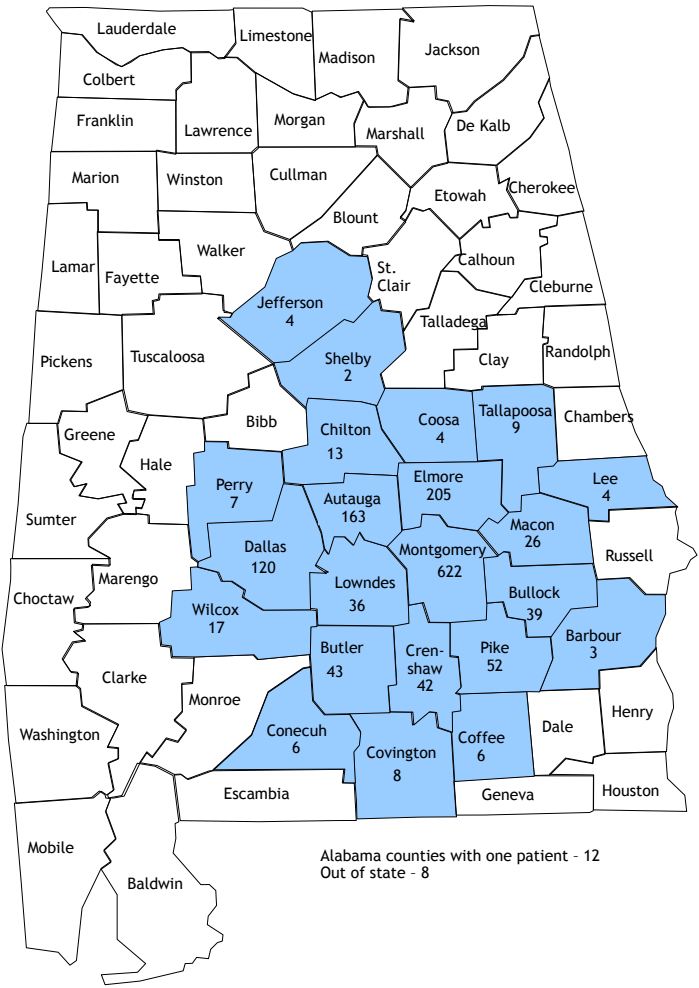
Baptist Health Cancer Program holds weekly multidisciplinary cancer conferences with key physicians, practitioners, and care team members actively participating in treatment planning discussions. Medical oncologists, surgeons, radiologists, radiation oncologists, and pathologists examine clinical, radiologic and pathologic factors specific to each case and consider treatment options. This conference allows cancer care specialists to share expertise and discuss evidence-based guidelines to recommend treatment options for each case reviewed. Nursing, administrative, and ancillary staff attend for educational purposes.

In 2016, 47 cancer conferences were held with 230 patient cases presented for multidisciplinary discussion. 91% of cases presented were prospective presentations, discussing diagnosis, treatment, or follow-up care. The following table gives a summary of the cases presented.

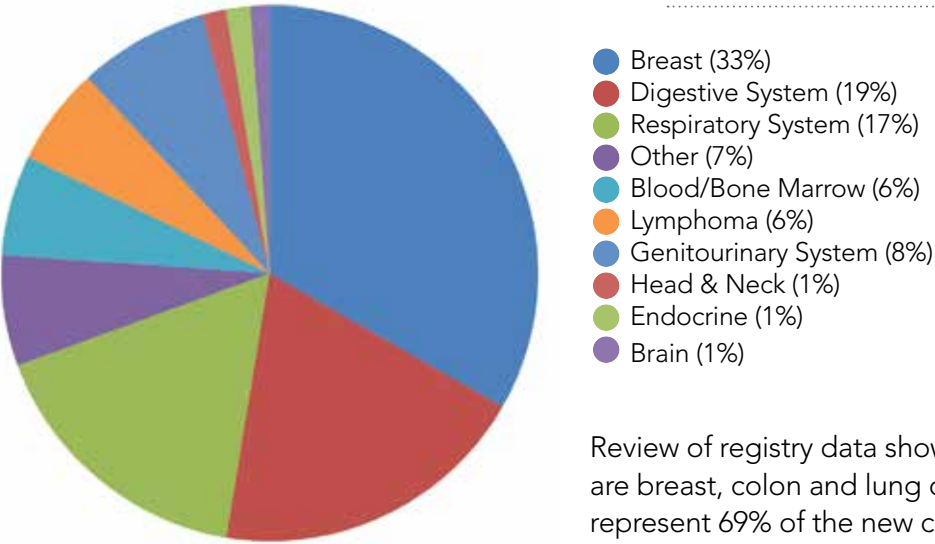
SITE	CASES PRESENTED
Anal	3
Blood	7
Brain	3
Breast	51
Colorectal	29
Gastrointestinal	19
Genitourinary	13
Head and Neck	13
Kidney	12
Lung	30
Lymphoma	21
Prostate	15
Skin	6
Soft Tissue	8
Total for all sites	230

DISTRIBUTION OF CASES

The cancer registry accessioned 1,581 cases for Baptist Medical Center South in 2015 . This number includes 1,451 analytic cases. Of the 1,451 analytic cases, 543 (37%) were male and 908 (63%) were female. These patients primarily reside in Montgomery (43%), Elmore (14%) and Autauga (11%) counties. The overall distribution of patient origin is presented in the following state map.



2015 CASELOAD BY DIAGNOSIS



Review of registry data shows the top three sites for our program are breast, colon and lung cancers. These top three disease sites represent 69% of the new cancer cases treated by our program.

QUALITY PROGRAM REPORT

KEY ACHIEVEMENTS FOR THE BAPTIST HEALTH CANCER PROGRAM INCLUDE:

Expansion of Montgomery Cancer Center - Prattville

Montgomery Cancer Center – Prattville Clinic serves the population of patients who reside north and west of Montgomery, Alabama. Our existing clinic operated twelve infusion chairs under the supervision of one medical oncologist. The newly expanded clinic tripled the square footage of the clinic, increased chair capacity to twenty-four infusion chairs and one additional medical oncologist. The new clinic was designed from a patient’s point of view and includes patient services such as dedicated patient educator, social worker and financial counselor. The updated clinic is equipped with a fully compliant USP 797 and USP 800 infusion pharmacy and laboratory with new chemistry analyzer with increased diagnostic testing available onsite. The infusion areas are equipped with floor to ceiling windows overlooking a pecan orchard and new heated infusion chairs for patient comfort.

Advances in Lung Cancer Detection, Diagnosis and Treatment

In 2016, Carmichael Imaging Center was designated by the American College of Radiology as a lung cancer screening facility using Low Dose CT Screening for early detection of lung cancer.

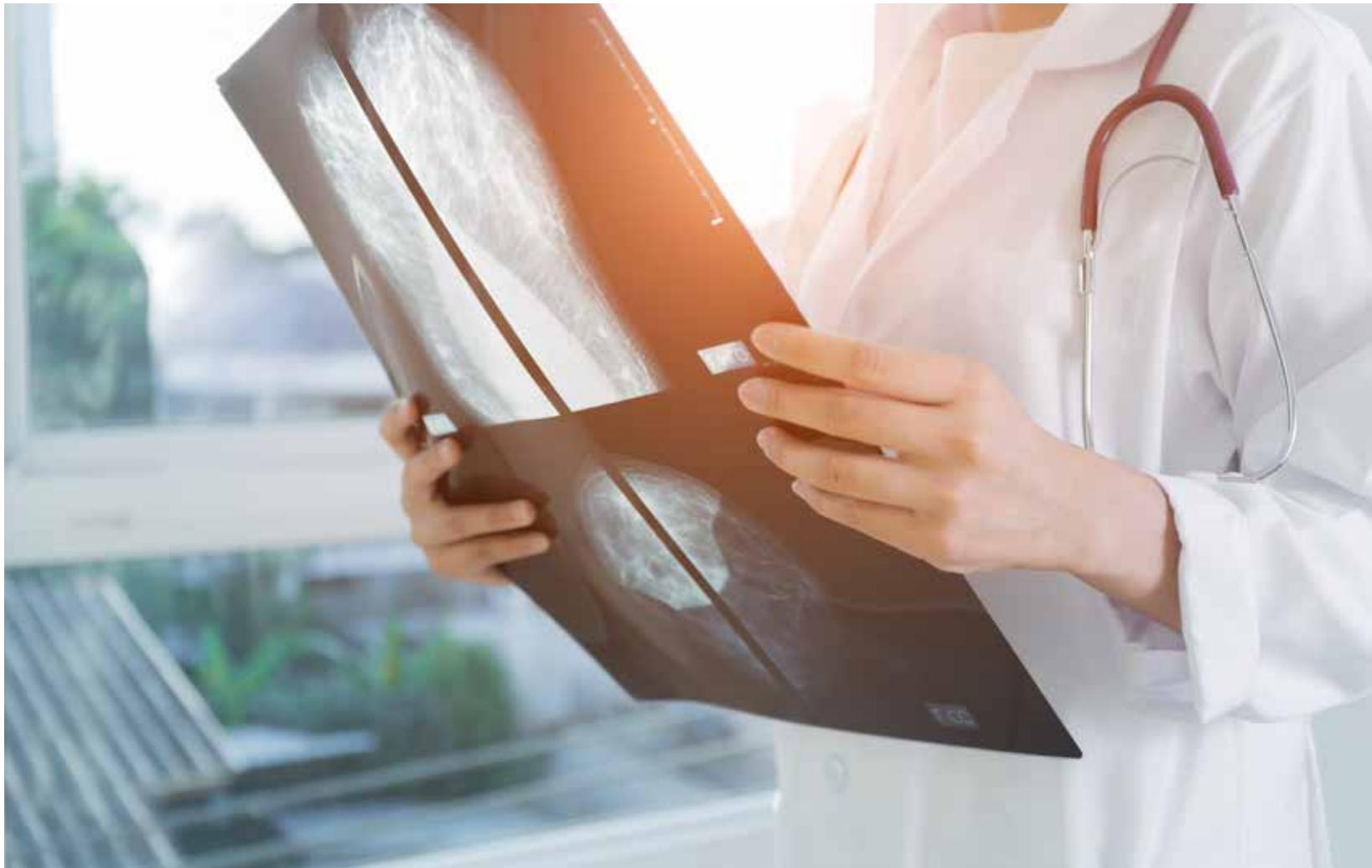
Guidelines recommend a “low-dose” screening computerized tomography (CT) scan of the chest for patients at high risk for lung cancer. High risk is usually defined as age 55-74, with at least a 30-pack year smoking history. In patients meeting criteria for high risk, the Affordable Care Act requires insurance plans to pay for low dose CT screening. Much gratitude is extended for the efforts of Dr. David Franco and Dr. Bill Saliski, Pulmonologists who championed the cause to educate and inform our community about the potential impact of annual low dose CT screening in high risk patients. Because of their efforts, the number of low dose CT screens increased over 700% from 2015 to 2016 and continues to climb each month. Early detection of lung cancer dramatically improves patient outcomes.

In 2016, Baptist Medical Center South also improved diagnostic technology for accessing small tumors to obtain diagnostic samples. Endoscopic bronchial ultrasound (“EBUS”) technology allows clinicians to visualize and allow physicians to sample and diagnose various mediastinal abnormalities, including lung cancer, sarcoidosis and mediastinal lymphoma. It can characterize the intraparenchymal and endobronchial lesions and help to determine the likelihood of malignancy based on appearance. EBUS and navigational bronchoscopy may replace more invasive methods for staging lung cancer and overall improved time to diagnosis. Baptist Medical Center South also offers navigational bronchoscopy services.

Systemic therapy options continue to improve for lung cancer patients. Several promising new targeted therapy drugs have been approved and were added to our formulary, including Opdivo (nivolumab) and Keytruda (pembrolizumab). The are called “programmed death inhibitors” and activate the body’s own natural immune response to fight cancer.

Clinical Trial Activity

Participation in clinical studies demonstrates our commitment to quality and advanced care for our patients. In 2016, thirty eight (38) patients were enrolled in clinical treatment trials at collaborating facilities, thirty (30) were enrolled in onsite quality of life trials, two hundred thirty-three (233) patients participated in bio-repository, and two hundred twenty-nine (229) patients participated in a lung-cancer screening registry trial.



Teaching Program for Patients with Enteral Tube Feeding

A multidisciplinary team of registered dietitians and nurse navigators conducted a quality improvement project to improve teaching for head and neck cancer patients with enteral feeding percutaneous endoscopic gastrostomy (PEG) devices. The team developed new patient and staff education materials and coordinated patient education sessions with a registered dietitian and nurse navigator before and after placement of PEG devices.

Nutrition Care Pathway

Montgomery Cancer Center’s registered dietitian and nursing team developed a nutrition education program to enhance quality of care and outcomes for oncology patients. The nutrition pathway equips nursing case management staff with readily available education tools to share with patients regarding common nutrition concerns for cancer patients.

Reducing Radiation Exposure for Patients and Staff

Carmichael Imaging Center decreased employee exposure to radioactive materials while administering FDG radioactive tracers for PET scans by installing the Intego® PET Infusion System. Imaging personnel are exposed to radiation when drawing radioactive tracers into a syringe for administration. New technology allows a machine to safely and accurately prepare and administer the radioactive tracer with minimal radiation exposure to the technologist. Employee radiation exposure levels from working with FDG radioactive tracers fell 80%.

Expanded Capabilities with New Breast Imaging Technologies

Baptist Health installed a series of new imaging tools to expand breast imaging capabilities across the health system breast imaging centers. First, all mammography units, including Prattville Imaging Center, Montgomery Breast Center ("MBC") and Baptist Breast Health ("BBH"), converted computer workstations to a uniform computer aided detection system. Second, new breast density software provides computerized diagnostic assessments. And finally, GE Siemens tomosynthesis technology added at MBC and BBH, makes three dimensional breast services available. The availability of breast density software allows radiologists to standardize the assessment of breast density and identify women who may benefit from supplemental screening and diagnostic approaches. Digital tomosynthesis has been shown to be more accurate than standard mammography for women with dense breasts and to result in fewer call-backs for additional images. It has been estimated that as many as 40% of women have dense breasts.

Evidence Based Colorectal Cancer Care

During 2016, key medical oncology care physicians conducted an in-depth analysis of the care and treatment of patients with Stage III colorectal cancer using evidence based national treatment guidelines from the National Comprehensive Cancer Network (NCCN). The criteria selected for review were: staging colonoscopy, pre-operative CT imaging and CEA tumor marker testing; surgery; and systemic chemotherapy. Thirty-eight (38) patients with Stage III colon cancer were accessioned by our cancer registry in 2015. The review revealed compliance with pre-operative staging colonoscopy and CT imaging of abdomen and pelvis.

Twenty (20) patients had surgical resection at Baptist facilities and eighteen (18) had surgical resection at non-Baptist facilities. Seventeen (17) or 85% of the twenty (20) patients resected at Baptist facilities had resection with twelve (12) or more lymph nodes resected. In three (3) or 15% of the 20 cases resected at Baptist facilities, the reviewing surgeon felt operative circumstances interfered with ability to obtain the required twelve (12) lymph nodes. Thirty-eight (38) patients had adjuvant chemotherapy at Montgomery Cancer Center. Per review by medical oncologist, all thirty-eight (38) patients' systemic therapy was in compliance with NCCN guidelines.

This review demonstrated an opportunity to improve the timing of CT imaging of the chest and CEA tumor marker testing, to be obtained pre-operatively rather than post-operatively. Representatives of the cancer committee worked with the Baptist Health Clinical Informatics team to add both the pre-operative CT imaging of abdomen, pelvis and chest and pre-operative CEA testing to the colorectal surgeon's standing order sets to improve compliance with NCCN guidelines.



Navigation Services

In 2016, patient navigators at Montgomery Cancer Center offered emotional and practical support to patients by helping patients identify personal needs that are barriers to care and connecting patients with resources to meet those needs.

Patients were assessed for practical, emotional, spiritual, and financial distress. The most frequent distresses reported were insurance or financial issues. 21.7% or 114,716 individuals living within Baptist Health's service area live below the U.S. Federal Poverty limits, and many more patients experience financial distress

with cancer care. For that reason, Montgomery Cancer Center's financial counselors and navigators coordinate an array of patient assistance support so patients receive the care they need.

Financial counselors connect individual patients with various Patient Assistance Programs. Each day patients are assisted with co-pay assistance, grants, and replacement drugs. In 2016, over \$5 million in assistance was provided to 834 cancer patients, 215 patients were assisted with enrollment to disability or Medicaid, and 222 patients were awarded charity care through Baptist Health.

Frequently, these same patients face difficulties with transportation to their health care appointments. These patients are referred to The Cancer Wellness Foundation of Central Alabama, who provided \$3.7 million in medication assistance, \$104,000 in gas vouchers, and \$79,000 assistance from MedNet to central Alabama cancer patients.

In addition, two full time social workers at Montgomery Cancer Center connect patients with various community resources for emotional, practical, and financial support. Three nurse navigators navigate lung, head and neck, and breast cancer patients with early identification of cancer, timely access to care, and facilitation through health care system. In addition, the navigation program was awarded Avon Pfizer Grant to define needs specific to women and men living with metastatic breast cancer and develop a sustained community support effort.

Survivorship Care Plans

Our team believes treatment summaries and survivorship plans are valuable additions to the patient toolkit. For this reason, the Cancer Committee adopted the American Society for Clinical Oncology standard for survivorship care plans. In 2016, over 200 patients who completed treatment with curative intent met with an expert oncology education nurse to review a written summary of their treatment and their personal survivorship care plan. In addition, oncology providers send a summary of care and follow-up recommendations to each patient's primary care provider. Survivorship care plans are helpful reference tools for cancer survivors when planning follow up care with their primary care physician.



PUBLIC EDUCATION AND OUTREACH

Tobacco Related Cancer Burden

Tobacco use in Alabama is higher than the national average. According to the Centers for Disease Control (“CDC”), Alabama’s smoking-attributable mortality rate ranks 44th among the states. Tobacco, smokeless and non-smokeless, poses a significant increase in risk of developing cancer of the mouth, throat, esophagus, and pancreas cancer. The following is a cancer registry report of tobacco related cancers diagnosed or treated in 2015:

2015 Baptist Health Cancer Program Registry Data for Tobacco Related Cancers Treated						
Diagnosis	I	II	III	IV	UNK	TOTAL
Lung	24 (11%)	20 (9%)	47 (21%)	125 (57%)	5 (2%)	221 (49%)
Lip/Oral Cavity/ Pharynx	0 (0%)	1 (40%)	3 (20%)	16 (30%)	1 (10%)	21 (5%)
Esophagus	0 (0%)	8 (40%)	4 (20%)	6 (30%)	2 (10%)	20 (4%)
Larynx	0 (0%)	1 (13%)	4 (50%)	3 (38%)	0 (0%)	8 (2%)
Pancreas	4 (8%)	11 (22%)	1 (2%)	33 (67%)	0 (0%)	49 (11%)
Colon	12 (12%)	12 (12%)	41 (40%)	38 (37%)	0 (0%)	103 (23%)
Rectum	3 (12%)	7 (28%)	5 (20%)	8 (32%)	2 (8%)	25 (6%)
Tobacco Related Cancers	24 (9%)	61 (18%)	113 (29%)	233 (42%)	10 (2%)	447 (100%)

An awareness of trends in tobacco use will help efforts to reduce tobacco related cancers. According to the US Surgeon General, 88% of adult smokers begin before age 18 years of age. While use of traditional cigarettes is decreasing, smokeless tobacco product sales are increasing. Smokeless tobacco products are marketed with sweetened flavors, cheaper prices and misleading tactics to make novel smokeless tobacco products attractive to kids and easy to hide. Smokeless tobacco products include chew, snuff, lozenges, dissolvable tobacco strips, sticks orbs, and snus (pouches or sachet).

Because initial tobacco use usually begins in adolescence, the Centers for Disease Control, American Lung Association and American Academy of Family Physicians recommend prevention programs begin in 3rd - 4th grade. Baptist Health Cancer Program began a tobacco prevention outreach program with activities at Montgomery’s West End Boys and Girls Club. Approximately 40 boys and girls between 5 and 15 years old participated in hands on learning activities, including visual and experiential exercises to demonstrate the effects of tobacco on the lungs. Afterwards, participants were able to identify risks associated with tobacco use, and most participants signed a non-smoking pledge as a promise to keep themselves healthy.

Pink Glove Dance

The staff of Montgomery Cancer Center raised awareness and funded education for breast cancer through a social media event and dance competition. Montgomery Cancer Center placed first in the national Medline Pink Glove Dance competition winning \$10,000 and another \$3,800 was raised by dedicated MCC staff members. All monies raised were donated to the Cancer Wellness Foundation of Central Alabama to support Central Alabama patents in their cancer journey. This event was widely publicized by local radio and television media. Our community supported us by voting and raising awareness.



Volunteer Services

Under the direction of a Patient Care Coordinator, a network of over seventy volunteers provides a smile, a kind word and other comforts to patients receiving care at Montgomery Cancer Center. Volunteers create an atmosphere of comfort for our patients, monitor the waiting areas and provide items like blankets and coffee. Daily “Bell of Hope” celebrations are a time for staff, family and volunteers to join patients in celebrating milestones in their cancer journey. Patients are encouraged to ring the bell at the completion of chemotherapy or course of treatment surrounded by dozens of smiling and cheering staff members. Volunteer Services also hosted the Light the Night with Hope service as a special time reserved for honoring survivors and remembering loved ones affected by cancer. The service was attended by 200 with over 700 luminaries contributed.

Genomic Assay Testing in Early Breast Cancer Patients

Genomic assay testing can help some breast cancer patients avoid toxic chemotherapy. Genomic assays analyze samples of the cancer tumor itself to see how active certain genes are. Research demonstrates these tests can help predict the aggressiveness of a tumor and, in select early breast cancers, which cases chemotherapy will not benefit.

Based on emerging evidence, the 2016 National Comprehensive Cancer Network Guidelines recommend genomic assay tests should be considered for patients with certain small, hormone-sensitive tumors with negative lymph nodes. Related literature suggests use of genomic assays are associated with a 46% reduction in chemotherapy prescription. When preliminary results of a large clinical trial further supported use of genomic assays, the Cancer Committee hosted a multi-disciplinary physician discussion of scientific evidence, historic assay utilization patterns, and patient-specific factors which influence the decision to use genomic assays.

A review of registry data of eligible patients in 2014-2015 revealed that 30% of T1-3N0 hormone positive patients of all ages had genomic profile testing. After the discussion panel, a second chart review was conducted to review test utilization. This time, patient factors including advanced patient age and strong patient preference were considered, and this review showed genomic assay testing was used in 88% (7 of 8) of eligible patients.

PRIMARY SITE TABLE – 2015

Baptist Medical Center South - Cancer Cases 2015

Diagnostic Site	Class of Case		Gender		STAGE (Analytic Cases)							Total	% Total
	Analytic	NA	Male	Female	0	I	II	III	IV	NA	UNK		
ORAL CAVITY, PHARYNX	21	0	15	6	0	0	1	4	16	0	0	21	1.45
---Tongue	4	0	2	2	0	0	0	0	4	0	0	4	0.28
---Salivary Gland	1	0	0	1	0	0	0	0	1	0	0	1	0.07
---Floor of Mouth	1	0	1	0	0	0	0	0	1	0	0	1	0.07
---Gum, Other Mouth	2	0	1	1	0	0	0	0	2	0	0	2	0.14
---Tonsil	9	0	8	1	0	0	0	2	7	0	0	9	0.62
---Nasopharynx	1	0	1	0	0	0	1	0	0	0	0	1	0.07
---Oropharynx	2	0	2	0	0	0	0	2	0	0	0	2	0.14
---Hypopharynx	1	0	0	1	0	0	0	0	1	0	0	1	0.07
DIGESTIVE SYSTEM	280	0	156	124	0	33	57	64	106	4	16	280	19.38
---Esophagus	20	0	15	5	0	0	8	4	6	0	2	20	1.38
---Stomach	35	0	27	8	0	4	5	6	13	0	7	35	2.42
---Small Intestine	3	0	2	1	0	1	1	0	0	0	1	3	0.21
---Colon, Rectum, Anus	143	0	72	71	0	18	27	49	46	0	3	143	9.90
-----Colon Excluding Rectum	104	0	49	55	0	13	12	41	38	0	0	104	7.20
-----Cecum	25	0	15	10	0	2	1	13	9	0	0	25	1.73
-----Appendix	4	0	1	3	0	2	1	0	1	0	0	4	0.28
-----Ascending Colon	20	0	5	15	0	3	5	7	5	0	0	20	1.38
-----Hepatic Flexure	3	0	0	3	0	1	0	1	1	0	0	3	0.21
-----Transverse Colon	6	0	3	3	0	1	1	3	1	0	0	6	0.42
-----Splenic Flexure	6	0	3	3	0	0	0	4	2	0	0	6	0.42
-----Descending Colon	7	0	5	2	0	0	0	4	3	0	0	7	0.48
-----Sigmoid Colon	21	0	7	14	0	3	2	6	10	0	0	21	1.45
-----Large Intestine, NOS	12	0	10	2	0	1	2	3	6	0	0	12	0.83
-----Rectosigmoid, Rectum, Anus	39	0	23	16	0	5	15	8	8	0	3	39	2.70
-----Rectum	26	0	18	8	0	4	7	4	8	0	3	26	1.80
-----Anus, Anal Canal, Anorectum	13	0	5	8	0	1	8	4	0	0	0	13	0.90
---Liver, Gallbladder, Intrahep Bile Duct	28	0	16	12	0	6	4	4	7	4	3	28	1.94
-----Liver	15	0	12	3	0	5	1	2	4	1	2	15	1.04
-----Gallbladder	5	0	0	5	0	0	1	2	2	0	0	5	0.35
-----Intrahepatic Bile Duct	3	0	3	0	0	0	1	0	1	1	0	3	0.21
-----Other Biliary	5	0	1	4	0	1	1	0	0	2	1	5	0.35
---Pancreas	50	0	24	26	0	4	12	1	33	0	0	50	3.46
---Peritoneum, Omentum, Mesentery	1	0	0	1	0	0	0	0	1	0	0	1	0.07
RESPIRATORY SYSTEM	244	0	140	104	0	29	23	55	129	1	7	244	16.89
---Nose, Nasal Cavity, Middle Ear	1	0	0	1	0	0	0	0	0	0	1	1	0.07
---Larynx	9	0	8	1	0	0	1	5	3	0	0	9	0.62
---Lung and Bronchus	232	0	130	102	0	29	22	50	126	0	5	232	16.06
-----Non-Small Cell	183	0	108	75	0	26	20	39	93	0	5	183	12.66
-----Small Cell	46	0	21	25	0	2	2	10	32	0	0	46	3.18
-----Other Lung	3	0	1	2	0	1	0	1	1	0	0	3	0.21
---Trachea	1	0	1	0	0	0	0	0	0	1	0	1	0.07
---Mediastinum, Other Resp.	1	0	1	0	0	0	0	0	0	0	1	1	0.07
BONES, JOINTS	1	0	0	1	0	0	1	0	0	0	0	1	0.07
SOFT TISSUE INCLUDING HEART	2	0	1	1	0	1	0	1	0	0	0	2	0.14
SKIN	13	0	6	7	2	6	0	3	2	0	0	13	0.90
---Skin: Melanoma	11	0	6	5	1	6	0	3	1	0	0	11	0.76
---Skin: Other Non-Epithelial	2	0	0	2	1	0	0	0	1	0	0	2	0.14
BREAST	483	0	2	481	90	193	144	32	22	0	2	483	33.43
---Female Breast	481	0	0	481	89	193	143	32	22	0	2	481	33.29
---Male Breast	2	0	2	0	1	0	1	0	0	0	0	2	0.14

PRIMARY SITE TABLE – 2015

Baptist Medical Center South - Cancer Cases 2015

Diagnostic Site	Class of Case		Gender		STAGE (Analytic Cases)							Total	% Total
	Analytic	NA	Male	Female	0	I	II	III	IV	NA	UNK		
FEMALE GENITAL SYSTEM	48	0	0	48	0	10	4	20	10	0	4	48	3.32
---Cervix Uteri	11	0	0	11	0	4	1	4	2	0	0	11	0.76
---Corpus, Uterus: NOS	19	0	0	19	0	5	1	7	3	0	3	19	1.31
-----Corpus Uteri	18	0	0	18	0	5	1	7	2	0	3	18	1.25
-----Uterus: NOS	1	0	0	1	0	0	0	0	1	0	0	1	0.07
---Ovary	14	0	0	14	0	1	1	6	5	0	1	14	0.97
---Vagina	2	0	0	2	0	0	1	1	0	0	0	2	0.14
---Vulva	2	0	0	2	0	0	0	2	0	0	0	2	0.14
MALE GENITAL SYSTEM	28	0	28	0	0	3	2	1	21	0	1	28	1.94
---Prostate	23	0	23	0	0	0	2	0	21	0	0	23	1.59
---Testis	4	0	4	0	0	3	0	1	0	0	0	4	0.28
---Other Male Genital Organs	1	0	1	0	0	0	0	0	0	0	1	1	0.07
URINARY SYSTEM	38	0	34	4	4	2	10	3	16	0	3	38	2.63
---Urinary Bladder	19	0	17	2	4	1	10	2	2	0	0	19	1.31
---Kidney	15	0	14	1	0	1	0	0	13	0	1	15	1.04
---Renal Pelvis	4	0	3	1	0	0	0	1	1	0	2	4	0.28
EYE, ORBIT	1	0	1	0	0	0	0	0	0	1	0	1	0.07
---Eye, Orbit: Non-Melanoma	1	0	1	0	0	0	0	0	0	1	0	1	0.07
BRAIN, OTHER NERVOUS SYSTEM	17	0	13	4	0	0	0	0	0	17	0	17	1.18
---Brain: Malignant	16	0	13	3	0	0	0	0	0	16	0	16	1.11
---Brain-CNS: Benign, Borderline	1	0	0	1	0	0	0	0	0	1	0	1	0.07
ENDOCRINE SYSTEM	21	0	6	15	0	13	2	0	0	2	4	21	1.45
---Thyroid	18	0	4	14	0	13	1	0	0	0	4	18	1.25
---Thymus	2	0	1	1	0	0	0	0	0	2	0	2	0.14
---Adrenal Gland	1	0	1	0	0	0	1	0	0	0	0	1	0.07
LYMPHOMA	86	0	51	35	0	18	15	17	35	0	1	86	5.95
---Hodgkin Lymphoma	17	0	7	10	0	0	7	3	7	0	0	17	1.18
-----Hodgkin - Nodal	16	0	7	9	0	0	6	3	7	0	0	16	1.11
-----Hodgkin - Extranodal	1	0	0	1	0	0	1	0	0	0	0	1	0.07
---Non-Hodgkin Lymphoma	69	0	44	25	0	18	8	14	28	0	1	69	4.78
-----NHL - Nodal	49	0	33	16	0	7	6	13	22	0	1	49	3.39
-----NHL - Extranodal	20	0	11	9	0	11	2	1	6	0	0	20	1.38
MYELOMA	34	0	19	15	0	0	0	0	0	34	0	34	2.35
LEUKEMIA	54	0	28	26	0	0	0	0	0	54	0	54	3.74
---Lymphocytic Leukemia	29	0	18	11	0	0	0	0	0	29	0	29	2.01
-----Acute Lymphocytic Leukemia	1	0	1	0	0	0	0	0	0	1	0	1	0.07
-----Chronic Lymphocytic Leukemia	26	0	16	10	0	0	0	0	0	26	0	26	1.80
-----Other Lymphocytic Leukemia	2	0	1	1	0	0	0	0	0	2	0	2	0.14
---Non-Lymphocytic Leukemia	22	0	7	15	0	0	0	0	0	22	0	22	1.52
-----Acute Myeloid Leukemia	16	0	6	10	0	0	0	0	0	16	0	16	1.11
-----Chronic Myeloid Leukemia	5	0	1	4	0	0	0	0	0	5	0	5	0.35
-----Other Myeloid-Monocytic Leukemia	1	0	0	1	0	0	0	0	0	1	0	1	0.07
---Other Leukemia	3	0	3	0	0	0	0	0	0	3	0	3	0.21
-----Other Acute Leukemia	0	0	0	0	0	0	0	0	0	0	0	0	0.00
-----Aleukemic, subleukemic and NOS	3	0	3	0	0	0	0	0	0	3	0	3	0.21
MESOTHELIOMA	3	0	3	0	0	0	0	0	2	0	1	3	0.21
MISCELLANEOUS	77	0	40	37	0	0	0	0	0	77	0	77	4.91
TOTALS	1451	0	543	908	96	308	259	200	359	190	39	1451	100.00



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