



COMBINED TUMOR REGISTRY ANNUAL REPORT 2006

WITH STATISTICAL DATA FROM 2005

UNIVERSITY OF MIAMI
SYLVESTER COMPREHENSIVE CANCER CENTER

BASCOM PALMER EYE INSTITUTE

JACKSON HEALTH SYSTEM

SUMMARY OF DATA AND ACTIVITIES FOR THE YEAR 2005

Cancer can affect anyone, but factors such as increasing age, tobacco use, alcohol consumption, exposure to asbestos, radon or radiation, and exposure to air or water pollution can increase a person's risk for developing this disease. The risk of developing certain types of cancer also increases if there is a family history of the disease, allowing inherited genetic mutations to be passed from one generation to the next.

According to the American Cancer Society, there were an estimated 1,399,790 new cases of cancer diagnosed in the United States in 2006 (720,280 males and 679,510 females), excluding carcinoma *in situ* of all sites except basal and squamous cell skin carcinoma and cancer of the bladder. As of 2002, there were more than ten million cancer survivors in the United States.

Nationally, the leading sites of new cancer cases in 2006 were prostate (234,460 cases, 16.7%), breast (212,920 cases, 15.2%), lung/bronchus (174,470 cases, 12.4%), colon/rectum (148,619 cases, 10.6%), melanoma (62,190 cases, 4.4%), urinary bladder (61,420 cases, 4.4%), and non-Hodgkin's lymphoma (58,870 cases, 4.2%).

Between 1999 and 2005, a total of 37,824 new cancer cases (unduplicated) were entered into the combined Tumor Registry database—this includes data from Jackson Memorial Hospital and Jackson South Medical Center (JHS) and the University of Miami Sylvester Comprehensive Cancer Center and Bascom Palmer Eye Institute (UM/Sylvester). Of those, 27,083 were analytic (72%), meaning patients received all or part of their first course of treatment here, while 10,741 were non-analytic (28%), meaning patients were diagnosed or received all of their initial cancer-directed treatment elsewhere. Many of these patients (24,128 cases, 64%) are either living with cancer or show no evidence of the disease. (*Figure 1: Cancer Incidence by Anatomic Site, Sex, Class of Case, and AJCC Stage at Initial Diagnosis.*)

During calendar year 2005, the five primary sites representing the highest cancer incidence rates seen at UM/Sylvester and JHS, both analytic and non-analytic, were breast (670 cases, 11%), prostate (634 cases, 11%), bronchus and lung (439 cases, 7%), urinary bladder (298 cases, 5%) and kidney (277 cases, 5%). Of the analytic cases, the five top sites were breast (442 cases, 12%), prostate (323 cases, 8%), bronchus and lung (297 cases, 8%), kidney (199 cases, 5%), and colon (151 cases, 4%).

Of the 5,856 combined, unduplicated cancer cases seen for the first time at UM/Sylvester and JHS during 2005, most patients are living (4,718 cases, 81%). Men represented 3,238 cases (55%) while women accounted for the remaining 2,618 cases (45%).

The racial and ethnic mix of the cases seen at UM/Sylvester and JHS reflects the diversity of South Florida. Of these patients, 4,716 were white (80%), 891 were black (15%), 19 were Asian or of Asian descent (1%), while 230 patients represented mixed or other races (4%). There were 3,613 non-Hispanic patients (62%), 2,193 Hispanic patients (37%), and 50 patients whose ethnicity was unknown (1%).

Approximately 85% (4,994 patients) of the new cancer patients in 2005 carried primary insurance, whether Medicaid (691 patients, 12%), Medicare (1,626 patients, 28%), or private insurance (2,677 patients, 45%). Only 828 patients (14%) had no insurance at all, and the insurance status of the remaining 34 patients (1%) was unknown.

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SUMMARY OF DATA AND ACTIVITIES FOR THE YEAR 2005 — CONTINUED

Cancer Facts and Figures 2006 of the American Cancer Society states that approximately 76% of all cancer cases occur in people 55 years of age and older. At UM/Sylvester and JHS, 3,799 of the new cancer patients in 2005 were age 55 and older (65%). One reason the population skews younger is that UM/Sylvester and JHS see a higher percentage of tumors that often occur in younger patients such as lymphoma, leukemia, gynecologic, brain, eye, thyroid, and endocrine cancers.

Most of the new cancer cases in 2005 were residents of the surrounding community, although some patients resided outside of Florida (83 patients, 1.4%) and in other countries (206 patients, 3.5%). The Florida counties with the highest proportion of patients were Miami-Dade (3,201 patients, 55%), Broward (1,055 patients, 18%), Palm Beach (936 patients, 16%), Monroe (53 patients, 0.9%), St. Lucie (47 patients, 0.8%), and Martin (46 patients, 0.8%).

UM/Sylvester

At UM/Sylvester, a total of 3,448 new cancer cases were accessioned and entered into the database in 2005. Of those, 1,990 were males (58%) and 1,458 were females (42%). Approximately half of these cases were analytic (1,929, 56%) and 1,519 cases were non-analytic (44%). Meanwhile, the majority of the patients were alive at last follow up (2,920, 85%). Of the stageable analytic cases seen, 977 cases (60%) presented with early stage disease (AJCC Stage 0, I, and II) at the time of initial diagnosis, and 591 cases (40%) presented with more advanced disease (Stage III or IV). The five sites with the highest cancer incidence were prostate (441 cases, 13%), breast (359 cases, 10%), skin (217 cases, 6%), bronchus and lung (205 cases, 6%), and urinary bladder (201 cases, 6%). In concordance with national incidence rates, the majority of patients seen were diagnosed at age 55 or older (2,372 cases, 69%) with the highest incidence occurring between 60 and 69 years of age (962 cases, 28%). The greatest number of new patients seen at UM/Sylvester during 2005 resided within Florida (3,234 patients, 94%), predominantly in Miami-Dade (1,404 patients, 41%), Broward (826 patients, 24%), and Palm Beach (717 patients, 21%) counties. A number of new patients resided in other nations (149 patients, 4%) as far away as Europe, Asia, South and Central America, and the Caribbean. The remaining 65 patients (2%) resided in other states within the United States.

The racial and ethnic mix that presented to UM/Sylvester during 2005 was as diverse as Miami itself. There were 2,913 white patients (84%), 318 black patients (9%), and the remaining 217 patients (7%) were of other or mixed race. There were 2,348 non-Hispanic patients (68%), 1,076 Hispanics patients (31%), while 24 patients were of unknown ethnicity. The vast majority of new patients seen at UM/Sylvester during 2005 carried insurance (3,303 patients, 96%) whether private, Medicaid, or Medicare. Only 133 were uninsured (4%) while the insurance status was unknown for the remaining 12 patients.

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Jackson Health System

At Jackson Health System (JHS) there were 3,032 new cancer cases accessioned and entered into the database in 2005, of which 2,237 cases were analytic (74%) and 795 cases were non-analytic (26%). Males accounted for 1,616 of these new cases (53%) while females accounted for 1,416 cases (47%). Of the 1,701 cases eligible for AJCC staging, 978 (57%) were early stage disease (Stage 0, I, or II) at the time of initial diagnosis. The remaining 723 cases (43%) were Stage III or IV. The top five sites with the highest incidence of cancer that presented to JHS in 2005 were breast (347 cases, 11%), bronchus and lung (269 cases, 9%), prostate (241 cases, 8%), kidney (165 cases, 5%), and urinary bladder (154 cases, 5%).

The majority of new cancer patients seen at JHS for the first time in 2005 were white (2,341 patients, 77%), 642 patients were black (21%), and the remaining 49 patients (2%) were of mixed or other races. There were 1,715 non-Hispanic patients (57%), while 1,291 were Hispanic (43%), and 26 patients were of unknown ethnicity. Most of the new cancer patients seen at JHS for the first time in 2005 resided in Miami-Dade (2,049 patients, 68%), Broward (381 patients, 13%), and Palm Beach (366 patients, 12%) counties. Eighty of the new cancer patients resided out of the country (3%) while 24 new patients lived in other states within the United States (1%).

Age at diagnosis demonstrated a similar pattern at JHS as compared to UM/Sylvester and national data. At JHS, there were 1,843 patients who were diagnosed with cancer at age 55 and older (61%), and 1,189 patients diagnosed between the ages of one through 54 (39%). Primary insurance was carried by 2,301 (76%) of new cancer patients first seen at JHS during 2005, with 704 uninsured patients (23%), and 27 patients whose insurance status was unknown.

FIGURE 1
CANCER INCIDENCE BY ANATOMIC SITE, SEX, CLASS OF CASE, AND AJCC STAGE
UM/SYLVESTER, BASCOM PALMER EYE INSTITUTE, JACKSON HEALTH SYSTEM

Site	Total		Sex		Class of Case		AJCC Stage at Initial Diagnosis							
	Number	Percent	Male	Female	Analytic	Non-Analytic	0	I	II	III	IV	Unk	N/A	Benign
All Sites*	5,856	100	3,238	2,618	3,797	2,059	188	806	804	505	690	158	391	308
Head & Neck	321	5.5	225	96	232	89	7	42	20	33	106	19	5	0
Tongue	87	1.5	68	19	62	25	2	8	3	20	27	2	0	0
Gum & Other Mouth	62	1.1	30	32	46	16	3	13	6	0	20	3	1	0
Tonsil	50	0.9	37	13	34	16	0	1	0	3	23	7	0	0
Salivary Glands	35	0.6	24	11	30	5	0	10	3	4	10	0	3	0
Floor of Mouth	22	0.4	17	5	16	6	2	2	0	1	8	3	0	0
Nasopharynx	18	0.3	11	7	13	5	0	2	4	2	5	0	0	0
Oropharynx	18	0.3	14	4	10	8	0	2	0	2	5	1	0	0
Hypopharynx	18	0.3	15	3	13	5	0	0	4	1	8	0	0	0
Lip	8	0.1	6	2	7	1	0	4	0	0	0	3	0	0
Other Oral Cavity & Pharynx	3	0.1	3	0	1	2	0	0	0	0	0	0	1	0
Digestive Organs	958	16.4	578	380	689	269	17	130	160	162	161	43	14	2
Pancreas	162	2.8	87	75	133	29	2	7	55	17	44	8	0	0
Liver	120	2	85	35	87	33	0	30	14	15	19	9	0	0
Stomach	104	1.8	63	41	84	20	1	20	13	26	22	0	2	0
Sigmoid Colon	75	1.3	45	30	47	28	4	10	10	13	9	1	0	0
Large Intestine, NOS	66	1.1	43	23	12	54	2	0	2	3	3	1	1	0
Rectum	66	1.1	38	28	44	22	1	10	8	10	7	6	1	1
Esophagus	60	1	49	11	50	10	0	10	9	13	14	4	0	0
Ascending Colon	50	0.9	30	20	36	14	1	6	4	13	11	1	0	0
Other Biliary	40	0.7	24	16	32	8	0	9	13	7	1	1	1	0
Rectosigmoid Junction	39	0.7	23	16	27	12	0	4	5	10	7	1	0	0
Anus, Anal Canal, Anorectal	24	0.4	11	13	19	5	4	2	2	4	0	7	0	0
Cecum	22	0.4	13	9	18	4	1	2	5	4	6	0	0	0
Gallbladder	22	0.4	12	10	19	3	0	4	11	1	3	0	0	0
Descending Colon	21	0.4	9	12	15	6	0	3	3	5	4	0	0	0
Retroperitoneum	18	0.3	9	9	11	7	0	2	0	3	2	2	1	1
Small Intestine	16	0.3	10	6	14	2	0	3	4	3	1	0	3	0
Intrahepatic Bile Duct	16	0.3	8	8	13	3	0	5	0	5	2	1	0	0
Transverse Colon	12	0.2	6	6	8	4	1	1	0	3	2	1	0	0
Hepatic Flexure	7	0.1	5	2	7	0	0	0	0	5	2	0	0	0
Splenic Flexure	7	0.1	2	5	5	2	0	1	2	2	0	0	0	0
Other Digestive Organs	5	0.1	3	2	3	2	0	0	0	0	0	0	3	0
Appendix	4	0.1	3	1	3	1	0	1	0	0	2	0	0	0
Peritoneum, Omentum, Mesentery	2	0	0	2	2	0	0	0	0	0	0	0	2	0
Respiratory Organs	575	9.8	373	202	389	186	3	83	36	82	158	16	11	0
Lung & Bronchus	432	7.4	256	176	291	141	0	55	28	66	123	14	5	0
Larynx	108	1.8	96	12	73	35	2	24	4	13	28	2	0	0
Nose, Nasal Cavity	34	0.6	20	14	25	9	1	4	4	3	7	0	6	0
Trachea, Mediastinum	1	0	1	0	0	1	0	0	0	0	0	0	0	0
Pleura	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bones & Joints	35	0.6	20	15	16	19	0	3	2	0	1	7	2	1
Soft Tissue, Including Heart	73	1.2	42	31	44	29	0	5	2	6	11	12	2	6
Skin Excluding Basal and Squamous	245	4.2	160	85	101	144	22	32	10	7	7	17	6	0
Melanomas (Skin)	222	3.8	147	75	83	139	22	28	9	6	6	12	0	0
Other (Non-Epithelial Skin)	23	0.4	13	10	18	5	0	4	1	1	1	5	6	0
Breast	667	11.4	17	650	442	225	77	129	127	58	31	19	1	0

*Extra-nodal lymphomas are counted as 'lymphomas,' this report does not attribute them to the primary site in which they arise and therefore subtotals may be at variance with 'all sites' totals.

NOS (not otherwise specified)

**Contains benign and borderline analytic and non-analytic brain and central nervous system cases, and reportable by agreement cases.

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FIGURE 1 — CONTINUED
 CANCER INCIDENCE BY ANATOMIC SITE, SEX, CLASS OF CASE, AND AJCC STAGE
 UM/SYLVESTER, BASCOM PALMER EYE INSTITUTE, JACKSON HEALTH SYSTEM

Site	Total		Sex		Class of Case		AJCC Stage at Initial Diagnosis							
	Number	Percent	Male	Female	Analytic	Non-Analytic	0	I	II	III	IV	Unk	N/A	Benign
Female Genital Organs	315	5.4	0	315	214	101	29	69	30	32	38	7	9	0
Cervix Uteri	122	2.1	0	122	87	35	15	27	12	21	8	4	0	0
Corpus Uteri	85	1.5	0	85	59	26	0	33	12	5	3	1	5	0
Ovary	61	1	0	61	44	17	0	7	4	6	25	1	1	0
Vulva	23	0.4	0	23	16	7	12	1	2	0	0	1	0	0
Uterus**	12	0.2	0	12	3	9	0	0	0	0	1	0	2	0
Vagina	10	0.2	0	10	5	5	2	1	0	0	1	0	1	0
Other Female Genital Organs	2	0	0	2	0	2	0	0	0	0	0	0	0	0
Male Genital Organs	672	11.5	672	0	348	324	0	15	253	32	38	8	2	0
Prostate	634	10.8	634	0	323	311	0	0	251	25	38	8	1	0
Testis	26	0.4	26	0	16	10	0	9	0	6	0	0	1	0
Penis	12	0.2	12	0	9	3	0	6	2	1	0	0	0	0
Other Male Genital Organs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urinary Organs	653	11.2	472	181	387	266	33	188	65	48	44	3	6	0
Kidney & Renal Pelvis	312	5.3	205	107	223	89	5	133	28	24	26	2	5	0
Urinary Bladder	298	5.1	238	60	137	161	21	47	31	23	14	1	0	0
Ureter	29	0.5	16	13	18	11	5	6	3	0	4	0	0	0
Other Urinary Organs	14	0.2	13	1	9	5	2	2	3	1	0	0	1	0
Eye & Orbit	110	1.9	58	52	97	13	0	22	38	12	0	1	24	0
Central Nervous System	347	5.9	145	202	271	76	0	0	0	0	0	0	95	216
Brain	146	2.5	82	64	109	37	0	0	0	0	0	0	90	26
Cranial Nerves	201	3.4	63	138	162	39	0	0	0	0	0	0	5	190
Endocrine Glands	219	3.7	80	139	156	63	0	39	9	14	13	4	7	83
Thyroid	124	2.1	38	86	79	45	0	39	9	14	13	4	0	0
Other Endocrine Including Thymus	95	1.6	42	53	77	18	0	0	0	0	0	0	7	83
Lymphoma**	322	5.5	186	136	202	120	0	49	51	19	81	2	0	0
NHL-Nodal Lymphomas	176	3	106	70	101	75	0	14	19	9	57	2	0	0
NHL-Extranodal Lymphomas	87	1.5	50	37	61	26	0	29	11	5	16	0	0	0
Hodgkin-Nodal Disease	50	0.9	26	24	31	19	0	4	17	3	7	0	0	0
Hodgkin-Extranodal Disease	9	0.2	4	5	9	0	0	2	4	2	1	0	0	0
Myeloma	85	1.5	50	35	44	41	0	0	0	0	0	0	44	0
Leukemia	150	2.6	94	56	88	62	0	0	0	0	0	0	88	0
Lymphocytic (sub-total)	62	1.1	43	19	32	30	0	0	0	0	0	0	32	0
Chronic Lymphocytic	34	0.6	23	11	13	21	0	0	0	0	0	0	13	0
Acute Lymphocytic	22	0.4	15	7	13	9	0	0	0	0	0	0	13	0
Other Lymphocytic	6	0.1	5	1	6	0	0	0	0	0	0	0	6	0
Myeloid & Monocytic (sub-total)	72	1.2	43	29	47	25	0	0	0	0	0	0	47	0
Acute Myeloid	50	0.9	33	17	37	13	0	0	0	0	0	0	37	0
Chronic Myeloid	18	0.3	7	11	8	10	0	0	0	0	0	0	8	0
Acute Monocytic	2	0	2	0	0	2	0	0	0	0	0	0	0	0
Other Myeloid/Monocytic	2	0	1	1	2	0	0	0	0	0	0	0	2	0
Other (sub-total)	16	0.3	8	8	9	7	0	0	0	0	0	0	9	0
Aleukemic, Subleukemic	13	0.2	6	7	6	7	0	0	0	0	0	0	6	0
Other Acute Leukemia	3	0.1	2	1	3	0	0	0	0	0	0	0	3	0
Mesothelioma	3	0.1	3	0	2	1	0	0	1	0	1	0	0	0
Kaposi's Sarcoma	16	0.3	15	1	13	3	0	0	0	0	0	0	13	0
Miscellaneous	90	1.5	48	42	62	28	0	0	0	0	0	0	62	0

*Extra-nodal lymphomas are counted as 'lymphomas,' this report does not attribute them to the primary site in which they arise and therefore subtotals may be at variance with 'all sites' totals.

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PATIENT CARE EVALUATION STUDY: BREAST CANCER

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Cancer Facts and Figures 2006, published by the American Cancer Society, and using data provided by the Surveillance, Epidemiology, and End Results Program (SEER), estimates that during 2006 there were 212,920 new cases of invasive breast cancer diagnosed in women in the United States. Breast cancer is the most frequent cancer diagnosed in women and is second only to prostate cancer in overall incidence. Although rare, 1,720 men were diagnosed with the disease nationwide during 2006.

Non-invasive or *in situ* breast cancer is a very early stage of breast cancer that is estimated to have affected an additional 62,000 women during 2006. This form of the disease is malignant, yet the tumor has not spread to surrounding tissues so it remains non-infiltrating or “in place.” *In situ* breast cancer is confined within the ducts (intra-ductal) or within the lobules (intra-lobular) where it arises. Generally, this form of the disease is considered less threatening than the invasive form, offers a better prognosis, and a greater likelihood for cure.

As with most other cancers, the risk of developing breast cancer increases with age, with the highest incidence in individuals over age 50. The median age for developing breast cancer is 61 years of age. Additional risk factors include, but are not limited to, delayed childbearing (first full-term pregnancy after age 30), family history of breast cancer (especially a first-degree relative such as mother, sister, or daughter), personal history of breast cancer, personal history of endometrium, ovary, or colon cancer, early menstruation, obesity, alcohol abuse, physical inactivity, late menopause, use of hormones, and exposure to radiation.

In 2005, there were 670¹ cases of breast cancer seen, diagnosed, and/or treated for the first time at the University of Miami Sylvester Comprehensive Cancer Center and Jackson Health System. This represents over 11% of the total accrual of cancer cases for that year. Of these, 653 cases were females (97%) and 17 cases were males (3%). The total number of analytic breast cases (442, 66%) almost doubled the number of non-analytic breast cases (228, 34%). Among the analytic cases, 333 (75%) were AJCC Stage 0, I, or II at the time of initial diagnosis. Only 89 cases presented with Stage III or IV disease (20%), and an additional 19 cases were of unknown stage. One case was not eligible for AJCC staging because of its invalid site morphology combination.

The majority of the total new breast cases seen at UM/Sylvester and JHS in 2005 were diagnosed at age 50 or older (455 cases, 68%) with the highest incidence between ages 50 to 59 (223 cases, 33%). One third (215 cases, 32%) were diagnosed at age 49 or under with the highest incidence between ages 40 to 49 (149 cases, 22%).

The most prevalent histologic type of breast cancer seen here in 2005 was duct carcinoma (75%), and the remaining 25% were of varied and mixed histologies including lobular carcinoma, cribriform carcinoma, tubular carcinoma, medullary carcinoma, comedo carcinoma, mucinous carcinoma, carcinoma NOS, etc.

¹ This figure includes all tumors arising in the breast; non-epithelial tumors have not been excluded.

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PATIENT CARE EVALUATION STUDY: BREAST CANCER — CONTINUED

The most frequent primary site of disease in the breast was 'breast not otherwise specified' (307 cases, 46%), followed by the 'upper outer quadrant' (126 cases, 19%), 'breast overlapping lesion' (116 cases, 17%), 'upper inner quadrant' (42 cases, 6%), 'lower outer quadrant' (29 cases, 4%), 'lower inner quadrant' (23 cases, 3%), 'breast central portion' (19 cases, 3%), 'nipple' (6 cases, 1%), and 'axillary tail' (2 cases, 1%).

Most of the new breast cancer cases were diagnosed in white patients (523 cases, 78%), 129 cases were diagnosed in black patients (19%), and the remaining 3% were diagnosed in patients of other or mixed race. Non-Hispanics accounted for 323 of new breast cancer cases (48%), while 335 cases were of Hispanic origin (50%), and 12 cases were of unknown ethnicity (2%).

Five hundred and one (75%) of the new breast cancer patients in 2005 carried insurance while 163 (24%) did not. Six patients (1%) had unknown insurance status.

PATIENT CARE EVALUATION STUDY: OVARIAN CANCER

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The American Cancer Society's *Cancer Facts and Figures 2006* estimates 20,180 new cases of ovarian cancer were diagnosed in the United States during 2006. Although not one of the top five sites, this disease accounts for more than 15,000 deaths annually nationwide.

As with most other cancers, the risk of developing ovarian cancer increases with age. Obesity, hormonal replacement therapy with estrogen, personal history or family history of breast or ovarian cancer, and personal history of colon cancer also may increase the risk of developing ovarian cancer.

In 2005, there were 61 new cases of ovarian cancer seen for the first time at the University of Miami Sylvester Comprehensive Cancer Center and Jackson Health System. The majority of these cases were analytic (44 cases, 72%), and the remaining 17 cases were non-analytic (28%). Of the analytic cases, only 11 cases (18%) were early stage (AJCC Stage 0, I, or II) at the time of diagnosis, six cases were Stage III (10%) and 25 cases were Stage IV (41%). One case was of unknown stage or the stage could not be determined and one case was ineligible for AJCC staging because of the site morphology combination.

Most of these patients were age 50 or older at the time of initial diagnosis (37 patients, 61%). However, 24 of these patients were under age 50 when diagnosed (39%). The median age at the time of diagnosis was 61 with the youngest patient diagnosed at age 23 and the oldest at age 82.

Most of the new ovarian cancer cases in 2005 were diagnosed in white patients (52 cases, 85%) or black patients (7 cases, 12%). The remaining 3% (two patients) were of other or mixed race. Non-Hispanics accounted for 62% of cases (38 patients) while 38% of cases (23 patients) were Hispanic.

Most ovarian cancer patients (48, 79%) first seen in 2005 carried some form of primary insurance whether private (21 patients, 34%), Medicaid (7 patients, 12%), Medicare (9 patients, 15%), or their insurance status was not otherwise specified (11 patients, 18%). The remaining 13 patients (21%) carried no insurance.

The majority of new patients with ovarian cancer first seen here in 2005 are alive (52 patients, 85%). According to the American Cancer Society, the five-year survival of all women in the United States with ovarian cancer is 53%.

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GLOSSARY

Analytic Case—Diagnosed and/or received all or part of the first course of treatment at this institution.

Non-Analytic Case—Diagnosed and received the entire initial course of treatment prior to the first contact with this institution.

AJCC (TNM) Staging:

The TNM staging system (Stage 0-IV) is a shorthand notation for describing the anatomic extent of malignant neoplasm:

T—Tumor growth represents the size or extent of the primary tumor.

N—The absence or presence and extent of the regional lymph node metastasis.

M—The absence or presence of distant metastasis.

Once T, N, and M have been classified, this information can be used to assign the stage of the tumor. Staging is a method of grouping cases with similar characteristics:

Stage 0—Carcinoma *in situ*

Stage I—Localized carcinoma

Stage II—Limited local extension and/or limited regional lymph node spread

Stage III—More extensive local or regional lymph node spread

Stage IV—Distant spread

General Summary Stage:

In situ—A tumor that fulfills all of the microscopic criteria for malignancy, except invasion.

Localized—A tumor that appears to be entirely confined to the organ of origin.

Regional—A tumor that has spread beyond the organ of origin into: 1) surrounding organs or tissues by direct extension; 2) regional lymph nodes; or 3) a combination of 1 and 2, but appears to have spread no further.

Distant—A tumor that has spread to parts of the body that are distant from the primary tumor.

Unknown/Not Recorded—Stage is considered unknown when it cannot be determined from the medical record or when information is insufficient to stage properly.

SEER—Surveillance, Epidemiology, and End Results program. A cancer incidence and survival reporting system of the National Cancer Institute (NCI).

REFERENCES

American Cancer Society, *Cancer Facts and Figures 2006*, Atlanta, Georgia; American Cancer Society.

ABBREVIATIONS

ACS—American Cancer Society

ACoS—American College of Surgeons

ACoS CoC—American College of Surgeons Commission on Cancer

AJCC—American Joint Committee on Cancer

BMTU—Bone Marrow Transplant Unit

BPEI—Bascom Palmer Eye Institute

CAP—College of American Pathologists

CoC—Commission on Cancer

FCCCI—Florida Comprehensive Cancer Control Initiative

FCDS—Florida Cancer Data System (state registry)

IRB—Institutional Review Board

JHS—Jackson Health System

JHS/HIM—Jackson Health System/Health Information Management

JMH—Jackson Memorial Hospital

JSCH—Jackson South Community Hospital

NCDB—National Cancer Data Base

NCI—National Cancer Institute

NOS—Not otherwise specified

UM/Sylvester—University of Miami Sylvester Comprehensive Cancer Center



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