
Samaritan Cancer
Program

Annual Report



Samaritan
Health Services

About the Samaritan Cancer Program

The Samaritan Cancer Program is a full-service cancer treatment network with services provided across the mid-Willamette Valley and central Oregon Coast.

The main facility is the donor-funded Samaritan Pastega Regional Cancer Center, located in Corvallis on the campus of Good Samaritan Regional Medical Center. The building opened in 2015 and brings together Samaritan Radiation Oncology, where patients undergo radiation treatments, and Samaritan Hematology & Oncology Consultants, which provides medical oncology

services. Beyond the cancer center each local Samaritan hospital provides chemotherapy and other supportive treatments, delivering comprehensive care for patients, close to home.

Patients and survivors benefit from a variety of support services in the Samaritan Cancer Program including support groups, social workers, financial advocate services, nutrition guidance and a hospitality house. Two Samaritan Cancer Resource Centers offer support, information, connection and rejuvenation for patients and their caregivers during

their journey through cancer. Both resource centers feature a salon with wigs and hats.

The Samaritan Cancer Program benefits from partnering with neighboring health care experts. Oncologists, pulmonologists, urologists, surgeons and other specialists all contribute to a multi-disciplinary approach to cancer care. In 2015, the Samaritan Cancer Program began collaborating with Stanford Medicine and its Stanford Cancer Center to enhance cancer care, education and clinical research in the region.

The only accredited cancer program serving patients and their loved ones in Albany, Corvallis, Lebanon, Lincoln City and Newport.



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Above left: Support services such as massage during chemotherapy sessions is one of the many ways the Samaritan Cancer Program exceeds in cancer care.

Above right: Frank and Sherry Schoorl celebrate National Cancer Survivors Day, held the first Sunday in June at the Samaritan Pastega Regional Cancer Center in Corvallis.



Below left: Florentine Metz from Albany enjoys one of the many sessions from Arts Care, which holds regular workshops for cancer survivors to explore healing through art.

Below right: Painted rocks appear tucked into the landscaping of the Samaritan Pastega Regional Cancer Center, as part of a social phenomenon called "kindness rocks" that bring inspiring messages to their finders.



Stories and news



A car accident, cancer and oral chemo

Donna Sims of Alsea was enjoying her retirement, with numerous raised beds of vegetables in her garden and plenty of things to crochet for her grand and great grandchildren.

On Jan. 4, 2017, she and her husband, Gary, decided to go into Corvallis and do some shopping.

“As we went up the mountain it was patchy snow, then as we got onto the top and coming down, it was solid ice,” said Donna.

“We don’t usually travel anywhere in bad weather, as I’m 77 and he’s 82. All the way down the mountain I prayed to the Lord get me out

of this safely. Well, we got to the bottom of the mountain and right after a blind curve, our car did a donut and ended up in the ditch.”

When the car came to a stop, Donna was unaware that there was a steep drop under her door.

“I dropped down and ended up under the car and broke my arm,” she recalled. Before she knew it, the police and ambulance were there.

At Good Samaritan Regional Medical Center, Donna had her immediate medical needs addressed. Her arm was broken nearer to her shoulder. But there was something more.

“I have faith deep down.”

—Donna Sims

“The orthopedic doc said, ‘You have either a cyst or nothing or cancer.’ On the X-ray it looked like two little worms coming out of my arm.”

“And I just knew I had cancer,” said Donna. A lifelong optimist and a woman of faith, she said she also knew she would get through it.

Further testing confirmed it: multiple myeloma, which is cancer of the plasma cells that live in bone marrow.

“It’s a sneaky little thing. If you think about it, breaking my arm was the only way I had to find out.”

Above: Donna Sims with medical oncologist Dr. Farnoush Abar. “Dr. Abar takes as much time as needed. She’s wonderful — I just love her,” said Donna.

The next step was to start fighting the cancer. Her treatment regimen included an oral chemotherapy called Lenalidomide (Revlimid®). And Donna learned she was eligible for a new way of receiving it: through the mail.

“Oral chemotherapy agents such as Revlimid have an ever-increasing role in treatment of cancer in the area of targeted anticancer therapy,” said Farnoush Abar, MD, who is Donna’s medical oncologist in the Samaritan Cancer Program.

“Oral chemotherapy agents comprise about 25 percent of cancer medications. This modality of cancer chemotherapy is expected to increase as the FDA approves one new oral oncolytic every four months.”

Abar also noted that while this method is certainly more convenient for patients, as there is less travel time to the infusion center, it is still real chemotherapy with toxicities that need to be closely monitored.

Donna met the criteria and has been on Revlimid for almost a year. “I get dizzy but otherwise I’m tolerating it pretty well. I didn’t lose my hair,” she said. She also suffered from leg weakness and side effects of anti-nausea medication that is often prescribed alongside chemotherapy.

The process of receiving the medication speaks to a new era of medicine: her pill comes via UPS overnight.

“Mostly, I just take these pills and don’t think about cancer,” said Donna, whose arm has healed after months in a sling. This year her husband took care of most of the vegetable gardening duties, but next season Donna will be back to it. She’s hoping for a better yield of green beans, and experimenting with egg shells “to keep the critters away.”

In addition to a strong medical team, family came from far and

wide to support Donna in her treatment. One granddaughter drove from Tillamook every week to be with Donna during some of her other appointments.

Through it all, Donna remains steadfast in that it’s all going to be just fine.

“I have faith deep down,” she said.

An innovative new treatment: oral chemotherapy

Samaritan is leading the pack with its innovative new offering: oral chemotherapy.

The oral chemo program was piloted in 2016 as a quality study for the Samaritan Cancer Program’s accreditation from the Commission on Cancer (CoC). The CoC verifies dedication to improving survival and quality of life for cancer patients through cancer prevention, research, education and monitoring of comprehensive quality care.

The side effects of oral chemo are much the same as the infused version, but it’s more about time: A patient who would otherwise spend numerous hours in an infusion center can take the pill form at home and go about their day.

In addition to monitoring toxicities in patients, there are various obstacles to effectively delivering this form of treatment

such as cost, patient adherence, and drug-drug interactions.

Samaritan’s unique oral chemotherapy program has overcome these obstacles by streamlining insurance authorization and ensuring timely delivery of the proper dosage each month to the patient’s door step.

Full-time oral chemotherapy pharmacist, Melissa Elliott, provides education, monitoring and support for patients and their family members.

“It is rewarding to feel like I’m helping make a difference during what can be a very difficult time for patients and their families,” said Elliott.

Patient education and counseling are key to the program’s success, taking place in person and through scheduled phone calls with an experienced pharmacist. Also, a personalized calendar is provided for guidance on the home medication schedule.



Bringing ‘Annabelle’s Hope’ to patients with cancer

For longtime residents of the mid-Willamette Valley, Annabelle Forster was a fixture in the community. Involved in her local 4-H club since she was a child, a baker at Oregon State University for 20 years, involved in her family’s farm and an avid collector of daffodils, Forster was known for helping people in many capacities.

When she passed away in June of 2015, it was only a matter of time before a way was found for this loving woman’s name to live on. A new program at Samaritan Cancer Resource Centers called Annabelle’s Hope is doing just that.

Stephanie Hagerty, the director of Samaritan Cancer Resource Centers and friend of the Forster family, knows how badly cancer patients need hope.

“Going through cancer treatment is incredibly draining on every aspect of yourself and your family,” said Hagerty. “The idea with Annabelle’s Hope is to give

patients little hopefulness gifts so they have something to look forward to.”

Inspired by Forster’s love of daffodils, patients receive daffodil blooms in the spring, a bulb in the fall to plant, flower seeds in the summer and mistletoe in the winter. The program is supported by donations from Greengable Farms and Athena and Dave Nofziger.

“My mother was just a daffodil lady,” said Monte Forster, Annabelle’s son. “She loved people and was a giving person who would do whatever she could to help.”

As the story goes, a woman had written to the local paper upset because someone had picked all the daffodils in her yard that she had been growing for her daughter’s wedding. Forster saw the letter, contacted the paper and invited the woman to get as many as she needed from Forster’s own garden. In her thanks,



“Flowers mean so much to people. Daffodils are hope for the future, but also to give people a brighter day today.”

—Monte Forster

the woman coined Forster the “Good Samaritan.”

Hagerty believes this new project of hope perfectly reflects Annabelle and the generous spirit of the Forster family.

“Flowers mean so much to people,” said Monte, who counts 150 varieties in his mother’s collection. “Daffodils are hope for the future, but also to give people a brighter day today.”



Community cancer screenings offered

Our free, community cancer screenings help people who are un- and under-insured throughout Benton, Lincoln and Linn counties.*

* From data collected 2012 to 2017.



316
HPV tests



457
Pap tests for cervical cancer



375
Mammograms



78
Head/neck cancer screenings



467
Skin cancer screenings



628
Clinical breast exams

New physicians in the Samaritan Cancer Program



Medical oncologist Keith Goldstein, MD, earned a Bachelor of Science from Cornell University and a medical degree from St. George's University School of Medicine. He completed a residency in internal medicine and

fellowship in hematology and oncology at SUNY Upstate Medical University. Dr. Goldstein sees patients by referral in Corvallis and Newport.



Radiation oncologist Michael Wahl, MD, completed his undergraduate studies at Harvard University. He earned a master's degree from the University of California, Berkeley and a medical degree from the University of California, San Francisco,

where he also completed residency training in radiation oncology. Dr. Wahl sees patients by referral in Corvallis.

Foundation report



Fundraising going strong following successful campaign for cancer care

Since opening its doors in early 2016, the Samaritan Pastega Regional Cancer Center continues to engage friends and donors from around the region in celebration of the new state-of-the-art cancer treatment center. The record-breaking \$12 million Campaign for Cancer Care may

have concluded just prior to the center's grand opening, but the energy and excitement for the cause is going strong.

The following events were made possible through the hard work, dedication and passion of many local volunteers and donors.

The Willamette Valley's annual National Cancer Survivors Day celebration now includes a 5K walk/run to raise funds to support local cancer survivors. The 5K walk/run is in partnership with the popular Give Us 5 walk/run created by a local cancer survivor Linda Blair. The 2017 event raised

Above: Margaret Loper is one of the generous donors to the Mario Pastega House and the new cancer center.

“My husband received unbelievable care at Samaritan while he was ill, but knowing that they needed a larger, better facility for the treatment of cancer just made supporting the new cancer center a no-brainer. Our philosophy was always that you give locally. This is where we live. We depend on our local facilities to care for us.”

—Margaret Loper

over \$9,000 for survivorship outreach and activities.

The 2017 Mario Pastega Memorial Golf Tournament raised \$25,000 to support the Mario Pastega House, as well as the expansion project to double the size of the house. With the opening of the Samaritan Pastega Regional Cancer Center, the number of room requests from cancer patients seeking affordable lodging due to cancer treatment has risen by over 50 percent.

Corvallis High School’s Mr. and Ms. Spartan Pageant celebrates a four-month fundraising season during which students raise money for local charities. Their 2017 efforts raised \$137,000 for local causes, including the Samaritan Pastega Regional Cancer Center and the Mario Pastega House.

Over the past 10 years, the Cut Down Cancer golf tournament, organized by Giustina Resources, has raised more than \$1 million for cancer services in the region including the Samaritan Pastega Regional Cancer Center, Samaritan Lebanon Community Hospital’s Emehiser Center, the Mario Pastega House and the Mario Pastega House Expansion.

The center also relies on generous contributions from individual donors like Margaret Loper of Corvallis. She has been continuously supporting the Mario Pastega House since fundraising

for the original building began in 2003. Three years later, Loper’s husband passed away from colon cancer. When the announcement was made of plans for a new cancer center, Loper supported the project, and she continues to support the center through her annual gift.

“My husband received unbelievable care at Samaritan while he was ill, but knowing that they needed a larger, better facility for the treatment of cancer just made supporting the new cancer center a no-brainer,” said Loper. “Our philosophy was always that you give locally. This is where we live. We depend on our local facilities to care for us.”

For more information or to support the Samaritan Pastega Regional Cancer Center, please contact Good Samaritan Hospital Foundation by phone 1-844-768-4256 or email SHSFoundations@samhealth.org.



Above: The annual Cancer Survivors Day now includes a 5k walk/run to raise funds for local survivors.

Comparative data

Mary Austin-Seymour, MD Cancer Committee Chair



Each year, a physician member of Samaritan Cancer Program's Cancer Committee performs a study that assesses whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented at the Samaritan Cancer Program Cancer Committee and documented in the minutes. By examining this data, we can measure how successful the program is compared to cancer care from similar health care organizations across the nation.

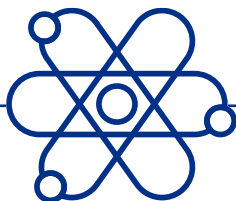
Comparative data comes from the National Cancer Data Base (NCDB), which is a joint program of the Commission on Cancer, the American College of Surgeons and the American Cancer Society. More than 1,500 Commission-accredited cancer programs contribute their oncology outcomes to NCDB, using nationally standardized reporting for patient characteristics. Samaritan's participation in NCDB contributes to the study of trends in cancer care, the creation of benchmarks and the ongoing effort to improve the quality of cancer care.

Study:

Review of prostate patients for androgen deprivation therapy (ADT).

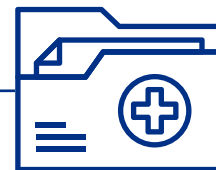
The study shows that the first course of therapy is concordant with NCCN guidelines. The study was conducted by the Cancer Committee Chair, Mary Austin-Seymour, MD.

Performance improvement opportunities were discussed with the Cancer Committee and any other applicable departments.



Review criteria:

Prostate patients with a date of first contact from June 1, 2013, to June 31, 2016, that had a PSA greater than 20 or a Gleason score greater than or equal to 8 that received external beam radiation treatment.



NCCN guidelines:

Risk group	Initial therapy	
High:^e <ul style="list-style-type: none"> • T3a or • Gleason score 8-10 or • PSA >20 ng/mL 	EBRT ^h + ADT ^l (2-3 y) (category 1) or EBRT ^h + brachytherapy ± ADT ^l (2-3 y) or EBRT ^h + ADT ^l (2-3 y) + docetaxel ^p or RP ⁱ + PLND	See monitoring (PROS-6)
Very high: <ul style="list-style-type: none"> • T3b-T4 • Primary Gleason pattern 5 or • >4 cores with Gleason score 8-10 	EBRT ^h + ADT ^l (2-3 y) (category 1) or EBRT ^h + brachytherapy ± ADT ^l (2-3 y) or EBRT ^h + ADT ^l (2-3 y) + docetaxel ^p or RP ⁱ + PLND (in select patients: with no fixation) or ADT ^l in select patients ^q	See monitoring (PROS-6) See monitoring (PROS-6)
Regional: Any T, N1, M0	EBRT ^h + ADT ^l (2-3 y) (category 1) or ADT ^l	See monitoring (PROS-6)
Metastatic: Any T, Any N, M1	ADT ^l	See Monitoring (PROS-6)

Adjuvant therapy

Adverse features:^j
EBRT^h
or
Observation^k

Lymph node metastasis:
ADT^l (category 1) ± EBRT^h
(category 2B)
or
Observation^k (category 2B)

Adverse features:^j
EBRT^h
or
Observation^k

Lymph node metastasis:
ADT^l (category 1) ± EBRT^h
(category 2B)
or
Observation^k (category 2B)

Undetectable
PSA

[See monitoring
\(PROS-6\)](#)

Detectable
PSA

[See radical
prostatectomy
biochemical
failure
\(PROS-7\)](#)

Results:

Fifteen cases were reviewed and results showed 100 percent of prostate patients meeting the criteria received ADT.



Tumor Registry Report 2016

Ashley Trask, CTR Cancer Registry Coordinator

The Samaritan Regional Tumor Registry is a department of the Samaritan Cancer Program. Staff members are certified tumor registrars (CTR) who collect code and manage cancer data. All data collected by the tumor registry is confidential and bound by HIPAA requirements. The following report is a list of achievements in 2016 and data from 2015.

Cancer registry data quality assurance activities

The tumor registry partners with volunteer physician members to ensure accurate and consistent data collection and management. Special thanks go to Drs. Farnoush Abar, David Faddis, Layron Long, Ken Nitta and James Wolfe for participating in quality assurance activities.

Abstracting and collaborative stage

Four physicians reviewed a sample of their own cases for data accuracy as coded by the tumor registry. The review demonstrated 100 percent accuracy for cancer staging. All abstracts (100 percent) were completed within the timeliness benchmark of six months. Cases were 99.4 percent correct in all criteria.

Casefinding

A review was conducted by the Cancer Committee Chair to identify casefinding accuracy of the tumor registry. The 22 percent analysis of analytic cases (738 cases) demonstrated the casefinding rate was at 99.2 percent.

NCDB data completeness

In partnership with the cancer liaison physician, an evaluation was conducted to monitor the overuse of data items using the data uploaded to the National Cancer Data Base (NCDB). Twenty diagnostic, staging, surgery, radiation, follow-up and outcomes fields were evaluated against the national benchmarks. Results showed 95 percent (19 of 20) of data fields were coded at or within the benchmark.

Participation in clinical trials

The tumor registry provides basic cancer statistics to Samaritan's Research Institute to help match interested patients with clinical trials. More than 3.5 percent of cancer patients diagnosed and/or treated through the Samaritan Cancer Program participated in a clinical trial in 2016.

Assistance in goals, studies and improvements

Tumor registry data was utilized by Cancer Committee members to achieve goals and to perform quality studies and improvements. These activities allow the cancer program to assess and evaluate patient care practices. The following were conducted from this data:

Chemotherapy Pilot Program

Hematology/Medical Oncology and Pharmacy created the Oral Chemotherapy Pilot Program. A computer-based program was developed to better track dosing regimens and chemotherapy labs, track insurance authorization, and increase communication with specialty pharmacy. The benefits of the program improved medication accessibility, reduced patients' side effects, developed direct communication between patient and health care provider as well as improved overall patient satisfaction.

Symptom management for patient pain

A quality study to screen all patients for the presence or absence of pain and measure its intensity using a numeric scale. The pain assessment included: numeric pain score, patient stated pain goal within the last 30 days, location of pain and documentation of any intervention(s) if a patient is above their stated pain goal.

Data requests

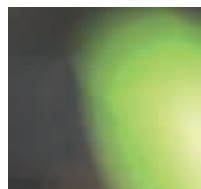
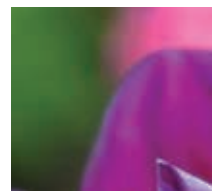
In 2016, the tumor registry answered 57 internal cancer data requests to other departments within Samaritan Health Services for internal quality studies, improvements, grant requests and community outreach.

Multi-disciplinary cancer conferences

The tumor registry facilitated 48 multi-disciplinary tumor boards in 2016. More than 1,950 multi-disciplinary attendees participated in reviewing 159 cancer cases. The format of discussion included prospective treatment options, AJCC staging, NCCN guidelines and clinical trial options for cancer patients.

Tumor Registry staff education

Four Tumor Registry staff each earned 9.5 continuing education credits in 2016 by attending the Oregon State Cancer Registrars Association State Conference in Bend sponsored by St. Charles Health System. One CTR attended the National Cancer Registrars Association Conference in Las Vegas, earning 16.5 continuing education credits.



2015 tumor registry data

Image 1

Image 1 illustrates the number of cancer cases abstracted for each Samaritan Health Services (SHS) facility. This chart represents the entire caseload for 2015. Analytic cases refer to patients that were diagnosed and/or treated at an SHS facility. Non-analytic cases include patients that received only second course treatment or were seen at a staff physician's office. Non-eligible cases include patients that were seen for follow-up care only. Cases were evaluated using the date of first contact with the facility. The date of first contact is the date the patient was first diagnosed and/or treated at that facility.

2015	Analytic class of case 00-22	Non-analytic class of case 32, 35, 37-38, 40-41, 43, 49	Non-eligible class of case 30-31, 33-34, 36, 42, 99
Good Samaritan Regional Medical Center	739	77	55
Samaritan Albany General Hospital	291	12	2
Samaritan Lebanon Community Hospital	132	4	3
Samaritan North Lincoln Hospital	54	3	5
Samaritan Pacific Communities Hospital	76	5	4
Total cancer cases	1292	101	69

Image 2

Image 2 demonstrates the top recorded cancer sites for males diagnosed and/or treated at Good Samaritan Regional Medical Center. Prostate cancer leads with 74 percent of all male cancer cases. Date of first contact was used to represent these cases.

Male	Cases	Percent
Prostate	74	25.00%
Lung	51	17.23%
Urinary bladder	30	10.14%
Colorectal	29	9.80%
Lip/oral cavity/pharynx, larynx	14	4.73%
Pancreas	14	4.73%
Leukemia	12	4.06%
Total male cancer cases	296	100.00%

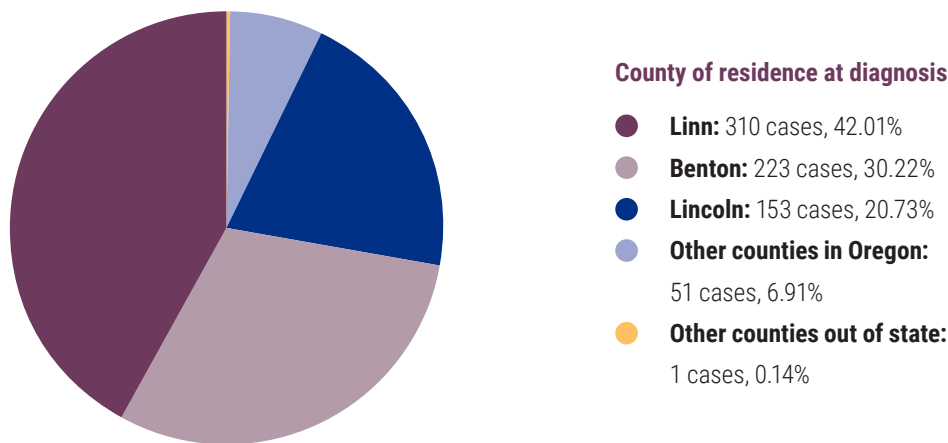
Image 3

Image 3 demonstrates the top recorded cancer sites for females diagnosed and/or treated at Good Samaritan Regional Medical Center. Breast cancer continues to lead with 45.48 percent of all female cancer cases. Date of first contact was used to represent these cases.

Female	Cases	Percent
Breast	201	45.48%
Lung	59	13.35%
Colon/rectum	33	7.47%
Corpus uteri	26	5.88%
Non-Hodgkin lymphoma	18	4.07%
Lip/oral cavity/pharynx, larynx	9	2.04%
Leukemia	8	1.81%
Total female cancers	442	100.00%

Image 4

Image 4 illustrates the county of residence upon cancer diagnosis. This information includes patients diagnosed and/or treated at Good Samaritan Regional Medical Center. Almost half of patients served by Good Samaritan Regional Medical Center resided in Linn County at the time of their diagnosis.



Total cases: 738

Other counties in Oregon:

Polk (22), Marion (14), Lane (5), Lake (1) Tillamook (3), Douglas (1), Coos (1), Multnomah (1), Washington (1), Yamhill (2)

Other counties out of state:

Polk, Texas (1)

Image 5

Image 5 shows the top 24 cancer sites for patients diagnosed and/or treated at Good Samaritan Regional Medical Center in 2015. The data shows the stage of cancer at diagnosis and also the patient's current vital status. The majority (74 percent) of breast cancer cases were diagnosed at early stage 0-I. Almost 40 percent of lung cancer cases were diagnosed at stage IV. Date of first contact was used to represent these cases.

Top 20 sites – AJCC stage Good Samaritan Regional Medical Center

Cancer cases diagnosed between Jan. 1, 2015, to Dec. 31, 2015

DIAGNOSTIC SITE	VITAL STATUS		CLASS OF CASE		GENDER		STAGE							TOTAL	% TOTAL
	Alive	Dead	Ana	NonA	M	F	0	I	II	III	IV	NA	UNK		
1. Breast, female	184	7	191	0	0	191	32	90	52	9	8	0	0	191	29.20
2. Lung	34	63	97	0	46	51	1	22	13	22	38	0	1	97	14.83
3. Prostate	74	4	78	0	78	0	0	9	55	8	6	0	0	78	11.93
4. Urinary bladder	36	4	40	0	30	10	18	11	4	3	4	0	0	40	6.12
5. Colon	28	12	40	0	19	21	1	6	12	14	7	0	0	40	6.12
6. Non-Hodgkin lymphoma	19	7	26	0	8	18	0	8	3	6	9	0	0	26	3.98
7. Pancreas	3	22	25	0	12	13	1	4	4	3	13	0	0	25	3.82
8. Kidney	14	7	21	0	10	11	0	10	0	3	8	0	0	21	3.21
9. Corpus uteri	18	2	20	0	0	20	0	17	0	1	1	0	1	20	3.06
10. Rectum	11	9	20	0	9	11	0	0	8	5	4	0	3	20	3.06
11. Lip, oral cavity, pharynx	15	1	16	0	9	7	0	0	2	4	10	0	0	16	2.45
12. Thyroid	16	0	16	0	5	11	0	9	1	5	1	0	0	16	2.45
13. Melanoma, skin	9	2	11	0	5	6	2	3	1	3	1	0	1	11	1.68
14. Stomach	2	8	10	0	8	2	0	2	1	1	6	0	0	10	1.53
15. Esophagus	1	8	9	0	6	3	0	1	3	1	1	0	3	9	1.38
16. Ovary	6	3	9	0	0	9	0	0	1	5	3	0	0	9	1.38
17. Larynx	7	1	8	0	7	1	2	3	2	0	1	0	0	8	1.22
18. Brain and nervous system	2	5	7	0	5	2	0	0	0	0	0	7	0	7	1.07
19. Lymphoid leukemia	5	0	5	0	4	1	0	0	0	1	0	4	0	5	0.76
20. Liver	1	4	5	0	4	1	0	1	0	1	2	1	0	5	0.76
Total	485	169	654	0	265	389	57	196	162	95	123	12	9	654	100.00



Image 6

Image 6 shows the top 20 cancer sites for patients diagnosed and/or treated at Samaritan Albany General Hospital in 2015. The data shows the stage of cancer at diagnosis and also the patient's current vital status. Date of first contact was used to represent these cases.

Top 20 sites – AJCC stage Samaritan Albany General Hospital

Cancer cases diagnosed between Jan. 1, 2015, to Dec. 31, 2015

DIAGNOSTIC SITE	VITAL STATUS		CLASS OF CASE		GENDER		STAGE						TOTAL	% TOTAL	
	Alive	Dead	Ana	NonA	M	F	0	I	II	III	IV	NA			UNK
1. Breast, female	92	3	95	0	0	95	13	39	29	7	7	0	0	95	36.82
2. Lung	7	21	28	0	13	15	0	1	2	10	14	0	1	28	10.85
3. Prostate	26	2	28	0	28	0	0	2	20	1	5	0	0	28	10.85
4. Colon	14	4	18	0	10	8	0	5	2	6	5	0	0	18	6.98
5. Urinary bladder	11	1	12	0	12	0	7	1	0	3	1	0	0	12	4.65
6. Ovary	8	2	10	0	0	10	0	0	1	4	5	0	0	10	3.88
7. Lip, oral cavity, pharynx	7	3	10	0	5	5	0	1	1	2	6	0	0	10	3.88
8. Thyroid	7	2	9	0	1	8	0	3	3	2	1	0	0	9	3.49
9. Non-Hodgkin lymphoma	7	0	7	0	2	5	0	2	1	0	4	0	0	7	2.71
10. Stomach	0	6	6	0	4	2	0	0	1	1	4	0	0	6	2.33
11. Corpus uteri	5	1	6	0	0	6	0	6	0	0	0	0	0	6	2.33
12. Rectum	5	0	5	0	4	1	0	0	2	2	1	0	0	5	1.94
13. Pancreas	0	4	4	0	3	1	0	0	3	0	1	0	0	4	1.55
14. Kidney	4	0	4	0	2	2	0	3	0	1	0	0	0	4	1.55
15. Larynx	2	1	3	0	3	0	0	2	0	0	1	0	0	3	1.16
16. Liver	1	2	3	0	3	0	1	0	1	0	1	0	0	3	1.16
17. Breast, male	3	0	3	0	3	0	0	0	2	1	0	0	0	3	1.16
18. Melanoma, skin	2	1	3	0	3	0	0	2	0	0	1	0	0	3	1.16
19. Cervix	2	0	2	0	0	2	0	1	1	0	0	0	0	2	0.78
20. Anus	2	0	2	0	0	2	0	1	1	0	0	0	0	2	0.78
Total	349	95	444	0	148	296	34	124	111	70	103	0	2	444	100.00

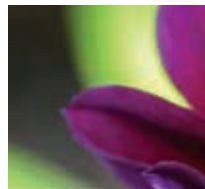


Image 7

Image 7 shows the top 20 cancer sites for patients diagnosed and/or treated at Samaritan Lebanon Community Hospital in 2015. The data shows the stage of cancer at diagnosis and also the patient's current vital status. Date of first contact was used to represent these cases.

Top 20 sites – AJCC stage Samaritan Lebanon Community Hospital

Cancer cases diagnosed between Jan. 1, 2015, to Dec. 31, 2015

DIAGNOSTIC SITE	VITAL STATUS		CLASS OF CASE		GENDER		STAGE							TOTAL	% TOTAL
	Alive	Dead	Ana	NonA	M	F	0	I	II	III	IV	NA	UNK		
1. Breast, female	34	2	36	0	0	36	5	15	9	4	3	0	0	36	32.14
2. Colon	11	8	19	0	6	13	1	2	4	7	5	0	0	19	16.96
3. Non-Hodgkin lymphoma	9	2	11	0	5	6	0	4	1	2	4	0	0	11	9.82
4. Corpus uteri	7	2	9	0	0	9	0	9	0	0	0	0	0	9	8.04
5. Lung	4	5	9	0	6	3	0	1	1	1	6	0	0	9	8.04
6. Thyroid	4	1	5	0	0	5	0	3	1	1	0	0	0	5	4.46
7. Pancreas	1	3	4	0	2	2	0	0	1	0	3	0	0	4	3.57
8. Stomach	1	3	4	0	3	1	0	1	1	0	2	0	0	4	3.57
9. Urinary bladder	3	0	3	0	3	0	0	0	2	1	0	0	0	3	2.68
10. Lip, oral cavity, pharynx	2	0	2	0	1	1	0	0	0	1	1	0	0	2	1.79
11. Esophagus	1	0	1	0	1	0	0	0	0	0	1	0	0	1	0.89
12. Small intestine	0	1	1	0	1	0	0	0	0	0	0	0	1	1	0.89
13. Rectum	0	1	1	0	1	0	0	0	1	0	0	0	0	1	0.89
14. Liver	0	1	1	0	1	0	0	0	0	0	1	0	0	1	0.89
15. Larynx	0	1	1	0	1	0	0	0	0	0	1	0	0	1	0.89
16. Soft tissue	0	1	1	0	0	1	0	1	0	0	0	0	0	1	0.89
17. Ovary	1	0	1	0	0	1	0	0	0	0	1	0	0	1	0.89
18. Prostate	0	1	1	0	1	0	0	0	0	0	1	0	0	1	0.89
19. Multiple myeloma	1	0	1	0	0	1	0	0	0	0	0	1	0	1	0.89
20. Lymphoid leukemia	1	0	1	0	1	0	0	0	0	0	0	1	0	1	0.89
Total	80	32	112	0	33	79	6	36	21	17	29	2	1	112	100.00

Image 8

Image 8 shows the top 15 cancer sites for patients diagnosed and/or treated at Samaritan North Lincoln Hospital in 2015. The data shows the stage of cancer at diagnosis and also the patient's current vital status. Date of first contact was used to represent these cases.

Top 15 sites – AJCC stage Samaritan North Lincoln Hospital

Cancer cases diagnosed between Jan. 1, 2015, to Dec. 31, 2015

DIAGNOSTIC SITE	VITAL STATUS		CLASS OF CASE		GENDER		STAGE							TOTAL	% TOTAL
	Alive	Dead	Ana	NonA	M	F	0	I	II	III	IV	NA	UNK		
1. Breast, female	19	1	20	0	0	20	3	13	2	1	1	0	0	20	37.74
2. Colon	5	2	7	0	4	3	2	0	1	2	2	0	0	7	13.21
3. Lung	0	5	5	0	1	4	0	0	0	2	3	0	0	5	9.43
4. Rectum	1	2	3	0	3	0	0	1	0	1	1	0	0	3	5.66
5. Cervix	3	0	3	0	0	3	0	2	0	1	0	0	0	3	5.66
6. Urinary bladder	2	0	2	0	2	0	1	1	0	0	0	0	0	2	3.77
7. Thyroid	2	0	2	0	0	2	0	1	0	1	0	0	0	2	3.77
8. Anus	1	1	2	0	0	2	0	1	1	0	0	0	0	2	3.77
9. Lip, oral cavity, pharynx	2	0	2	0	2	0	0	1	0	0	1	0	0	2	3.77
10. Pancreas	0	2	2	0	0	2	0	1	0	0	1	0	0	2	3.77
11. Liver	0	1	1	0	1	0	0	1	0	0	0	0	0	1	1.89
12. Non-Hodgkin lymphoma	1	0	1	0	1	0	0	0	0	0	1	0	0	1	1.89
13. Kidney	1	0	1	0	0	1	0	1	0	0	0	0	0	1	1.89
14. Corpus uteri	1	0	1	0	0	1	0	0	0	1	0	0	0	1	1.89
15. Lymphoid leukemia	1	0	1	0	1	0	0	0	0	0	0	0	1	1	1.89
Total	39	14	53	0	15	38	6	23	4	9	10	0	1	53	100.00

Image 9

Image 9 shows the top 15 cancer sites for patients diagnosed and/or treated at Samaritan Pacific Communities Hospital in 2015. The data shows the stage of cancer at diagnosis and also the patient's current vital status. Date of first contact was used to represent these cases.

Top 15 sites – AJCC stage Samaritan Pacific Communities Hospital

Cancer cases diagnosed between Jan. 1, 2015, to Dec. 31, 2015

DIAGNOSTIC SITE	VITAL STATUS		CLASS OF CASE		GENDER		STAGE							TOTAL	% TOTAL
	Alive	Dead	Ana	NonA	M	F	0	I	II	III	IV	NA	UNK		
1. Breast, female	17	3	20	0	0	20	1	7	7	2	3	0	0	20	31.25
2. Lung	2	8	10	0	6	4	0	1	1	2	6	0	0	10	15.63
3. Pancreas	0	6	6	0	4	2	0	0	0	1	5	0	0	6	9.38
4. Colon	5	0	5	0	1	4	0	1	3	1	0	0	0	5	7.81
5. Corpus uteri	3	2	5	0	0	5	0	3	0	0	2	0	0	5	7.81
6. Urinary bladder	2	1	3	0	3	0	0	1	1	0	1	0	0	3	4.69
7. Kidney	2	1	3	0	2	1	0	1	0	0	2	0	0	3	4.69
8. Myeloid and monocytic leukemia	2	0	2	0	1	1	0	0	0	0	0	2	0	2	3.13
9. Non-Hodgkin lymphoma	0	2	2	0	1	1	0	1	0	0	1	0	0	2	3.13
10. Rectum	1	1	2	0	1	1	0	0	1	0	1	0	0	2	3.13
11. Lip, oral cavity, pharynx	2	0	2	0	1	1	0	1	0	0	1	0	0	2	3.13
12. Anus	0	1	1	0	1	0	0	0	0	1	0	0	0	1	1.56
13. Lymphoid leukemia	1	0	1	0	1	0	0	0	0	1	0	0	0	1	1.56
14. Prostate	1	0	1	0	1	0	0	0	0	1	0	0	0	1	1.56
15. Thyroid	1	0	1	0	1	0	0	1	0	0	0	0	0	1	1.56
Total	39	25	64	0	24	40	1	17	13	9	22	2	0	64	100.00





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