
Samaritan Cancer
Program

Annual Report



Samaritan
Health Services

About the Samaritan Cancer Program

The Samaritan Cancer Program is the only Cancer Program in Oregon accredited by the American College of Surgeon's Commission on Cancer as an Academic Comprehensive Cancer Program. These rigorous standards provide assurance to our patients they are receiving the highest quality care and services. Samaritan's Cancer Program provides services in Benton, Lincoln and Linn counties, ensuring our care team can offer comprehensive, compassionate, personalized care, close to home.

The heart of the Samaritan Cancer Program 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, housing radiation and medical oncology services, as well as integrated laboratory services, certain diagnostic services, clinical research and support services

like the Samaritan Cancer Resource Center. Beyond the cancer center in Corvallis, chemotherapy, clinical research and local support services are available at each Samaritan hospital in Albany, Lebanon, Lincoln City and Newport.

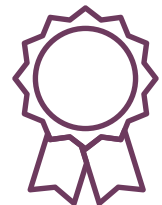
Patients and survivors benefit from a variety of support services in the Samaritan Cancer Program, including support groups, social workers, financial advocate services, nutrition guidance, mentorship, end-of-life

care and more. The Samaritan Cancer Resource Center offers support, information, connection and rejuvenation for patients and their caregivers during their journey through cancer.

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.



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



Letter from the Chair

Before I expand on the many advancements in the Samaritan Cancer Program, I want to take this opportunity to extend my appreciation to our former cancer committee chair, Mary Austin-Seymour, MD. The innovations and service to patients during Dr. Austin-Seymour's tenure, has laid the groundwork for cancer providers at Samaritan Health Services to build on those successes, so they too can provide comprehensive, compassionate and high-quality cancer care to the communities we serve.

Cancer research has always been on the forefront at Samaritan Health Services. In 2017 over 10 percent of our cancer patients participated in research. The trials range from treatment of metastatic disease to dietary improvement for cancer survivors. A particular accomplishment has been with the expansion of clinical trials to our rural service areas where novel treatments are offered to patients while remaining close to home. Treatment options include gene-specific targeted therapies, immunotherapy and chemotherapy trials. We also introduced three radiation therapy clinical trials, focusing on breast, head and neck, and lung cancers.

A new standard of care for annual mammogram screenings was adopted throughout Samaritan Health Services with the implementation of 3-D imaging technology. Tomosynthesis (3-D imaging technology, also referred as Tomo) provides the most detailed breast imaging available. Tomo is available to patients starting at the age of 40, and who have not experienced the following pre-existing breast symptoms: new breast lumps, pain or other breast concerns. This type of screening service is available in all five communities.



The future is bright for the Samaritan Cancer Program. As we enter this next year, we look forward to delivering on our promise of continuing to create cancer survivors.



Farnoush Abar, MD, MPH
Cancer Committee Chair

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2017 Annual Cancer Report, published 2018

Stories and news

Clinical trial gives cancer patient opportunity to help others

“I just couldn’t say no when they asked me. I felt if it could help me that would be good, but if I could do this and help someone else, that would be great.”

—**Barbara Johnson**



Battling cancer is an emotional and tiring journey and often creates a close-knit community among those who have experienced it. For many, participating in a clinical trial means helping others who will go through cancer, giving them a better chance to beat it.

After a diagnosis of breast cancer, followed by a lumpectomy, chemotherapy and radiation treatment, Barbara Johnson of Corvallis was identified as a good candidate for a clinical trial and she was eager to participate.

“I just couldn’t say no when they asked me,” she said. “I felt if it could help me that would be good, but if I could do this and help someone else, that would be great.”

David Hufnagel, DO, of the Samaritan Cancer Program, leads several of the cancer clinical trials at Samaritan.

These clinical trials are an important part of developing the best standards of care for disease.

“Participating in a clinical trial gives people access to cutting-edge treatments,” said Dr. Hufnagel. “A

well-designed clinical trial is almost always the best option for patients.”

The clinical trial Johnson is participating in involves the oral therapy drug neratinib and ways to reduce the gastrointestinal side effects that can be associated with its use.

Shortly after the clinical trial started, Johnson began experiencing severe intestinal upset from the neratinib. She was uncomfortable and didn’t know if she wanted to continue. But after calling the research nurse for support and finding the right mix of medications to help combat the side effects, she felt encouraged enough to stick with the clinical trial. With the side effects managed, Johnson felt good.

“I wouldn’t feel right with myself if I decided to quit because I felt uncomfortable,” said Johnson. “And it turned out my problem was solvable. I just want what I’m experiencing to help the women of the future.”

For Dr. Hufnagel, clinical trials are a way to help our community but also the larger community of all people fighting cancer.



“When patients participate in clinical trials it helps cancer treatment move forward so we have better and more effective care,” said Dr. Hufnagel. “It helps everyone.”

Visit samhealth.org/Research to learn more about the clinical trials available at Samaritan.

Above: Barbara Johnson of Corvallis, cancer survivor and clinical trial participant, enjoys making stained glass artwork and spending time with her husband, Jim.



Survivorship and the journey with cancer

Cancer survivorship starts on the day of diagnosis and is the same for everyone. The journey for each person, however, can vary greatly, such as it has for these three women who have been touched by breast cancer.

Georgiana Rodriguez

Georgiana Rodriguez of Albany is savoring every moment of life and doesn't take her six years of survivorship for granted.

Following breast cancer, Rodriguez is more aware of the interconnectedness of people and her own ability to help.

Rodriguez, a talented singer, held a Christmas concert and released a CD, arranging for all proceeds to benefit the Samaritan Cancer Resource Center and help other patients who may have been touched by cancer.

"I am at a place where I'm just so grateful," said Rodriguez. "I feel like the luckiest girl ever. It was important to me to give a gift back, from my life to others."

Visit samhealth.org/GeorgianaR to learn how Rodriguez is thriving in life!

Karen Shafer

Karen Shafer of Lincoln City was in breast cancer remission for three years when she found a new lump on her breast. Because she has the BRCA2 genetic mutation, Shafer's cancer journey is uncertain, but she appreciates the employees and volunteers who have come beside her for support.

From providing reliable research material to funding medical supplies through a grant from WISH, Shafer can tell these are people who care.

"When I walk through the door of the Samaritan Pastega Regional Cancer Center, I see people and wave; it feels like I'm not here because I'm sick but because I'm seeing friends," said Shafer.

"What I really, really appreciate is how dear these people are, and how they support me during my daily journey with cancer."

Visit samhealth.org/KarenS to learn about Shafer's journey to survivorship.

Elaine Wells

Elaine Wells of Albany was getting her life in order in preparation for brain surgery to treat symptoms of Parkinson's disease when a routine mammogram found two spots on her breast.

"I was angry at first because I had to put my brain surgery on hold," said Wells. "Life had to stop while I treated the cancer."

Following a mastectomy and after being cleared for brain surgery, Wells is back on track and focused on getting strong enough to return to the golf course.

"I've been chipping and putting, but my goal is to go out and play nine holes," she said.

Visit samhealth.org/ElaineW to discover how Wells is using her passion for golf to benefit others.

Pictured at right, top to bottom:

Georgiana Rodriguez, Karen Shafer, Elaine Wells



New physicians in the Samaritan Cancer Program



Norman Yeh, MD, PhD

**Radiation Oncology, Samaritan Pastega Regional
Cancer Center**

Dr. Yeh earned an undergraduate degree from Purdue University and a doctoral degree in immunology from Indiana University Medical Center. He completed medical education at Indiana University School of Medicine, internship at Naval Medical Center San Diego, and residency training at University of Colorado, Denver.

Dr. Yeh treats all cancers and some benign conditions throughout the body with radiation therapy. He is board certified in radiation oncology.

Inspired by how the body works, Dr. Yeh became a doctor so that he could apply his knowledge and skill to help others. With radiation oncology rapidly changing, Dr. Yeh delicately balances advanced treatment approaches with more traditional practices — this is based on each patient and their individual needs.

In his spare time, Dr. Yeh enjoys exploring Oregon, running and hiking.

Continued on page 6...

New physicians, continued ...



Moacyr Ribeiro de Oliveira, MD Samaritan Hematology & Oncology Consultants

Dr. Ribeiro de Oliveira earned an undergraduate degree from Pontifical Catholic University of Minas Gerais. He completed medical education at Federal University of Minas Gerais and residency training at University of Iowa Hospitals and Clinics and Felicio Rocho Hospital. Dr. Ribeiro de Oliveira completed fellowships at University of Iowa Hospitals and Clinics, Federal University of Paraná and Fred Hutchison Cancer Research Center.

Dr. Ribeiro de Oliveira sees patients with all types of cancer and blood disorders. He is board certified in medical oncology.

Dr. Ribeiro de Oliveira had set out to be a marine biologist when he started college. When his niece was diagnosed with acute lymphoblastic leukemia at age 1 and died before age 3, he turned

his focus to medicine. Inspired by his niece to become a cancer doctor, Dr. Ribeiro de Oliveira approaches each patient as though they are family.

Dr. Ribeiro de Oliveira balances traditional treatment with alternative treatment options. Each course of treatment is individualized and agreed upon with the patient based on their needed cancer care.

When away from the clinic, Dr. Ribeiro de Oliveira enjoys spending time with family. He is an avid cyclist and enjoys many other outdoor activities, including bird watching.



Vicky Lee, MD, PhD Samaritan Hematology & Oncology Consultants

Dr. Lee completed an undergraduate and medical degrees at Shangong Medical University and residency trainings at Beijing Medical University and Elmhurst Hospital Center-Mount

Sinai Services. She completed fellowships at Kyoto University School of Medicine and North Shore University Hospital.

Dr. Lee sees patients with all types of cancer and blood disorders. She is board certified in hematology and medical oncology.

As a certified consultant on cancer genetics, Dr. Lee applies her knowledge and skill to further cancer prevention. She has a passion for evolving breast cancer care, ensuring patients of Samaritan Cancer Program have access to the highest level of care possible.

Through her research, Dr. Lee conducts clinical trials. She stays current in the rapidly changing world of cancer medicine by participating in cutting-edge science and using that knowledge to help others.

In her spare time, Dr. Lee enjoys spending time with her family and participating in outdoor activities in the Pacific Northwest.



Study

Review of oropharynx (tonsil, base of tongue) patients treated with radiation who received systemic therapy.

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

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

Mary Austin-Seymour, MD Former 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 at 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.

Comparative data



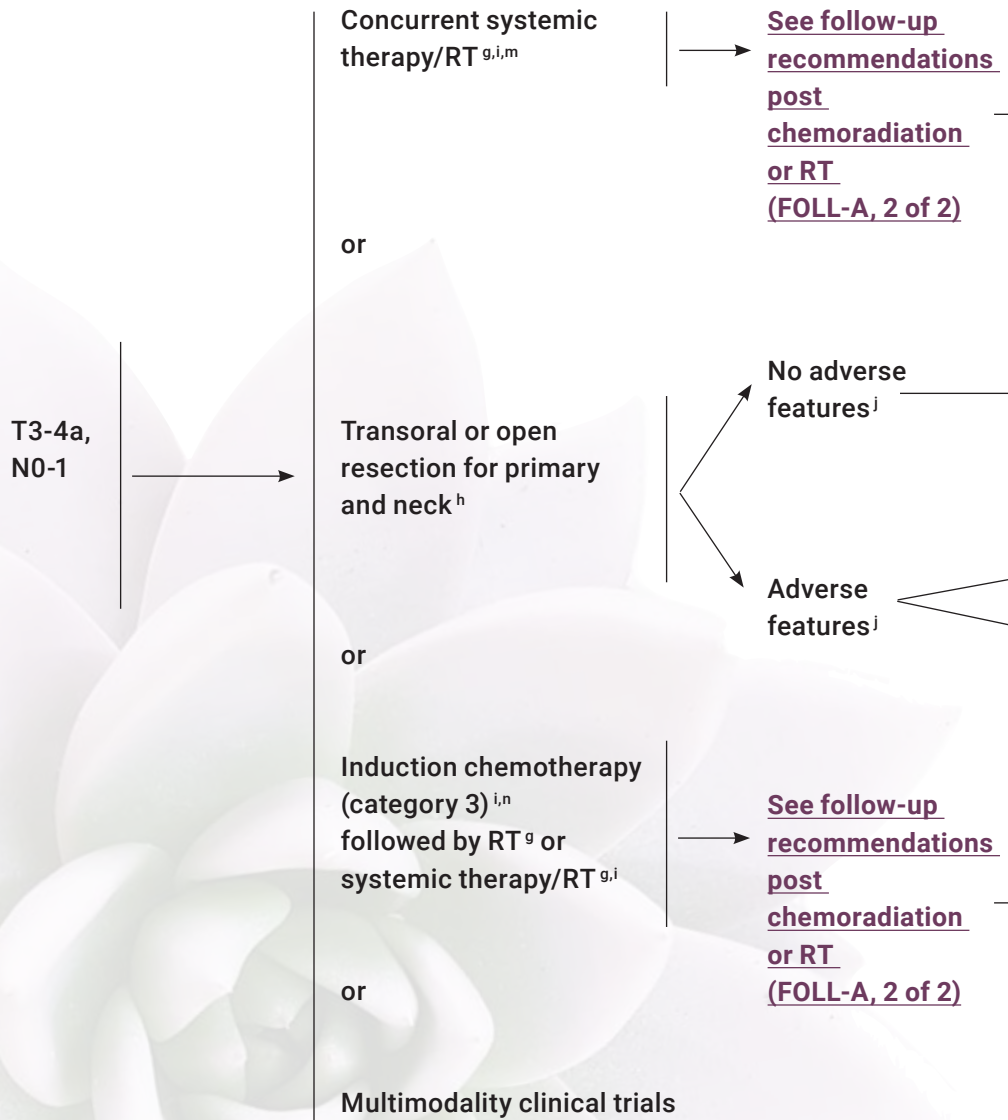
Review criteria:

Oropharynx (tonsil, base of tongue) patients with date of first contact from Jan. 1, 2013, to Oct. 31, 2017, with stage T3-4a, N0-1 OR with stage of any T, N2-3 to see if they received systemic therapy and radiation treatment.

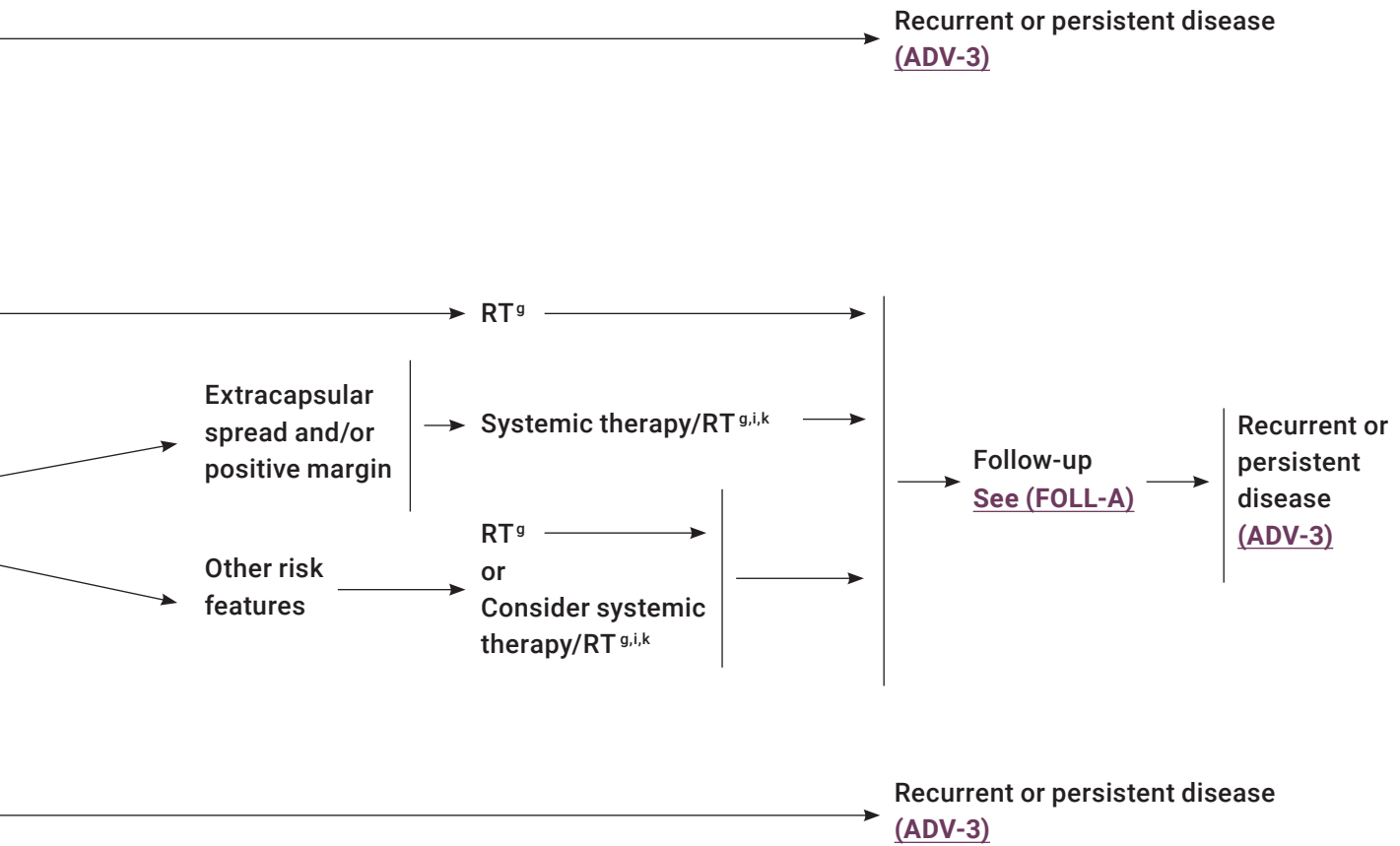
NCCN guidelines:

Clinical staging

Treatment of primary and neck



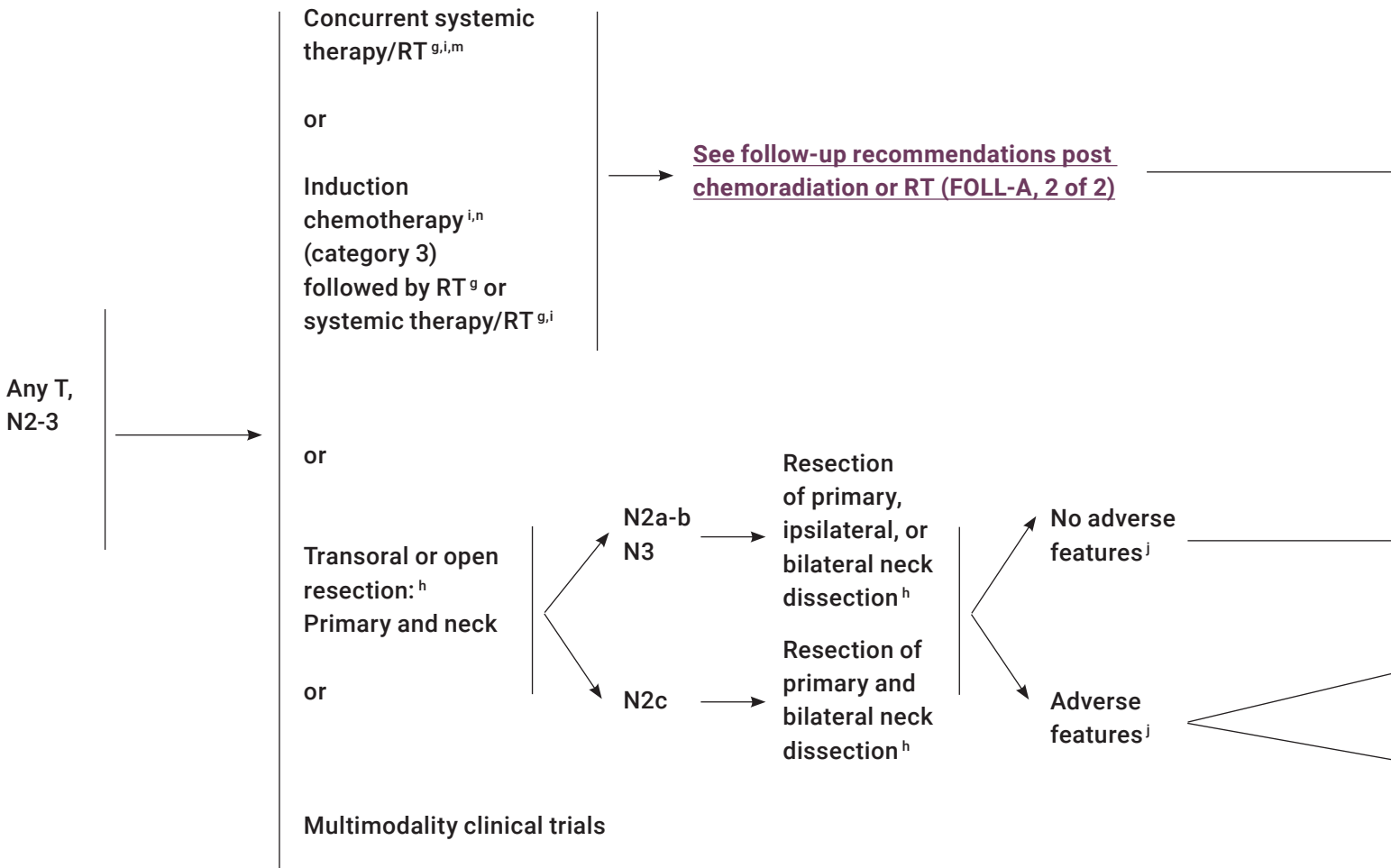
Adjuvant treatment



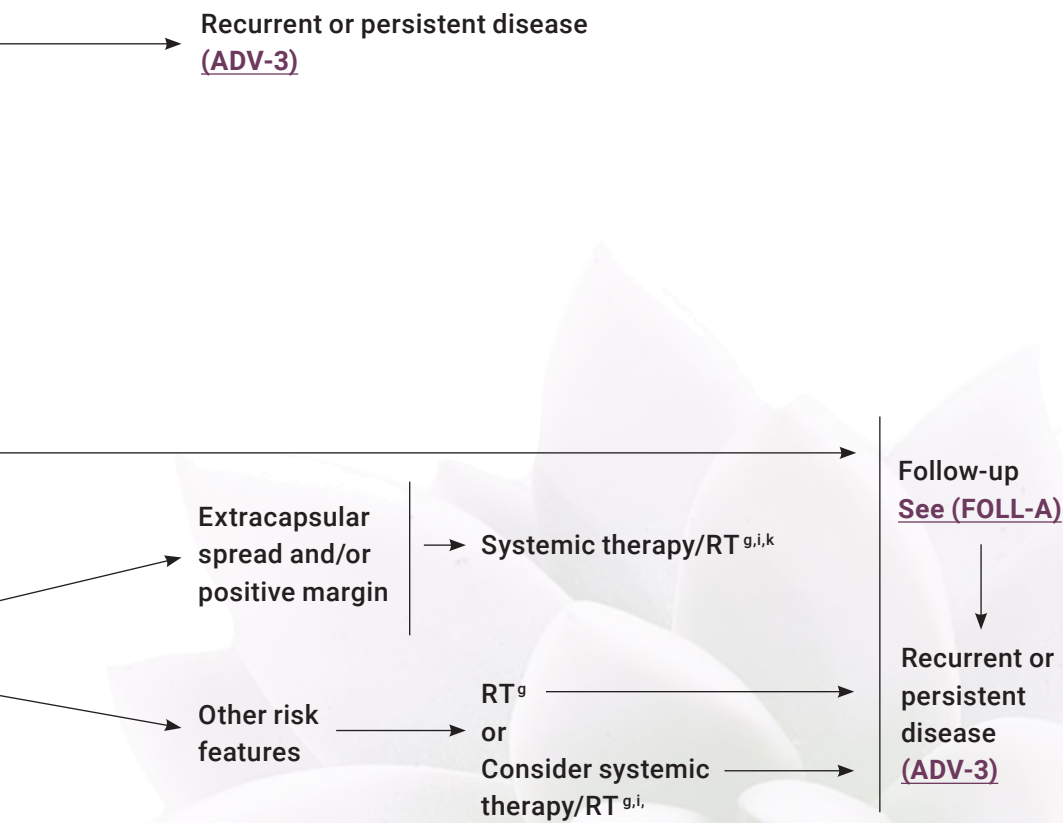
NCCN guidelines:

Clinical staging

Treatment of primary and neck



Adjuvant treatment



Results:

Sixteen cases were reviewed for system therapy and radiation – all 16 patients met the NCCN guidelines for treatment resulting in 100 percent.

Tumor Registry Report 2017

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 2017 and data from 2016.

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. Mary Austin-Seymour, David Faddis, Jonathan Gross, Layron Long 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 15 percent analysis of analytic cases reviewed (106 cases), demonstrated the casefinding rate was at 98.1 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 10 percent of cancer patients diagnosed and/or treated through the Samaritan Cancer Program participated in a clinical trial in 2017.

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:

Improve patient involvement in breast care

Radiation Oncology introduced a patient response outcome (PRO) questionnaire specific to breast cancer patients. The questionnaire utilized National Cancer Institute (NCI) questions that gives a patient the opportunity to discuss radiation affects to their skin, resulting in fewer breaks in treatment.

Oral chemotherapy streamlined

A quality study examined the administrative process and barriers to obtaining oral chemotherapy agents from the time prescription is signed by the practitioner to the time medication is in the hands of the patient. Proposals have been submitted to streamline the process.

Neoadjuvant treatment surgery

A quality study examined T2 patients that are HER2/neu positive or triple negative and looked at the discussion of neoadjuvant treatment at the time of surgery consultation.

Data requests

In 2017, the tumor registry answered 67 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 50 multidisciplinary tumor boards in 2017. More than 1,553 multidisciplinary attendees participated in reviewing 197 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

Three tumor registry staff each earned 39 continuing education credits in 2017 by attending the Oregon State Cancer Registrars Association State Conference. One tumor registry staff earned 18 continuing education credits by attending the National Cancer Registry Association in Las Vegas.

2016 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 2016. 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.

2016	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	703	78	73
Samaritan Albany General Hospital	219	7	5
Samaritan Lebanon Community Hospital	157	2	5
Samaritan North Lincoln Hospital	61	1	4
Samaritan Pacific Communities Hospital	99	3	3
Total cancer cases	1,239	91	90

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 29.24 percent of all male cancer cases. Date of first contact was used to represent these cases.

Male	Cases	Percent
Prostate	88	29.24
Lung	46	15.28
Colorectal	29	9.64
Urinary bladder	26	8.64
Lip/oral cavity/pharynx, larynx	20	6.64
Leukemia	16	5.32
Kidney	12	3.99
Total male cancer cases	301	

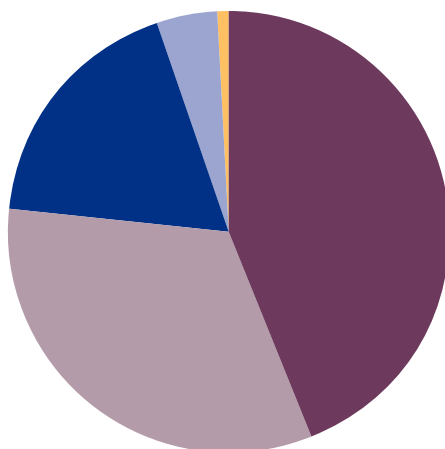
Image 3

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 49.38 percent of all female cancer cases. Date of first contact was used to represent these cases.

Female	Cases	Percent
Breast	198	49.38
Lung	48	11.97
Colorectal	24	5.99
Corpus uteri	20	4.99
Non-Hodgkin lymphoma	15	3.74
Pancreas	12	2.99
Other digestive organs	12	2.99
Total female cancer cases	402	

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



County of residence at diagnosis

- **Linn:** 310 cases, 44.1%
- **Benton:** 229 cases, 32.6%
- **Lincoln:** 127 cases, 18.1%
- **Other counties in Oregon:** 32 cases, 4.55%
- **Other counties out of state:** 5 cases, 0.71%

Total cases: 703

Other counties in Oregon: Marion (15), Polk (9), Lane (3), Tillamook (2), Clatsop (1), Washington (1), Yamhill (1)

Other counties out of state: Ada, ID (1), Mendocino, CA (1), Mesa, CO (1), Sonoma, CA (1), Kodiak Island Borough, AK (1)

Image 5

Image 5 shows the top 24 cancer sites for patients diagnosed and/or treated at Good Samaritan Regional Medical Center in 2016. The data shows the stage of cancer at diagnosis and also the patient's current vital status. The majority (65.6 percent) of breast cancer cases were diagnosed at early stage 0-I. Almost 48 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, 2016, to Dec. 31, 2016.

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	195	3	198	0	0	198	35	98	45	14	6	0	0	198	28.21
2. Lung	43	51	94	0	46	48	0	30	6	13	45	0	0	94	13.39
3. Colon	25	8	33	0	13	20	5	9	9	6	3	0	1	33	4.70
4. Pancreas	4	18	22	0	10	12	0	4	6	3	9	0	0	22	3.13
5. Rectum	17	3	20	0	16	4	1	2	3	11	2	0	1	20	2.85
6. Corpus uteri	19	1	20	0	0	20	0	11	2	3	2	0	2	20	2.85
7. Lip, oral cavity, pharynx	19	0	19	0	15	4	0	1	1	3	14	0	0	19	2.71
8. Esophagus	4	8	12	0	9	3	0	0	3	4	4	0	1	12	1.71
9. Liver	2	5	7	0	2	5	0	0	1	0	3	3	0	7	1.00
10. Stomach	1	4	5	0	3	2	0	2	1	2	0	0	0	5	0.71
11. Larynx	4	1	5	0	5	0	1	3	0	1	0	0	0	5	0.71
12. Melanoma, skin	3	0	3	0	2	1	0	3	0	0	0	0	0	3	0.43
13. Anus	3	0	3	0	0	3	0	0	3	0	0	0	0	3	0.43
14. Soft tissue	2	0	2	0	1	1	0	1	1	0	0	0	0	2	0.28
15. Cervix	2	0	2	0	0	2	0	1	0	0	1	0	0	2	0.28
16. Breast, male	1	0	1	0	1	0	0	1	0	0	0	0	0	1	0.14
17. Kaposi sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
18. Mycosis fungoides	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
19. Bones and joints	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
20. Small intestine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
TOTALS	344	102	446	0	123	323	42	166	81	60	89	3	5	446	100.00

Image 6

Image 6 shows the top 20 cancer sites for patients diagnosed and/or treated at Samaritan Albany General Hospital in 2016. 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, 2016, to Dec. 31, 2016.

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	57	2	59	0	0	59	11	27	16	2	3	0	0	59	29.80
2. Lung	4	12	16	0	9	7	0	3	3	0	9	1	0	16	8.08
3. Corpus uteri	10	2	12	0	0	12	0	11	0	1	0	0	0	12	6.06
4. Colon	5	3	8	0	2	6	0	4	1	0	3	0	0	8	4.04
5. Rectum	5	0	5	0	3	2	0	1	0	4	0	0	0	5	2.53
6. Lip, oral cavity, pharynx	5	0	5	0	4	1	0	2	1	0	2	0	0	5	2.53
7. Esophagus	0	3	3	0	2	1	0	1	1	0	1	0	0	3	1.52
8. Anus	3	0	3	0	0	3	0	0	3	0	0	0	0	3	1.52
9. Liver	0	3	3	0	2	1	0	0	0	0	1	2	0	3	1.52
10. Pancreas	0	3	3	0	2	1	0	0	1	0	2	0	0	3	1.52
11. Larynx	2	0	2	0	1	1	1	1	0	0	0	0	0	2	1.01
12. Melanoma, skin	2	0	2	0	1	1	1	0	1	0	0	0	0	2	1.01
13. Breast, male	1	0	1	0	1	0	0	1	0	0	0	0	0	1	0.51
14. Cervix	0	1	1	0	0	1	0	0	0	0	1	0	0	1	0.51
15. Stomach	1	0	1	0	0	1	0	0	0	1	0	0	0	1	0.51
16. Soft tissue	1	0	1	0	1	0	0	0	1	0	0	0	0	1	0.51
17. Small intestine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
18. Kaposi sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
19. Mycosis fungoides	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
20. Bones and joints	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
TOTALS	96	29	125	0	28	97	13	51	28	8	22	3	0	125	100.00

Image 7

Image 7 shows the top 20 cancer sites for patients diagnosed and/or treated at Samaritan Lebanon Community Hospital in 2016. 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, 2016, to Dec. 31, 2016.

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	40	3	43	0	0	43	3	22	11	2	5	0	0	43	30.07
2. Lung	9	14	23	0	10	13	0	8	2	1	12	0	0	23	16.08
3. Colon	8	3	11	0	4	7	3	4	2	0	2	0	0	11	7.69
4. Corpus uteri	9	0	9	0	0	9	0	9	0	0	0	0	0	9	6.29
5. Rectum	6	0	6	0	4	2	0	2	1	2	1	0	0	6	4.20
6. Lip, oral cavity, pharynx	4	0	4	0	4	0	0	0	0	1	3	0	0	4	2.80
7. Esophagus	0	3	3	0	3	0	0	0	0	0	3	0	0	3	2.10
8. Pancreas	0	3	3	0	2	1	0	0	0	0	3	0	0	3	2.10
9. Melanoma, skin	1	0	1	0	1	0	0	0	0	0	1	0	0	1	0.70
10. Stomach	0	1	1	0	1	0	0	0	1	0	0	0	0	1	0.70
11. Small intestine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
12. Anus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
13. Liver	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
14. Kaposi sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
15. Mycosis fungoides	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
16. Breast, male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
17. Cervix	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
18. Larynx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
19. Bones and joints	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
20. Soft tissue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
TOTALS	77	27	104	0	29	75	6	45	17	6	30	0	0	104	100.00

Image 8

Image 8 shows the top 20 cancer sites for patients diagnosed and/or treated at Samaritan North Lincoln Hospital in 2016. 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 North Lincoln Hospital

Cancer cases diagnosed between Jan. 1, 2016, to Dec. 31, 2016.

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	16	1	17	0	0	17	3	9	1	1	3	0	0	17	26.98
2. Corpus uteri	6	1	7	0	0	7	0	3	1	1	2	0	0	7	11.11
3. Lung	2	5	7	0	3	4	0	0	1	0	6	0	0	7	11.11
4. Esophagus	0	4	4	0	4	0	0	0	1	1	2	0	0	4	6.35
5. Colon	3	0	3	0	0	3	0	0	2	0	1	0	0	3	4.76
6. Rectum	1	2	3	0	1	2	0	0	0	2	0	0	1	3	4.76
7. Pancreas	0	3	3	0	2	1	0	0	0	0	3	0	0	3	4.76
8. Liver	0	1	1	0	1	0	0	0	0	1	0	0	0	1	1.59
9. Stomach	0	1	1	0	1	0	0	0	0	0	1	0	0	1	1.59
10. Small intestine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
11. Anus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
12. Lip, oral cavity, pharynx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
13. Larynx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
14. Bones and joints	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
15. Soft tissue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
16. Melanoma, skin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
17. Kaposi sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
18. Mycosis fungoides	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
19. Breast, male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
20. Cervix	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
TOTALS	28	18	46	0	12	34	3	12	6	6	18	0	1	46	100.00

Image 9

Image 9 shows the top 20 cancer sites for patients diagnosed and/or treated at Samaritan Pacific Communities Hospital in 2016. 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 Pacific Communities Hospital

Cancer cases diagnosed between Jan. 1, 2016, to Dec. 31, 2016.

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. Lung	9	11	20	0	9	11	0	2	1	4	13	0	0	20	20.20
2. Breast, female	18	1	19	0	0	19	2	8	3	2	4	0	0	19	19.19
3. Colon	7	3	10	0	7	3	0	2	3	4	1	0	0	10	10.10
4. Rectum	4	0	4	0	4	0	0	0	1	2	1	0	0	4	4.04
5. Liver	2	1	3	0	2	1	0	0	0	1	0	2	0	3	3.03
6. Corpus uteri	3	0	3	0	0	3	0	2	0	1	0	0	0	3	3.03
7. Small intestine	1	1	2	0	1	1	0	0	0	1	1	0	0	2	2.02
8. Lip, oral cavity, pharynx	1	1	2	0	2	0	0	0	0	0	2	0	0	2	2.02
9. Esophagus	0	1	1	0	0	1	0	0	0	0	1	0	0	1	1.01
10. Pancreas	0	1	1	0	0	1	0	0	0	0	1	0	0	1	1.01
11. Larynx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
12. Breast, male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
13. Cervix	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
14. Stomach	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
15. Anus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
16. Bones and joints	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
17. Soft tissue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
18. Melanoma, skin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
19. Kaposi sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
20. Mycosis fungoides	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
TOTALS	45	20	65	0	25	40	2	14	8	15	24	2	0	65	100.00





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