### 2006 Cancer Occurrence

#### Cancer Registry Report

**FOCUS: LUNG CANCER**

The emergence and rising pace of lung cancer continues to match the world-wide trend. In the United States, over 100,000 new cases are diagnosed annually, making it the leading cause of cancer death. The Maine lung cancer rates are 14% above the national average. We rank ninth in the country.

- **Male** 56% 56% 61%
- **Female** 44% 44% 39%

#### Cancer Registry and the National Cancer Database (NCDB)

Data compares EMMC with National Cancer Registry (NCDB) reporting hospitals and Maine hospitals reporting to the NCDB. The Registry consists of 10 important reports for a reference in 2006 that are included for your review.

- **Stage**
  - 0%
  - 5%
  - 10%
  - 15%
  - 20%
  - 25%
  - 30%
  - 35%
  - 40%
  - 45%
  - 50%
  - 55%
  - 60%
  - 65%
  - 70%
  - 75%
  - 80%
  - 85%
  - 90%
  - 95%
  - 100%

#### Primary Site Frequency Distribution: 2006 Accessions

<table>
<thead>
<tr>
<th>Site</th>
<th>Staff</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>286</td>
<td>19%</td>
<td>30%</td>
<td>23%</td>
<td>7%</td>
<td>102</td>
</tr>
<tr>
<td>Breast</td>
<td>51</td>
<td>13%</td>
<td>10%</td>
<td>8%</td>
<td>78%</td>
<td>100</td>
</tr>
<tr>
<td>Prostate</td>
<td>37</td>
<td>2%</td>
<td>27%</td>
<td>37%</td>
<td>23%</td>
<td>100</td>
</tr>
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<td>Pancreas</td>
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<td>5%</td>
<td>49%</td>
<td>38%</td>
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<td>100</td>
</tr>
<tr>
<td>Rectum</td>
<td>107</td>
<td>7%</td>
<td>47%</td>
<td>38%</td>
<td>8%</td>
<td>100</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>21</td>
<td>0%</td>
<td>5%</td>
<td>17%</td>
<td>78%</td>
<td>100</td>
</tr>
<tr>
<td>Melanoma</td>
<td>31</td>
<td>3%</td>
<td>9%</td>
<td>23%</td>
<td>65%</td>
<td>100</td>
</tr>
<tr>
<td>Other</td>
<td>90</td>
<td>4%</td>
<td>5%</td>
<td>21%</td>
<td>70%</td>
<td>100</td>
</tr>
</tbody>
</table>

### Lung Cancer Data: EMMC, Maine, National

- **Gender**
  - **Male** 55% 55% 61%
  - **Female** 45% 45% 39%

- **Age**
  - 0-4
  - 5-14
  - 15-24
  - 25-34
  - 35-49
  - 50-64
  - 65-74
  - 75-84
  - 85+

#### Key to ALL Graphs

- S = surgery
- R = radiation
- C = chemotherapy
- NONE = no first course of treatment

#### Stage at Diagnosis

<table>
<thead>
<tr>
<th>Stage</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>70-80%</td>
</tr>
<tr>
<td>II</td>
<td>50%</td>
</tr>
<tr>
<td>III</td>
<td>30%</td>
</tr>
<tr>
<td>IV</td>
<td>5-15%</td>
</tr>
<tr>
<td>V</td>
<td>2%</td>
</tr>
</tbody>
</table>

#### Analysis

- The Maine Tobacco Helpline
  - info@maine.gov
  - 800-632-7475

#### Participation

- The board is composed of medical personnel, representatives from community organizations, public health departments, and the cancer research societies. Each participant is present, either through a formal meeting, by U.S. telephone, or in person. The board meets typically the third Thursday of each month in EMMC’s Conference Room 2.

#### Conclusion

- Despite the risks, the mortality and morbidity rates continue to rise.

#### Acknowledgments

- The authors would like to acknowledge the continued support and participation of the following organizations.

#### References

- See the references section of the National Cancer Data Base (NCDB) for more information.

#### National Cancer Data Base (NCDB)

The National Cancer Data Base (NCDB) is a joint project of the American Cancer Society and the American Society of Clinical Oncology, designed to promote early detection, intervention and treatment. Any patient with a known or suspected cancer diagnosis meeting NCDB criteria for entry may be enrolled. The patient will be treated as if presented to the newly formed Thoracic Board Board. An electronic hard copy of the Thoracic Board Board will be available by appointment. The Board is composed of medical and radiation oncologists, representatives from community organizations, and labor representatives. The Thoracic Board Board will meet on the third Thursday of each month at the EMMC Conference Room 2.

#### Notes

- The study endpoints were defined as follows:
  - **Success**: Continuous improvement in smoking rates for adults from 26% in 1996 to 22% in 2004.
  - **Failure**: No change or decline in smoking rates.

#### Appendices

- The NCDB MAINE EMMC Cancer Registry is an important component of the National Cancer Data Base (NCDB). Accessioned (New to EMMC) Cancer Cases:

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    - 30%
    - 35%
    - 40%
    - 45%
    - 50%
    - 55%
    - 60%
    - 65%
    - 70%
    - 75%
    - 80%
    - 85%
    - 90%
    - 95%
    - 100%

#### Notes

- See the notes section of the National Cancer Data Base (NCDB) for more information.

### Cancer Survival

- The survival rates for lung cancer continue to remain low. At diagnosis, approximately 80% of patients are alive, with 50% alive at 5 years, and only 20% alive at 10 years.

#### Key to ALL Graphs

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#### Accessioned (New to EMMC) Cancer Cases: 2006 Analytic/Non-Analytic Comparison

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Thank you for the privilege of caring for so many amazing women and men this year. We look to the journey of retirement. Dr. Horner with great respect and fondness that we wish Dr. Horner. As of January 1, 2008, Susan O’Connor, MD will carry on that vision and work.

EncorePlus support groups served women in six Maine counties, sending out newsletters every other month to over 400 breast cancer survivors. Annually, emergency teams provide women going through challenges. Research has shown this service is available by “appointment only” to ensure that women receive help for their health and family needs. EncorePlus support groups served women in Maine counties, sending out newsletters every other month to over 400 breast cancer survivors. EncorePlus support groups served women in Maine counties, sending out newsletters every other month to over 400 breast cancer survivors.

In January 2007, CancerCare launched its 2007 Annual Report – * Contributors ** Editor. The Dysart family and employees received the 2007 Paul Smith Award for his excellent report. I encourage you to take a moment to review his work. Under the leadership of Dr. Peverada, the CancerCare of Maine staff, our patients and their families show their gratitude and appreciation for the excellent care we provided. Our mission is to bring hope to life. Our patients and their families show their gratitude and appreciation for the excellent care we provided.

In June 2007, CancerCare began a new patient education program in January designed to help patients and families identify themselves as survivors from the start of care and learn skills necessary to assure optimal treatment outcome. Our patients and their families show their gratitude and appreciation for the excellent care we provided. Our mission is to bring hope to life.

Two important innovations are under development and will be launched in early 2008. A recent American Cancer Society Conference Paper on Cancer Genetics and Health. Scientists, enhancing the collaboration between EMMC based services and the Maine Institute for Human Counseling, in the role of principal investigator for CancerCare’s clinical research program. Actively collaborating with the National Cancer Institute of Canada, CancerCare of Maine cared for 54 cancer patients & their families (up 10% from last year).

CANCER COMMITTEE CHAIR
Paul Smith, MD
Clinical activity includes serving on the breast care committee for 50 years. In 2007, he led a team of clinical breast health providers to develop an evidence-based breast cancer care plan. The Dysart family and employees received the 2007 Paul Smith Award for his excellent report. I encourage you to take a moment to review his work.