



2009 ANNUAL REPORT

CARLE CANCER REGISTRY

CHAIRMAN'S MESSAGE

Dear Colleagues:

Carle Cancer Registry concluded its 76th year of data collection. The Cancer Registry is mandated by the State of Illinois and by the Commission on Cancer through the American College of Surgeons for accreditation.

Our weekly prospective care conference for staff members, fellows, residents, and medical students continues. We use the information for education, quality improvement and resource analysis. Continuing Medical Education (CME) credits are offered to physicians on site, as well as those attending electronically. Professional staff from radiation oncology, nursing, oncology, pharmacy, social service, and administration also attend. Speakers with expertise in clinical studies as well as University of Illinois at Urbana-Champaign basic scientists, and others with technical interests periodically present their research. The new Mills Breast Cancer Institute has opened and a portion of the conference is directed toward breast cancer in particular. Other meetings include the separate Head and Neck Cancer conference every other Wednesday, Colon and Rectal and Thoracic conferences as well as availability to attend or include others by electronic virtual meeting.

Carle Cancer Center participates in prospective clinical trials through the North Central Cancer Treatment Group (NCCTG), Eastern Cooperative Oncology Group (ECOG), National Surgical Adjuvant Breast and Bowel Project (NSABP), Gynecologic Oncology Group (GOG) and Cancer Trials Support Unit (CTSU). We also are involved in commercial studies. The Southwest Oncology Group provides sponsorship for several cancer prevention trials. Kendrith Rowland, MD, directs these activities.

New basic science initiatives have come from Mills Breast Cancer Institute of which Patricia Johnson, MD, PhD, is the director. Presently there are researchers in biomedical optics associated with this institute.

Any Carle physician may ask for data from our database. Other interested individuals, including medical and nursing students, resident physicians, nurses, non-Carle physicians, and University of Illinois faculty, may access information with a Carle physician sponsor and committee approval. Occasionally this leads to a publication or information to be used for an advanced degree. We bring attention to quality assurance problems in an interdisciplinary matter with the appropriate clinic and hospital committees.

Feedback to our physicians is important. It is available by cancer type and number of the cancer patients over the years. Our database serves as a resource for those seeking grants and provides data to appropriate credentialing bodies. New software will link with operational software available for patient care use. This will optimize data entry and provide a more robust application of data analysis and graphics application.

Vamsi Krishna Vasireddy, DO, is our Cancer Liaison Physician. He is the Cancer Committee representative to the College of Surgeons and heads our community outreach program.

We also have a printed a version of the annual report. The printed annual report is available in the magazine racks located in the waiting rooms of Carle Cancer Center and Carle Cancer Registry. Additional data is available through the research website, our own web site (www.carle.org), and the Cancer Registry website. We use the State of Illinois database in an effort to compare and contrast our own efforts with that seen throughout Illinois. We also have access to the American College of Surgeons database for similar use.

Our gratitude goes to all of those who attend our meetings and to those who help us meet the standards of the American College of Surgeons and the American Cancer Society. All have my thanks and that of Carle Foundation Hospital for this well done work.

Sincerely,

James R. Egner, MD

CHAIRMAN, CARLE CANCER COMMITTEE



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CANCER REGISTRY

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For additional information for
State of Illinois cancer statistics:
www.idph.state.il.us/about/epi



The Carle Foundation Hospital/Carle Physician Group cancer program is approved by the American College of Surgeons, Commission on Cancer as a Comprehensive Community Cancer Program. The most recent Hospital Cancer Program Survey was August 22, 2008. Carle's cancer program did very well receiving a Certificate of Accreditation with nine of nine commendations. Our next survey will be in 2011.

The Cancer Committee designated four different committee members as coordinators for each of the following areas of cancer committee activity.

1. Cancer Conference – Dr. James Egner
2. Quality Control of Registry Data – Sharon Jacobson, CTR
3. Quality Improvements – Cathy Short, RT/Jan Bice, RN
4. Community Outreach (Liaison Physician) – Dr. Christopher Lansford, FACS/Dr. Vamsi Krishna Vasireddy, DO

The Carle Foundation Hospital Administrative Cancer Committee met four times during the year.

Accomplishments during the year include:

- Specific Site on the Cancer of the Gastroesophageal Junction from the 2008 Annual Report - Published
- e-Quip Study on the Breast Site (use of registry data)
- K-RAS –colon cancer treatments
- Comparing clinical staging with ultrasound

Other performance improvement initiatives include:

- Expanding Children's Hearing Opportunities building
- LC Beads (chemo spheres that are placed in liver tumors)
- Biomedical Research Center
- Many other improvements at Carle are included

According to the Commission on Cancer, the Cancer Registry is required to have two community outreach projects per year. Carle Cancer Registry's community outreach projects for 2009 were:

1. Breast Cancer Prevention at Savoy Recreational Center – Passed out breast cancer prevention pamphlets

2. Cancer Survivors Day – Passed out breast cancer prevention pamphlets
3. Annual Health & Safety Fair with Worden & Martin Inc. Cancer Registry employees passed out prevention and early detection pamphlets of the skin, skin protective lotions, and magnets
4. American Cancer Society's Making Strides Against Breast Cancer – This annual event was held at Crystal Lake Park in Urbana, Illinois. Cancer Registry employees worked with American Cancer Society organizers to help hand out pamphlets on breast cancer prevention and awareness and breast cancer survivors participated in a walk/run around the park.

CARLE CANCER COMMITTEE DEVELOPED AND EVALUATED ANNUAL GOALS FOR 2009. THEY WERE:

Community Outreach – Relay for Life. This community outreach activity was held at Centennial High School, on the high school football field area.

Outcome: This community outreach activity was a huge success, with many volunteers and participants. Many organizations came to support this event day and night. The cancer prevention study enrolled 215 participants. These participants agreed to be a part of a long term study to try to determine the factors that cause and prevent cancer. American Cancer Society also encouraged people to write to their legislator, to let them know to make cancer a top national priority.

Quality Improvements – PET Scanning. Patients that have whole body PET Scan are mostly cancer patients. Pet Scanning is good for initial staging of malignancy and cancer surveillance following therapy.

Outcome: Carle now has a permanent on-site scanner and the volume of patients is improving. This goal has been completed.

Programmatic – Purchase of PET Scan and MRI machine. New PET/CT machine installed in March of 2009. X-ray is scheduling three outpatients and one to two hospital patients per day. X-ray now has capacity to expand. The new machine is located on the ground floor of Mills Breast Cancer Institute.

MRI Machine – We will have four in-house, including three Tesla units, a high field open unit, and two 1.5 Tesla units. This unit will be used for outpatient imaging of the abdomen/pelvis, breast and cardiac, which has been very limited due to equipment and staffing.

Outcome: Future considerations will include protocol optimization which is ongoing and work flow improvement as needed to accommodate the demand. Both machines are now fully functional. This goal has been completed.

Clinical – Number of patients for liver surgery.

Outcome: There was a total of 38 liver cancer procedures in 2009.

2009 CANCER COMMITTEE MEMBERS

PHYSICIAN MEMBERS

John Aucar, MD
GENERAL SURGERY

Frank J. Bellafiore, MD
PATHOLOGY

James R. Egner, MD
HEMATOLOGY/MEDICAL ONCOLOGY &
CHAIRMAN

David L. Graham, MD
HEMATOLOGY/MEDICAL ONCOLOGY

Patricia A. Johnson, MD, PhD
MEDICAL ONCOLOGY

Martin Kuntz, MD
RADIOLOGY

Christopher Lansford, MD, FACS
OTOLARYNGOLOGY & LIAISON PHYSICIAN

Ronnie Luyun, MD
MEDICAL ONCOLOGY

Bradley Morgan, MD
PATHOLOGY

Kendrith M. Rowland, MD
MEDICAL ONCOLOGY

Kalika Sarma, MD
RADIATION ONCOLOGY

Mitchell Sussman, MD
RADIOLOGY (BREAST SPECIALTY)

Lyn E. Tangen, MD
COLON & RECTAL SURGERY

Vamsi Krishna Vasireddy, DO
MEDICAL ONCOLOGY & NEW LIAISON
PHYSICIAN

Richard M. Wolf, MD
UROLOGY

NON-PHYSICIAN MEMBERS

Lynne Barnes
VICE PRESIDENT, HOSPITAL OPERATIONS

Jan Bice, RN
CLINICAL EFFECTIVENESS AND OUTCOME
MANAGEMENT

Pamela Bigler, RN
PRESIDENT & CORP ADMIN -FNDN

Diane Cousert, RN
DIRECTOR, ADM. HOSPITAL NURSING

Katherine Garbacz, MSW
SOCIAL SERVICES, ONCOLOGY

Dawn Henry, CCC, SLP
PROGRAM DIRECTOR, INPATIENT
REHABILITATION UNIT

Sharon Jacobson, CTR
CANCER PROGRAM COORDINATOR/CANCER
REGISTRY

Melissa Phillips, RN
DIRECTOR, OUTPATIENT ONCOLOGY
CLINIC

Cathy Short, RT
DIRECTOR, PERFORMANCE IMPROVEMENT
FACILITATORS

Tricia Truscott, MBA, RHIA
DIRECTOR, HEALTH INFORMATION
MANAGEMENT

Angela Wenthe
CANCER CONTROL MANAGER/AMERICAN
CANCER SOCIETY

CARLE CANCER CONFERENCES

CANCER CONFERENCES

Cancer conference meets weekly on Friday afternoons from 12:30 p.m. to 1:30 p.m. in the Houseworth Conference Room which is located on the second floor of Mills Breast Cancer Institute. This conference room was designed with high tech equipment and capabilities of conferencing to several outside facilities at the same time. The conference serves as a consulting board for reviewing cancer patients and making recommendations for their subsequent course of diagnosis and/or treatment. All cancer sites are discussed at this conference. During 2009, 164 cases were presented with 163 being prospective cases at 49 meetings. The meetings were attended by physician staff members, medical students, residents, nursing, social services, genetics counselor, research, X-ray, Cancer Registry personnel and approved guests. Dr. James Egner is the chairman of this conference. Every second and fourth Friday of the month Carle invites Crawford Memorial Hospital in Robinson, Illinois, to the conference. The physicians and medical staff at Crawford Memorial Hospital can participate, observe and present cases from Crawford Memorial Hospital. Carle physicians can provide their opinions on the diagnosis and treatment of Crawford Memorial's cancer patients. Special presentations were given this year during the conferences.

The Carle Cancer Committee also has the required quarterly business meetings for Cancer Registry. In this meeting the Carle Cancer Committee members discuss the goals, studies, improvements, community outreach activities, Commission on Cancer standards, registry activities, new business and other important topics. These meetings take place in the Houseworth conference room half an hour before the cancer conference.

BREAST CONFERENCE

The breast conference is the second half hour of the Friday cancer conference. This conference also serves a consulting board for breast cases with specialty radiologists attending giving expert opinions for the best possible treatments and outcomes. There were 50 breast cases presented and 49 were prospective cases at 36 conferences. Dr. Patricia Johnson is the chairman of the breast conference and clinical medical director of Mills Breast Cancer Institute.

CARLE RESEARCH INSTITUTE

Carle Research Institute gives special presentations with speakers. This meeting starts at 12 p.m. to 12:30 p.m. before the Friday cancer conference. Dr. Kendrith Rowland is the chairman of the research meetings. Clinical researchers inform the physicians and staff of different protocols and clinical trials, new clinical trials for the future and research education.

HEAD AND NECK CONFERENCES

Head and neck conferences are held every other Wednesday from 12 p.m. to 1 p.m. in the Houseworth Conference Room. This conference reviews patients with head and neck cancer diagnosis. The physicians determine the most effective treatments with the best survival outcomes. This is a multidisciplinary conference with specialized physicians from surgery, pathology, oncology, radiation oncology and radiology. In 2009, there were 82 cases presented with 76 of them prospective cases presented at 21 conferences. The attendees for the head and neck conferences are physicians, nurses, residents, medical students, social service workers, researchers and cancer registry staff. Dr. John Brockenbrough is chairman of the head and neck conference.

THORACIC SURGERY – PULMONARY CASE CONFERENCES

Every fourth Thursday of the month, the thoracic surgery – pulmonary case conference meets in the Houseworth Conference Room to discuss cases, care plans, concerns, literature review, as well as future initiatives. A majority of these patients have lung cancer diagnoses. In 2009, there were 45 cases presented and 44 cases are prospective cases. Ten conferences were attended by physicians and staff. Dr. L. Scott Cook, director of cardiovascular surgery is the chairman. The underlying goal is to ensure that high quality and seamless care is provided.

All of these conferences are held with the utmost of confidentiality and all are multidisciplinary conferences which involves patient care, management and educates the physicians and staff who attend.

Carle Foundation Hospital is accredited by the Illinois State Medical Society to provide continuing medical education for physicians. The Carle Foundation Hospital designates this educational activity for a maximum of 1.0 AMA PRA *Category 1 Credit*.

CANCER REGISTRY

Carle Cancer Registry has been in existence since 1934, making it one of the oldest registries in the state. All inpatients and outpatients diagnosed with and/or treated for cancer are registered and followed on an annual basis. The cancer program staff abstracts new cases yearly, identifies and maintains a non reportable list, reviews path reports, organizes a casefinding and suspense list, coordinates the weekly cancer conferences and the quarterly administrative committee meetings and maintains the minutes, stats, organizes the agenda and case list for the meetings, prepares the conference room for meetings, coordinates Carle's compliance with the Commission on Cancer (CoC) Program Standards in survey preparation, maintains Survey Application Record (SAR) and Facility Information Profile System (FIPS), maintains the Carle Policy and Procedure Manual, organizes staff training and education, completes data requests for research studies, prepares additional reports for staff, registry staff attends local and national meetings, updates yearly studies, improvements and goals, updates and maintains computer upgrades and metafiles, participates in community outreach projects, organizes the annual report for publication, prepares physician chart audits, corrects and transmits the state edits error free, reviews, corrects and submits NCDB Call for Data to the CoC free of error, participates in the special studies and patient care evaluations as necessary and the coordinator supervises the work of two employees and three volunteers.

An annual lifetime follow-up of patients diagnosed and/or treated at Carle is maintained. Letters are sent to our patients annually, as a reminder that they might need a follow-up with their managing physician with lab tests or imaging. This also provides the registry with measurement of outcomes and patient survivals. A 90 percent follow-up rate is required by the American College of Surgeons/Commission on Cancer for all the patients in our database since our reference date of January 1, 1993. Carle's follow-up rate for 2009 was 95 percent.

The Cancer Registry utilizes the Metriq software system, this enables the registry staff to provide both cumulative and case specific information with greater efficiency and effectiveness. The Cancer Registry Metriq database now contains information on more than 29,000 patients. Requests for data reports are welcomed and encouraged from all Carle physicians and staff members.

2009 CANCER REGISTRY STAFF

Sharon Jacobson, CTR
CANCER PROGRAM COORDINATOR

Lisa Steinbeck, CTR
CANCER PROGRAM COORDINATOR

Teresa Tester/Freeman
CANCER PROGRAM FOLLOW-UP SECRETARY

2009 VOLUNTEER STAFF

Virginia Lovingfoss

Russell Lovingfoss

Shirley Ledbetter

CANCER REGISTRY'S ACCOMPLISHMENTS FOR 2009

- 12,306 follow-up count
- Nine data requests from physicians
- 15 data requests from marketing, research and other staff
- 1,212 new cases abstracted for 2009
- Submitted all eligible and validated cases to the Illinois State Central Registry
- NCDB Call for Data was submitted to the Commission on Cancer free of errors
- Additional data provided to support grant applications for our prospective clinical trial studies
- Over 10 percent of the annual cases were quality reviewed by Carle physicians
- Two Certified Tumor Registrars with a combined total of 33 years experience in data collecting
- Registrars attended the Annual Registrars of Illinois Meeting

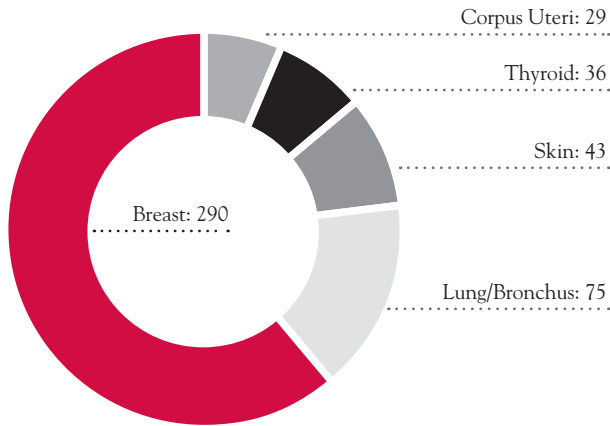
All of this would not have been possible without the help of our dedicated and devoted staff and volunteers.

CONTINUING EDUCATION OF CANCER REGISTRY PERSONNEL

Lisa Steinbeck, CTR, and Sharon Jacobson, CTR, attended the 17th Annual Cancer Registrars of Illinois Annual Meeting. Lisa and Sharon also attended many webinars through the North American Association of Central Cancer Registrars (NAACCR) and the National Cancer Registrars Association (NCRA).

All Cancer Registry staff is encouraged to attend educational workshops, webinars and meetings.

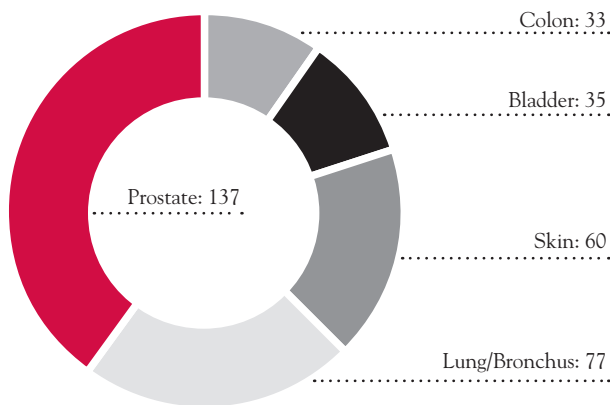
TOP 5 FEMALE SITES IN 2009



Breast 290
 Lung/Bronchus 75
 Skin 43
 Thyroid 36
 Corpus Uteri 29

SOURCE: METRIQ (IMPAC/ELECTA) THROUGH CARLE FOUNDATION HOSPITAL

TOP 5 MALE SITES IN 2009



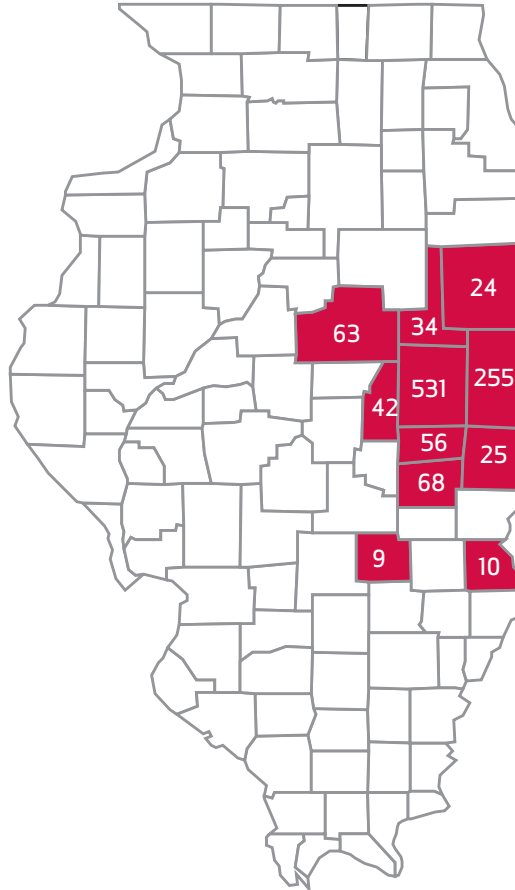
Prostate 137
 Lung/Bronchus 77
 Skin 60
 Bladder 35
 Colon 33

SOURCE: METRIQ (IMPAC/ELECTA) THROUGH CARLE FOUNDATION HOSPITAL

COUNTIES OF ORIGIN

COUNTIES WITH NEW CASES TREATED AND/OR DIAGNOSED AT CARLE FACILITIES FOR 2009

COUNTIES	# OF NEW CASES
Champaign	531
Vermilion	255
Coles	68
McLean	63
Douglas	56
Piatt	42
Ford	34
Edgar	25
Iroquois	24
Crawford	10
Effingham	9



Carle Physician Group satellites are located in all these counties.

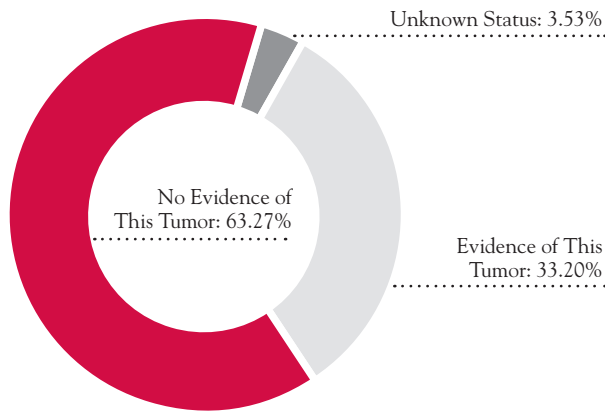
SOURCE: METRIQ (IMPAC/ELEKTA) THROUGH CARLE FOUNDATION HOSPITAL

AGE AT DIAGNOSIS BY GENDER IN 2009

AGE	FEMALE	MALE
0-29	12	7
30-39	42	17
40-49	72	29
50-59	125	96
60-69	162	161
70-79	151	150
80-89	85	90
90+	11	7

SOURCE: METRIQ (IMPAC/ELEKTA) THROUGH CARLE FOUNDATION HOSPITAL

CANCER STATUS REPORT FOR 2009



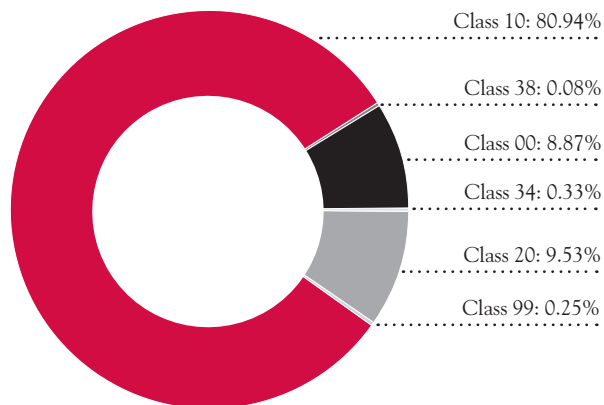
No Evidence of This Tumor **63.27%**

Evidence of This Tumor **33.20%**

Unknown Status **3.53%**

SOURCE: METRIQ (IMPAC/ ELEKTA)
THROUGH CARLE FOUNDATION HOSPITAL

CLASS OF CASE REPORT FOR 2009



CLASS 00 – Initial Diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere. **8.87%**

CLASS 10 – Initial diagnosis at the reporting facility or in a staff physicians office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS. **80.94%**

CLASS 20 – Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS. **9.53%**

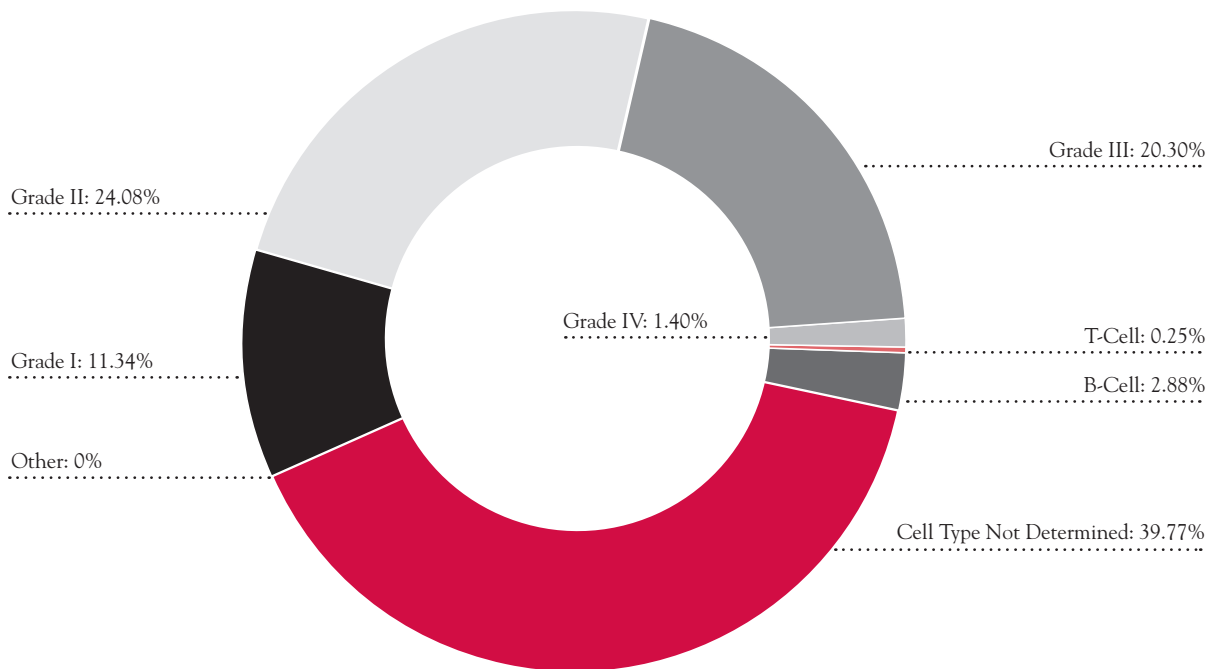
CLASS 34 – Type of case not required by CoC to be accessioned (i.e. a benign colon tumor) **0.33%**

CLASS 38 – Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death. **0.08%**

CLASS 99 – Nonanalytic case of unknown relationship to facility. **0.25%**

SOURCE: METRIQ (IMPAC/ ELEKTA) THROUGH CARLE FOUNDATION HOSPITAL

GRADE/DIFFERENTIATION REPORT FOR 2009



GRADE I: Well differentiated, differentiated, NOS **11.34%**

GRADE II: Moderately differentiated, moderately well differentiated, Intermediate differentiated **24.08%**

GRADE III: Poorly differentiated **20.30%**

GRADE IV: Undifferentiated, anaplastic **1.40%**

T-CELL, T-PRECURSOR: Lymphomas/Leukemias **0.25%**

B-CELL, PRE-B,B-PRECURSOR: Lymphomas/Leukemias **2.88%**

CELL TYPE not determined, not stated, N/A, unknown primaries, high grade dysplasia **39.77%**

OTHER **0%**

SOURCE: METRIQ (IMPAC/ ELEKTA) THROUGH CARLE FOUNDATION HOSPITAL

KIDNEY AND RENAL PELVIS CANCER

Carle Cancer Center identified 40 cases of kidney and renal pelvis cancers in 2008. Most were early stage and treated by surgery. We have compared and contracted our data by stage, age group and treatment modality with other hospitals in aggregate.

Our tendency for clear cell cancers versus 'renal' histology stands out as does our tendency for involvement with ages 60 to 80 years old.

Use of chemotherapy was related to advanced stage and patient performance status. Carle patients of any stage trended toward getting a nephrectomy which was consistent with Memorial Sloan Kettering and Cleveland Clinic guidelines. Cancers of the renal pelvis are differently behaved than renal cell cancers and are presented separately.

In all cases with stage and grade adjustments, Carle falls within the national norms. We encourage participation on NCI sponsored clinical trials.

Our data alone is insufficient to identify any major trends. Cryoablation is a newer method of treatment for limited diseased patients with poor surgical risk. Our cryoblation treatment cases are undergoing analysis.

James R. Egner, MD

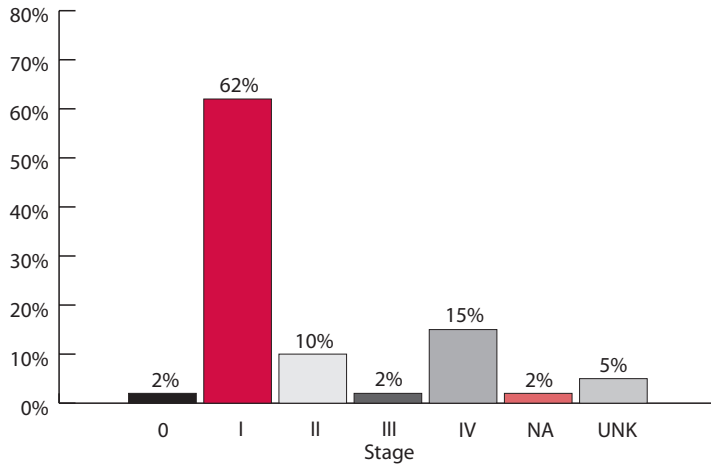
KIDNEY (185 CASES) 2005-2009

AGES @ DX	HISTO/BEHAVIOR	BEST CS/ AJCC STAGE	1ST COURSE CHEMO	1ST COURSE RADIATION	1ST COURSE SURGERY OF PRIMARY SITE
0-3 = 1	Carcinoma = 3	Stage 1 = 107	31 patients received chemo	5 patients received radiation therapy	00 – None, no surgery of primary site = 42
20-29 = 2	Sarcomatoid = 2	Stage 1b = 1	Renal Cell = 13		13 – Cryosurgery = 2
30-39 = 10	Papillary Carcinoma	Stage 2 = 17	Clear Cell = 4	Clear Cell = 2	30 – Partial/subtotal nephrectomy = 33
40-49 = 13	NOS = 2	Stage 2a = 1	Carcinoma = 2	Adeno. = 1	40 – Comp/total/simple nephrectomy & nephroureterectomy = 10
50-59 = 44	Transitional Cell = 1	Stage 2b = 1	Papillary Renal Cell = 2	Carcinoma = 1	
60-69 = 48	Adenocarcinoma = 1	Stage 3 = 11	Transitional Cell = 1	Wilms Tumor = 1	50 – Radical nephrectomy = 93
70-79 = 52	Adeno w/ Mixed Subtypes = 1	Stage 3a = 1	Adeno. = 1		70 – Any nephrectomy plus en bloc resection of other organ(s) = 3
80-89 = 14	Papillary Renal Cell = 17	88's = 2	Collecting Duct = 1		
90-99 = 1	Clear Cell = 83	99's = 8	GIST = 1		90 – Surgery, NOS = 2
	Renal Cell = 61		Lymphomas = 3		
	Chromophobe Cell Renal = 2		Renal Cell Sarcomatoid = 1		
	Renal Cell Ca = 2		Sarcomatoid Ca. = 2		
	Chromophobe Type Renal Cell = 3		Wilms Tumor = 1		
	Carcinoma Sarcom Collective Duct = 1				
	Carcinoma GIST = 1				
	Wilms Tumor = 1				
	Lymphomas = 4				

RENAL PELVIS (12 CASES) 2005-2009

AGES @ DX	HISTO/BEHAVIOR	BEST CS/ AJCC STAGE	1ST COURSE CHEMO	1ST COURSE RADIATION	1ST COURSE SURGERY OF PRIMARY SITE	
40's = 1	Urothelial in-situ = 1	Stage 0 = 4	1 patient had chemo	No patients had radiation therapy	00 – None, no surgery of primary site = 5	
50's = 1	Transitional cell = 4	Stage 1 = 3			40 – Compl/total/simple nephrectomy/ nephroureterectomy = 5	
60's = 4	Urothelial Ca. = 2	Stage 2 = 1			50 – Radical nephrectomy = 1	
70's = 3	Transitional Cell Sarcomatoid = 1	Stage 3 = 1			70 – Any nephrectomy plus en bloc resection of other organ(s) = 1	
80's = 3	Papillary Transitional Cell Ca - non-invasive = 2	Stage 4 = 3				
	Papillary Urothelial cell non-invasive = 1					
	Papillary transitional cell carcinoma = 1					

STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
 DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
 CARLE FOUNDATION HOSPITAL, URBANA IL



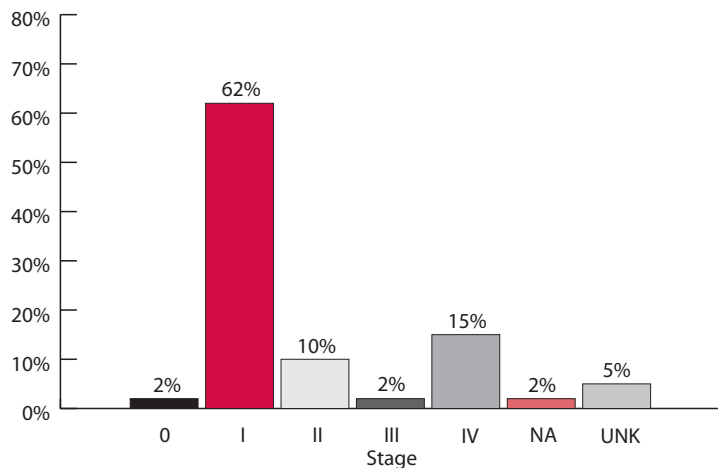
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
 DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
 CARLE FOUNDATION HOSPITAL, URBANA IL

STAGE	N	PERCENT
0	1	2.5%
I	25	62.5%
II	4	10%
III	1	2.5%
IV	6	15%
NA	1	2.5%
UNK	2	5%
TOTAL	40	100%

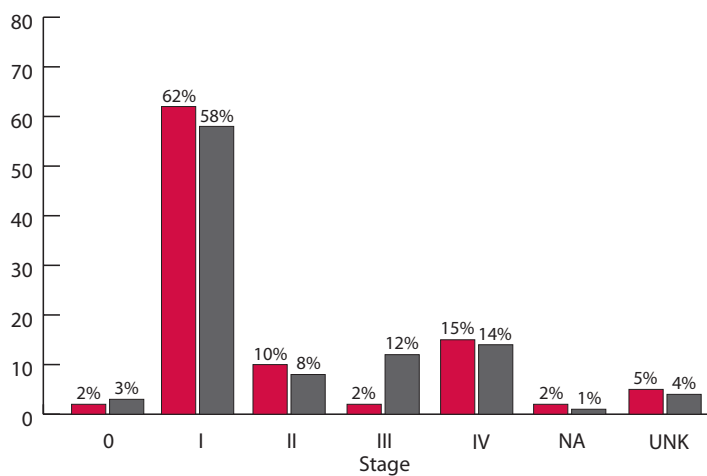
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**



SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**



	0	I	II	III	IV	NA	UNK
My Facility	2%	62%	10%	2%	15%	2%	5%
Other	3%	58%	8%	12%	14%	1%	4%

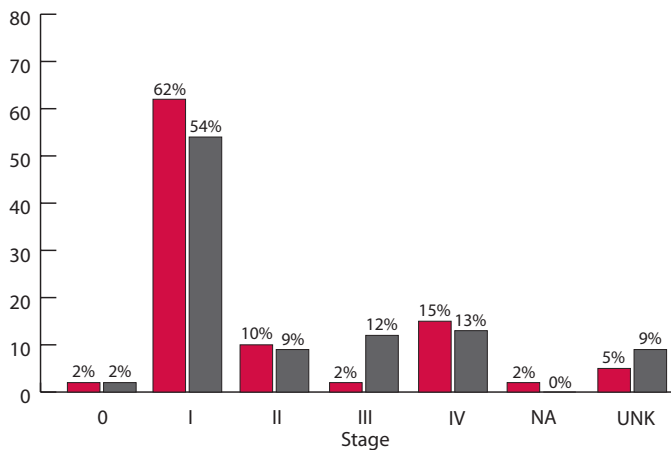
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**

STAGE	MY (N)	OTH. (N)	MY (%)	OTH. (%)
0	1	18	2.5%	3.41%
I	25	305	62.5%	57.77%
II	4	42	10%	7.95%
III	1	61	2.5%	11.55%
IV	6	75	15%	14.2%
NA	1	4	2.5%	0.76%
UNK	2	223	5%	4.36%
COL. TOTAL	40	528	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**



	0	I	II	III	IV	NA	UNK
My Facility	2%	62%	10%	2%	15%	2%	5%
Other	2%	54%	9%	12%	13%	0%	9%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**STAGE OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**

DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY

CARLE FOUNDATION HOSPITAL, URBANA IL

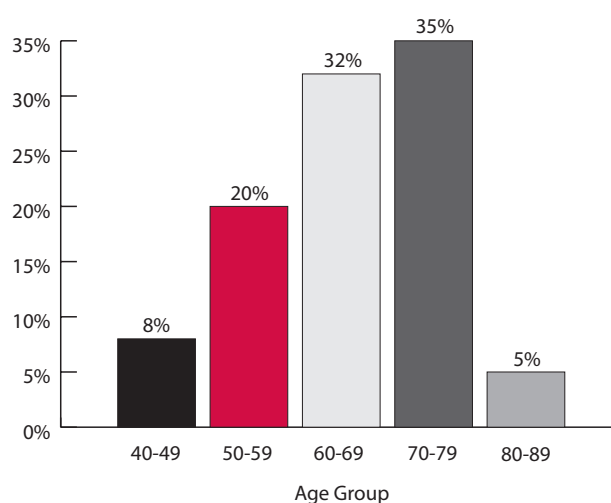
STAGE	MY (N)	OTH. (N)	MY (%)	OTH. (%)
0	1	317	2.5%	2.13%
I	25	8070	62.5%	54.23%
II	4	1306	10%	8.78%
III	1	1768	2.5%	11.88%
IV	6	1961	15%	13.18%
NA	1	58	2.5%	0.39%
UNK	2	58	5%	9.41%
COL. TOTAL	40	14880	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

AGE GROUP OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008

DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY

CARLE FOUNDATION HOSPITAL, URBANA IL



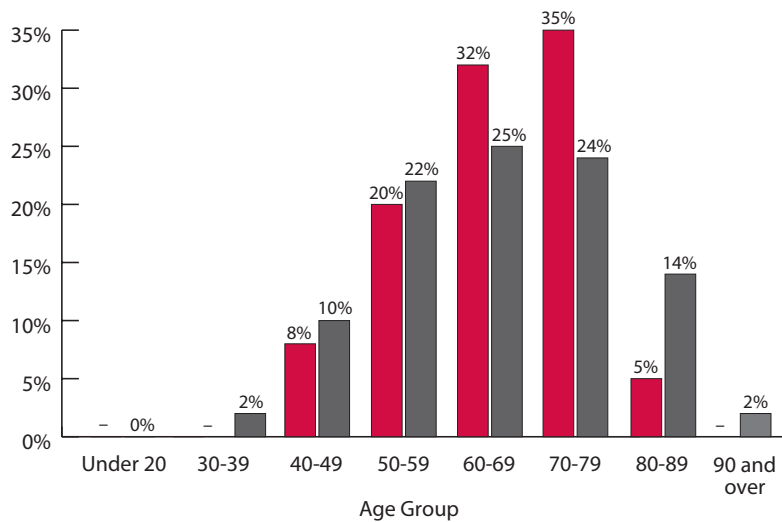
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**AGE GROUP OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**

AGE GROUP	N	PERCENT
40-49	3	7.5%
50-59	8	20%
60-69	13	32.5%
70-79	14	35%
80-89	2	5%
TOTAL	40	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**AGE GROUP OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**



	UNDER 20	30-39	40-49	50-59	60-69	70-79	80-89	90 & OVER
My Facility	–	–	8%	20%	32%	35%	5%	–
Other	0%	2%	10%	22%	25%	24%	14%	2%

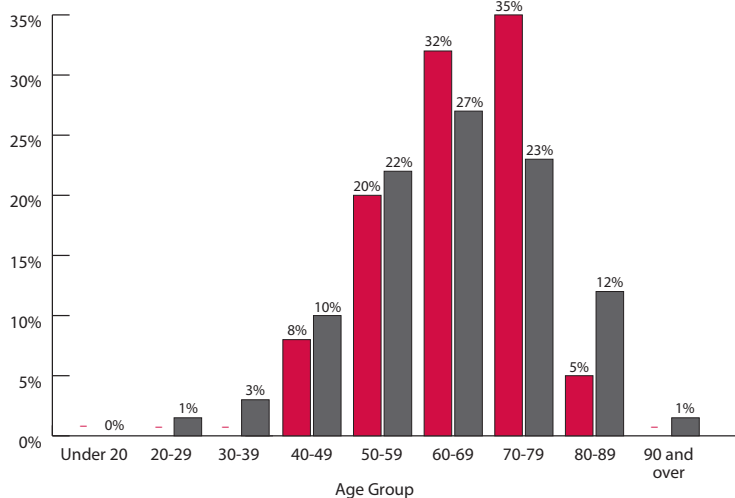
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**AGE GROUP OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

AGE GROUP	MY (N)	OTH. (N)	MY (%)	OTH. (%)
Under 20	–	1	–	0.19%
30-39	–	9	–	1.7%
40-49	3	54	7.5%	10.23%
50-59	8	117	20%	22.16%
60-69	13	133	32.5%	25.19%
70-79	14	127	35%	24.05%
80-89	2	76	5%	14.39%
90 & Over	–	11	–	2.08%
COL. TOTAL	40	528	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**AGE GROUP OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL



	UNDER 20	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90 & OVER
My Facility	–	–	–	8%	20%	32%	35%	5%	–
Other	0%	1%	3%	10%	22%	27%	23%	12%	1%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**AGE GROUP OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**

DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY

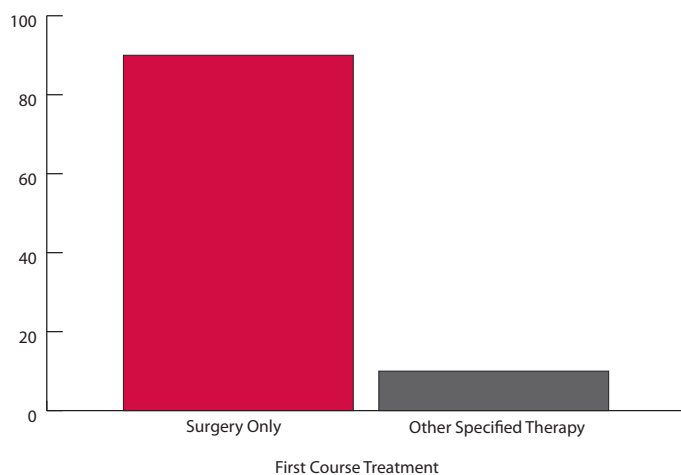
CARLE FOUNDATION HOSPITAL, URBANA IL

AGE GROUP	MY (N)	OTH. (N)	MY (%)	OTH. (%)
Under 20	–	63	–	0.42%
20-29	–	87	–	0.58%
30-39	–	398	–	2.67%
40-49	3	1524	7.5%	10.24%
50-59	8	3207	20%	21.55%
60-69	13	4081	32.5%	27.43%
70-79	14	3477	35%	23.37%
80-89	2	1825	5%	1.47%
90 & Over	–	11	–	2.08%
COL. TOTAL	40	14880	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE TREATMENT OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY**

CARLE FOUNDATION HOSPITAL, URBANA IL



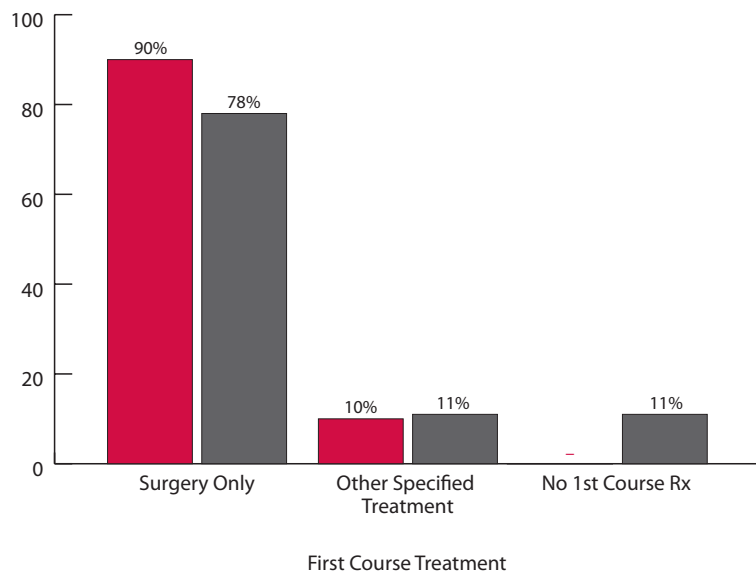
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE TREATMENT OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**

FIRST COURSE TREATMENT	N	PERCENT
Surgery Only	36	90%
Other Specified Therapy	4	10%
TOTAL	40	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE TREATMENT OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**



	SURGERY ONLY	OTHER SPECIFIED THERAPY	NO 1ST COURSE RX
My Facility	90%	10%	—
Other	78%	11%	11%

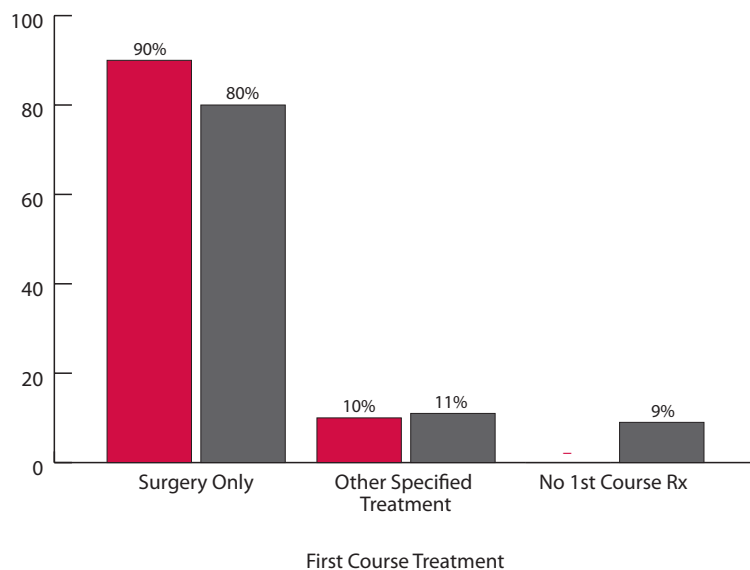
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE TREATMENT OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

FIRST COURSE TREATMENT	MY (N)	OTH. (N)	MY (%)	OTH. (%)
Surgery Only	36	410	90%	77.65%
Other Specified Therapy	4	59	10%	11.17%
No 1st Course Rx	–	59	–	11.17%
COL. TOTAL	40	528	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE TREATMENT OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL



	SURGERY ONLY	OTHER SPECIFIED THERAPY	NO 1ST COURSE RX
My Facility	90%	10%	–
Other	80%	11%	9%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE TREATMENT OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**

DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY

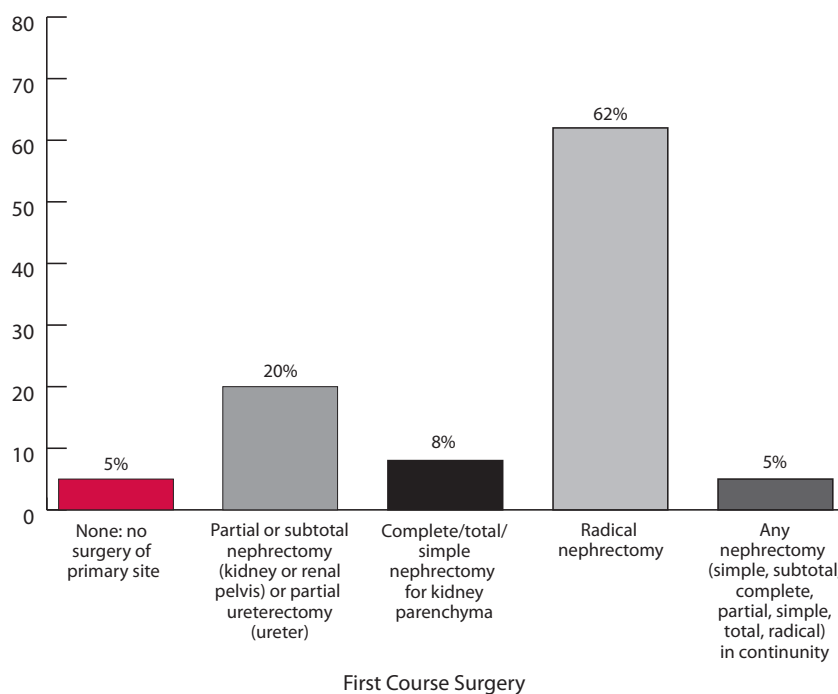
CARLE FOUNDATION HOSPITAL, URBANA IL

FIRST COURSE TREATMENT	MY (N)	OTH. (N)	MY (%)	OTH. (%)
Surgery Only	36	11908	90%	80.03%
Other Specified Therapy	4	1564	10%	10.51%
No 1st Course Rx	–	1408	–	9.46%
COL. TOTAL	40	14880	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE SURGERY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY**

CARLE FOUNDATION HOSPITAL, URBANA IL



SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

FIRST COURSE SURGERY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

FIRST COURSE SURGERY	N	PERCENT
None; no surgery of primary site	2	5%
Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)	8	20%
Complete/total/simple nephrectomy for kidney parenchyma	3	7.5%
Radical nephrectomy	25	62.5%
Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity	2	5%
TOTAL	40	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

FIRST COURSE SURGERY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

	NONE; NO SURGERY OF PRIMARY SITE	LOCAL TUMOR DESTRUCTION, NOS	LOCAL TUMOR EXCISION, NOS	PARTIAL OR SUBTOTAL NEPHRECTOMY (KIDNEY OR RENAL PELVIS) OR PARTIAL URETERECTOMY (URETER)	COMPLETE/ TOTAL/SIMPLE NEPHRECTOMY FOR KIDNEY PARENCHYMA	RADICAL NEPHRECTOMY	ANY NEPHRECTOMY (SIMPLE, SUBTOTAL, COMPLETE, PARTIAL, SIMPLE, TOTAL, RADICAL) IN CONTINUITY
My Facility	5%	–	–	20%	8%	62%	5%
Other	16%	3%	5%	15%	13%	44%	1%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE SURGERY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY

CARLE FOUNDATION HOSPITAL, URBANA IL

FIRST COURSE SURGERY	MY (N)	OTH. (N)	MY (%)	OTH. (%)
None; no surgery of primary site	2	87	5%	16.48%
Local tumor destruction, NOS	–	14	–	2.65%
Local tumor excision, NOS	–	28	–	5.3%
Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)	8	81	20%	15.34%
Complete/total/simple nephrectomy for kidney parenchyma	3	70	7.5%	13.26%
Radical nephrectomy	25	230	62.5%	43.56%
Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity	2	6	5%	1.14%
Nephrectomy, NOS	–	12	–	2.27%
COL. TOTAL	40	528	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE SURGERY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY

CARLE FOUNDATION HOSPITAL, URBANA IL

	NONE; NO SURGERY OF PRIMARY SITE	LOCAL TUMOR DESTRUCTION, NOS	LOCAL TUMOR EXCISION, NOS	PARTIAL OR SUBTOTAL NEPHRECTOMY (KIDNEY OR RENAL PELVIS) OR PARTIAL URETERECTOMY (URETER)	COMPLETE/ TOTAL/SIMPLE NEPHRECTOMY FOR KIDNEY PARENCHYMA	RADICAL NEPHRECTOMY	ANY NEPHRECTOMY (SIMPLE, SUBTOTAL, COMPLETE, PARTIAL, SIMPLE, TOTAL, RADICAL) IN CONTINUITY
My Facility	5%	–	–	20%	8%	62%	5%
Other	14%	3%	3%	16%	13%	47%	1%

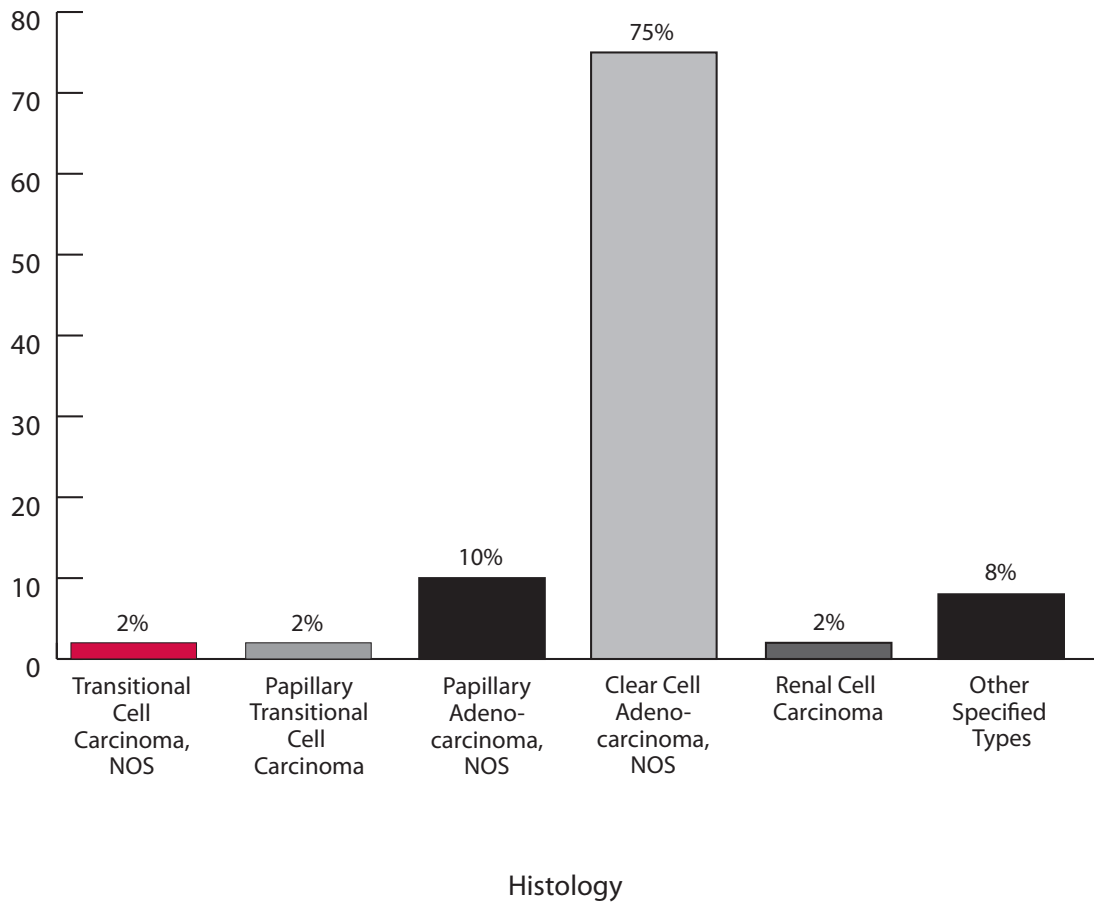
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**FIRST COURSE SURGERY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

FIRST COURSE SURGERY	MY (N)	OTH. (N)	MY (%)	OTH. (%)
None; no surgery of primary site	2	2142	5%	14.4%
Local tumor destruction, NOS	–	516	–	3.47%
Local tumor excision, NOS	–	418	–	2.81%
Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)	8	2435	20%	16.36%
Complete/total/simple nephrectomy for kidney parenchyma	3	1983	7.5%	13.33%
Radical nephrectomy	25	6941	62.5%	46.65%
Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity	2	193	5%	1.3%
Nephrectomy, NOS	–	237	–	1.59%
Surgery, NOS	–	13	–	0.09%
Unknown if surgery performed	–	2	–	0.01%
COL. TOTAL	40	14880	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

HISTOLOGY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL



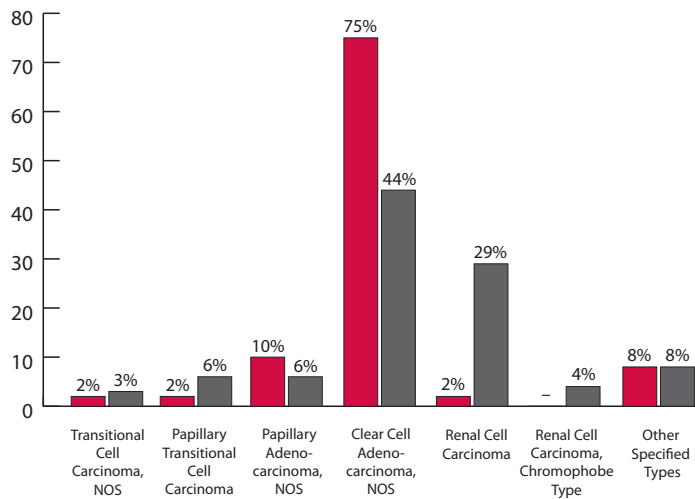
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

HISTOLOGY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

HISTOLOGY	N	PERCENT
Transitional Cell Carcinoma, NOS	1	2.5%
Papillary Transitional Cell Carcinoma	1	2.5%
Papillary Adenocarcinoma, NOS	4	10%
Clear Cell Adenocarcinoma, NOS	30	75%
Renal Cell Carcinoma	1	2.5%
Other Specified Types	3	7.5%
TOTAL	40	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

HISTOLOGY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL



Histology

	TRANSITIONAL CELL CARCINOMA, NOS	PAPILLARY TRANSITIONAL CELL CARCINOMA	PAPILLARY ADENO-CARCINOMA, NOS	CLEAR CELL ADENO-CARCINOMA, NOS	RENAL CELL CARCINOMA	RENAL CELL CARCINOMA, CHROMOPHOBE TYPE	OTHER SPECIFIED TYPES
My Facility	2%	2%	10%	75%	2%	-	8%
Other	3%	6%	6%	44%	29%	4%	8%

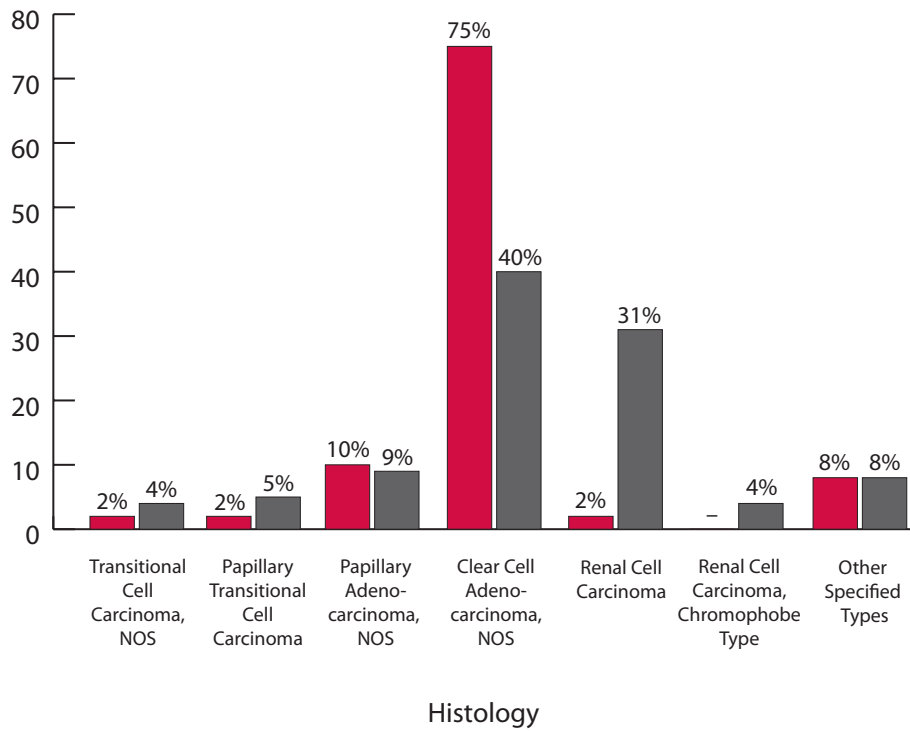
SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**HISTOLOGY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN STATE OF ILLINOIS**
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL

HISTOLOGY	MY (N)	OTH. (N)	MY (%)	OTH. (%)
Transitional Cell Carcinoma, NOS	1	18	2.5%	3.41%
Papillary Transitional Cell Carcinoma	1	33	2.5%	6.25%
Papillary Adenocarcinoma, NOS	4	34	10%	6.44%
Clear Cell Adenocarcinoma, NOS	30	231	75%	43.75%
Renal Cell Carcinoma	1	151	2.5%	28.6%
Renal Cell Carcinoma, Chromophobe Type	–	20	–	3.79%
Other Specified Types	3	41	7.5%	7.77%
COL. TOTAL	40	528	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**HISTOLOGY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
VS. COMPREHENSIVE HOSPITALS IN ALL STATES
DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
CARLE FOUNDATION HOSPITAL, URBANA IL**



	TRANSITIONAL CELL CARCINOMA, NOS	PAPILLARY TRANSITIONAL CELL CARCINOMA	PAPILLARY ADENO-CARCINOMA, NOS	CLEAR CELL ADENO-CARCINOMA, NOS	RENAL CELL CARCINOMA	RENAL CELL CARCINOMA, CHROMOPHOBE TYPE	OTHER SPECIFIED TYPES
My Facility	2%	2%	10%	75%	2%	–	8%
Other	4%	5%	9%	40%	31%	4%	8%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

**HISTOLOGY OF KIDNEY AND RENAL PELVIS CANCER DIAGNOSED IN 2008
 VS. COMPREHENSIVE HOSPITALS IN ALL STATES
 DX AND ALL/PART 1ST CRX. RX AT REPORTING FACILITY
 CARLE FOUNDATION HOSPITAL, URBANA IL**

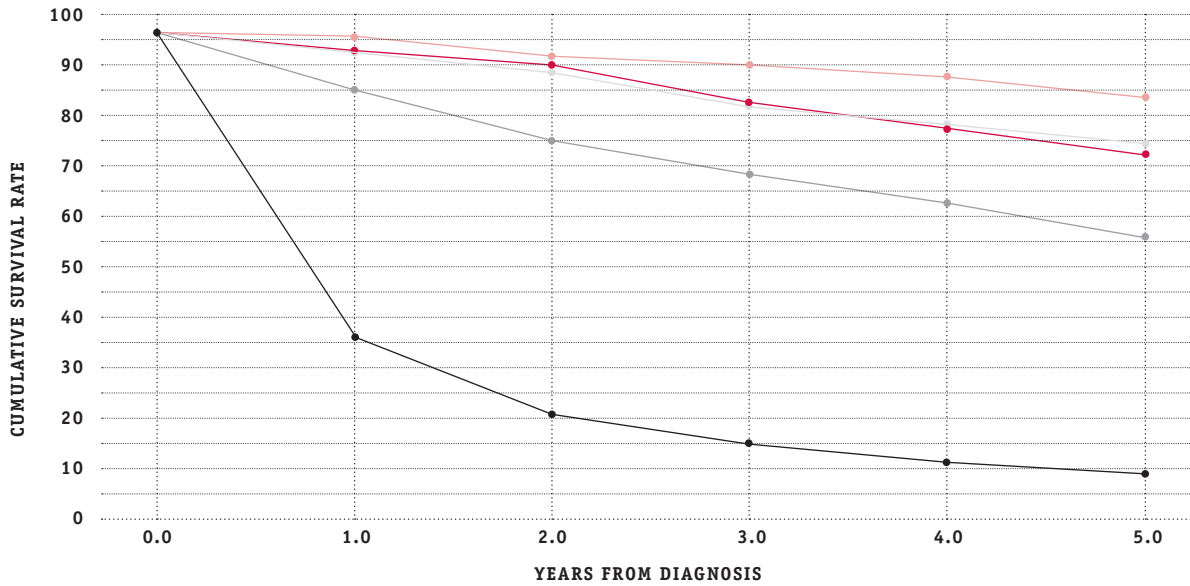
HISTOLOGY	MY (N)	OTH. (N)	MY (%)	OTH. (%)
Transitional Cell Carcinoma, NOS	1	577	2.5%	3.88%
Papillary Transitional Cell Carcinoma	1	773	2.5%	5.19%
Papillary Adenocarcinoma, NOS	4	1338	10%	8.99%
Clear Cell Adenocarcinoma, NOS	30	5960	75%	40.05%
Renal Cell Carcinoma	1	4546	2.5%	30.55%
Renal Cell Carcinoma, Chromophobe Type	–	562	–	3.78%
Other Specified Types	3	1124	7.5%	7.55%
COL. TOTAL	40	14880	100%	100%

SOURCE: COMMISSION ON CANCER, 2010 NATIONAL CANCER DATA BASE (NCDB)

STAGE OF DISEASE	YEAR	N AT OUTSET	LOWER 95% CI OF OBSERVED SURVIVAL	OBSERVED SURVIVAL RATE	UPPER 95% CI OF OBSERVED SURVIVAL
0	At Outset	236	–	–	–
0	1	–	89.9	93.1	96.4
0	2	–	85.7	89.6	93.6
0	3	–	78.6	83.4	88.3
0	4	–	72.5	77.9	83.4
0	5	–	66.6	72.5	78.5
I	At Outset	10073	–	–	–
I	1	–	95	95.5	95.9
I	2	–	91.8	92.3	92.9
I	3	–	88.7	89.3	89.9
I	4	–	85.6	86.3	87
I	5	–	37.3	41.4	45.4
II	At Outset	2154	–	–	–
II	1	–	92.5	93.5	94.6
II	2	–	86.4	87.8	89.2
II	3	–	80.6	82.3	84
II	4	–	76.8	78.6	80.4
II	5	–	72	74	76
III	At Outset	2714	–	–	–
III	1	–	84.4	85.7	87.1
III	2	–	73.9	75.5	77.2
III	3	–	66.4	68.2	70
III	4	–	60.6	62.4	64.3
III	5	–	54.8	56.7	58.7
IV	At Outset	4094	–	–	–
IV	1	–	34.8	36.2	37.6
IV	2	–	19.9	21.1	22.3
IV	3	–	13.7	14.8	15.8
IV	4	–	10.7	11.6	12.6
IV	5	–	8.2	9.1	10

STAGE OF DISEASE CONTINUED	STANDARD ERROR OF OBSERVED SURVIVAL	EXPECTED SURVIVAL FOR AGE, SEX, RACE
0	–	–
0	1.6	100
0	2	93.2
0	2.4	93.2
0	2.7	86.2
0	3	82.7
1	–	–
1	0.2	97.7
1	0.3	95.3
1	0.3	92.9
1	0.4	90.4
1	0.4	87.8
II	–	–
II	0.5	97.7
II	0.7	95.4
II	0.8	93
II	0.9	90.5
II	1	88.1
III	–	–
III	0.7	97.2
III	0.8	94.3
III	0.9	91.4
III	0.9	88.4
III	1	85.3
IV	–	–
IV	0.7	97
IV	0.6	94
IV	0.5	90.9
IV	0.5	87.8
IV	0.4	84.7

**OBSERVED SURVIVAL FOR KIDNEY AND RENAL PELVIS 'C649', 'C659'
 CASES DIAGNOSED IN 2003 // DATA FROM 1273 PROGRAMS**

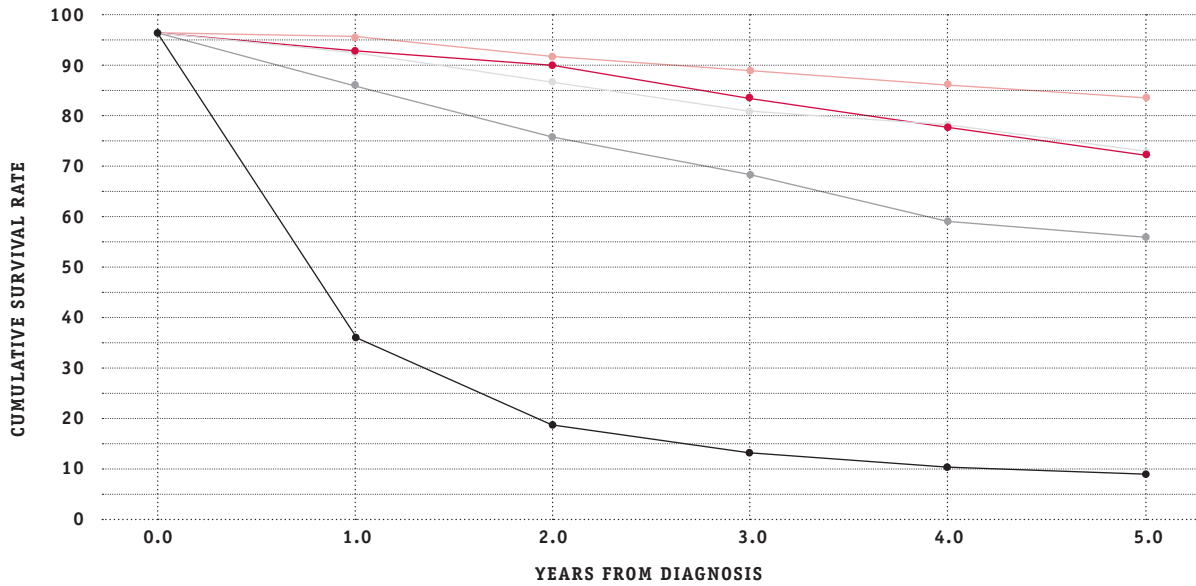


● 0 ● I ● II ● III ● IV

SOURCE: COMMISSION ON CANCER,
 NATIONAL CANCER DATA BASE (NCDB)
 SURVIVAL REPORT
 © 2003 NATIONAL CANCER DATA BASE

WARNING: THE INFORMATION WITHIN THE GRAPHIC IS NOT TO BE USED FOR CLINICAL DECISION MAKING

**OBSERVED SURVIVAL FOR KIDNEY AND RENAL PELVIS 'C649', 'C659'
 CASES DIAGNOSED IN 2003 // DATA FROM 253 PROGRAMS**



● 0 ● I ● II ● III ● IV

SOURCE: COMMISSION ON CANCER,
 NATIONAL CANCER DATA BASE (NCDB)
 SURVIVAL REPORT
 © 2003 NATIONAL CANCER DATA BASE

WARNING: THE INFORMATION WITHIN THE GRAPHIC IS NOT TO BE USED FOR CLINICAL DECISION MAKING

STAGE OF DISEASE	YEAR	N AT OUTSET	LOWER 95% CI OF OBSERVED SURVIVAL	OBSERVED SURVIVAL RATE	UPPER 95% CI OF OBSERVED SURVIVAL
0	At Outset	54	–	–	–
0	1	–	91.3	96.3	101.3
0	2	–	83.2	90.7	98.3
0	3	–	75.8	85.1	94.5
0	4	–	68.4	79.2	90.1
0	5	–	56.4	68.9	81.5
I	At Outset	1777	–	–	–
I	1	–	94.3	95.3	96.3
I	2	–	91.3	92.5	93.8
I	3	–	87.9	89.4	90.8
I	4	–	85.4	87	88.6
I	5	–	81.9	83.7	85.5
II	At Outset	370	–	–	–
II	1	–	89.5	92.3	95.1
II	2	–	83.4	86.9	90.4
II	3	–	76.7	80.8	85
II	4	–	73.7	78.1	82.5
II	5	–	68.5	73.3	78.1
III	At Outset	478	–	–	–
III	1	–	82.7	85.8	89
III	2	–	71.9	75.8	79.7
III	3	–	63	67.3	71.7
III	4	–	54.8	59.4	64
III	5	–	50.1	54.8	59.5
IV	At Outset	712	–	–	–
IV	1	–	32.4	35.8	39.1
IV	2	–	16.6	19.4	22.2
IV	3	–	10.6	13	15.5
IV	4	–	8.2	10.4	12.6
IV	5	–	6.7	8.8	10.9

STAGE OF DISEASE CONTINUED	STANDARD ERROR OF OBSERVED SURVIVAL	EXPECTED SURVIVAL FOR AGE, SEX, RACE
0	–	–
0	2.5	100
0	3.8	96.8
0	4.7	93.5
0	5.4	90.1
0	6.3	83.1
1	–	–
1	0.5	97.6
1	0.6	95.2
1	0.7	92.7
1	0.8	90.1
1	0.9	87.5
II	–	–
II	1.4	97.7
II	1.8	97.7
II	2.1	92.9
II	2.2	92.9
II	2.4	88
III	–	–
III	1.6	97.1
III	2	94.1
III	2.2	91.1
III	2.3	88
III	2.3	84.9
IV	–	–
IV	1.7	96.8
IV	1.4	93.6
IV	1.2	90.4
IV	1.1	87.1
IV	1	83.9

CANCER PREVENTION CLINICAL TRIALS

The use of drugs for the prevention of cancer began in the 1990's. The Carle Cancer Center, as a designated Community Clinical Oncology Program (CCOP) is currently involved in several trials studying different drugs with hopes of preventing the occurrence of cancers. The research is being tested in 3 major types of human malignancies.

Breast Cancer Prevention – A large national trial called the STAR trial is being conducted to determine whether Tamoxifen or Raloxifene will reduce the incidence of breast cancer in post-menopausal women who are at high risk for developing breast cancer. The STAR trial has completed enrollment but Carle Physician Group is still following the 147 women on STAR who are at an increased risk for developing breast cancer. Another trial, the EXCEL trial, is for postmenopausal women at increased risk for developing breast cancer. EXCEL uses Exemestane or a placebo as preventative agent. This study has closed as well and seventy eight women are currently being followed as part of this exciting study.

Prostate Cancer Prevention – SELECT is a large national trial studying whether Vitamin E and Selenium, or Vitamin E and Selenium will prevent occurrences of prostate cancer of men over 55 years old, or over 50 years old if African American. The select trial completed enrollment in June of 2004 and by December of this year, Carle Cancer Center will have completed its follow up of the 230 men enrolled through the Carle Cancer Research Office.

Colon Cancer Prevention – A new study, P-5, is being done to find out whether rosuvastatin is able to prevent colon polyps and CRC from occurring in subjects who have already had a colon cancer removed by surgery. This study has just opened to enrollment at Carle but over the next year, it is anticipated that many people will be able to take part in this important study.

The research office has clinical trials available for cancer treatment, as well as those listed above. For more information regarding any of these trials, please contact the Cancer Research Department at (217) 383-3516 or (800) 446-5532 or visit the website at www.carle-clinic.com/cancer.

GENETIC SERVICES

Carle Clinic Cancer Center/Mills Breast Cancer Institute provides comprehensive genetic counseling and genetic testing for a variety of inherited cancer genetic syndromes. Working with the oncologists, a licensed certified genetic counselor provides genetic counseling and makes recommendations for appropriate genetic testing. Medical management recommendations are also made based on positive genetic test results or the patient's family history of cancer. In addition, the genetic counselor provides genetic breast cancer risk assessments to women with a family history of breast cancer. Based on the risk assessment, additional medical management recommendations, such as breast MRIs, will be made. Support is also provided to families dealing with the complex issues surrounding a diagnosis of a hereditary cancer syndrome.

REHABILITATION UNIT

The Carle inpatient rehabilitation unit has been dedicated to helping patients regain function and independence since it opened in 1991. Last year, the Carle rehab unit served 425 patients while providing effective and efficient care. In September 2008, the Rehab Unit underwent its triennial survey through the Commission on Accreditation on Rehab Facilities (CARF), and achieved outstanding results. Not only was the team awarded the highest status possible, a three year re-accreditation term, the unit also achieved

specialty stroke certification designation. Carle was the fifth rehabilitation unit in the state of Illinois to achieve this status.

INPATIENT ONCOLOGY UNIT

The inpatient cancer unit is a 12-bed unit with four IVU (outpatient) beds. The unit has one room capable of reverse isolation, and three rooms with HEPA air flow for neutropenic patients. The inpatient cancer unit consists of one registered nurse unit manager, 16 registered nurses and six health care technicians (HCT). We have two certified oncology nurses, one nurse certified as a chemotherapy and biotherapy trainer through the Oncology Nursing Society, and one nurse certified in Medical/Surgical Nursing. All but four of our nurses have completed the ONS Chemotherapy and Biotherapy administration classes. The other four will complete the class by summer 2011. This department cares for patients with hematology and oncology diagnosis.

SOCIAL WORK SERVICES

Carle Cancer Center/Mills Breast Cancer Institute has two full-time licensed clinical oncology social workers available to provide support and services to patients and their loved ones during treatment and recovery. They connect patients with community resources and financial assistance, serve as patient advocates and assist with care planning. In addition to providing counseling services, Carle's social workers also facilitate support groups for patients and their loved ones to learn more about living with cancer and to connect with people who share similar situations. Meetings are available days and evenings, some catering to those with specific cancers and interests. We also offer a group specifically designed for caregivers. All support groups are free and open to all patients with cancer and their loved ones, regardless of where they receive treatment.

NUTRITION COUNSELING

Through its commitment to comprehensive care, Carle Cancer Center/Mills Breast Cancer Institute offers nutrition counseling for patients undergoing treatment and those who have recently completed treatment. A registered dietitian recommends nutritional options to enhance patients' health and counteract negative side effects of chemotherapy and radiation treatment.

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