

2 0 0 5

C A N C E R **PROGRAM**

*Annual*

**REPORT**



NORTH MISSISSIPPI  
MEDICAL CENTER

CANCER CENTER

# Cancer Committee

## Members

### Physicians

- Kevin Bond, M.D.  
Chairman and Liaison Physician, Urology
- Raymond Orgler, M.D., Vice Chairman,  
Surgery
- James Shirley, M.D., Liaison Physician
- Chris Bergmann, M.D., Diagnostic  
Radiology
- Montgomery Berry, M.D., Otolaryngology
- Carl Bevering, M.D., Neurosurgery
- Bert Duncan, M.D., Radiation Oncology
- Eric Emig, M.D., Diagnostic Radiology
- Richard Griswold, M.D., Pathology
- Jeff Houin, M.D., Dermatology
- William Kahlstorf, M.D., Ob/Gyn
- Andrew Kellum, M.D., Hematology/  
Oncology
- Robert McAuley, M.D., Surgery
- Charles Montgomery, M.D., Hematology/  
Oncology
- John Phillips, M.D., Gastroenterology
- Ray Reed, M.D., Radiation Oncology
- Jim Rish, M.D., Pulmonology
- Vishal Sachdev, M.D., Cardiothoracic  
Surgery
- Robert Yarber, M.D., Otolaryngology

### Other Health Care Team Members

- Laura Brower, RN, MSN, Administration
- Caran Brown, American Cancer Society
- Cindy Edwards, LMSW, Social Work
- Shelia Jinkins, CTR, Cancer Registry
- Mois Johnson, RN, BSN
- Harold Kornfuhrer, R.Ph., Oncology  
Service Line Administrator
- Joellen Murphree, RN, Clinical Quality
- Jeannine Peters, Pharm.D., Pharmacy
- Linda Roof, RN, Clinical Trials
- Rev. Dick Stevens, Chaplain
- Paula Turner, MSHA, Director,  
NMMC Cancer Center

# Cancer Committee

## Activities

**The North Mississippi Medical Center Cancer Program** has had another outstanding year. The Cancer Committee, which is comprised of a multi-disciplinary panel of physicians and ancillary personnel, has been an integral part of the continued success of this program. At the weekly cancer conference, 167 prospective cases were reviewed during 2005. These conferences are attended by a variety of physician specialties and support staff and enable our cancer patients to receive a comprehensive and diverse review of their cases. The NMMC Cancer Committee continues to strive to improve the care of the cancer patients in this region.

### Our goals for 2005 include:

- Earn the Commission on Cancer Outstanding Achievement Award.
- Maintain a three-year approval by the American College of Surgeons as a Community Hospital Cancer Program and the American College of Radiology.
- Improve the cancer survival rate of people in our region by focusing on the top five cancer sites.
- Participate in clinical trials with a minimum of 4 percent annual caseload entered into clinical trials annually.
- Continue promoting awareness and screening standards at the primary care physician level for the following types of cancer: prostate, breast, lung, colon, cervix, skin (melanoma) and head/neck.
- Promote a higher quality of life for cancer patients by:
  - Increasing patient satisfaction at the NMMC Cancer Center.
  - Improving access and pain control at the Pain Management Clinic.
  - Increasing percentage of mammograms in the African-American population.
  - Providing an inpatient palliative care team.
- Compare our compliance to nationally approved guidelines for breast conservation.
- Continue multidisciplinary specialty conferences that report the top five primary sites seen at NMHS. These cancer sites are urological, breast, lung, GI and melanoma.
- Maintain the College of American Pathologists Protocol Guidelines with 100 percent compliance.
- Conduct Patient Care Evaluation. Bert Duncan, M.D., will review PSA results following prostate brachytherapy.
- Conduct Patient Care Evaluation. Raymond Orgler, M.D., will evaluate the treatment and 5-year survival of Stage II/III colon cancer.

These goals are accomplished as a result of the diligent work of not only the physicians but also an excellent group of support personnel at NMMC. Our cancer registry accessioned 1,446 new analytic cancer cases during 2005. This committee will continue to make improvements and advancements in the care of our cancer patients during the coming year.

Kevin Bond, M.D.  
Chairman, Cancer Committee

# Cancer Registry

## *Mission*

### Why we exist:

To help increase survival rates of people in our region with cancer.

# Cancer Registry

## *Vision*

### What we want to be:

The provider of the most consistent and accurate cancer data available to the North Mississippi Medical Center cancer program.

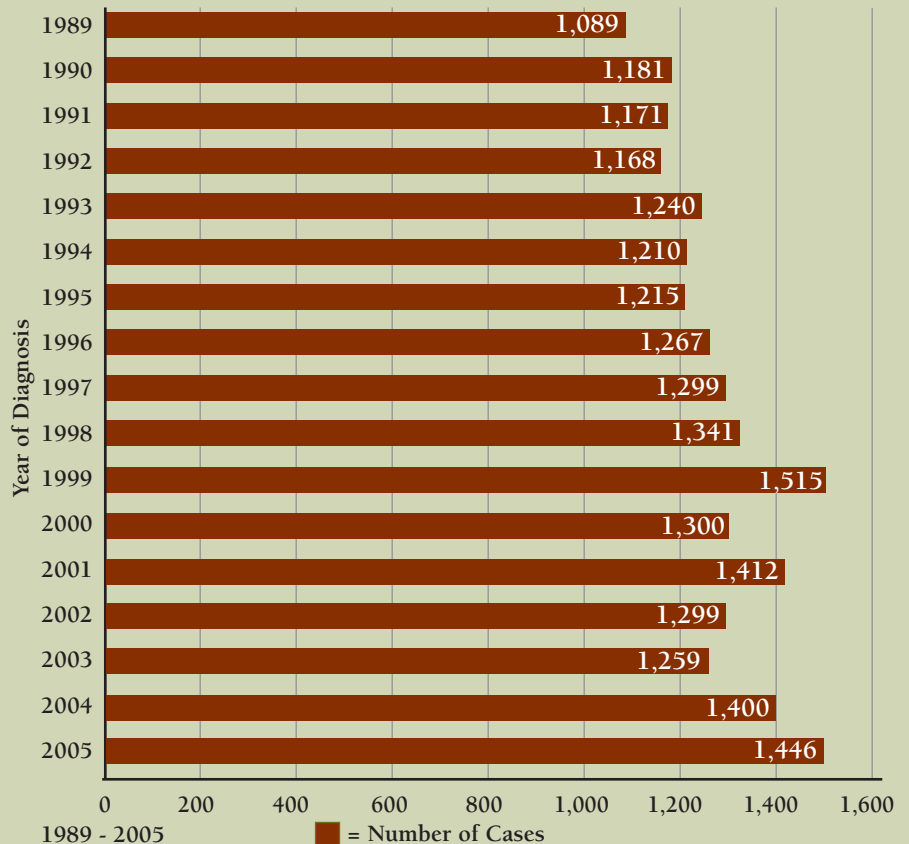
**The Cancer Registry** is an essential component of the multidisciplinary NMMC Cancer Program and functions within the guidelines of the American College of Surgeons Commission on Cancer approvals program.

One of our goals is to maintain data that provide results of diagnostic and therapeutic efforts, as well as information that enhances the overall care of patients with cancer. Last year, the registry completed 50 data requests from NMMC physicians, administrators and departments.

The registry participates in the National Cancer Data Base (NCDB) call for data and reports cancer cases to the Central Cancer Registry in Jackson, Miss., as well as the Commission on Cancer Facility Information Profile System (FIPS) and the American Cancer Society (ACS). This information is used by researchers to determine cancer trends, treatment patterns, education and screening guidelines.

Under the supervision of the Cancer Committee, the Cancer Registry maintains a complete database of all cancer cases diagnosed and/or treated at NMMC. This database now includes more than 22,987 cases identified since January 1989. Annual follow-up is one of the many functions performed by the Cancer Registry. This directly benefits patients by reminding physicians and patients that routine medical examinations are encouraged. The statistical worth of survival is supported when successful follow-up exceeds 90 percent. Our current follow-up rate is 96 percent.

## *Cancer Registry Cases* Analytical Cases



## NMMC Cancer

### *Registrars*

- Shelia Jenkins, CTR
- Jewell Johnson, CTR
- Sandra Oliver, CTR

## Data *Analysis*

**The North Mississippi Medical Center Cancer Registry** for calendar year 2005 accrued 1,596 cases. Of these, 150 were non-analytical. The mix of patients was of an equal proportion of 816 male cases to 780 female cases.

In 2005, similar to previous years, lung cancer was the most prevalent type of malignancy with 266 cases. The top five cancer sites continue to reflect previous years, as well as national statistics, with prostate cancer at 161 cases, breast at 200 cases, colon and rectum at 137 cases, and melanoma at 66 cases.

The NMMC Cancer Center is part of a regional hospital located in Tupelo, Miss. Although NMMC is considered a rural hospital, it serves a large geographic area and patient load. The NMMC Cancer Registry includes patients from 32 Mississippi counties, as well as patients in Alabama and Tennessee. NMMC continues to provide all aspects of cancer care including patient work-up, diagnosis, counseling, social work, surgical intervention, radiation treatment, oncology, pain control and palliative care.

In addition, transportation to the NMMC Cancer Center is provided for patients who are receiving radiation treatment and need assistance with travel.

Cancer patients receive multi-modal and multi-specialty care at the NMMC Cancer Center and multiple specialty clinics, and surgery is also performed at NMMC.

The Cancer Committee actively reviews the Cancer Registry to best utilize resources for screening and treatment programs for our patients and community. Prevention continues to be a top priority for the Cancer Committee. We are committed to state-of-the-art cancer care for our patients and their families at NMMC.

Raymond Orgler, M.D.  
Vice Chairman, Cancer Committee

## Liaison *Report*

**The NMMC cancer program** is accredited by the Commission on Cancer, which is a multidisciplinary program of the American College of Surgeons and the American College of Radiology. National guidelines established by these organizations assure that our cancer program adheres to the highest standards and allows comparison of treatment and outcomes across the nation. Cancer patients in this area are thus assured of receiving the best and most up-to-date treatment available. The NMMC cancer program also participates in several cooperative studies with other institutions throughout the nation to evaluate new treatment options.

A weekly Cancer Conference is held to discuss a range of current prospective cancer cases including the diagnosis, staging and treatment options. Specialists involved in the care of cancer patients provide a broad range of knowledge and experience, which allows our patients to receive the best treatment for their particular cancer. Several times a year leading national cancer experts are invited to speak on topics related to cancer and its management.

The Cancer Committee is comprised of specialists from medical oncology, radiation oncology, diagnostic radiology, pathology, surgical subspecialties, cancer Liaison Physicians, an American Cancer Society representative and other health care professionals. The committee meets quarterly to establish policies and goals, ensuring that NMMC's cancer program is one of the best in the nation.

NMMC maintains a Cancer Registry of all cancer patients treated at NMMC and annually reports this data to the National Cancer Database. In 2005, 1,596 cases were added to the Cancer Registry, bringing the total since January 1989 to 22,987.

As a Liaison Physician, I would like to recognize and express my appreciation to all those who enable us to maintain an approved comprehensive cancer program, which leads to improved care for cancer patients in our region.

James Shirley, M.D.  
Liaison Physician, NMMC Cancer Committee



Primary Site	Class of Case		Sex		Stage Distribution - Analytic Cases Only							Blank/	
	Cases	Analytic	NA	Male	Female	Stg 0	Stg I	Stg II	Stg III	Stg IV	Stg 88	Unk	Inv
<b>Buccal Cavity &amp; Pharynx</b>	<b>30</b>	<b>30</b>	<b>0</b>	<b>18</b>	<b>12</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>13</b>	<b>1</b>	<b>1</b>	<b>0</b>
Tongue	7	7	0	4	3	0	4	1	1	1	0	0	0
Salivary Glands	3	3	0	2	1	0	0	0	1	1	1	0	0
Floor of Mouth	2	2	0	2	0	0	0	0	0	2	0	0	0
Gum & Other Mouth	6	6	0	3	3	1	2	1	0	2	0	0	0
Nasopharynx	3	3	0	2	1	0	0	1	0	2	0	0	0
Tonsil	8	8	0	5	3	1	1	0	1	5	0	0	0
Hypopharynx	1	1	0	0	1	0	0	0	0	0	0	1	0
<b>Digestive System</b>	<b>228</b>	<b>219</b>	<b>9</b>	<b>126</b>	<b>102</b>	<b>2</b>	<b>42</b>	<b>49</b>	<b>48</b>	<b>56</b>	<b>10</b>	<b>12</b>	<b>0</b>
Esophagus	18	16	2	12	6	0	1	2	7	4	0	2	0
Stomach	16	14	2	10	6	0	1	3	4	2	3	1	0
Small Intestine	7	7	0	2	5	0	1	1	1	1	3	0	0
Colon Excluding Rectum	113	109	4	64	49	0	27	29	27	23	2	1	0
Cecum	19	18	1	11	8	0	4	5	5	4	0	0	0
Appendix	4	4	0	4	0	0	1	1	0	0	2	0	0
Ascending Colon	29	29	0	17	12	0	4	7	9	9	0	0	0
Hepatic Flexure	2	2	0	0	2	0	0	1	0	1	0	0	0
Transverse Colon	2	2	0	1	1	0	0	2	0	0	0	0	0
Splenic Flexure	4	4	0	2	2	0	0	1	2	1	0	0	0
Descending Colon	11	11	0	7	4	0	5	5	0	1	0	0	0
Sigmoid Colon	32	32	0	17	15	0	13	5	10	3	0	1	0
Large Intestine, NOS	10	7	3	5	5	0	0	2	1	4	0	0	0
Rectum & Rectosigmoid Junction	29	28	1	14	15	1	5	5	4	5	2	6	0
Rectosigmoid Junction	6	5	1	2	4	0	1	1	1	1	1	0	0
Rectum	23	23	0	12	11	1	4	4	3	4	1	6	0
Anus, Anal Canal & Anorectum	4	4	0	1	3	0	1	2	1	0	0	0	0
Liver & Intrahepatic Bile Duct	10	10	0	9	1	0	2	2	2	4	0	0	0
Liver	10	10	0	9	1	0	2	2	2	4	0	0	0
Gallbladder	2	2	0	1	1	0	1	1	0	0	0	0	0
Other Biliary	4	4	0	2	2	0	1	1	0	1	0	1	0
Pancreas	24	24	0	11	13	1	2	3	2	15	0	1	0
Retroperitoneum	1	1	0	0	1	0	0	0	0	1	0	0	0
<b>Respiratory System</b>	<b>304</b>	<b>293</b>	<b>11</b>	<b>171</b>	<b>133</b>	<b>0</b>	<b>70</b>	<b>13</b>	<b>83</b>	<b>124</b>	<b>2</b>	<b>1</b>	<b>0</b>
Nasal Cavity, Middle Ear &													
Accessory Sinuses	6	5	1	5	1	0	2	1	0	2	0	0	0
Larynx	22	21	1	15	7	0	16	1	2	2	0	0	0
Lung & Bronchus	275	266	9	151	124	0	52	11	81	120	1	1	0
Pleura	1	1	0	0	1	0	0	0	0	0	1	0	0
<b>Bones &amp; Joints</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Soft Tissue</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>
Soft Tissue (including Heart)	11	10	1	6	5	0	4	1	0	1	4	0	0
<b>Skin excluding Basal &amp; Squamous</b>	<b>79</b>	<b>69</b>	<b>10</b>	<b>46</b>	<b>33</b>	<b>19</b>	<b>29</b>	<b>13</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>
Melanoma - Skin	76	66	10	44	32	19	27	13	3	4	0	0	0
Other Nonepithelial Skin	3	3	0	2	1	0	2	0	0	0	1	0	0
<b>Breast</b>	<b>216</b>	<b>200</b>	<b>16</b>	<b>0</b>	<b>216</b>	<b>17</b>	<b>80</b>	<b>68</b>	<b>25</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Female Genital System</b>	<b>101</b>	<b>83</b>	<b>18</b>	<b>0</b>	<b>101</b>	<b>26</b>	<b>31</b>	<b>7</b>	<b>5</b>	<b>11</b>	<b>0</b>	<b>3</b>	<b>0</b>
Cervix Uteri	39	32	7	0	39	22	7	1	1	1	0	0	0
Corpus and Uterus, NOS	37	30	7	0	37	0	18	4	3	2	0	3	0
Corpus Uteri	35	28	7	0	35	0	18	3	3	1	0	3	0
Uterus, NOS	2	2	0	0	2	0	0	1	0	1	0	0	0
Ovary	13	11	2	0	13	0	4	1	1	5	0	0	0
Vagina	2	2	0	0	2	1	1	0	0	0	0	0	0

Primary Site	Class of Case		Sex		Stage Distribution - Analytic Cases Only							Blank/	
	Cases	Analytic	NA	Male	Female	Stg 0	Stg I	Stg II	Stg III	Stg IV	Stg 88	Unk	Inv
Vulva	9	7	2	0	9	3	1	1	0	2	0	0	0
Other Female Genital Organs	1	1	0	0	1	0	0	0	0	1	0	0	0
<b>Male Genital System</b>	<b>225</b>	<b>169</b>	<b>56</b>	<b>225</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>135</b>	<b>14</b>	<b>12</b>	<b>0</b>	<b>1</b>	<b>0</b>
Prostate	217	161	56	217	0	0	0	135	13	12	0	1	0
Testis	6	6	0	6	0	0	5	0	1	0	0	0	0
Penis	2	2	0	2	0	1	1	0	0	0	0	0	0
<b>Urinary System</b>	<b>127</b>	<b>118</b>	<b>9</b>	<b>88</b>	<b>39</b>	<b>35</b>	<b>44</b>	<b>11</b>	<b>7</b>	<b>18</b>	<b>0</b>	<b>3</b>	<b>0</b>
Urinary Bladder	62	56	6	46	16	32	12	5	3	4	0	0	0
Kidney & Renal Pelvis	59	56	3	38	21	1	29	6	4	14	0	2	0
Ureter	6	6	0	4	2	2	3	0	0	0	0	1	0
<b>Eye &amp; Orbit</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Brain &amp; Other Nervous System</b>	<b>40</b>	<b>38</b>	<b>2</b>	<b>14</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>	<b>0</b>	<b>0</b>
Brain	25	25	0	10	15	0	0	0	0	0	25	0	0
Other Nervous System	1	0	1	0	1	0	0	0	0	0	0	0	0
Benign/Borderline Primary													
Intracranial and CNS	14	13	1	4	10	0	0	0	0	0	13	0	0
<b>Endocrine System</b>	<b>29</b>	<b>28</b>	<b>1</b>	<b>12</b>	<b>17</b>	<b>0</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>0</b>	<b>0</b>
Thyroid	19	18	1	5	14	0	7	3	4	4	0	0	0
Other Endocrine (including Thymus)	10	10	0	7	3	0	0	0	0	0	10	0	0
<b>Lymphomas</b>	<b>61</b>	<b>57</b>	<b>4</b>	<b>31</b>	<b>30</b>	<b>0</b>	<b>12</b>	<b>8</b>	<b>16</b>	<b>16</b>	<b>1</b>	<b>4</b>	<b>0</b>
Hodgkin Lymphoma	3	3	0	1	2	0	2	0	1	0	0	0	0
Hodgkin - Nodal	3	3	0	1	2	0	2	0	1	0	0	0	0
Non-Hodgkin Lymphoma	58	54	4	30	28	0	10	8	15	16	1	4	0
NHL - Nodal	42	39	3	23	19	0	7	5	12	12	1	2	0
NHL - Extranodal	16	15	1	7	9	0	3	3	3	4	0	2	0
<b>Myeloma</b>	<b>17</b>	<b>16</b>	<b>1</b>	<b>9</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>0</b>
Multiple Myeloma	17	16	1	9	8	0	0	0	0	0	16	0	0
<b>Leukemias</b>	<b>23</b>	<b>20</b>	<b>3</b>	<b>10</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>0</b>
Lymphocytic Leukemia	4	2	2	2	2	0	0	0	0	0	2	0	0
Acute Lymphocytic Leukemia	2	2	0	1	1	0	0	0	0	0	2	0	0
Chronic Lymphocytic Leukemia	2	0	2	1	1	0	0	0	0	0	0	0	0
Myeloid & Monocytic Leukemia	14	13	1	6	8	0	0	0	0	0	13	0	0
Acute Myeloid Leukemia	11	10	1	5	6	0	0	0	0	0	10	0	0
Acute Monocytic Leukemia	1	1	0	0	1	0	0	0	0	0	1	0	0
Chronic Myeloid Leukemia	2	2	0	1	1	0	0	0	0	0	2	0	0
Other Leukemia	5	5	0	2	3	0	0	0	0	0	5	0	0
Other Acute Leukemia	5	5	0	2	3	0	0	0	0	0	5	0	0
<b>Mesothelioma</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ill-Defined/Unspecified</b>	<b>43</b>	<b>43</b>	<b>0</b>	<b>21</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>0</b>
Ill-Defined and Unspecified Sites	43	43	0	21	22	0	0	0	0	0	43	0	0
<b>Invalid</b>	<b>56</b>	<b>48</b>	<b>8</b>	<b>36</b>	<b>20</b>	<b>0</b>	<b>22</b>	<b>22</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
Invalid Site**	56	48	8	36	20	0	22	22	1	2	1	0	0
Total	1,596	1,446	150	816	780	102	354	334	210	272	147	27	0

- This report excludes primary sites with a count of 0.
- Groups in gray font aggregate to form the category immediately above the first item in the group.

**Note:**

\*\* Invalid Site group includes:

- Any site or histology code not within valid range or site code not found in the primary site table.
- Cases with unusual primary site/histology codes that have been over-ridden in an edit.
- Sites with a primary site code of C44\* with histology codes 8000-8110.

Invalid Site group does NOT include cases where the Behavior code is 0 or 1.

(NAACCR Volume III, Data Analysis and Reporting, Process Standards Chapter III.B.1)



# Demographic

## Data

All Analytic Patients

### Sex:

Male .....	723
Female.....	723
Total .....	1,446

### Race:

Caucasian .....	1,193
African American.....	246
Other.....	7

### Top Five Primary Sites:

#### Female:

Breast .....	200
Lung .....	118
Colon .....	47
Cervix .....	32
Melanoma .....	32

#### Male:

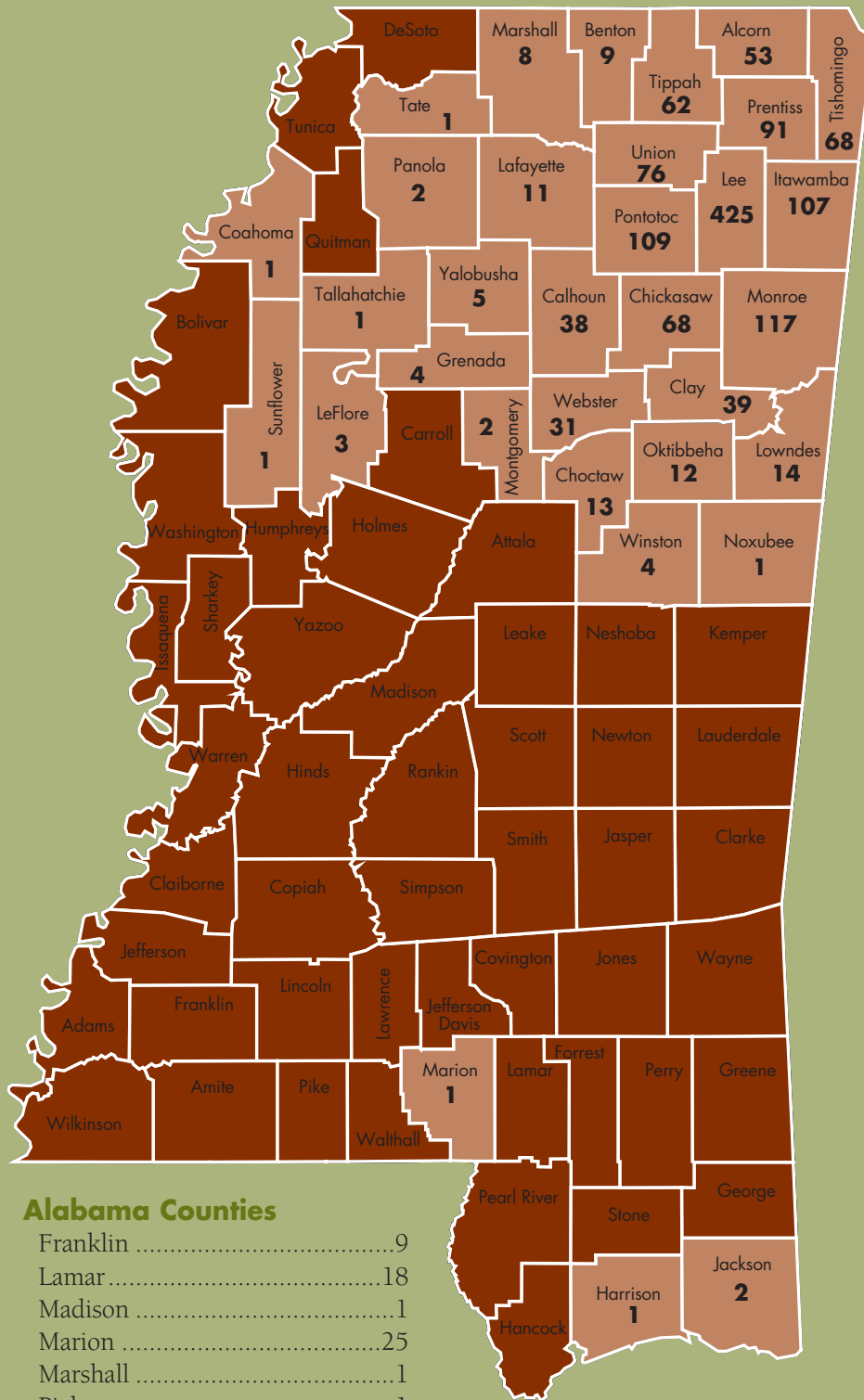
Prostate .....	161
Lung .....	148
Colon .....	62
Bladder .....	46
Melanoma .....	44

### Age at Diagnosis:

1,446 Analytic Cases

20 & Younger .....	4
20-29 .....	18
30-39 .....	52
40-49 .....	144
50-59 .....	286
60-69 .....	389
70-79 .....	348
80-89 .....	181
90 & Older .....	24

### Geographic Location:



#### Alabama Counties

Franklin .....	9
Lamar .....	18
Madison .....	1
Marion .....	25
Marshall .....	1
Pickens.....	1

#### Other

Tennessee .....	10
Michigan .....	1

**Total** .....1,446

# Analysis of Colon Cancer

Treatment of Stage II and III Colon Cancer  
at North Mississippi Medical Center

## Incidence:

Colorectal cancer is the third most common cancer diagnosed in men and women in the United States. The American Cancer Society estimates 100,000 new cases of colon cancer and 40,000 new cases of rectal cancer are diagnosed each year.

In Mississippi, an estimated 1,630 new cases of colorectal cancer and 630 deaths were diagnosed in 2005.

The purpose of this review was to look at the treatment received for stage II and III colon cancer treated at North Mississippi Medical Center.

## Risk Factors:

Colorectal cancers are thought to develop slowly over several years. Most colon cancers begin as adenomatous polyps. A family history of colorectal cancers or polyps increases the risk for developing a colon cancer. It is thought that inflammatory bowel disease, physical inactivity and a high fat, low fiber diet may increase the risk of developing this type of malignancy.

## Early Detection:

The American Cancer Society recommends the following screenings beginning at age 50 for men and women: a fecal occult blood test and sigmoidoscopy, or colonoscopy, or Barium enema. A digital rectal exam should be performed at the same time as the above procedures.

## Symptoms:

The most common symptoms are rectal bleeding and change in bowel habits. Other less common symptoms are weakness, abdominal pain, nausea and vomiting. Chronic occult blood loss with iron-deficiency anemia occurs more frequently than acute bleeding.

## Stage of Disease:

The stage of colorectal cancer is dependent on the depth of penetration through the bowel wall and the presence or absence of spread to lymph nodes. The most common staging system used now is the TNM staging system. T represents the primary tumor, N is the status of regional lymph nodes and M is presence or absence of metastasis.

Stage II is defined as T3 or T4 with no positive lymph nodes. T3 is a tumor that has invaded through the muscularis propria into subserosa. T4 is a tumor that has invaded into surrounding organs or perforates the visceral peritoneum. Stage III is defined as a T stage with nodal metastasis but no evidence of distant metastasis.

**At North Mississippi Medical Center** for the calendar year 2003, there were 111 cases of colon cancer diagnosed at the following stages:

Stage 0	5
Stage 1	28
Stage 2	33
Stage 3	24
Stage 4	19
Unknown	2

### Treatments received for these patients were:

Bx only	2	2%
Surgery only	26	24%
Surgery with chemotherapy	80	72%
Surgery/chemo/radiation	3	2%

**In conclusion**, Stage III colon cancer patients at NMMC were offered adjuvant chemotherapy after surgery, except for one patient. The reason that chemotherapy was not offered could not be determined. Use of adjuvant chemotherapy in the treatment of Stage II colorectal cancer remains controversial. Patients who were treated here were offered chemotherapy on a case by case basis. The observed five-year survival rate is on target with national statistics.

## Practice Profile Stage II & III Colon Cancer NMMC 2003

Total # Cases	Stage II	Stage III
57	33	24
Surgery & Adjuvant Chemotherapy (ACT)	19 (57%)	18 (75%)
Surgery & ACT with Clinical Trial	1	0
Radiation added*	2*	0

\*One patient had sigmoid colon cancer with extension into the rectum.

\*One patient had sigmoid colon cancer with extension into the bladder.

	Co-morbid conditions	
Surgery, ACT not recommended	12	3
Surgery, refused ACT	1	2
Surgery, ACT recommended, did not receive chemo for unknown reasons	0	1
Radiation	0	0

## 5 Year Survival Rates for Colon Cancer Cases Diagnosed in 1998

