



Committed to Excellence
Clinton Memorial Hospital
Cancer Program
Annual Report 2018
Reference of 2017 & 2018 data



FOSTER J. BOYD MD
Regional Cancer Center

The compassion to comfort. The technology to heal.



The Foster J. Boyd, MD Regional Cancer Center is named after Dr. Foster (Jack) Boyd in recognition of his more than four decades of healthcare service to Clinton Memorial Hospital and the community. He was the founder of the CMH cancer program.

Dr. Boyd practiced general surgery for more than 40 years, a period in which the hospital grew from a small town community hospital to a regional health system. During the 1970s, Dr. Boyd led the effort to accredit CMH's cancer program, served as a president and trustee of the Ohio Division of the American Cancer Society, as chairman of the National Medical and Scientific Committee of the American Cancer Society, and national delegate director, American Cancer Society.

Dr. Boyd often stated that he felt the citizens of Wilmington and Clinton County were some of the most fortunate in the country to have a hospital of caliber as well as cancer program so that cancer patients did not have to drive far for chemotherapy and/or radiation.

When battling cancer, Dr. Boyd received his chemotherapy at the cancer center named in his honor.

Chairman/Medical Oncologist Summary



We have had another successful year at the Foster J. Boyd Cancer Center in 2018 and remain very proud to serve this wonderful community. We remain fully committed to our goal of serving this community at very high standards and representing the James Cancer Center and Ohio State University. One benchmark of a successful program is continued growth. Over the last year, we have had a 34% increase in Medical Oncology referrals and a 30% increase in referrals to Radiation Oncology. In keeping with this growth, we have made great efforts in recruiting quality professionals to this cancer center. We have been able to recruit an outstanding Radiation Oncologist through Ohio State University and he will start March 2019. Also, because of this growth, we will be hiring another Medical Oncologist who we hope will start this coming summer. Also this year, a clinical nurse specialist (CNS) joined our team.

We have initiated a low dose lung cancer screening CT program at Clinton Memorial Hospital. This has been well received and we no longer have to send our patients out-of-town for this service. Since lung cancer remains the number one cancer that we see at this facility, the low dose lung cancer screening program is essential. We have plans in the near future to facilitate this program with a navigator to oversee breast cancer and lung cancer screening.

Our CNS started our Smoking Cessation program in 2018. This has been well received and we plan to offer this 2-3 times per year as an ongoing part of the services that we provide.

We continue to act as a resource for our referring physicians. This year, I talked about human papillomavirus (HPV) and its association with malignancy. There has been an alarming increase in incidence of HPV-related cancer of the oropharynx. We regularly provide case studies and didactic discussions on topics of relevance to our providers and community. Patient education is essential. The chemotherapy class is typically a one-on-one experience with patients where they are educated about their disease and treatment. This is done by our CNS. In addition, we have started a program with the introduction of Maple Tree Cancer Alliance. Maple Tree Cancer Alliance is a non-profit organization dedicated to improving the quality of life of our cancer patients with certified cancer exercise trainers who design a personalized, structured progression of cancer rehabilitation with exercise and nutrition.

Clinical research and clinical trials are important to any cancer program. Our clinical trial opportunities are through the James Cancer Center at Ohio State University. We also have streamlined the clinical trial process through the help of Dr. Jeffrey VanDeusen, Ohio State, to facilitate review of patient charts for appropriateness of clinical trials at Ohio State University.

The current opioid addiction continues to impact all providers who prescribe controlled substances. We have initiated a standard template through our electronic medical record to document our narcotic prescribing. This includes checking OARRS on all narcotic prescriptions. We also have a responsibility to address the pain of our cancer patients and we strive to do this responsibly and compassionately.

We thank the leadership at Clinton Memorial Hospital and Ohio State University who partner with us in providing outstanding and compassionate care at the Foster J. Boyd Cancer Center.

The Clinton Memorial Cancer Committee Members

The membership of the cancer committee is multidisciplinary, representing physicians from diagnostic and treatment specialties and non-physicians from administrative and supportive services. Cancer committee coordinators, who are responsible for specific areas of cancer program activity, are designated each calendar year. The cancer committee meets quarterly to monitor the performance of the hospital's cancer program and to review available services and programs. The cancer committee is also responsible for any gaps in service or any problematic quality-related issue relevant to cancer program and local cancer patient population.

Physician Members	Cancer Program Coordinators	Allied Health Members
Mark Collins, MD, <i>Chair Medical Oncology, OSU</i>	Brenna Eldridge, MHA, BSN, RN, OCN <i>Program Administrator & Community Outreach</i>	Casey Faber <i>American Cancer Society</i>
Walter Timperman, MD <i>Pathologist & Cancer Liaison Physician</i>	Amber Sherwood <i>Cancer Conference</i>	Meredith McDonald <i>Dietary/Nutrition</i>
Dr. Shehata, MD <i>Radiation Oncology</i>	Jane Estle, RN <i>Quality Improvement</i>	Kristin Andrews, RN, OCN <i>Nursing/Clinical Research</i>
Rachel Lovano, MD <i>Surgeon</i>	Diane Fawley, CTR <i>Cancer Registry Quality</i>	Patti Settelmeyer, RN <i>Palliative Care</i>
J. Patrick Havey, MD <i>Diagnostic Radiology</i>	Michelle Roth, LSW <i>Psychosocial Services</i>	

Commission on Cancer Accredited Program

The Clinton Memorial Hospital is proud to be a Commission on Cancer (CoC) accredited program since 1995. There are approximately 1,500 CoC accredited cancer programs in the United States and Puerto Rico. Patients who obtain care at a CoC accredited cancer program receive benefits in quality cancer care, comprehensive care offering a range of state-of-the-art services and equipment, multidisciplinary team approach to coordinate the best cancer treatment options available, access to cancer-related information and education, access to patient-centered services such as psychosocial distress screening and navigation, follow-up care to the completion of treatment including survivorship care plans and a cancer registry that collects data on cancer type, stage, and treatment results and offers lifelong patient follow-up. Another value of being a CoC accredited program is using and understanding the National Cancer Data Base (NCDB) data. This not only promotes and initiates quality improvement, may soon be required by other agencies, including payers and the government. A number of payers and insurance companies are looking to the CoC quality metrics and programs as a core component of their Centers of Excellence programs.

Cancer Registry:

The Cancer Registry, a system to monitor all types of reportable malignancies diagnosed and/or treated at Clinton Memorial Hospital, is vital for programmatic and administrative planning for monitoring patient outcome. The registry database includes case identification and a description of the patient and the cancer. Also recorded is the required and extended Commission on Cancer data set, including patient demographics, information related to family history of malignant disease, referral to other institutions, topography, and morphology, extent of disease, treatment, recurrence, and subsequent treatment. The patient's disease status at the time of last contact and subsequent quality of life are also recorded. Additionally, registry responsibilities include lifetime clinical follow-up necessary to evaluate treatment outcome.

The Cancer Committee is responsible for registry supervision and quality control of registry data. Dr. Mark Collins supervise the registry and work with the registrar to establish and maintain procedures for complete case finding, accurate, consistent abstracting, staging, and timely data collection and reporting.

The CMH Cancer Registry is our community link to regional, state, and national cancer databases. In accordance with the procedures established by the Ohio Department of Health, all reportable cancer cases were electronically submitted to the Ohio Cancer Incidence Surveillance System (OCISS). The Cancer Registry continues to submit its data to the National Cancer Data Base (NCDB) which compares treatment outcomes by state. It also compares an individual registry's data to national data. The NCDB thus provides useful benchmarks for patient care with the CMH Cancer Committee uses to guide quality improvement strategies.

The Clinton Memorial Hospital Cancer Conference

Cancer conferences improve the monitoring of care of patients by providing multidisciplinary treatment planning and physician and allied medical staff collaboration. Cancer conferences are a multidisciplinary composition and attendance rate of physician participants. Discussion of stage, prognostic indicators, treatment planning using national evidence-based treatment guidelines, clinical trial participation and methods to address areas that fall below the levels of established in the cancer conference policy established by the cancer committee.

Clinton Memorial Hospital cancer conferences are held every second Thursday of each month. Each calendar year there is a minimum of 15 percent of the analytic case load and 80 percent of the prospective caseload to be presented this includes newly diagnosed and treatment not yet started, newly diagnosed and treatment initiated, but discussion of additional treatment is needed, previously diagnosed, initial treatment completed, but discussion of adjuvant treatment or treatment for recurrence or progression is needed or previously diagnosed, and discussion of supportive or palliative care is needed.

Clinton Memorial Hospital has presented 22% of the analytic caseload for 2018.

Clinton Memorial Hospital, Foster J. Boyd Regional Cancer Center Cancer Goals for 2018

Each calendar year, the cancer committee establishes, implements, and monitors at least one clinical and one programmatic goal for endeavors related to cancer care.

Clinical Goal:

In 2018, Foster J. Boyd Regional Cancer Center implemented a low dose CT screening (LDCT) for the early detection of lung cancer to be provided on-site instead of referring to other hospitals. Recommendations from CDC are anyone who has had a heavy smoking history and smoke now or have quit within the past 15 years and are between 55 and 80 years old. From January 1, 2018 through December 31, 2018 there were 117 LDCT's were performed at Clinton Memorial Hospital with 12 suspicious findings and 3 positive findings and 2 incidental findings of breast cancer.

Programmatic Goal:

In 2018, Foster J. Boyd Regional Cancer Center also implemented Maple Tree exercise and healthy eating program, provided on-site, and free of charge as part of supportive care for cancer patients. Maple tree provides exercise training, nutritional education, and spiritual/emotional support to individuals battling cancer. Phase I is patients who are currently receiving chemoradiation treatment. Phase II are patients who completed chemoradiation or only received surgery or hormonal therapy. Phase III patients are who have successfully completed phase II and seek to improve overall fitness. Phase IV patients are who have successfully completed phase III and are classified as healthy and desire to maintain fitness and improve quality of life. The exercise is individualized according to the patient's health status and goals. From April til October 2018 there have been 13 patients enrolled into Maple Tree with 69% being in phase I. There have been 38.5% of breast cancer patients, 15.3% prostate patients, 7.7% colon patients, 7.7% kidney, 7.7% skin, 7.7% pancreatic, 7.7% lymphoma, and 7.7% throat. Our patients have not only improved their range of motion and muscular strength which has been the goal for most of our patient, but also had a patient decrease his BMI from 33.8% down to 28.5%.

Community Outreach Programs:

Clinton Memorial Hospital's annual Brake for Breakfast event was held October 4, 2018. During this event we offer a complimentary Pink Ribbon bagel from Panera Bread and educational material on the importance of breast cancer screening and prevention. Clinton Memorial Hospital did over 4600 mammograms in 2017 and in 2018 4664. There were over 1,000 motorists who drove through the event to get their free breakfast and educational material. As of November 30, 2018 there have been more than 300 survey cards returned stating after reviewing the educational material they were very likely to either get or keep getting their yearly mammograms.

Breast Cancer Patient Stories:

Shelia Allen: Breast Cancer Journey

Diagnosed with stage III Her2 positive breast cancer in 2016. I had actually skipped one or two mammograms and I went and had my mammogram done and that is when everything started. For two months it was a doctors' appointment every single week. The mammogram came back suspicious and then they had to do a biopsy and the biopsy came back that it was cancer. I saw Dr. Lovano, Dr. Lovano is a very caring person, it's nice to know that someone will take the time to make sure they know exactly what is wrong before they say, okay you're done. My biggest lesson is to not skip my mammograms because I was stage III, it could have been found the year before. There is no reason to be anxious about getting mammograms. Mammograms are not painful, they take minimal time and it could save your life. I don't think it set in right away because we were just so busy with doctors' appointments, but it can be very devastating. There is always people that are there for you, Dr. Collin's office, they all care. I don't know how to describe it, but they all care. It doesn't matter if it is a new chemo nurse or new staff member, it's a place you go where everyone knows your name.

Jennifer Horner: Breast Cancer Journey

I have a family history of breast cancer and because of that they started me a little bit early with mammograms. I went in for my yearly and that is when they found something suspicious. My mammogram was in October and in November got the actual diagnosis that it was breast cancer and then we moved quickly. December is when I had my first surgery and January I started my treatments. I came to the Foster J. Boyd Cancer Center and I met Dr. Collins and again I was like "wow" this person was put in my life for a reason. A lot of times when you meet specialists you are not quite sure. Dr. Collins was just a very laid back person, very easy to talk to. The first day I walked in here, I was so scared and so emotional. From the moment I walked in I knew I had a friend, Diane, the receptionist took me under her wing, cried with me and said we will make it through this. They all treated me like family.

2018 Screening Program:

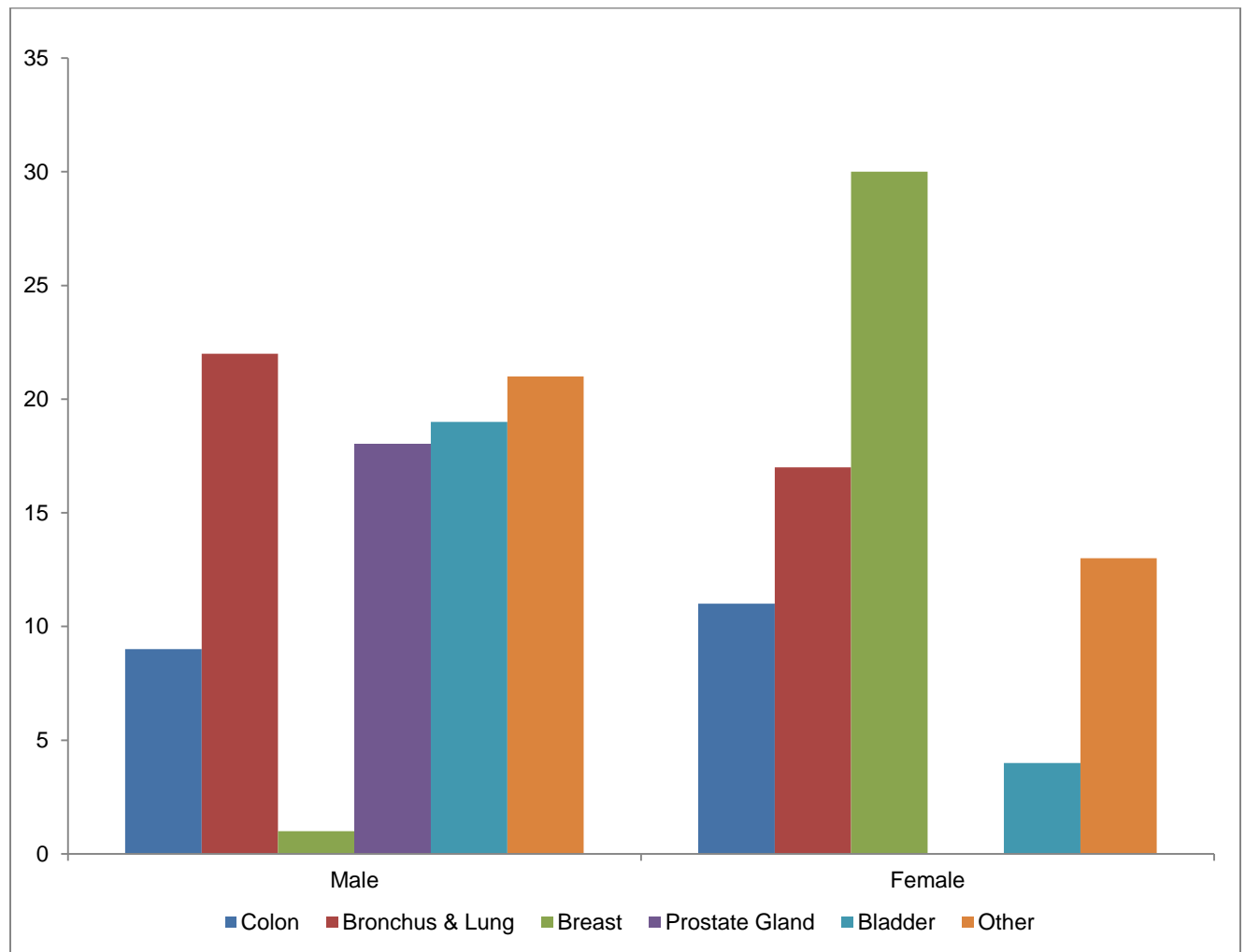
Per Centers for Disease Control (CDC) skin cancer is the most common form of cancer in the US. The two most common types of skin cancer are basal cell and squamous cell carcinomas. These types are highly curable but can be disfiguring and costly to treat. Melanoma is the third most common skin cancer, more dangerous and causes the most deaths. The majority of these three types of skin cancer are caused by over exposure to ultraviolet (UV) light.

UV rays are an invisible kind of radiation that comes from the sun, tanning beds, and sunlamps. UV rays can penetrate and change skin cells.

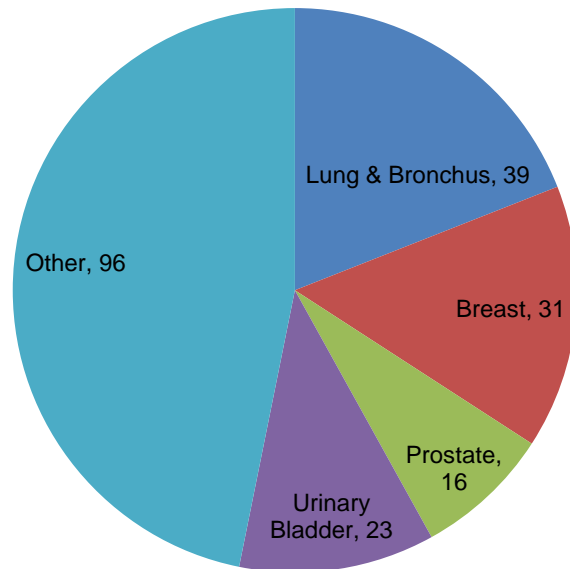
In 2015, the latest year for which incidence data are available, 80,442 new cases of melanomas of the skin were reported, and 8,885 people died of melanomas of the skin in the US.

Clinton Memorial Hospital held an annual health screening event on May 17, 2018 where Dr. Mark Collins and Jill Reese, NP provided free skin screenings. Over 75 patients were screened for skin cancer. Out of the 75 patients, 5 patients had suspicious findings. Patients were instructed on how to follow-up on their suspicious findings to allow for close surveillance.

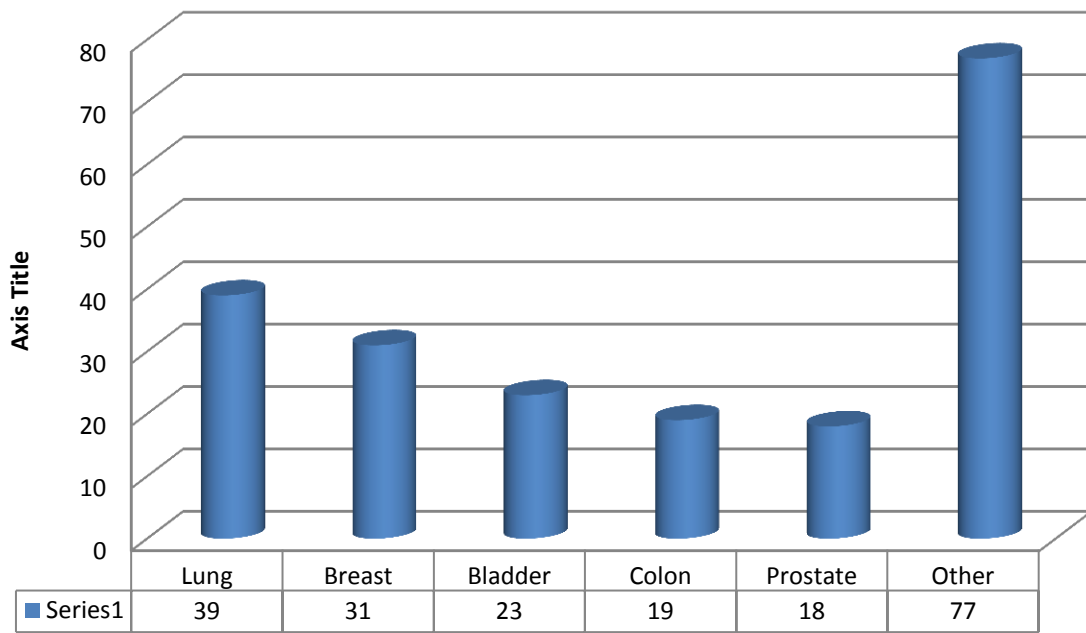
2017 Top Cancer Sites by Sex Clinton Memorial Hospital



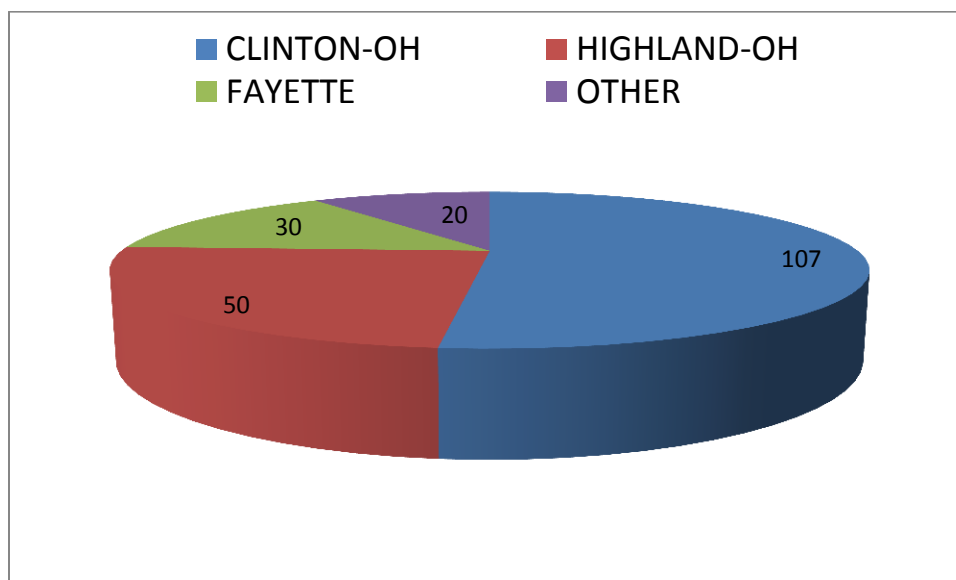
ANALYTIC CASES DIAGNOSED 2017



TOP 5 CASES DIAGNOSED AT FJBCC 2017



Patient's County of Residence at Diagnosis 2017 Analytic Cases



Leading Sites of New Cancer Cases & Deaths-2018

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2018 Estimates

Male				Female			
Estimated New Cases	Prostate	164,690	19%	Estimated New Cases	Breast	266,120	30%
	Lung & bronchus	121,680	14%		Lung & bronchus	112,350	13%
	Colon & rectum	75,610	9%		Colon & rectum	64,640	7%
	Urinary bladder	62,380	7%		Uterine corpus	63,230	7%
	Melanoma of the skin	55,150	6%		Thyroid	40,900	5%
	Kidney & renal pelvis	42,680	5%		Melanoma of the skin	36,120	4%
	Non-Hodgkin lymphoma	41,730	5%		Non-Hodgkin lymphoma	32,950	4%
	Oral cavity & pharynx	37,160	4%		Pancreas	26,240	3%
	Leukemia	35,030	4%		Leukemia	25,270	3%
	Liver & intrahepatic bile duct	30,610	4%		Kidney & renal pelvis	22,660	3%
	All sites	856,370	100%		All sites	878,980	100%

Male				Female			
Estimated Deaths	Lung & bronchus	83,550	26%	Estimated Deaths	Lung & bronchus	70,500	25%
	Prostate	29,430	9%		Breast	40,920	14%
	Colon & rectum	27,390	8%		Colon & rectum	23,240	8%
	Pancreas	23,020	7%		Pancreas	21,310	7%
	Liver & intrahepatic bile duct	20,540	6%		Ovary	14,070	5%
	Leukemia	14,270	4%		Uterine corpus	11,350	4%
	Esophagus	12,850	4%		Leukemia	10,100	4%
	Urinary bladder	12,520	4%		Liver & intrahepatic bile duct	9,660	3%
	Non-Hodgkin lymphoma	11,510	4%		Non-Hodgkin lymphoma	8,400	3%
	Kidney & renal pelvis	10,010	3%		Brain & other nervous system	7,340	3%
	All sites	323,630	100%		All sites	286,010	100%

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Ranking is based on modeled projections and may differ from the most recent observed data.

©2018, American Cancer Society, Inc., Surveillance Research

CLINTON MEMORIAL'S 11TH ANNUAL BRAKE FOR BREAKFAST

The Foster J. Boyd, MD, Regional Cancer Center held its tenth annual Brake for Breakfast On October 4, 2018. This event raises awareness about early detection and the importance of annual mammography. Motorists will drive through to receive a free Panera Pink Ribbon bagel, free prizes, and an abundance of educational material regarding the importance of breast cancer screening and prevention as well as what to expect when receiving your mammogram. This year we had a record high of over 1200 motorists.



Comprehensive Quality Care:

The Foster J. Boyd, MD, Regional Cancer Center in Wilmington, Ohio brings together a range of advanced radiation and medical oncology services, programs, and staff expertise. In July of 2015 The Foster J. Boyd, MD, Regional Cancer Center affiliated with The James Cancer Network where their vision is to create a cancer-free world, one person, and one discovery at a time.

Supportive services such as family counseling, nutrition information, and an appearance boutique allowing for a holistic approach that focuses on the person, not just the disease are provided at the Foster J. Boyd Cancer Center.

Until the cancer center opened in mid-February 2007, area patients needing extended cancer care (in particular linear accelerator based radiation therapy) needed to travel to major metropolitan hospitals to access high-tech cancer technology.

In order to participate in a coordinated cancer program, area residents often had to drive thousands of miles over the course of their treatment, far away from the support of family and friends. The 18,000 square foot comprehensive regional cancer center sits on two acres at 31 Farquhar Avenue across from the Clinton Memorial Hospital campus.

Hematology/oncology outpatient clinic: The Foster J. Boyd, MD, Regional Cancer Center offers patients and families friendly treatment areas for chemotherapy. Each patient receives an average of six chemotherapy administrations lasting about four hours. These treatments are typically very draining, requiring a significant time and emotional commitment for patients and their families. The cancer center offers a comfortable environment where patients have much control over their surroundings.

The chemotherapy infusion area offers 12 chemotherapy lounge chairs for patients. Each infusion has family seating and an individual TV to help patients be in a more comfortable environment. Electrical, data and communication receptacles are available for patients to use personal computers and access the internet during treatment. The design of the infusion area allows the patient the option of privacy or interaction with an adjoining patient.

Radiation oncology outpatient clinic: Approximately 70% of cancer patients receive radiation therapy. To assure outstanding care, the cancer center's radiation suite houses a linear accelerator with multi-leaf collimation multiple electron and photon energies, a computerized tomography simulator, a treatment planning center, physics equipment and information technology. Also with the affiliation with The James Cancer Network, out patients have access to first class cancer care.

Social Services: Involved with radiation and medical oncology patients and as needed throughout their treatment. Social services provides resources, support, and assessment of needs and concerns covering a wide range of emotional, financial, and adjustment issues.

Look Good Feel Better: Provides specialized trained volunteer beauty professionals who lead small groups through practical, hands-on experience, funded and sponsored by American Cancer Society. Women learn about makeup, skin care, and nail care and ways to deal with hair loss such as with wigs, turbans, and scarves. Each woman gets a free makeup kit to use during and after the workshop. Look Good Feel Better served 20 in 2016.

Positive Appearance Boutique: As a result of some of their treatment processes, many cancer patients experience temporary or permanent physical changes and diminished self-esteem. The Foster J. Boyd, MD, Regional Cancer Center has had the benefit of a positive appearance boutique since it opened in February 2007. Shell's Boutique, as it was christened in the honor of a local cancer survivor, offers both male and female patients products and services to cope with their unique cosmetic and comfort needs. Products include hats and turbans, sun protective clothing, wigs, breast prosthetics, and skin care items.

The Boyd Cancer Center participates in the American Cancer Society free wig program and acts as a regional "hub" for distribution of free wigs, both synthetic and natural hair. Any person with a cancer diagnosis not limited to Boyd cancer patients can call for an appointment and be fitted by a trained volunteer/staff member who is also experienced in dealing with the emotional needs of a cancer patient losing her hair for the first time. A total of 42 wigs were distributed in 2016.

Public Reporting:

Brake For Breakfast: The Foster J. Boyd, MD, Regional Cancer Center's ninth annual Brake For Breakfast was held in October 2018 where those attending received a free on-the-go breakfast, opportunities to win door prizes and an abundance of information on the importance of breast cancer screening. Clinton Memorial Hospital Diagnostic Imaging Services had over 300 survey cards returned in October with a total of 4605 mammograms done in 2017 and 4664 done in 2018. In November 2018 Dr. Mark Collins provided a HPV prevention program to our local physicians and community.

Prevention Program 2018:

Per the Cancer Facts & Figures 2017 unfortunately, vaccine uptake in the US for HPV remains very low compared to other countries, with only 28% of boys and 42% of girls ages 13-17 years receiving the recommended 3 doses in 2015. Cancer can affect any part of the oral cavity, including the lip, tongue, mouth, and throat. Radiation therapy and surgery separately or in combination, are standard treatments; chemotherapy is added for advanced disease. The 5-year relative survival rate for cancers of the oral cavity and pharynx combined is 66% for whites and 47% for blacks. Studies indicate that survival is better when cancer tests positive for HPV than when it does not. In October 2016, the CDC reduced the recommended number of doses of the vaccine from three to two for ages 9-14, while ages 15-26 years still require 3-doses. Early detection is the key; in addition to prevention screening can detect invasive cancer early, when treatment is more successful. Most women diagnosed with cervical cancer have not been screened recently.

Dr. Mark Collins, medical oncologist, at the Foster J. Boyd, MD, Regional Cancer Center (FJBCC) presented a HPV prevention presentation to members of the community, nurses, and physicians at the FJBCC about the importance of early detection and vaccination. Dr. Collins also stressed the importance of educating parents on the risk of the vaccines are minimal compared to the risk of head and neck cancer and/or cervical cancer.

**CLINTON MEMORIAL HOSPITAL
PHYSICIANS**



Bryon Stapleton, DO
General Surgery



Samuel Del Mauro, DO
Gastroenterology



Rachel Lovano, MD
General Surgery



Nathan Roberts, MD
General Surgery



Walter Timperman, MD
Pathologist



J. Patrick Havey, MD
Radiologist

Appendix A

CLINTON MEMORIAL HOSPITAL

Summary by Body System and 1st Contact Year Report 2017

Primary Site	Total	%	Prior Yrs	%	2013	%	2014	%	2015	%	2016	%	2017	%
ORAL CAVITY & PHARYNX	4	1.9%	0		0		0		0		0		4	1.9%
Tonsil	4	1.9%	0		0		0		0		0		4	1.9%
DIGESTIVE SYSTEM	39	18.8%	0		0		0		0		0		39	18.8%
Esophagus	2	1.0%	0		0		0		0		0		2	1.0%
Stomach	2	1.0%	0		0		0		0		0		2	1.0%
Small Intestine	1	0.5%	0		0		0		0		0		1	0.5%
Colon Excluding Rectum	19	9.2%	0		0		0		0		0		19	9.2%
Cecum	4		0		0		0		0		0		4	
Appendix	2		0		0		0		0		0		2	
Ascending Colon	5		0		0		0		0		0		5	
Hepatic Flexure	1		0		0		0		0		0		1	
Descending Colon	1		0		0		0		0		0		1	
Sigmoid Colon	4		0		0		0		0		0		4	
Large Intestine, NOS	2		0		0		0		0		0		2	
Rectum & Rectosigmoid	6	2.9%	0		0		0		0		0		6	2.9%
Anus, Anal Canal & Anorectum	2	1.0%	0		0		0		0		0		2	1.0%
Pancreas	7	3.4%	0		0		0		0		0		7	3.4%
RESPIRATORY SYSTEM	40	19.3%	0		0		0		0		0		40	19.3%
Larynx	1	0.5%	0		0		0		0		0		1	0.5%
Lung & Bronchus	39	18.8%	0		0		0		0		0		39	18.8%
SOFT TISSUE	2	1.0%	0		0		0		0		0		2	1.0%
Soft Tissue (including Heart)	2	1.0%	0		0		0		0		0		2	1.0%
SKIN EXCLUDING BASAL & SQU.	9	4.3%	0		0		0		0		0		9	4.3%
Melanoma – Skin	8	3.9%	0		0		0		0		0		8	3.9%
Other Non-Epithelial Skin	1	0.5%	0		0		0		0		0		1	0.5%
BREAST	31	15.0%	0		0		0		0		0		31	15.0%
Breast	31	15.0%	0		0		0		0		0		31	15.0%
FEMALE GENITAL SYSTEM	9	4.3%	0		0		0		0		0		9	4.3%
Corpus & Uterus, NOS	6	2.9%	0		0		0		0		0		6	2.9%
Vagina	1	0.5%	0		0		0		0		0		1	0.5%
Vulva	1	0.5%	0		0		0		0		0		1	0.5%
Other Female Genital Organs	1	0.5%	0		0		0		0		0		1	0.5%
MALE GENITAL SYSTEM	22	10.6%	0		0		0		0		0		22	10.6%
Prostate	18	8.7%	0		0		0		0		0		18	8.7%
Testis	2	1.0%	0		0		0		0		0		2	1.0%
Penis	2	1.0%	0		0		0		0		0		2	1.0%
URINARY SYSTEM	30	14.5%	0		0		0		0		0		30	14.5%
Urinary Bladder	23	11.1%	0		0		0		0		0		23	11.1%
Kidney & Renal Pelvis	6	2.9%	0		0		0		0		0		6	2.9%
Ureter	1	0.5%	0		0		0		0		0		1	0.5%

Primary Site	Total	%	Prior Yrs	%	2013	%	2014	%	2015	%	2016	%	2017	%
BRAIN & OTHER NERVOUS SYST	1	0.5%	0		0		0		0		0		1	0.5%
Brain	1	0.5%	0		0		0		0		0		1	0.5%
ENDOCRINE SYSTEM	3	1.4%	0		0		0		0		0		3	1.4%
Thyroid	2	1.0%	0		0		0		0		0		2	1.0%
Other Endocrine including Thymus	1	0.5%	0		0		0		0		0		1	0.5%
LYMPHOMA	9	4.3%	0		0		0		0		0		9	4.3%
Hodgkin Lymphoma	1	0.5%	0		0		0		0		0		1	0.5%
Non-Hodgkin Lymphoma	8	3.9%	0		0		0		0		0		8	3.9%
NHL - Nodal	4		0		0		0		0		0		4	
NHL - Extranodal	4		0		0		0		0		0		4	
MYELOMA	4	1.9%	0		0		0		0		0		4	1.9%
Myeloma	4	1.9%	0		0		0		0		0		4	1.9%
LEUKEMIA	1	0.5%	0		0		0		0		0		1	0.5%
Lymphocytic Leukemia	1	0.5%	0		0		0		0		0		1	0.5%
MISCELLANEOUS	3	1.4%	0		0		0		0		0		3	1.4%
Miscellaneous	3	1.4%	0		0		0		0		0		3	1.4%
Total	207		0		0		0		0		0		207	

References:

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf>

https://www.cdc.gov/cancer/skin/basic_info/what-is-skin-cancer.htm