



LONGMONT UNITED HOSPITAL



**2010** *CANCER REGISTRY ANNUAL REPORT*

Changing The *Caring* Experience...



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## 2009 Cancer Statistical Overview

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In 2009 Longmont United Hospital saw further advances in the care and treatment of the cancer patient. The incidence of new cancers in our local community remained relatively the same. The Longmont United Hospital Cancer Registry statistics for 2009 showed an increase in the early diagnosis of cancer, which in turn increases survival.

During 2009, 386 individuals were newly diagnosed and/or treated for cancer at Longmont United Hospital. The most frequent cancers were breast, prostate, lung, colon, kidney and melanoma of the skin. The majority of patients were in their 60's, 61% were female, and 39% were male. Breast cancer accounted for 33 % of the new patients.

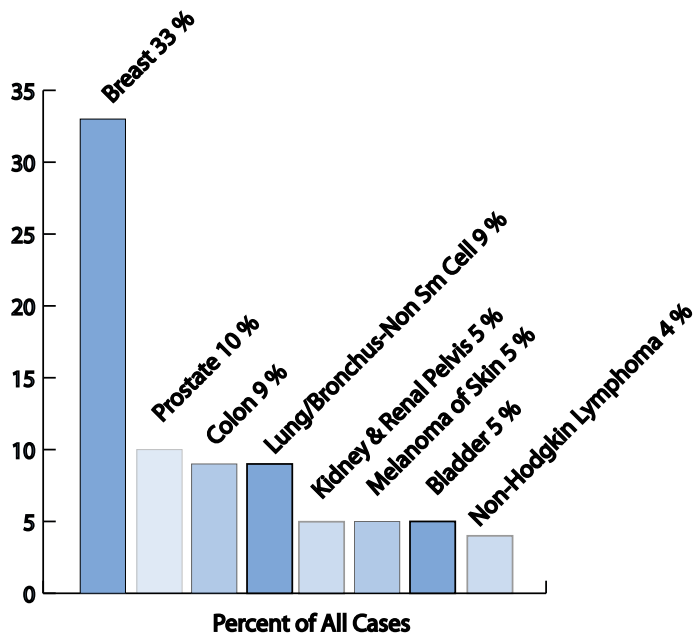
The stage of the cancer at diagnosis plays an important role in an outcome. The stage of cancer at diagnosis for patients in 2009 was 41% early stage, 30% regional spread of disease, and 13% advanced or distant spread of disease. Of the remaining patients in 2009, 12% had cancers with no formal staging

scheme, and 3% of the cancers were unable to be staged because the source of the cancer was not known. The majority of patients were treated with a combination of surgery, radiation and chemotherapy treatments and/or other treatments. The remaining patients received surgery only (29%), chemotherapy only (7%), and radiation only (9%).

Observed survival rates from the Commission on Cancer National Cancer Database (NCDB) were used to analyze Longmont United Hospital's patient survival rates five years after diagnosis. The Hospital was compared to National community hospitals and hospitals in the Regional US (five mountain states). It was found that the Hospital's patient survival for breast and colon cancer was greater than Regional US and NCDB National community hospital patient survival. The prostate and lung cancer patient survival was greater than NCDB National community hospitals and equivalent to the Region US hospital patient survival.

## 2009 Cancer Statistical Highlights

### Most Frequent Types of Cancer

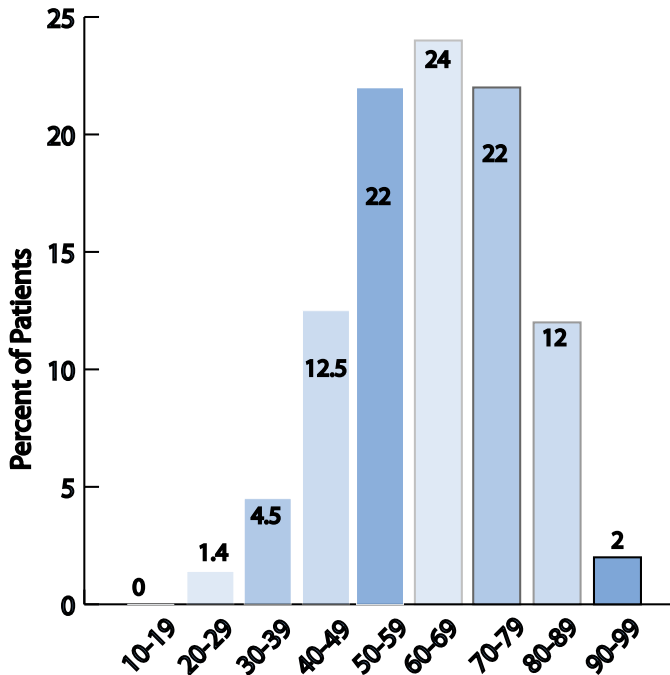


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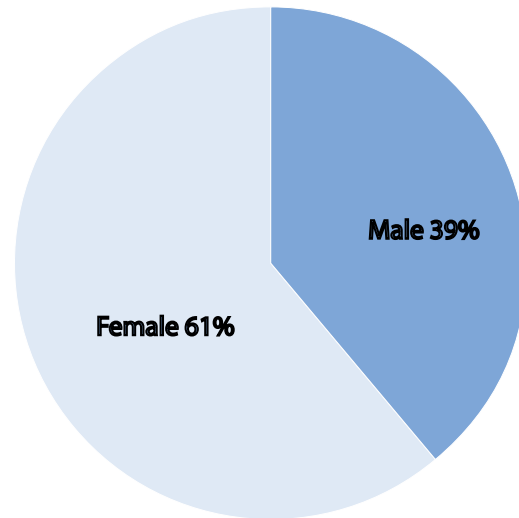
## 2009 Cancer Statistical Highlights

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### Patient Age at Diagnosis



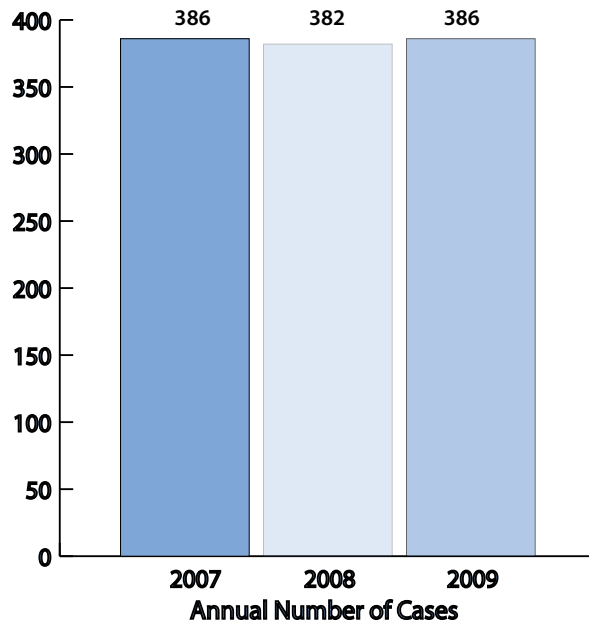
### Gender of Patient at Diagnosis



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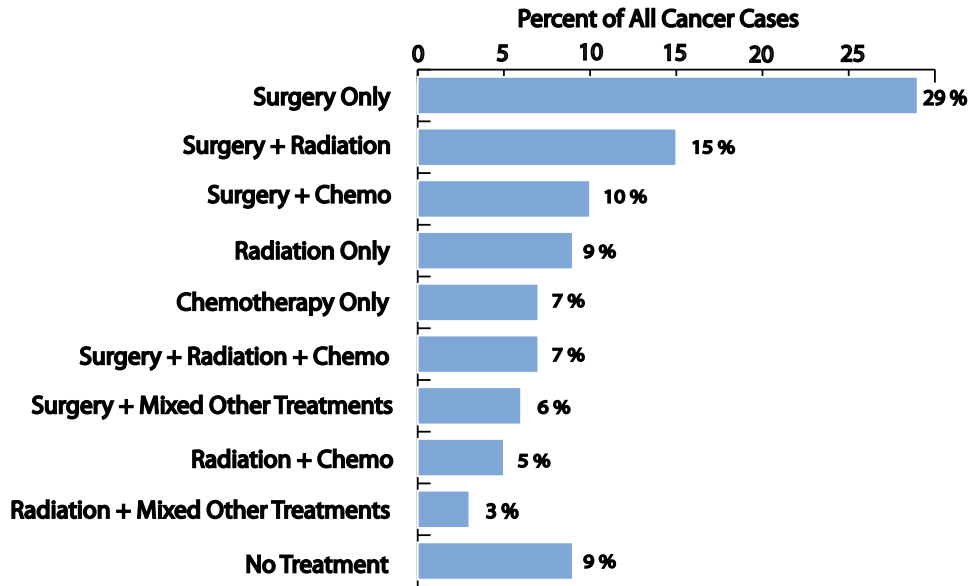
## 2009 Cancer Statistical Highlights

### New Cancer Cases 2007-2009



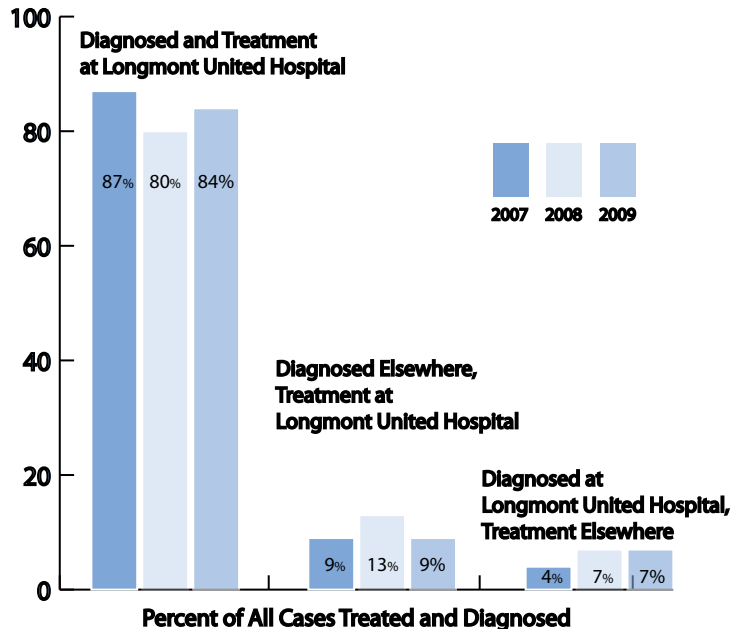
## 2009 Cancer Statistical Highlights

### Types of Treatment Delivered



## 2009 Cancer Statistical Highlights

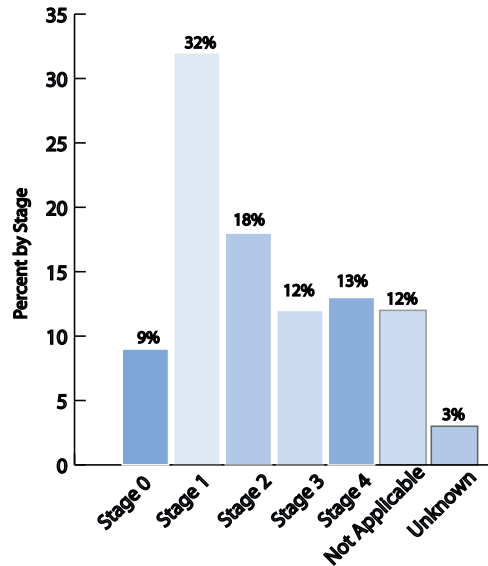
### Treatment Referral Patterns 2007 - 2009



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## Stage of Cancer at Diagnosis in 2009

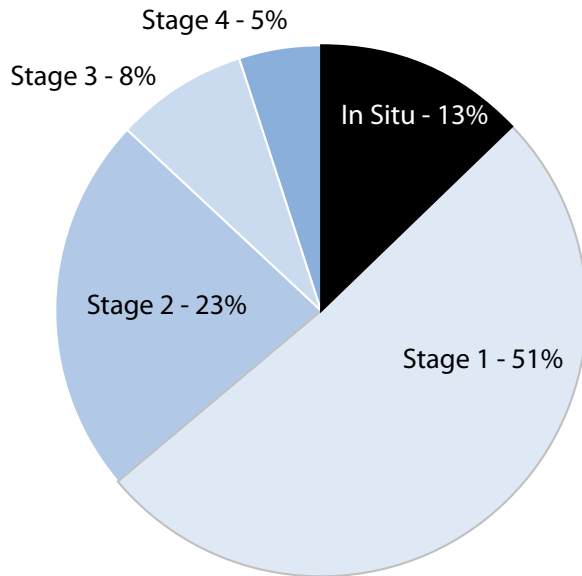
### All Types of Cancers



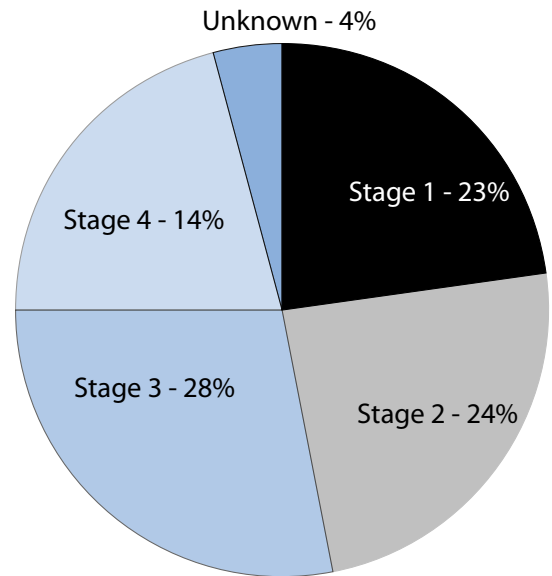
## Stage of Cancer at Diagnosis in 2009

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### Breast Cancer

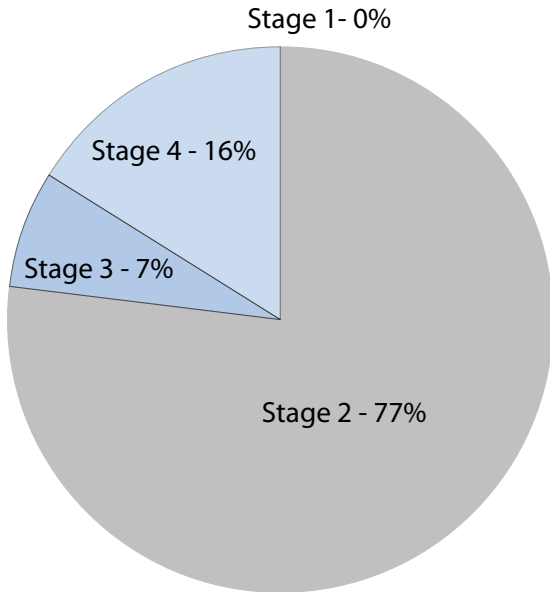


### Colon Cancer

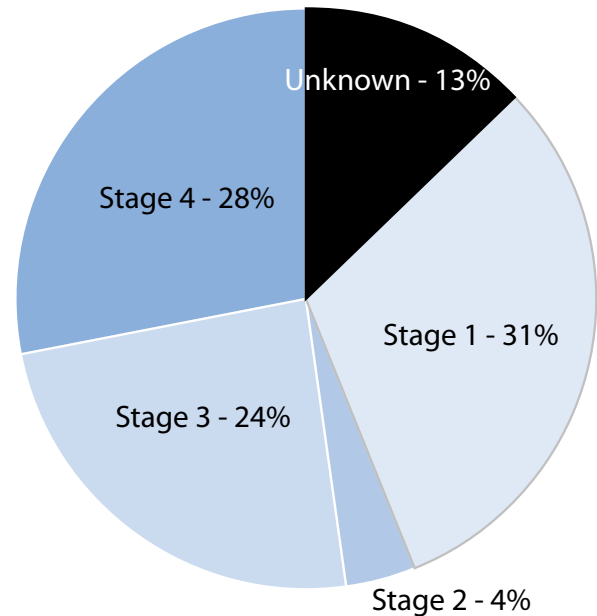


## Stage of Cancer at Diagnosis in 2009

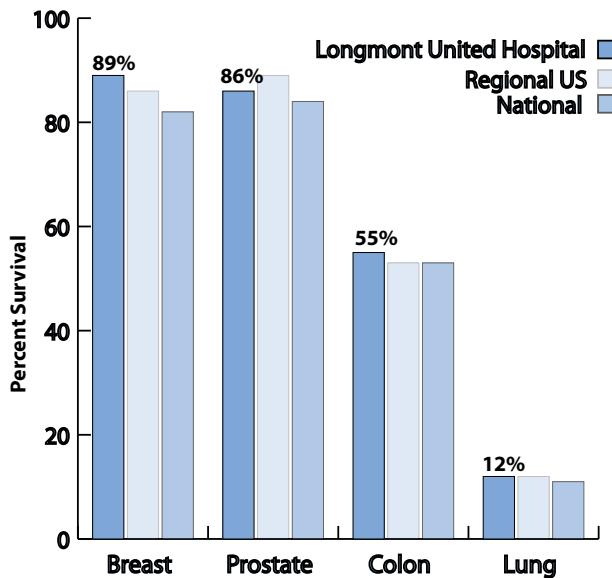
### Prostate Cancer



### Lung Cancer



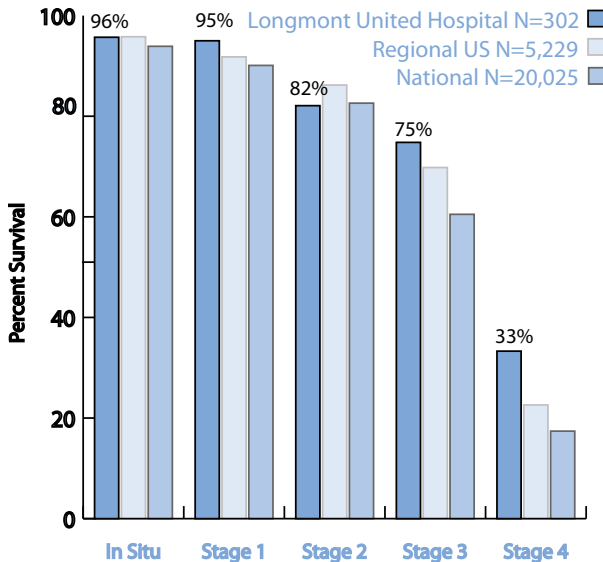
### Top Sites - All Stages of Combined



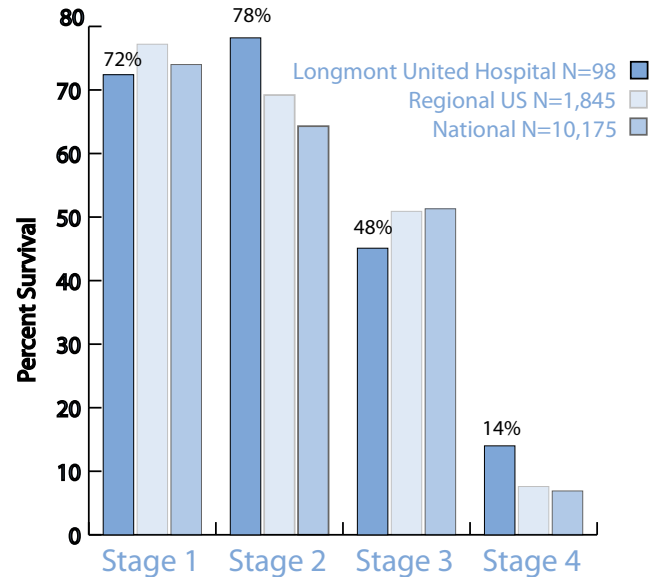
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## Breast Cancer



## Colon Cancer

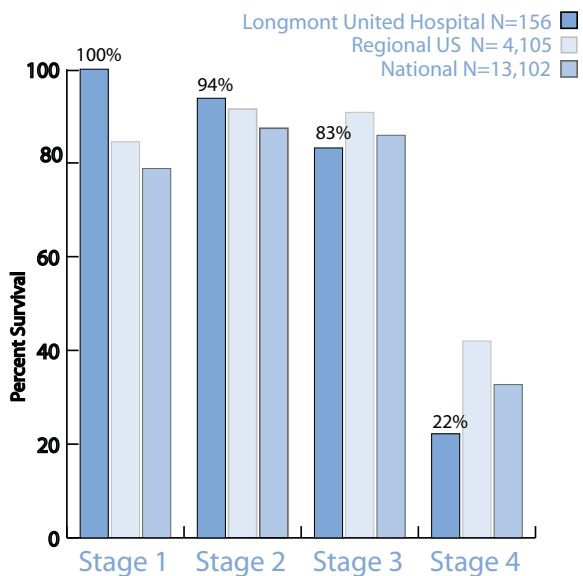


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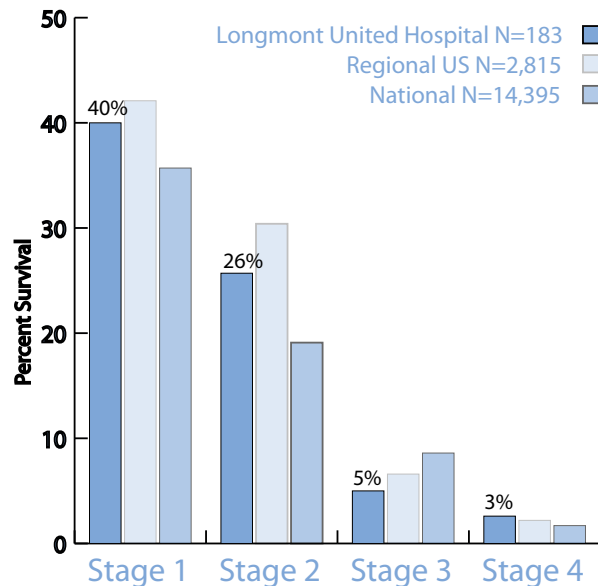
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## Prostate Cancer



## LungCancer



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## Glossary, References

**Aromatase Inhibitor** – a drug that prevents the formation of estradiol, a female hormone, by interfering with an aromatase enzyme. Aromatase inhibitors are used as a type of hormone therapy for postmenopausal women who have hormone-dependent breast cancer.

**Chemotherapy** – A treatment with drugs that kill cancer cells.

**First Course of Treatment**- includes all methods of treatment or therapies following initial diagnosis of the patient. Treatment is intended to change, control, remove, or destroy growing number of cancer cells. Subsequent Treatment is the additional treatments given for reappearance of disease or disease progression.

**Hormone Therapy** – a treatment that adds, blocks, or removes hormones. To slow or stop the growth of certain cancers (such as prostate and breast cancer), synthetic hormones or other drugs may be given to block the body's natural hormones. Also called endocrine therapy, hormonal therapy, and hormone treatment.

**Immunotherapy** – a treatment to boost or restore the ability of the immune system to fight cancer, infections, and other diseases. It is also used to lessen certain side effects that may be caused by some cancer treatments. Agents used in immunotherapy include monoclonal antibodies, growth factors, and vaccines. These agents may also have a direct antitumor effect. Also called biological response modifier therapy, biological therapy, biotherapy, and BRM therapy.

## Glossary, References

**Observed Survival** - The actual percentage of patients still alive at some specified time after diagnosis of cancer. It considers deaths from all causes, cancer or otherwise.

**Radiation Therapy** - The use of high-energy radiation from x-rays, gamma rays, neutrons, protons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy). Also called irradiation and radiotherapy.

**Stage of Disease** - The extent of a cancer in the body. Staging is usually based on the size of the tumor, whether lymph nodes contain cancer, and whether the cancer has spread from the original site to other parts of the body. The majority of cancers are staged using the guidelines provided by the American Joint Committee on Cancer, [www.cancerstaging.org](http://www.cancerstaging.org).

**Surgery** - Partial or total removal of cancerous tissue or organs.

### References

Commission on Cancer - National Cancer Database - [www.facs.org/cancer](http://www.facs.org/cancer)  
Longmont United Hospital Cancer Registry Database