

A photograph of a middle-aged woman with short, wavy grey hair, smiling warmly. She is wearing a white cable-knit cardigan over a purple top. A person with long blonde hair, likely a healthcare professional, is seen from the back/side, with their hand resting on the woman's shoulder in a supportive gesture. The background is a bright, out-of-focus window with horizontal blinds. Teal circular graphic elements with DNA helix patterns are in the corners.

# 2017-2018

Cancer Annual Report

Your Cancer Care—  
**IT'S PERSONAL**



The Statesir Cancer Center at  
***CentraState***

# PRESIDENT'S MESSAGE



At the Statesir Cancer Center at CentraState Medical Center, we take cancer care very personally. In fact, many of our innovative treatment options are based upon what makes each patient's cancer unique. CentraState offers targeted therapies designed around a patient's genetic makeup and cancer type, and immunotherapy to harness the power of the body's own immune system in fighting cancer. Even our latest precision radiation therapy technology—deep inspiration breath hold—is personalized to protect the heart in women whose chest wall is in close proximity to a left-sided breast cancer tumor.

At the same time, CentraState offers an extraordinary level of personal attention throughout the cancer journey. Our well-integrated team of experts now includes four cancer navigators who work to get patients where they need to be at each point in their care, while providing a listening ear and compassionate insight. We recently appointed John Pellegrino, MD, as dedicated breast surgeon/medical director of our Breast Program. In addition, we expanded our multidisciplinary tumor board, which brings together the perspectives of many cancer-related disciplines six times each month to focus on individual patient needs and progress.

CentraState is also breaking down barriers to care by bringing more screenings and services directly to the community, including underserved populations. For example, we have partnered with Walmart and ShopRite stores to bring breast exams and other screenings to these sites via our LIVE LIFE WELLSM van. Likewise, a grant from Susan G. Komen is facilitating breast health education and mammograms for Hispanic/Latina women in the area. Overall in 2018, nearly 600 people attended CentraState health lectures and screenings focused on cancer and its prevention.

In addition to these efforts, we focus strongly on bringing unique and compassionate services to patients from the time of diagnosis through the recovery and post-treatment phases of cancer care. As part of these ever-expanding offerings, we plan to launch a more structured Survivorship Program in 2019. The program will feature monthly lectures and participation opportunities, along with a personalized survivorship plan of action for each participant.

As you will see throughout this report, our ability to fight cancer with greater precision and improved access is continuously expanding. As a community-based health care system, CentraState is committed to pairing this expertise and technology with the comfort, convenience, and personal attention that make a true difference for patients and their families.

Sincerely,

A handwritten signature in black ink, reading "John T. Gribbin". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

John T. Gribbin, FACHE  
President and CEO  
CentraState Healthcare System



# CANCER COMMITTEE

The Cancer Committee is comprised of an interdisciplinary team of CentraState Medical Center's Medical and Dental Staff. The goal of the committee is to ensure that CentraState provides a coordinated, multidisciplinary approach to cancer prevention, detection, and treatment, supported by state-of-the-art technology and specially trained staff. The committee is responsible for ensuring compliance with the American College of Surgeons (ACoS) Commission on Cancer standards and providing the highest and most appropriate standard of care for cancer patients treated at CentraState Medical Center (CSMC). The committee meets quarterly to assess, plan, and implement all cancer-related programs and activities at the hospital. The committee strives to continually improve patient survival statistics and patient outcomes so that the quality of life for all cancer patients, and for families dealing with a cancer diagnosis, is enhanced.

Each year, the Cancer Committee establishes, implements, and monitors clinical programmatic, quality improvement, and community outreach goals to enhance cancer-related care. These goals are accomplished with an emphasis on wellness, education, prevention, survivorship, research, and stringent monitoring of comprehensive, quality cancer care.

## 2018 Cancer Committee Members

**Asch, Barry MPA, RTT**  
AVP – Cancer Services

**Balar, Bhavesh MD**  
Medical Oncologist – Chair, Cancer Committee

**Brown, Terri RN, BSN, MEd**  
Health Awareness Center – Nurse Educator

**Buccino, Nicole RN, MSN, CCRN**  
Nurse Manager – Ambulatory Services

**Craig, Jayne PhD, RN**  
Manager – Clinical Research

**Crant-Oksa, Aimee MS, RD**  
Clinical Nutrition Manager

**DeDea, Michele, BA, MSW**  
American Cancer Society

**Douglas, Sharon, BCC**  
Chaplain/Pastoral Care

**Eyd-Adonizio, Janine RN**  
Oncology Nurse Navigator

**Freeman, Karen CPHRM, CCLA**  
VP Quality/Patient Safety

**Joyce, Elana RN**  
Nurse Manager, 4 East Oncology

**Kelly, Kim RN, MS, NEA-BC, FACHE**  
Vice President – Clinical Services

**Kharod, Amit MD**  
General Surgeon – Chief of Surgery

**Leimbach, Joan, RN, BSN, ACM**  
Care Coordination

**Lorfin, Sharon RN, MSN, APN-C**  
Nurse Practitioner – Cancer Services/  
Nurse Navigator

**Mangin, Ronald, RPh, MS, Pharm D**  
Director – Pharmacy

**Mason, Brian PT, DPT**  
Clinical Director of Rehabilitative Services

**Mazza, Jean CTR**  
CoC Program Supervisor

**Pellegrino, John, MD**  
Medical Director – Breast Program

**Poznanski, Katherine RN**  
Palliative Care Nurse

**Savino, Linda, RN**  
VNA

**Scott, Thomas FACHE, FABC**  
Chief Operating Officer

**Sharma, Vikrant MD**  
Palliative Care Medical Director

**Simon, Paul DO**  
Medical Director – Pathology

**Smolen, Bonnie**  
Director – Marketing

**Soffen, Edward MD, FACP**  
Radiation Oncologist

**Tomkovich, Kenneth MD**  
Diagnostic Interventional Radiologist

**Turi-Smith, Deb BA, CSW**  
Support Service – Social Work

**Weber, Gloria RTT**  
Chief Therapist, Radiation Therapy

**Wike, Roseann, RN**  
Professional Development

**Wortman, Mandi**  
Director of Radiology

**Yuh, Barbara MSN, RN-BC, NE-BC**  
Director of Nursing – Med/Surg Division

## 2018 ADHOC Members

**Bessemer, Emily DPT, CLT**  
Physical Therapist

**Bocage, Jean-Philippe MD**  
Thoracic Surgery

**Dworkin, Jack MD, MBA, FACC**  
Vice President/Chief Medical Officer

**Dykeman, Maryellen RN, MSN, CCE, TDTS**  
Community Wellness Manager

**Dymyd, Elaine RN, BSN**  
Health Awareness Center Program Coordinator

**Gribbin, John FACHE**  
President/CEO

**Keehn, Donna BSN, RN**  
PI Coordinator/PI/Case Management

# 2018 STATESIR CANCER CENTER ACHIEVEMENTS & ACTIVITIES

## 2018 Cancer Committee Programmatic Goals

- Evaluate logistics surrounding development of a Skin Cancer Screening / Treatment Multidisciplinary Clinic with the Dermatologists, Moh's Surgeons, Radiation Oncologists and Medical Oncologists

## 2018 Cancer Committee Clinical Goals

- Recruit an additional Breast Surgeon for the Star & Barry Tobias Women's Health Center

## 2018 Quality Improvement Projects

- Rapid Quality Reporting System (RQRS) – real time reporting of quality activities as follows:
  - Hormonal Therapy (tamoxifen or aromatase inhibitor) is given or considered for Stage T1c or Stage IB – III hormone receptor positive breast cancer. 2018 Average = 97.5% compliance.
  - Breast Conserving Surgery followed by Radiation Therapy is given or considered within 1 year after diagnosis for patients under age 70. 2018 Average = 91% compliance.
  - Combination Chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with Stage T1c or Stage IB – III hormone receptor negative breast cancer. 2018 Average = 96.5% compliance.
  - Adjuvant Chemotherapy is considered or administered within 4 months of diagnosis for patients under age 80 with AJCC Stage III (lymph node positive) colon cancer. 2018 Average = 92.5% compliance.
  - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. 2018 Average = 92.4% compliance
  - Radiation Therapy is recommended or administered following any mastectomy within 1 year of diagnosis for patients with > 4 positive lymph nodes. 2018 Average = 100% compliance

- Multigene Signature Prognostic Testing Study (Oncotype, Prosigna, etc) for Breast Cancer Patients including Stage I & II ER+, Lymph Node Negative Patients
  - Testing estimates the likelihood of disease recurrence in women with early stage hormone estrogen receptor positive only breast cancer
  - Testing may provide information regarding likely benefit from receiving chemotherapy
  - Testing results in a "recurrence score" which helps the physician determine if a patient is a good candidate for chemotherapy
  - 189 patients were included in the initial data collection. 52 patients met criteria for multigene signature prognostic testing.
  - 70.5 % of eligible patients completed testing; 22.7% were not recommended for testing by Medical Oncologists; 6.7% refused testing.

## 2018 Other Achievements

- Successful on-boarding of dedicated Breast Surgeon / Medical Director of Breast Program
- Expansion of Tumor Boards to include a dedicated GI Tumor Board
- Expansion of MoleSafe accessibility to 2 full days per week
- Developed new Oncology Marketing Campaign – Launch date mid- November
- Collaborated and supported Atlantic Health on an application to the NCI as an NCORP participant – allowing participation in community based NCI level research studies
- Presentation of ICE 3 Trial outcomes at 2018 Radiologic Society of North America (RSNA) Conference by Dr. Tomkovich

## Cancer Navigation and Survivorship

- Active Support Groups for Breast, Colorectal, Lymphedema, and Leukemia/Lymphoma
- Survivor Day – celebrated 11th annual
- 4th Annual Day of Beauty and Healing

# 2018 STATESIR CANCER CENTER ACHIEVEMENTS & ACTIVITIES

## Accreditations

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- Commission on Cancer (CoC)
- National Accreditation Program for Breast Centers (NAPBC)
- College of American Pathologists (CAP)
- CEO Cancer Gold Standard
- American College of Radiology (ACR) accreditations in:
  - Radiation Oncology
  - Diagnostic Imaging Center of Excellence (DICOE)
  - Nuclear Medicine
  - CT
  - UltraSound
  - Mammography
  - Stereotactic Breast Biopsy
  - Breast Imaging Center of Excellence (BICOE)
  - Low-Dose Rate CT Lung Screening Center of Excellence

## The Karen Olbis Radiation Oncology Center

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- Installation and implementation of Breath Hold Technique in Radiation Oncology

## New Physicians Providing Cancer Services

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- John Pellegrino, MD – Medical Director – Breast Program
- Michael D'Angelo, MD – Radiology / Interventional Radiology
- Samuel Greene, MD - Radiology / Interventional Radiology
- Donald Denny, MD - Radiology / Interventional Radiology

## Research – Clinical Trials

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- IceSense3 – Cryoablation of Early Stage Breast Lesions
  - Principle Investigator – K. Tomkovich, MD
- PARTIQoL – Prostate Advanced Radiation Technologies
  - Investigating Quality of Life: Phase III
- Site Principle Investigator – E. Soffen, MD
  - A Companion Study to PARTIQoL
  - Site Principle Investigator – E. Soffen, MD
- Longitudinal Prostate Study
  - Principle Investigator – E.D. Crawford, MD
- How Well do Nurses Understand Breast Cancer?
  - Principle Investigator – J. Craig, Ph.D, RN
- Examining the Impact of Yoga on Grip Strength and Self-Reported Measures of Balance in Patients With Cancer
  - Principle Investigator – E. Bessemer, DPT, CLT
- ERAS: Enhanced Recovery After Surgery For Elective Colorectal Patients
  - Principle Investigator – R. Norton, RN, BSN
- Access Enough? Evaluating the Impact of Adding a Clinical Coordination Program to Subsidized Colon Cancer Screening in an Uninsured Population
  - Principle Investigator – B. Shenker, MD

## Star and Barry Tobias Women's Health Center

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- Latina Breast Health Project: In conjunction with the Komen Grant, Targeting the Hispanic Underserved Community –June 2018 and October 2018
- Clinical Breast Exams, in conjunction with Komen Education, at the Community Affairs & Resource Center – June 2018
- Community Outreach to the Jackson Community – White Butterfly – October 2018
- VNA Ladies Night Out – October 2018 and November 2018
- United Healthcare Ladies Night Out – October 2018
- Monmouth Woods "Pinknick" Event – Education on Breast Health – October 2018
- Clinical Breast Exams Followed by Mammography, in collaboration with the CentraState Health Awareness Center and the Freehold Area YMCA – October 2018

# 2018 STATESIR CANCER CENTER ACHIEVEMENTS & ACTIVITIES

- “Mammos and Mimosas” – a morning of Breast Health Education, Awareness and Screening – October 2018
- “More that Pink Walk” in collaboration with the Komen Grant – Held at Six Flags Great Adventure – November 2018
- Ladies Night Out for CentraState Employees – November 2018
- Breast Health Lecture and Presentation by Drs. J. Pellegrino and C. Ananian, in partnership with the VNA and Komen - December 2018

## Prevention and Community Outreach

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- 2018 Screenings:
  - Feb 27th – Thyroid
  - March 27th – Colorectal Lect. And Kits
  - April 30th – Head and Neck
  - May 29th – Skin
  - June 26th – Prostate/Colorectal
  - August 8th – Skin – 17 screened, no biopsy rec.
  - Sept 12th – Head and Neck – 16 screened – 6 abn
  - Oct. 24th – Prostate/Colorectal – 18 screened
  - Nov 5th – Colorectal Lecture and Take Home Kit
  - Nov. 13th – Colorectal Lecture and Take Home Kit @ Bartley Healthcare
- Educational Community Presentation on Low Dose Lung Screening Program
  - Presented by Drs. M. D’Angelo and R. Caccavale
- Flagship Sponsor of American Cancer Society’s Making Strides Against Breast Cancer Event - October 2018
- Paulette’s C of Blue – Raising Awareness of Colon Cancer - May 2018
- American Cancer Society Relay for Life - Freehold - June 2018
- Choose Your Cover – Belmar Beach - July 2018



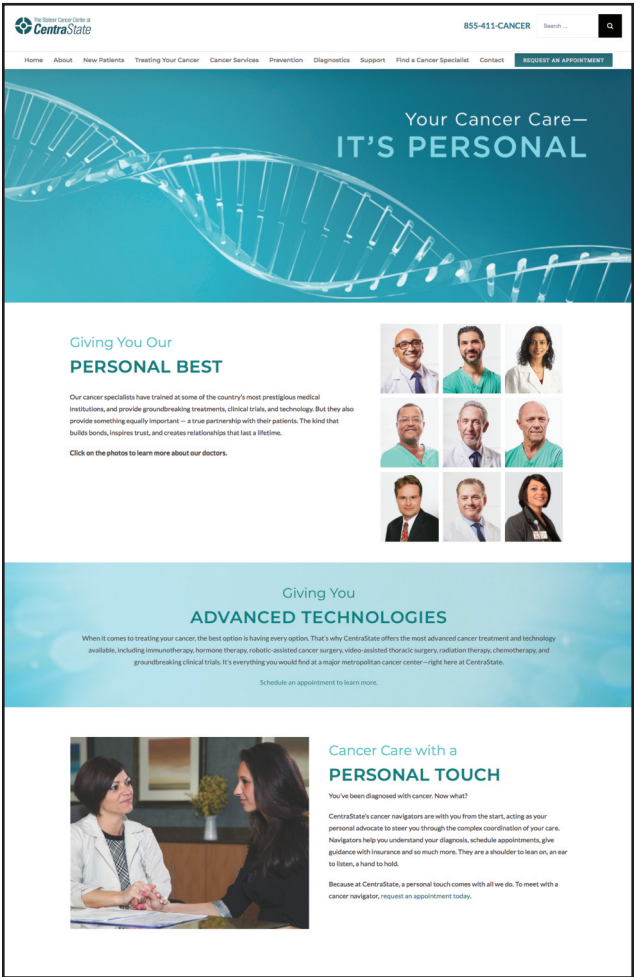
# 2018 STATESIR CANCER CENTER MARKETING CAMPAIGN

During the first three quarters of 2018, The Statesir Cancer Center at CentraState continued its campaign based on the theme of “Advancing Community-Based Cancer Care”, which highlighted our unique cancer offerings for skin, colorectal, prostate, and lung. The campaign accomplished its goal of increasing preference for our cancer services in our primary and secondary markets with an overall 28% gain in preference.

To build on these results, and to further enhance awareness of the stellar level of cancer care available at CentraState, the center embarked on a new marketing campaign in the fourth quarter of 2018 based on the concept of “personalized care.” The overarching message of this campaign is that CentraState offers the same latest technologies and treatments available at major cancer centers, while combining a level of personalized care and attention that is unavailable at those much larger centers.

This campaign ties together the many technological advancements in use at CentraState along with our commitment to offering patients accuracy, compassion, and trailblazing excellence. When paired with the comfort and convenience of receiving this level of personal service close to home, from a leading team of specialists, we positively differentiate CentraState from other centers.

Launched in November 2018, with the theme of “Your Cancer Care—It’s Personal” this campaign will carry the Statesir Cancer Center into 2019 with specific advertising that highlights our centers of excellence that give their personal best to the patients and the community including Personalized Medicine, Cancer Diagnostics, Radiation Oncology, Video-Assisted Thoracic Surgery, and Robotic-Assisted Cancer Surgery.



# Commission on Cancer (CoC) Standard 4.4

## PUBLIC REPORTING OF OUTCOMES FOR BREAST CANCER

The Accountability measures were developed by the CoC with the expectation that cancer registries would collect the necessary data to assess and monitor concordance with the following measures. Extensive assessment and validation of the measures was performed using cancer registry data reported to the National Cancer Database (NCDB).

The following outcomes for the CentraState Medical Center Statesir Cancer Center represent the 2015 reported performance outcome rates for the Breast Cancer Accountability Measures at the November 14, 2017 Cancer Committee meeting. The first measure at 98% for Radiation treatment following Breast Conserving Surgery (BCSRT) for all women under age 70, CSMC was reported to be above the National estimated performance rate (shown in green).

The second measure at 100% for Chemotherapy (MAC-multi agent chemotherapy) for women under age 70 with American Joint Commission on Cancer (AJCC) Stage T1c N0 M0, or Stage IB – III hormone receptor negative Breast Cancer, CSMC was reported to be above the National estimated performance rate (shown in green).

The third measure at 98% for Hormone Therapy (HT) American Joint Commission on Cancer (AJCC) Stage T1c N0 M0, or Stage IB – III hormone receptor positive Breast Cancer, CSMC was reported to be ever so slightly below the National estimated performance rate.

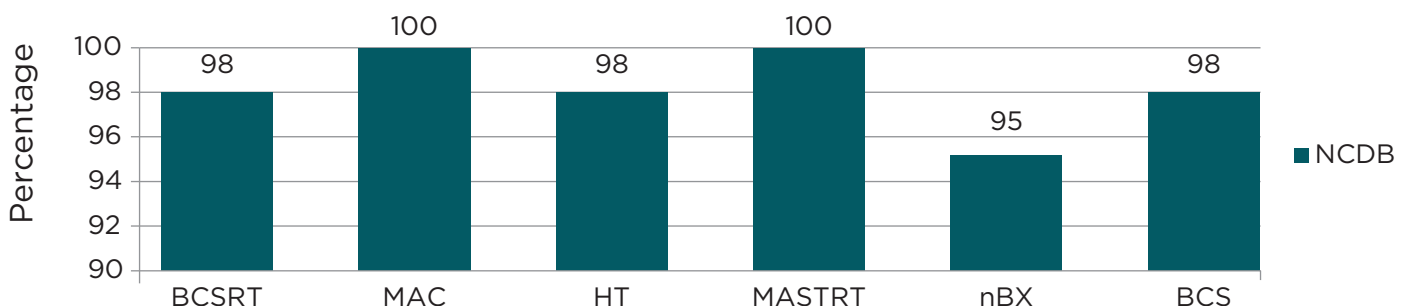
The fourth measure at 100% for Radiation Therapy for women with Mastectomy (MASTRT) with breast cancer with > 4 positive regional lymph nodes; CSMC was reported to be above the National estimated performance rate (shown in green).

The fifth measure at 95% for Image or palpation-guided needle biopsy (nBX) to primary site is performed to establish a diagnosis of Breast Cancer (surveillance measures –national estimated performance difference not published for this measure)

Sixth measure at 98% for Breast Conservation surgery rate for women (BCS) with AJCC clinical stage 0, I, or II Breast Cancer (surveillance measures –national estimated performance difference not published for this measure)

<b>SELECT MEASURES BY THE CoC NCDB CP3R Program – Breast Cancer Accountability Measures:</b>	<b>Measure</b>	<b>CSMC Minus National Estimated Performance Difference</b>
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conserving surgery for Breast Cancer (Accountability)	BCSRT	5.60
Combination Chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c No, or Stage IB – III hormone receptor negative Breast cancer (Accountability)	MAC	7.00
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c No, or Stage IB – III hormone receptor positive Breast cancer (Accountability)	HT	3.80
Radiation therapy is recommended following any mastectomy within 1 year (365 days) of diagnosis of Breast cancer with > 4 positive regional lymph node (Accountability)	MASTRT	11.40

## Public Reporting of Outcomes for Breast Cancer Accountability Measures



As an accredited organization with Commission on Cancer (CoC) as well as the National Accreditation Program for Breast Centers (NAPBC), the Breast Cancer patients at Statesir Cancer Center can be assured that they are receiving care that is consistent with nationally recognized standards.



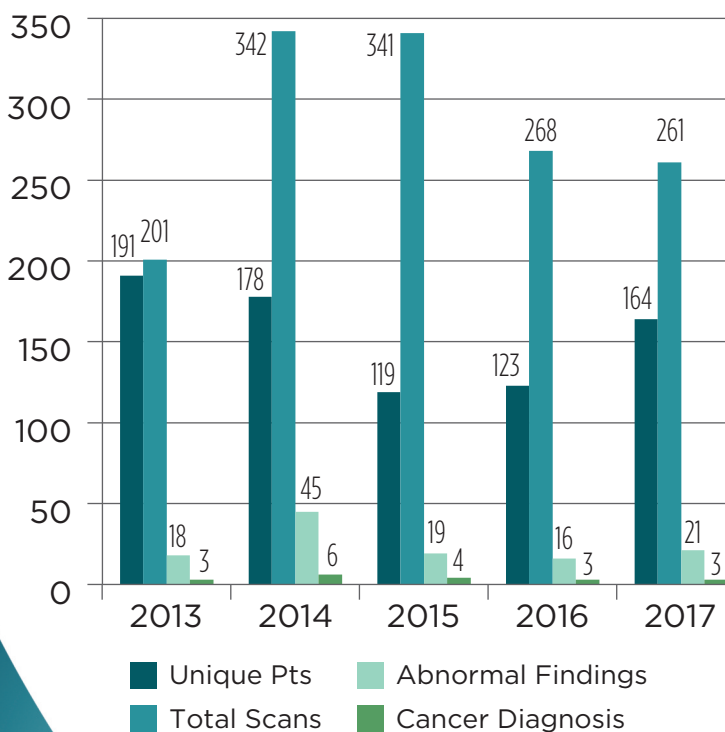
# LOW-DOSE CT LUNG SCREENING FROM 2013-2017

Smoking and exposure to industrial toxins, such as asbestos, are the leading causes of lung cancer. The best ways to prevent lung cancer are to never smoke and avoid environmental toxins. The Star and Barry Tobias Health Awareness Center at CentraState Medical Center offers a comprehensive smoking cessation program and other community health and wellness programs aimed at preventing lung cancer.

Early-stage lung cancers are generally asymptomatic. When symptoms do occur, the cancer has usually advanced to a late stage. Symptoms may vary depending on tumor type, location, and size. Typical symptoms include cough, dyspnea, fatigue, wheezing, pain, and weight loss. Over half of individuals diagnosed with lung cancer die within one year.

From the inception date of the low-dose CT program in 2013 through the middle of 2018, the Statesir Cancer Center Cancer Committee reported the following outcomes:

876 Unique Pts, 1579 Total Scans,  
132 Abnormal Findings and 22 Cancers detected (2.5%)



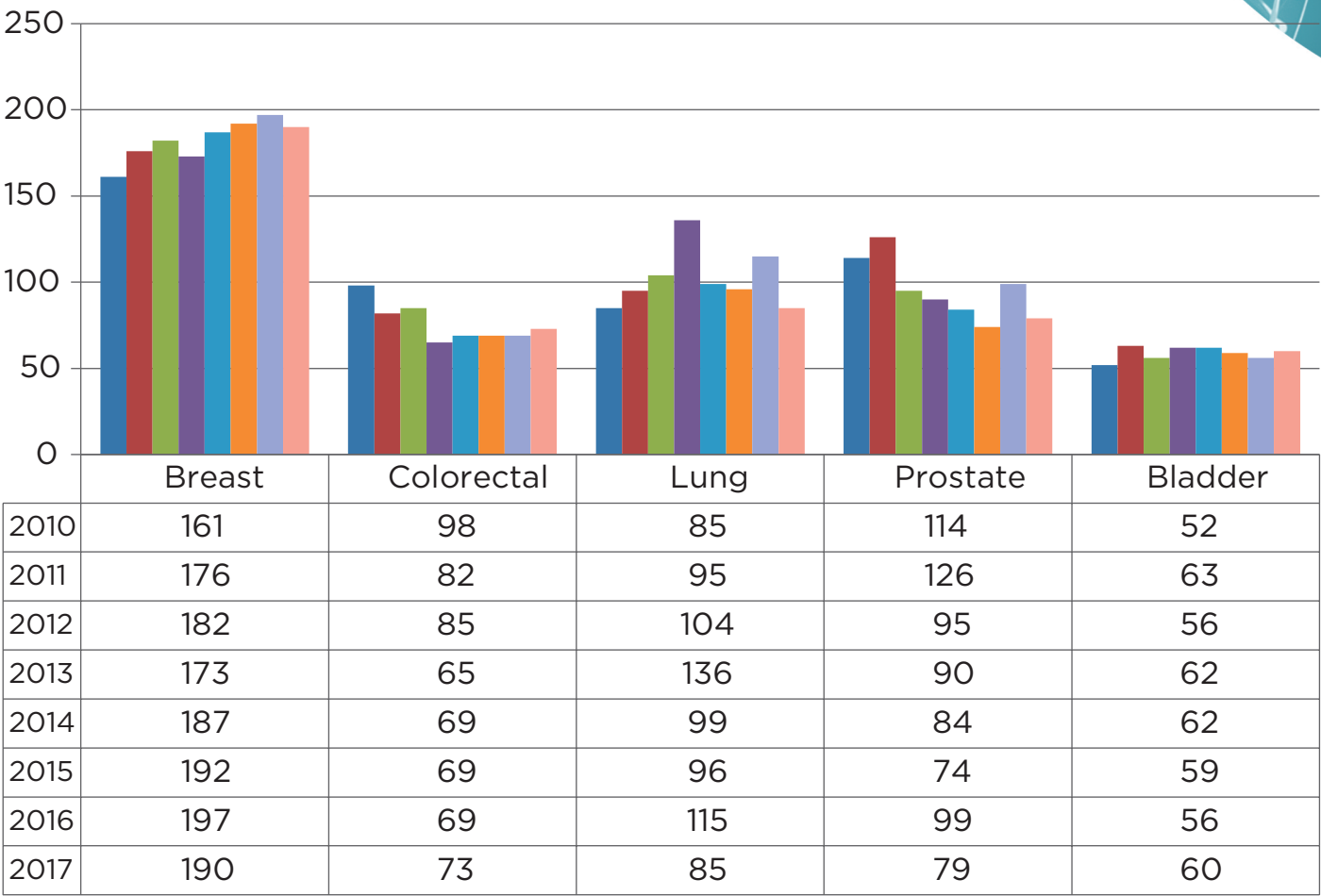
Screening is available that detects lung cancer early, when it is more likely to be treated before it spreads, dramatically improving lung cancer survival rates. The Comprehensive Lung Care Program at CentraState Medical Center offers low-dose CT screenings for those individuals considered at high risk for developing lung cancer.

Participants should be screened annually and must meet all of the criteria to qualify for insurance coverage. If you don't meet all of the requirements below, but think you may be at risk, low-cost, self-pay options are available. Contact us at (732) 637-6365 for details.

- Be a current smoker or have quit within the last 15 years.
- Must be asymptomatic (no symptoms of lung cancer). If you are experiencing symptoms, please see your primary care doctor or call 866.236.8727 for a referral.
- Have smoked a minimum of 30 "pack years," which is the equivalent of 1 pack a day for 30 years or 2 packs a day for 15 years, etc.
- Be age 55-80\* (50-77 for Medicare patients). Have a prescription for a low-dose CT scan for lung screening, which can be provided by our team or your physician.

\*Please contact your insurance company for age eligibility and coverage.

# 2010-2017 TOP FIVE PRIMARY CANCER SITES



# Statistical Summary of Cancer Registry Data

## Primary Site Table: Newly Diagnosed and/or Treated Cases Seen at CentraState — 2017

Primary Site	Total (%)	Sex		Status		Stage Distribution - Analytic Cases Only					
		M	F	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unknown
<b>ORAL CAVITY &amp; PHARYNX</b>	<b>11 (1.4%)</b>	<b>6</b>	<b>5</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>0</b>
Tongue	3 (0.4%)	2	1	3	0	0	1	0	1	1	0
Salivary Glands	2 (0.3%)	0	2	1	1	0	1	0	0	1	0
Tonsil	4 (0.5%)	3	1	3	1	0	0	0	0	4	0
Other Oral Cavity & Pharynx	2 (0.3%)	1	1	2	0	0	0	0	0	0	0
<b>DIGESTIVE SYSTEM</b>	<b>139 (18.2%)</b>	<b>81</b>	<b>58</b>	<b>115</b>	<b>24</b>	<b>3</b>	<b>22</b>	<b>36</b>	<b>25</b>	<b>38</b>	<b>5</b>
Esophagus	6 (0.8%)	5	1	4	2	0	0	1	3	2	0
Stomach	7 (0.9%)	3	4	6	1	1	3	1	0	2	0
Small Intestine	5 (0.7%)	3	2	4	1	0	0	1	1	2	0
Colon Excluding Rectum	47 (6.2%)	24	23	40	7	1	7	13	12	9	2
Cecum	13	7	6	10	3	0	2	5	2	4	0
Appendix	7	4	3	6	1	0	1	1	2	0	0
Ascending Colon	8	3	5	8	0	0	1	3	3	0	1
Hepatic Flexure	1	1	0	1	0	0	0	0	1	0	0
Transverse Colon	5	2	3	3	2	0	2	1	1	1	0
Descending Colon	1	0	1	1	0	0	0	1	0	0	0
Sigmoid Colon	10	5	5	10	0	1	1	2	2	3	1
Large Intestine, NOS	2	2	0	1	1	0	0	0	1	1	0
Rectum & Rectosigmoid	25 (3.3%)	17	8	22	3	0	2	7	8	7	0
Rectosigmoid Junction	6	3	3	6	0	0	0	4	2	0	0
Rectum	19	14	5	16	3	0	2	3	6	7	0
Anus, Anal Canal & Anorectum	2 (0.3%)	0	2	2	0	1	1	0	0	0	0
Liver & Intrahepatic Bile Duct	9 (1.2%)	8	1	7	2	0	2	0	0	4	1
Liver	8	8	0	6	2	0	2	0	0	3	1
Intrahepatic Bile Duct	1	0	1	1	0	0	0	0	0	1	0
Gallbladder	3 (0.4%)	3	0	2	1	0	0	2	0	1	0
Other Biliary	2 (0.3%)	1	1	2	0	0	1	0	0	0	1
Pancreas	32 (4.2%)	17	15	25	7	0	6	11	1	11	1
Peritoneum, Omentum & Mesentery	1 (0.1%)	0	1	1	0	0	0	0	0	0	0
<b>RESPIRATORY SYSTEM</b>	<b>88 (11.5%)</b>	<b>41</b>	<b>47</b>	<b>74</b>	<b>14</b>	<b>0</b>	<b>24</b>	<b>6</b>	<b>13</b>	<b>40</b>	<b>2</b>
Nose, Nasal Cavity & Middle Ear	1 (0.1%)	0	1	1	0	0	0	1	0	0	0
Larynx	3 (0.4%)	3	0	3	0	0	2	0	0	0	1
Lung & Bronchus	84 (11.0%)	38	46	70	14	0	22	5	13	40	1
<b>BONES &amp; JOINTS</b>	<b>1 (0.1%)</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>1</b>	<b>0</b>
Bones & Joints	1 (0.1%)	0	1	1	0	0	0	0	0	1	0
<b>SOFT TISSUE</b>	<b>5 (0.7%)</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>
Soft Tissue (including Heart)	5 (0.7%)	3	2	4	1	0	2	0	1	1	1



# Statistical Summary of Cancer Registry Data

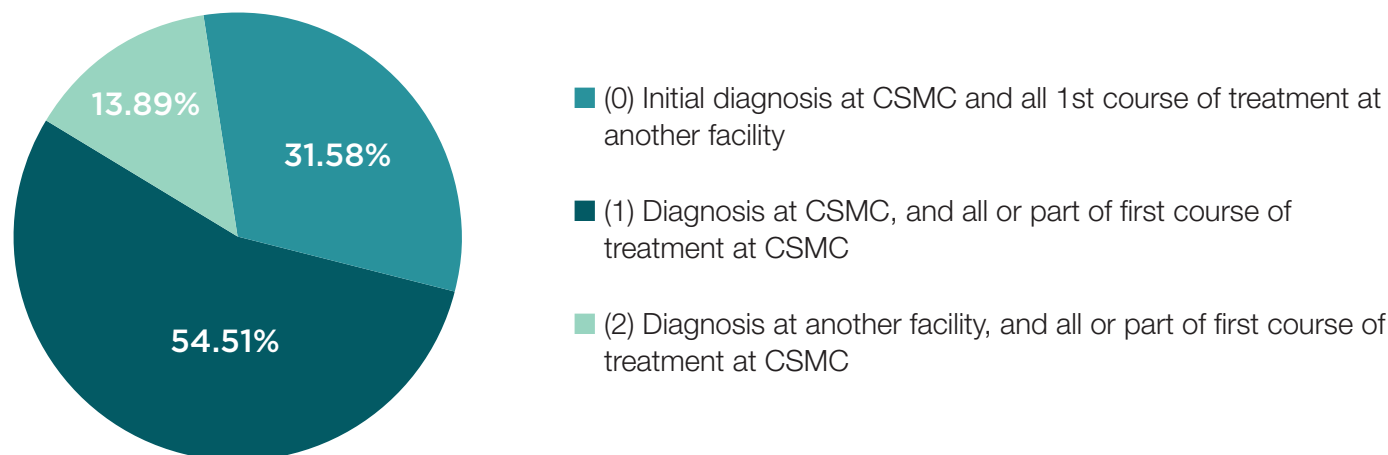
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Primary Site	Total (%)	Sex		Status		Stage Distribution - Analytic Cases Only					
		M	F	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unknown
<b>SKIN EXCLUDING BASAL &amp; SQUAMOUS</b>	<b>8 (1.0%)</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>
Melanoma - Skin	7 (0.9%)	5	2	6	1	2	1	1	1	1	1
Other Non-Epithelial Skin	1 (0.1%)	1	0	1	0	0	0	1	0	0	0
<b>BREAST</b>	<b>190 (24.9%)</b>	<b>1</b>	<b>189</b>	<b>186</b>	<b>4</b>	<b>37</b>	<b>101</b>	<b>37</b>	<b>8</b>	<b>5</b>	<b>2</b>
Breast	190 (24.9%)	1	189	186	4	37	101	37	8	5	2
<b>FEMALE GENITAL SYSTEM</b>	<b>26 (3.4%)</b>	<b>0</b>	<b>26</b>	<b>24</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>10</b>
Cervix Uteri	1 (0.1%)	0	1	1	0	0	0	0	0	0	1
Corpus & Uterus, NOS	19 (2.5%)	0	19	19	0	0	6	1	0	4	8
Corpus Uteri	18	0	18	18	0	0	6	1	0	4	7
Uterus, NOS"	1	0	1	1	0	0	0	0	0	0	1
Ovary	6 (0.8%)	0	6	4	2	0	0	1	1	3	1
<b>MALE GENITAL SYSTEM</b>	<b>81 (10.6%)</b>	<b>81</b>	<b>0</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>56</b>	<b>13</b>	<b>1</b>	<b>0</b>
Prostate	79 (10.4%)	79	0	79	0	0	9	56	13	1	0
Testis	2 (0.3%)	2	0	2	0	0	2	0	0	0	0
<b>URINARY SYSTEM</b>	<b>94 (12.3%)</b>	<b>72</b>	<b>22</b>	<b>86</b>	<b>8</b>	<b>38</b>	<b>32</b>	<b>12</b>	<b>4</b>	<b>7</b>	<b>1</b>
Urinary Bladder	60 (7.9%)	46	14	56	4	36	12	6	1	4	1
Kidney & Renal Pelvis	29 (3.8%)	24	5	27	2	1	19	4	3	2	0
Ureter	5 (0.7%)	2	3	3	2	1	1	2	0	1	0
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	<b>9 (1.2%)</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Brain	4 (0.5%)	2	2	3	1	0	0	0	0	0	0
Cranial Nerves Other Nervous System	5 (0.7%)	1	4	5	0	0	0	0	0	0	0
<b>ENDOCRINE SYSTEM</b>	<b>28 (3.7%)</b>	<b>8</b>	<b>20</b>	<b>27</b>	<b>1</b>	<b>0</b>	<b>14</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>
Thyroid	26 (3.4%)	6	20	26	0	0	14	4	4	2	2
Other Endocrine including Thymus	2 (0.3%)	2	0	1	1	0	0	0	0	1	0
<b>LYMPHOMA</b>	<b>52 (6.8%)</b>	<b>25</b>	<b>27</b>	<b>47</b>	<b>5</b>	<b>0</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>14</b>	<b>3</b>
Hodgkin Lymphoma	7 (0.9%)	4	3	7	0	0	2	2	3	0	0
Non-Hodgkin Lymphoma	45 (5.9%)	21	24	40	5	0	11	7	10	14	3
NHL - Nodal	33	15	18	29	4	0	2	7	10	11	3
NHL - Extranodal	12	6	6	11	1	0	9	0	0	3	0
<b>MYELOMA</b>	<b>7 (0.9%)</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LEUKEMIA</b>	<b>11 (1.4%)</b>	<b>8</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Lymphocytic Leukemia	3 (0.4%)	2	1	3	0	0	0	0	0	0	0
Acute Lymphocytic Leukemia	1	1	0	1	0	0	0	0	0	0	0
Chronic Lymphocytic Leukemia	2	1	1	2	0	0	0	0	0	0	0
Myeloid & Monocytic Leukemia	7 (0.9%)	5	2	4	3	0	0	0	0	0	0
Acute Myeloid Leukemia	5	3	2	3	2	0	0	0	0	0	0
Chronic Myeloid Leukemia	2	2	0	1	1	0	0	0	0	0	0
Other Leukemia	1 (0.1%)	1	0	0	1	0	0	0	0	0	0
<b>MISCELLANEOUS</b>	<b>13 (1.7%)</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>763</b>	<b>347</b>	<b>416</b>	<b>689</b>	<b>74</b>	<b>80</b>	<b>228</b>	<b>164</b>	<b>84</b>	<b>124</b>	<b>27</b>

Exclusions: Not Male and Not Female

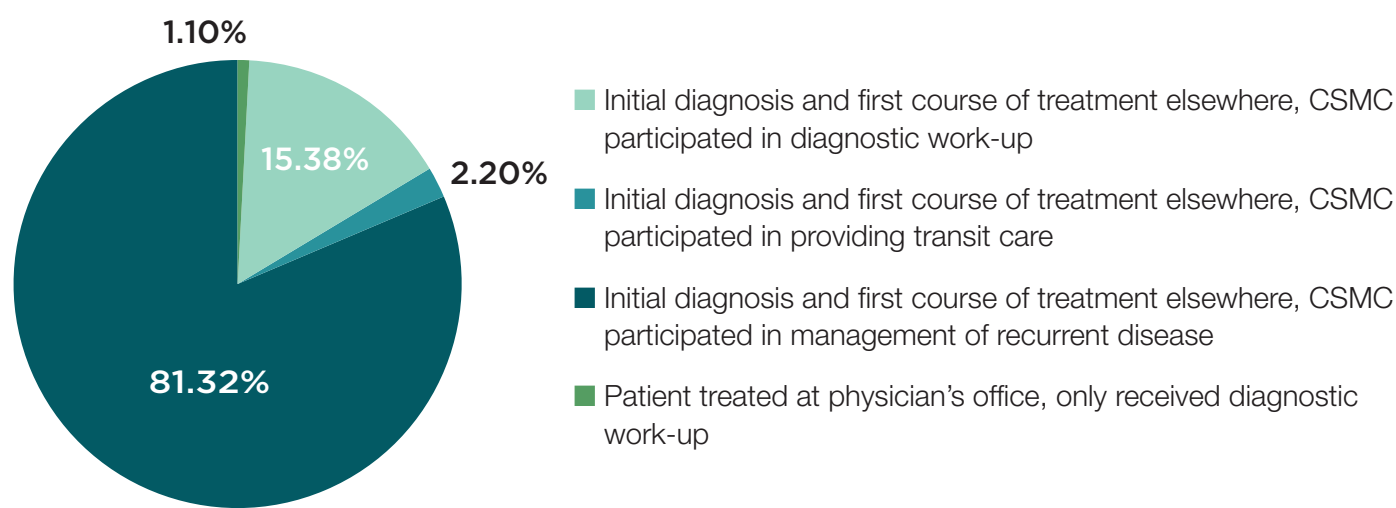
# CANCER REGISTRY STATISTICS

## 2017 Analytic Cases at CentraState (CSMC)



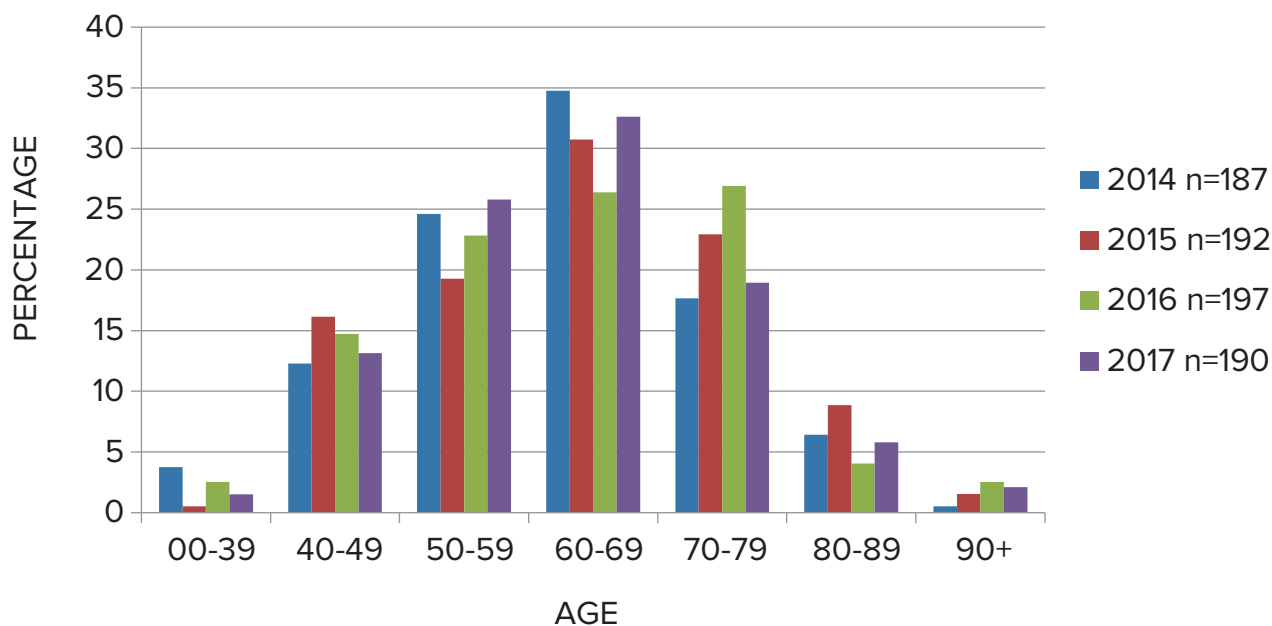
Analytic cases: Patients who were diagnosed and/or received treatment for their newly diagnosed cancer at CSMC

## 2017 Non-Analytic Cases at CentraState (CSMC)

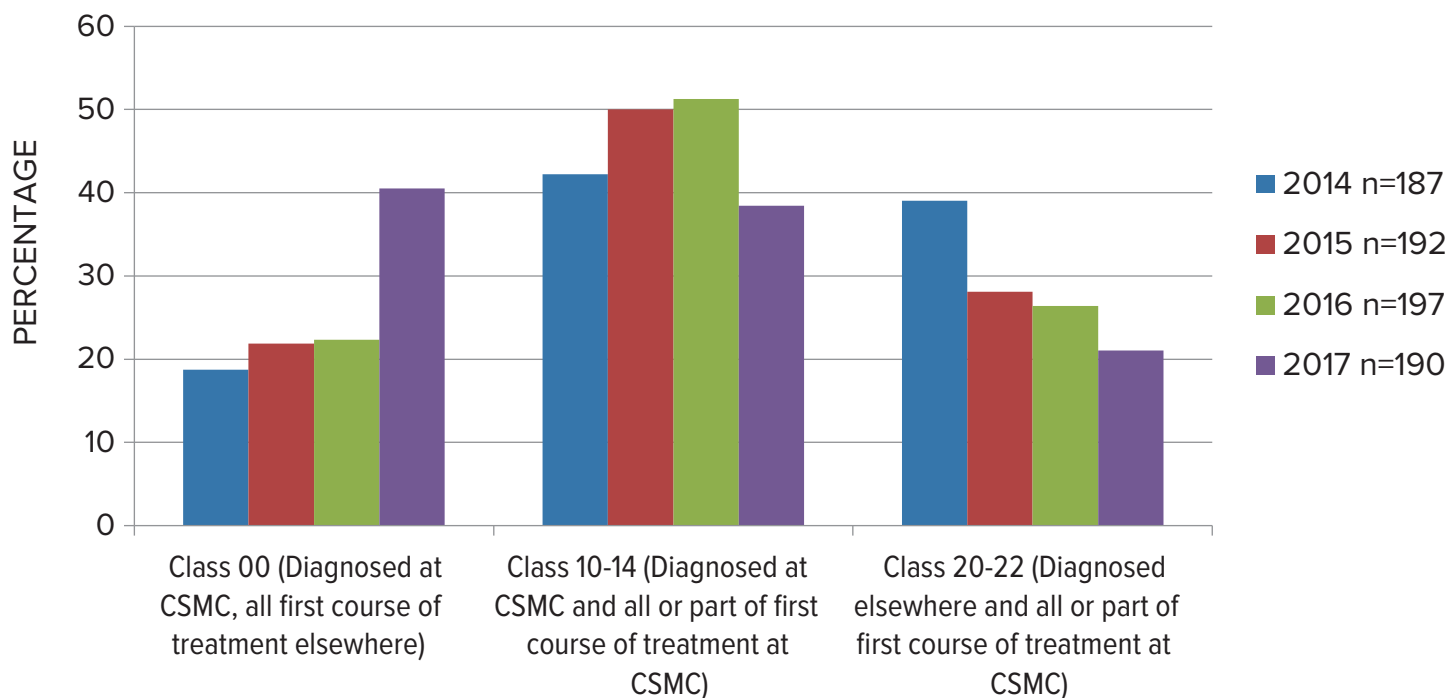


Non-analytic cases: Patients who were seen for the first time at CSMC only for consultation, diagnostic work-up, transient care, management of recurrent disease, or treatment of non-malignant conditions (with active cancer diagnosis)

# CSMC 2014-2017 Breast Cancer by Age at Diagnosis

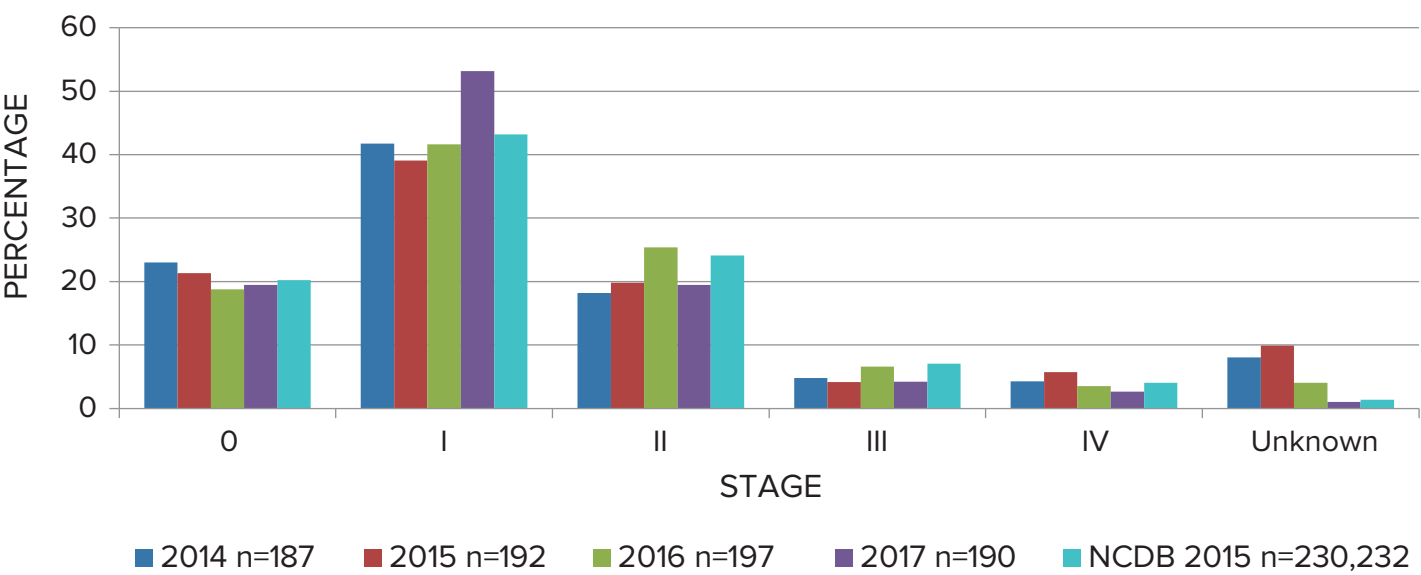


# CSMC 2014-2017 Breast Cancer by Class of Case

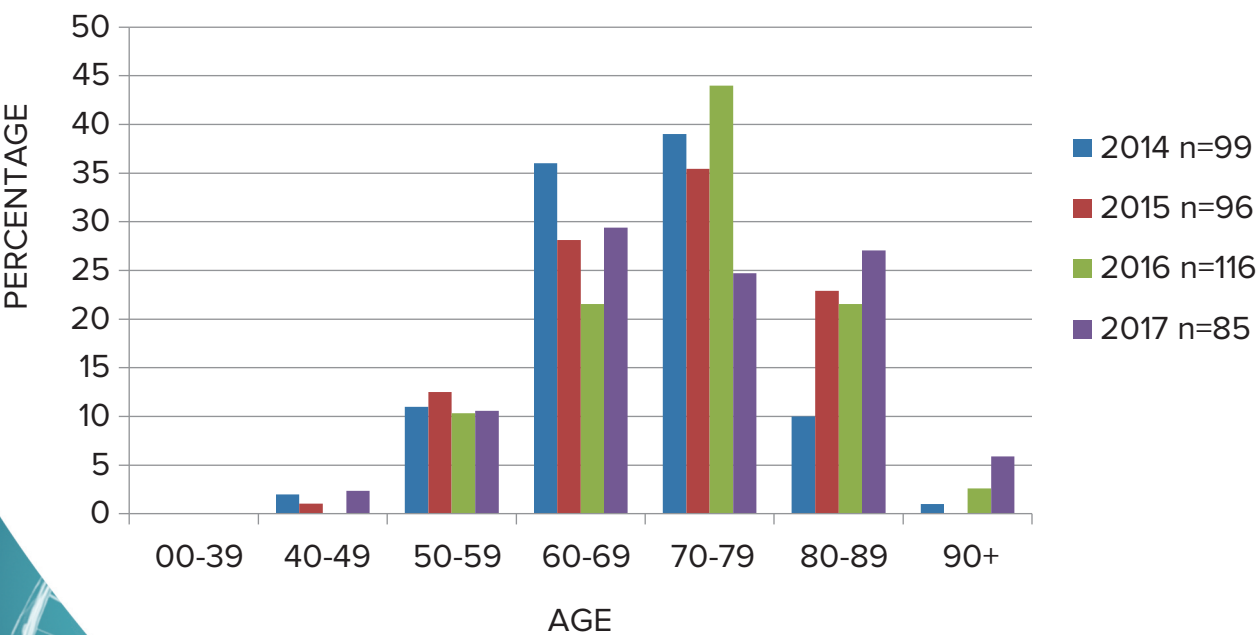




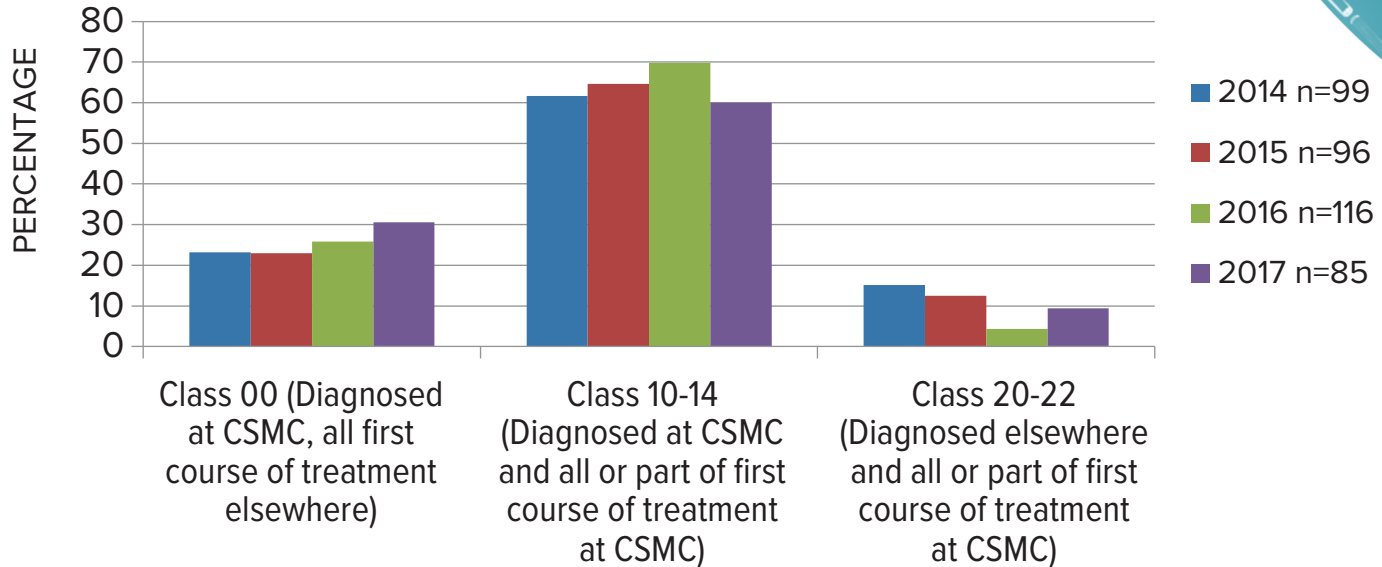
# CSMC 2014-2017 Breast vs National Cancer Data Base by Stage at Diagnosis



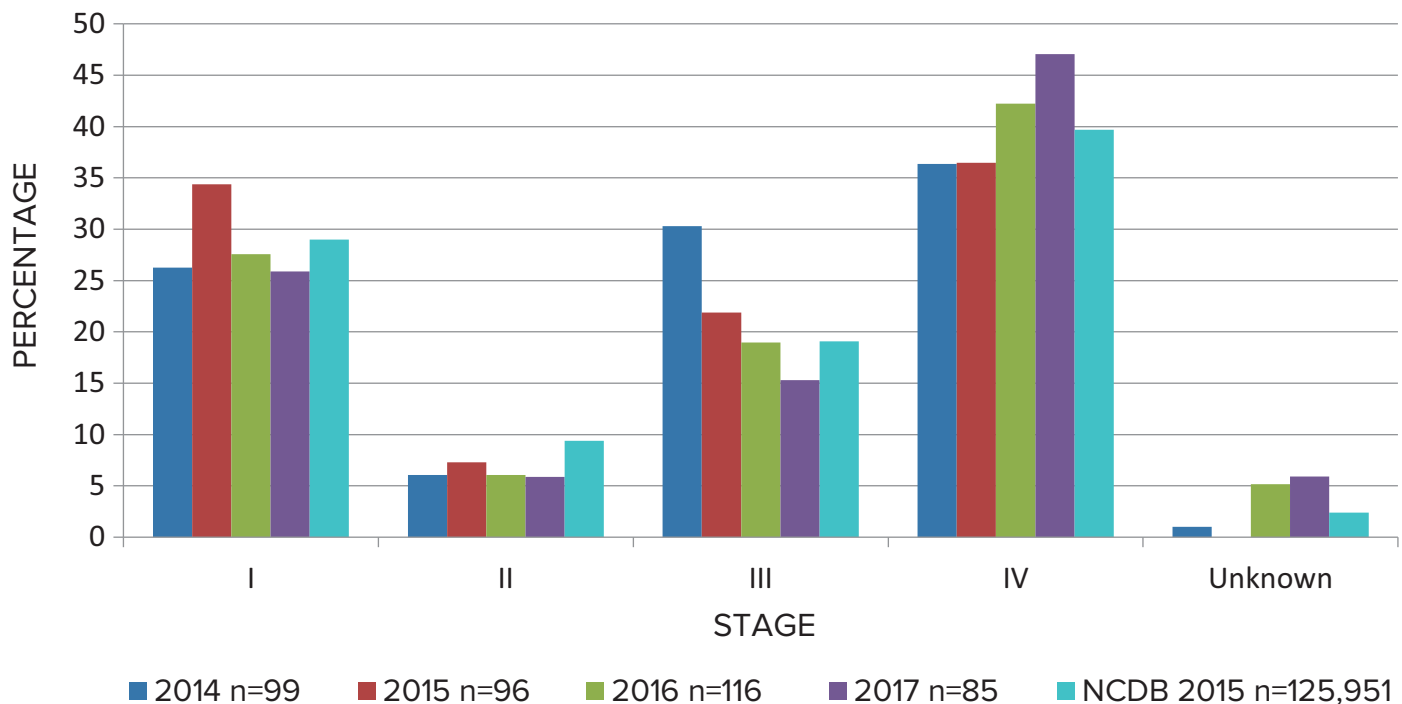
# CSMC 2014-2017 Lung Cancer by Age at Diagnosis



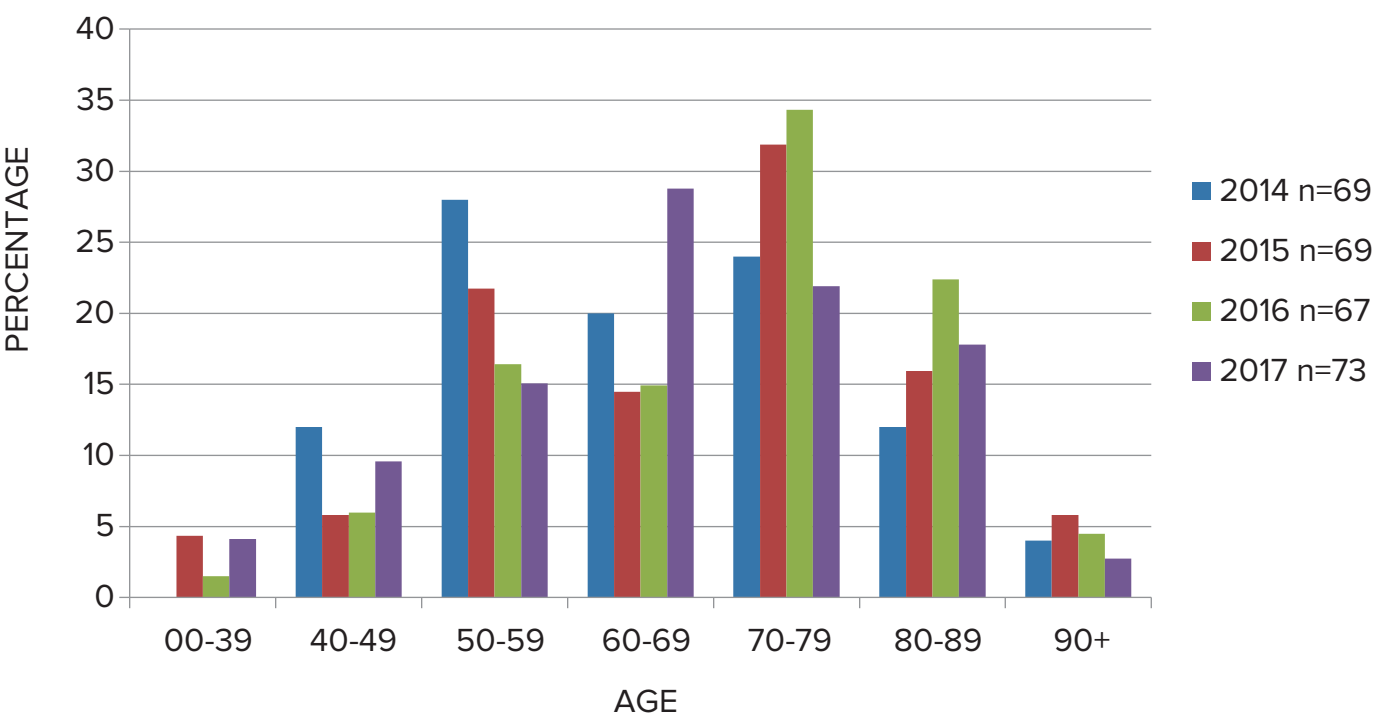
## CSMC 2014-2017 Lung Cancer by Class of Case



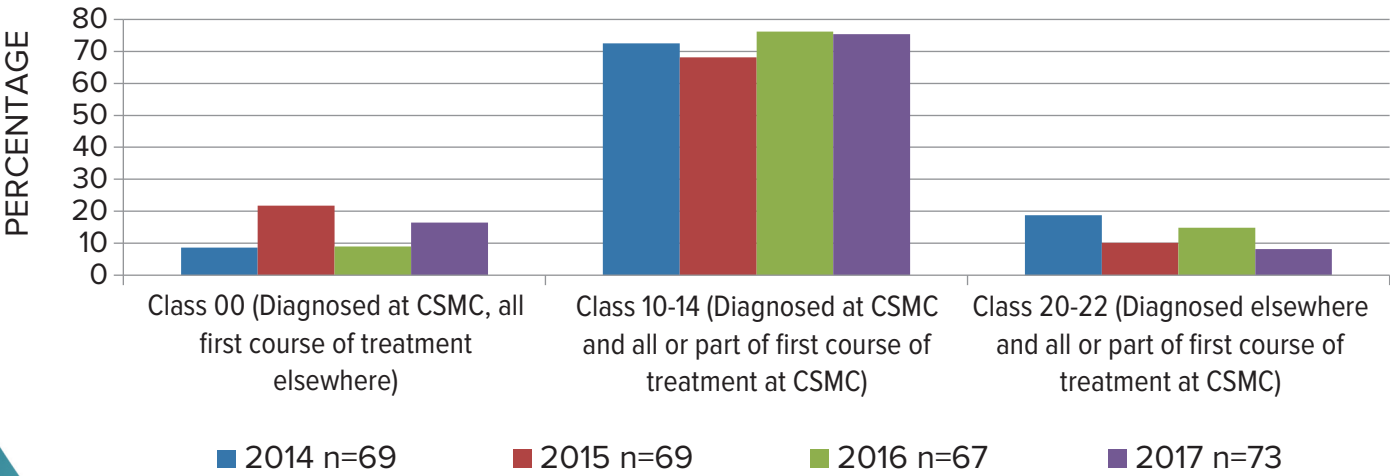
## CSMC 2014-2017 Lung vs National Cancer Data Base by Stage at Diagnosis



# CSMC 2014-2017 Colorectal Cancer by Age at Diagnosis

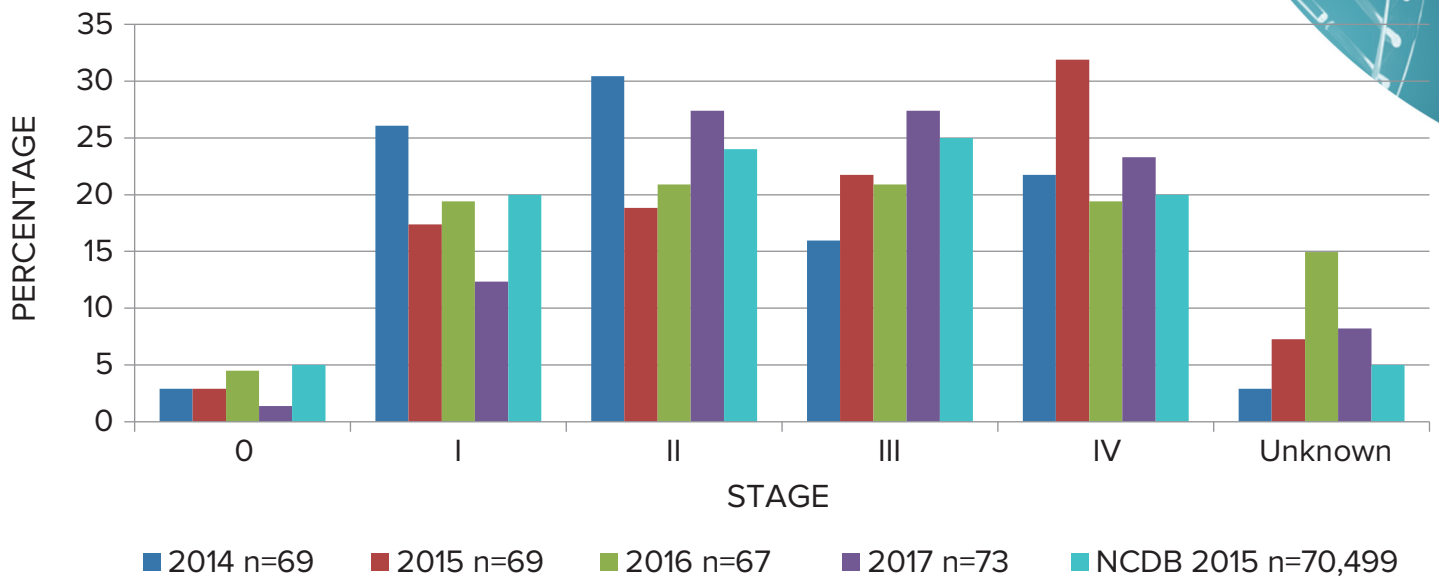


# CSMC 2014-2017 Colorectal Cancer by Class of Case

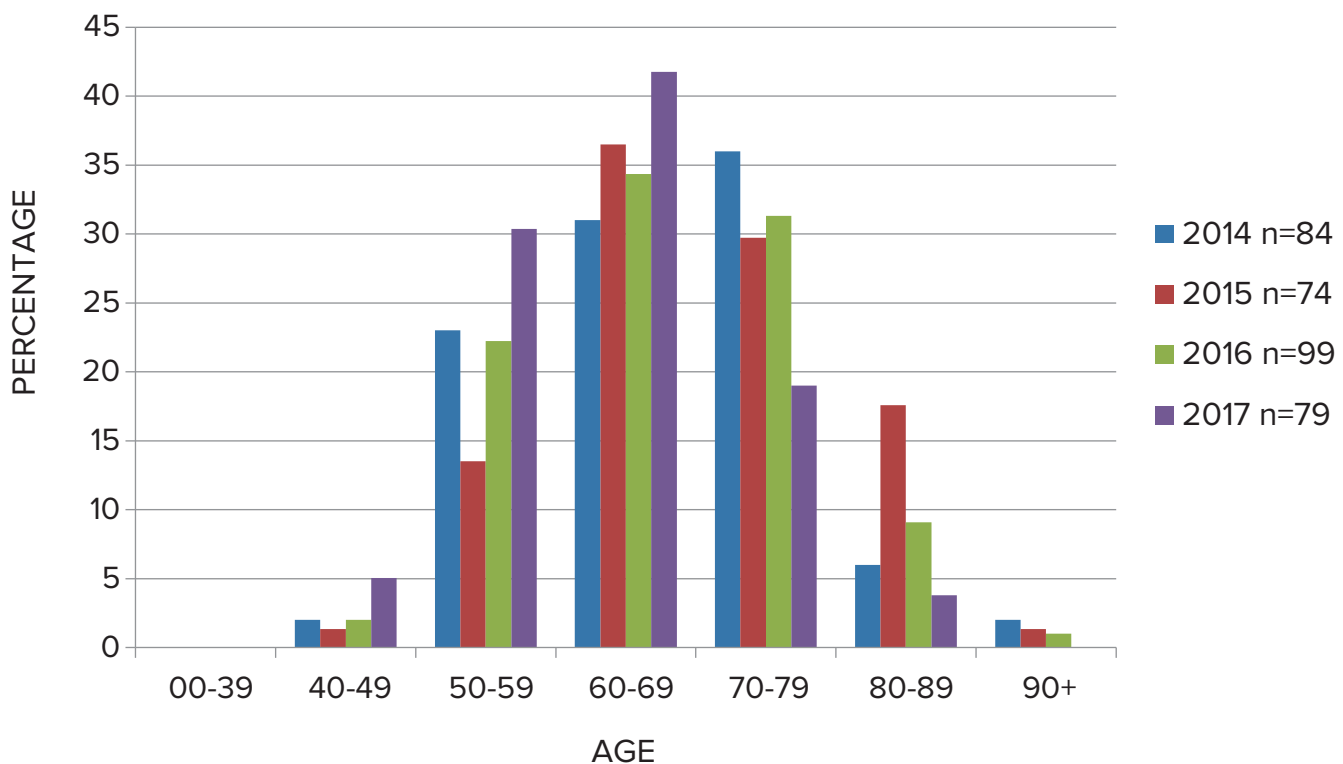




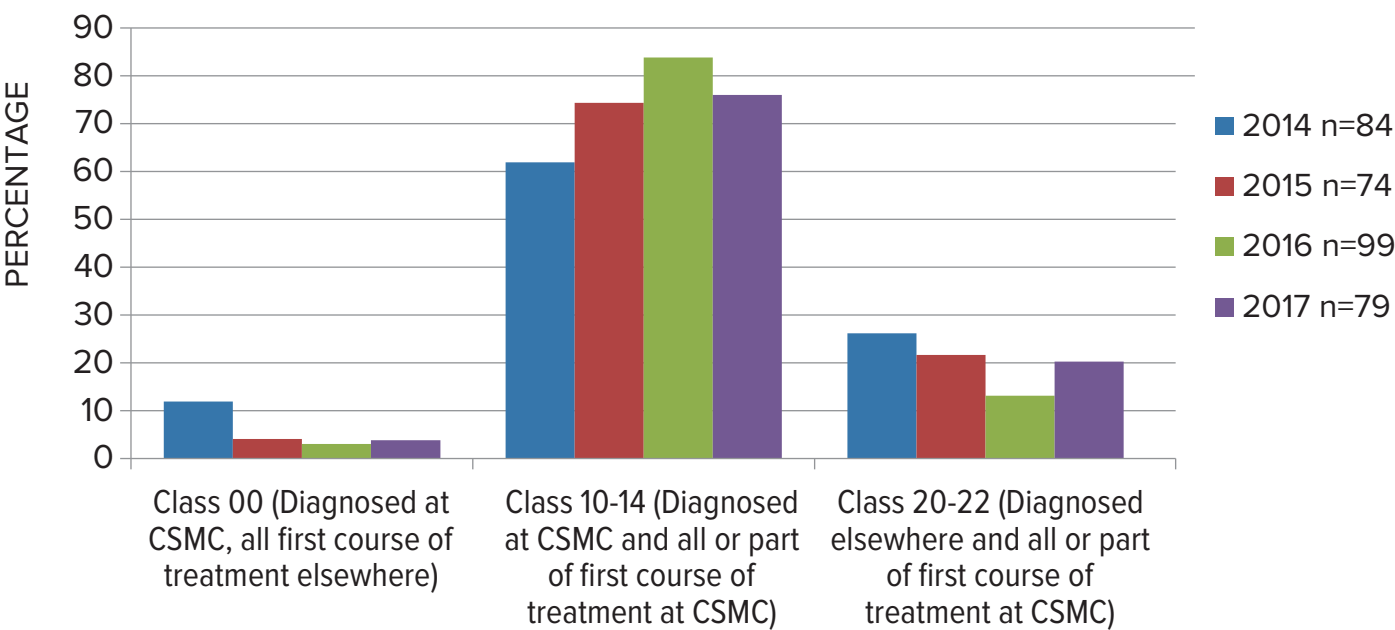
# CSMC 2014-2017 Colorectal vs National Cancer Data Base by Stage at Diagnosis



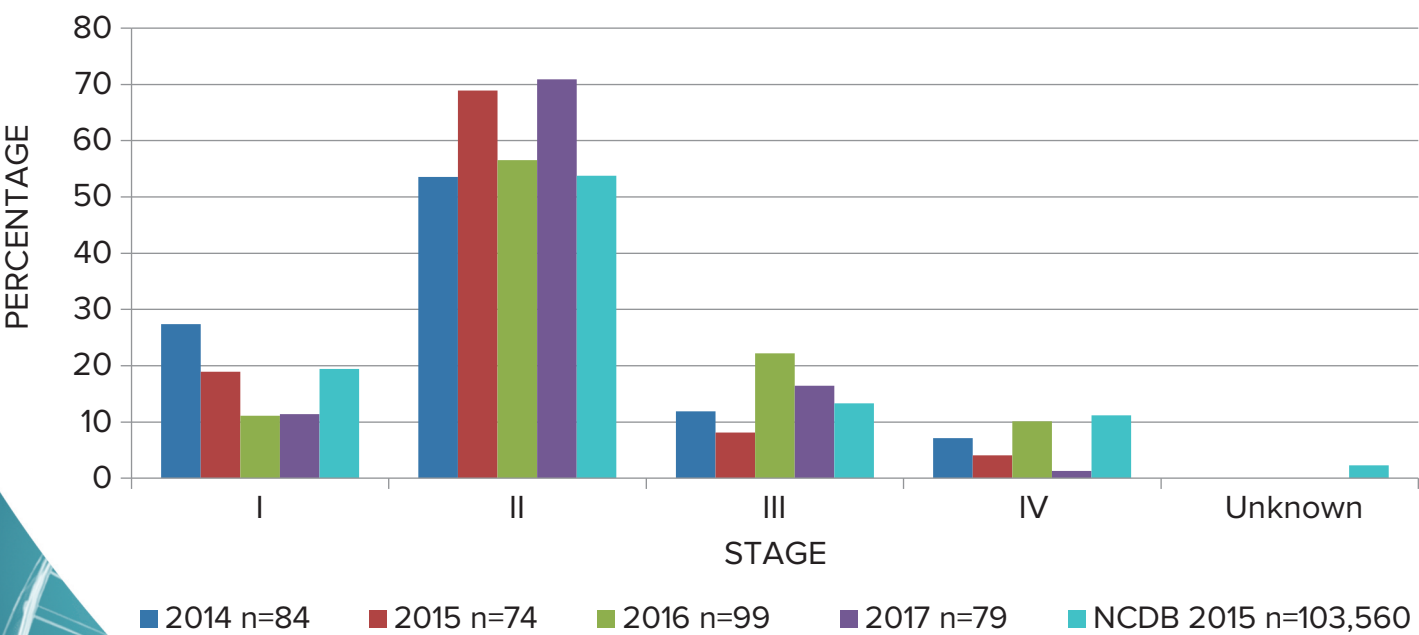
# CSMC 2014-2017 Prostate Cancer by Age at Diagnosis



# CSMC 2014 - 2017 Prostate Cancer by Class of Case



# CSMC 2014-2017 Prostate vs National Cancer Data Base by Stage at Diagnosis



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For more information about the Statesir Cancer Center at CentraState,  
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