



# 2018-2019 CANCER ANNUAL REPORT



The Statesir Cancer Center at *CentraState*

# PRESIDENT'S MESSAGE



The Statesir Cancer Center at CentraState Medical Center has long been a provider of high quality, state-of-the-art cancer services. CentraState's ability to fight cancer through prevention, diagnosis, treatment and survivorship services has been improving annually – providing hundreds of patients with education, screenings, a vast array of treatment options, and supportive services. The results include a more educated and aware community, patients being diagnosed at earlier stages in their disease process, availability of patient-centered and personalized cancer treatments with advanced precision technology, and many supportive services to assist patients and their families. Ultimately, the Statesir Cancer Center has achieved cancer survival rates that are on par with major cancer centers across the country and have generated hope and extended years of cancer-free survival for so many members of our community.

A major enhancement of the cancer program's survivorship services in 2019 includes the establishment and launch of a new, and very unique Survivor Program called "Stay Connected." This program helps cancer survivors who are finished with treatment "stay connected" to the many services and support mechanisms available at CentraState. Most cancer centers, including CentraState, do a good job at supporting cancer patients during treatment. However, many cancer centers, and especially tertiary centers, do not provide support once treatment is over.

The Statesir Cancer Center has changed that, recognizing that cancer survivors who have completed treatment have a whole new set of questions, needs and concerns that deserve attention. The Stay Connected Survivor Program at CentraState starts with the basic question, "My treatments are over. Now what?" This question is answered through monthly meetings that allow participants to meet other survivors, participate in group discussion led by content experts on various topics pertinent to post-treatment survivors, and to meet with cancer navigators to anticipate and address individual needs and facilitate referrals as appropriate. This innovative program is open to all cancer survivors and their caregivers throughout the community. Patients do not need to have been treated at CentraState to participate in this program aimed at keeping survivors strong, informed and inspired. To get more information and/or to sign up, please call 732-303-5134.

Regarding CentraState's expertise and commitment to the highest quality standards, the Statesir Cancer Center is proud to have earned and maintained the following accreditations:

- Commission on Cancer (CoC) of the American College of Surgeons: Three-year re-accreditation with five commendations and zero deficiencies
- National Accreditation Program for Breast Centers (NAPBC): Three-year reaccreditation with zero deficiencies
- College of American Pathologists Laboratory Accreditation Program
- CEO Cancer Gold Standard reaccreditation from the CEO Roundtable on Cancer
- American College of Radiology (ACR) accreditations in Radiation Oncology, Diagnostic Imaging Center of Excellence (DICOE), Breast Imaging Center of Excellence (BICOE), CT accreditation for head, chest, abdomen and cardiac, ultrasound accreditation for breast and breast biopsy, accreditation of the stereotactic biopsy unit, and Low-Dose Rate CT Lung Screening Center of Excellence

As you will see throughout this report, CentraState is committed to continuing its strides in the battle against cancer – and to enabling patients throughout our community to live their lives to the fullest.

A handwritten signature in black ink, reading "John T. Gribbin". The signature is fluid and cursive, with a long horizontal stroke extending 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 (ACS) 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.

## 2019 Cancer Committee Members

**Asch, Barry, MPA, RTT**

AVP – Cancer Services

**Balar, Bhavesh, MD**

Medical Oncologist – Chair, Cancer Committee

**Buccino, Nicole, MSN, RN, CCRN**

Nurse Manager – Ambulatory Services

**Craig, Jayne, PhD, RN**

Manager – Clinical Research

**Crant-Oksa, Aimee, MS, RD**

Clinical Nutrition Manager

**D'Elia, Vincent, MA, MPS**

Vice President Marketing, Public/Gov't Relations

**DeDea, Michele, BA, MSW**

American Cancer Society

**Douglas, Sharon, BCC**

Chaplain/Pastoral Care

**Dymyd, Elaine, RN, BSN**

Health Awareness Center Program Coordinator

**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, MS, RN, NEA-BC, FACHE**

Vice President – Clinical Services

**Kharod, Amit, MD**

General Surgeon – Chief of Surgery

**Leimbach, Joan, RN, BSN, ACM**

Care Coordination

**Lorling, 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

**Savino, Linda, RN**

VNA

**Scott, Thomas, FACHE, FABC**

Chief Operating Officer

**Sharma, Vikrant, MD**

Palliative Care Medical Director

**Simon, Paul, DO**

Medical Director – Pathology

**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

**Yuhas, Barbara, MSN, RN-BC, NE-BC**

Director of Nursing – Med/Surg Division

## 2019 AD HOC Members

**Bocage, Jean-Philippe, MD**

Thoracic Surgery

**Caccavale, Robert, MD**

Thoracic Surgery

**D'Angelo, Michael, MD**

Diagnostic Interventional Radiologist

**Dykeman, Maryellen, RN, MSN, CCE, TDTS**

Community Wellness Manager

**Gribbin, John, FACHE**

President/CEO

**Lavigne, Jacqueline, RN**

Clinical Leader - Oncology

**Smolen, Bonnie**

Director – Marketing

# 2019 STATESIR CANCER CENTER ACHIEVEMENTS & ACTIVITIES

## 2019 Cancer Committee Programmatic Goals

- Development and promotion of a Cancer FAQ Video Series that aims to build awareness and educate the public of cancer services

## 2019 Cancer Committee Clinical Goals

- Develop a process to better manage post therapy chronic complications including fatigue, chemo brain and peripheral neuropathy

## 2019 Quality Improvement Projects

- HPV Study: Develop a survey to determine the attitudes surrounding usage of HPV vaccines by the CSMC physicians including Pediatricians, Family Medicine and OB/GYNs. The goal is to increase the awareness and understanding of the need for HPV vaccinations thereby increasing the number of patients receiving the HPV vaccinations
  - Outcome: The survey provided a good understanding of some of the existing barriers impeding HPV vaccine delivery, an opportunity to assist in the breakdown of barriers to care and provide education to providers.
- EON Software: Purchase of software for the Low Dose Lung Screening Program
  - Outcome: EON Software purchased and installed. Results include realized efficiencies in managing patients, automated setup of follow-up appointments and scans, improved communication with referring physicians
- Relocation of In-Patient Oncology Unit: Relocation of the In-Patient Oncology Unit to a new floor with private patient rooms
  - Outcome: Location move and upgrade of the unit to 3 East is complete. This is a 12 bed unit with 8 large private rooms. These rooms offer greater comfort, privacy and can better accommodate patients, families and caregivers.

- Star & Barry Tobias Women's Health Center: Timeliness - Reducing Wait Times and Delays prior to Interventional Procedures for Both Patients and Physicians

- Outcome: Identified several processes and inefficiencies that were routinely contributing to procedural delays and identified ways to eliminate or reduce those delay. System improvements included personal reminder to calls to patients and better more realistic scheduling of resources. Patients, staff and physicians have all been positively affected by the changes

## 2019 Accreditations and Achievements

- Achieved Commission on Cancer (CoC) 3-year full re-accreditation with 6 commendations and zero deficiencies
- Achieved National Accreditation Program for Breast Centers (NAPBC) 3-year full re-accreditation with zero deficiencies
- Achieved American College of Radiology (ACR) 3-year full re-accreditations in Radiation Oncology, Stereotactic Breast Surgery and Breast Ultrasound
  - CentraState holds 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
- Achieved 2019 CEO Gold Standard re-accreditation
- Documented compliance with the Mammography Quality Standards Act and Program (MQSA)
- Established and Implemented new and unique Survivorship Program: "Stay Connected – Life After Cancer"
- Installation and implementation of EON Software – enhanced software for Low Dose Lung Screening Program
- Development and promotion of a cancer FAQ Video series placed on YouTube
- Secured participation in Atlantic Health's NCI Community Oncology Research Program (NCORP)

# 2019 STATESIR CANCER CENTER ACHIEVEMENTS & ACTIVITIES

## Cancer Navigation and Survivorship

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- Launch of new and unique Survivorship Program: “Stay Connected – Life After Cancer” – began September 2019  
Monthly programming giving survivors the opportunity to:
  - Network with other survivors
  - Participate in group discussion with content experts
  - Meet monthly (or as needed) with Cancer Navigators
- Active Support Groups for Breast, Colorectal, Leukemia/ Lymphoma, Lymphedema, and Bereavement
- Survivor Day – Celebrated 12th annual event
- 5th Annual Day of Beauty and Healing

## New Physicians Supporting the Cancer Service Line

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- Christopher Ananian, MD – Radiology
- Margaret Dufreney, MD – Gynecology
- Yana Markidan, MD – Gynecology
- Kira Moore, DO – Gynecology
- Sharon Smith, MD – Gynecology
- Fares Samra, MD – Plastic Surgery

## The Karen Olbis Radiation Oncology Center

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- Achieved American College of Radiology (ACR) 3-year full re-accreditation with zero deficiencies in Radiation Oncology
- Installation and implementation of MOSAIQ fax – improved software for enhanced communication with referring physicians
- Installation and Implementation of MOSAIQ to Metriq Interface – enhanced software to expedite NJ State reporting requirements

## Star and Barry Tobias Women’s Health Center

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- Achieved re-certification as compliant with the Mammography Quality Standards Act and Program (MQSA)
- Achieved American College of Radiology (ACR) 3-year full re-accreditation for Stereotactic Breast Biopsies
- Achieved American College of Radiology (ACR) 3-year full re-accreditation for Breast Ultrasound
- Adjusted 3D Mammography protocols for maximum dose efficiency
- Upgraded Securview radiologist mammography reading station to a 12 megapixel monitor for maximum visualization quality
- Community Outreach and Events
  - Maintained partnership with NJCEED with dedicated breast cancer screening events
  - Fulfilled Komen Grant Program with community education and breast cancer screening events
  - 2 Spanish language breast education events in the community
  - 7 cancer screening events where patients can get a clinical breast exam and mammogram in one visit
- 10 additional community outreach events to promote breast cancer screening and women’s health services





# 2019 STATESIR CANCER CENTER ACHIEVEMENTS & ACTIVITIES

## 3 East Oncology In-Patient Unit

- The Oncology unit was re-located to 3E, a 12-bed unit offering 8 large private rooms to accommodate patients and families/caregivers.
- Reviewed, modified and revised all Antineoplastic (Chemotherapy) policies using NIOSH as reference to include:
  - Safe handling precautions including administration and disposal
  - Extensive education to all nursing areas, including personal protective equipment, room signage, chemotherapy waste, hazardous drug identification
  - Improved checklist to include overall safety and premedication orders
- Distress screening workflow implemented to auto-generate an order based on referral(s) selected on Distress Screening Assessment for all scores

## Clinical Research

- PARTIQoL – Prostate Advanced Radiation Technologies Investigating Quality of Life: Phase III Randomized Clinical Trial of Protons vs. IMRT for Low or Intermediate Risk Prostate Cancer
- A Companion to Phase III Randomized PARTIQoL Clinical Trial
- Is Access Enough? The Impact of Adding a Clinical Coordination Program to Subsidized Colorectal Screening in an Uninsured Population
- Attitudes and Beliefs About Mammograms From Women Who Do Have the Exam

## Prevention and Community Outreach

- 2019 Cancer Screenings:
  - February 27th – Thyroid
  - March 27th – Colorectal Lecture/Take-Home Kits
  - April 30th – Head and Neck
  - May 29th – Skin
  - June 26th – Prostate/Colorectal
  - May 29th – Skin
  - June 26th – Prostate/Colorectal
  - July 31st – Skin
  - August 21st – Head and Neck
  - September 25th – Prostate/Colorectal Take-Home Kits
  - October 30th – Thyroid
  - November 13th – Colorectal Lecture/Take-Home Kits
- Flagship Sponsor of American Cancer Society's Making Strides Against Breast Cancer – October 2019
- Paulette's C of Blue – Raising Awareness of Colon Cancer – May 2019
- American Cancer Society Relay for Life – Freehold – June 2019



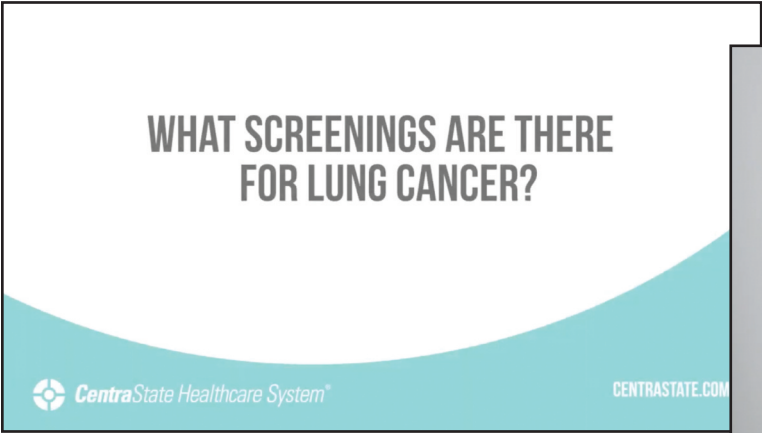
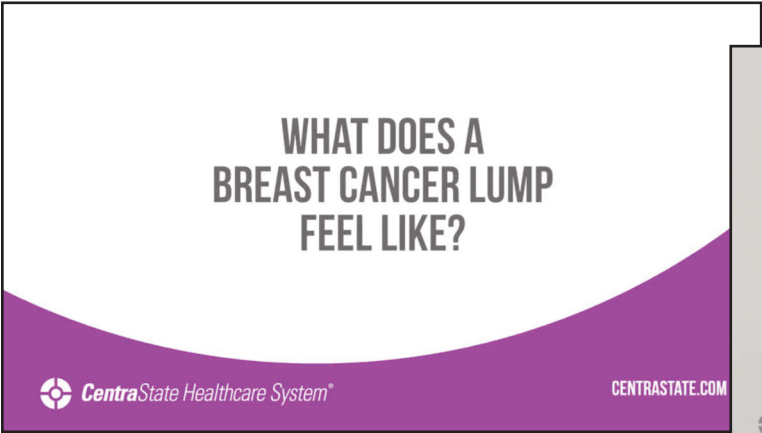
2019 Survivor Day

# 2019 STATESIR CANCER CENTER MARKETING CAMPAIGN

In 2019, the Statesir Cancer Center at CentraState marketing campaign moved into phase two with a focus on the early detection of cancer through screenings. Phase one of the campaign, which launched in late 2018 and continued to be in market with eight different ads in 2019, communicated that CentraState offers the same technologies and treatments available at larger cancer centers with a level of personal attention and care that is unavailable at the major centers.

The goal of phase two was to position CentraState as an advocate for the early detection of cancer and drive volume to screenings. Research shows that a large portion of the online searches about cancer are dedicated to gathering information about what causes cancer, what screenings are available to detect cancer and how to prevent cancer. An FAQ video campaign was conceived to answer consumers' pressing questions about cancer and screenings.

Ten videos were developed featuring CentraState clinicians speaking in areas of their expertise on topics around breast cancer, lung cancer, colon cancer and prostate cancer. The videos were rolled out on social media and YouTube in 2019 and will continue in 2020.



# 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 2016 reported performance outcome rates for the Breast Cancer Accountability Measures at the February 4, 2019 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.

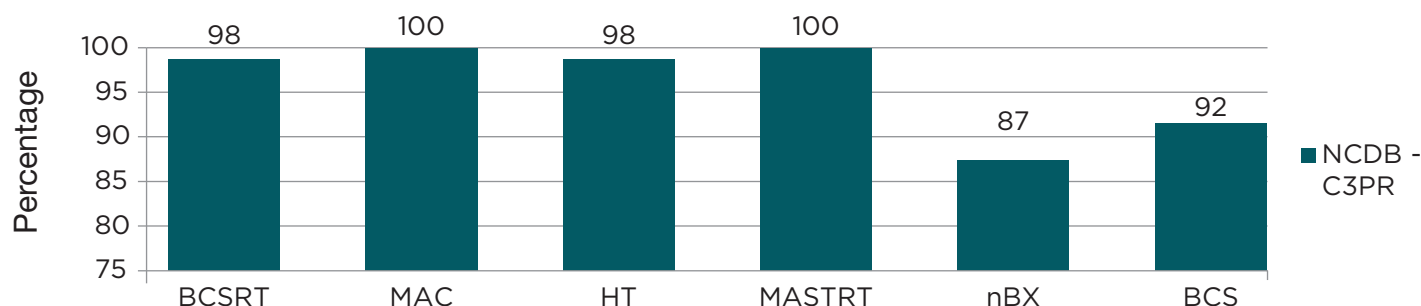
The fourth measure at 100% for Radiation Therapy for women with Mastectomy (MASTRT) with breast cancer with > 4 positive regional lymph nodes; CSMC was reported to be above the National estimated performance rate (shown in green).

The fifth measure at 87% 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 92% 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	6.60
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	4.10
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	9.60

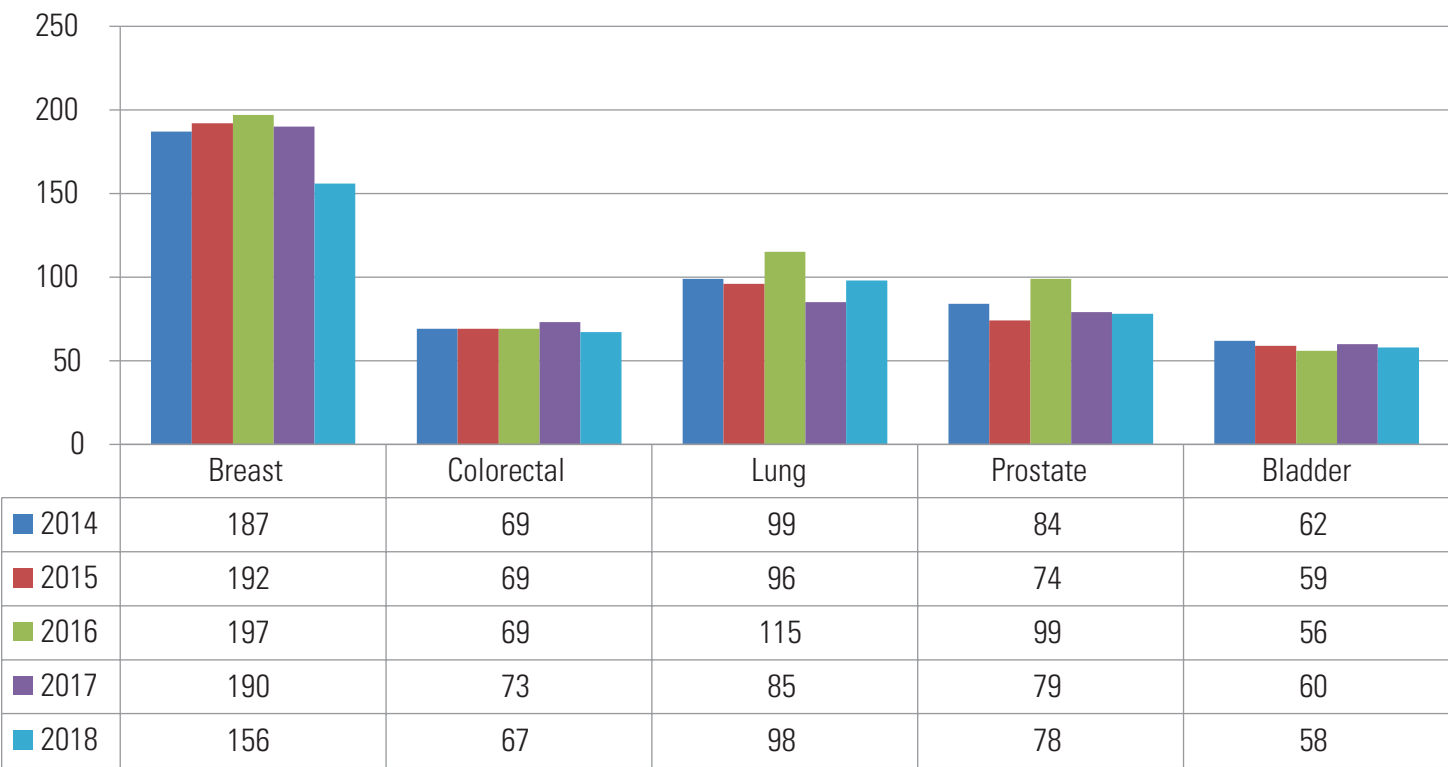
### Public Reporting of Outcomes for Breast Cancer Accountability Measures



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.



# 2014-2018 TOP FIVE PRIMARY CANCER SITES



2019 Making Strides

# Statistical Summary of Cancer Registry Data

## Primary Site Table: Newly Diagnosed and/or Treated Cases Seen at CentraState — 2018

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>19 (2.6%)</b>	<b>13</b>	<b>6</b>	<b>16</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>2</b>
Lip	1 (0.1%)	1	0	1	0	0	0	0	0	0	1
Tongue	6 (0.8%)	3	3	6	0	0	0	4	2	0	0
Salivary Glands	3 (0.4%)	3	0	3	0	0	0	1	0	1	0
Floor of Mouth	1 (0.1%)	1	0	1	0	0	0	0	0	1	0
Gum & Other Mouth	2 (0.3%)	0	2	2	0	0	0	0	0	1	1
Nasopharynx	1 (0.1%)	1	0	1	0	0	0	1	0	0	0
Tonsil	2 (0.3%)	2	0	2	0	0	2	0	0	0	0
Oropharynx	1 (0.1%)	1	0	0	1	0	1	0	0	0	0
Hypopharynx	2 (0.3%)	1	1	0	2	0	0	1	0	1	0
<b>DIGESTIVE SYSTEM</b>	<b>140 (18.9%)</b>	<b>75</b>	<b>65</b>	<b>118</b>	<b>22</b>	<b>5</b>	<b>30</b>	<b>25</b>	<b>17</b>	<b>47</b>	<b>16</b>
Esophagus	5 (0.7%)	3	2	4	1	1	0	0	0	3	1
Stomach	16 (2.2%)	10	6	14	2	0	4	1	1	7	3
Small Intestine	5 (0.7%)	5	0	4	1	0	2	0	1	1	1
Colon Excluding Rectum	45 (6.1%)	27	18	36	9	1	5	12	6	17	4
Cecum	9	4	5	7	2	1	0	1	0	7	0
Appendix	1	0	1	1	0	0	0	1	0	0	0
Ascending Colon	12	7	5	11	1	0	2	4	3	1	2
Transverse Colon	4	2	2	4	0	0	0	2	0	1	1
Splenic Flexure	2	1	1	2	0	0	1	0	1	0	0
Descending Colon	4	3	1	2	2	0	0	2	0	2	0
Sigmoid Colon	8	7	1	6	2	0	1	2	2	3	0
"Large Intestine, NOS"	5	3	2	3	2	0	1	0	0	3	1
Rectum & Rectosigmoid	22 (3.0%)	12	10	21	1	3	5	5	3	3	3
Rectosigmoid Junction	4	4	0	4	0	0	2	1	1	0	0
Rectum	18	8	10	17	1	3	3	4	2	3	3
"Anus, Anal Canal & Anorectum"	1 (0.1%)	1	0	0	1	0	0	0	0	0	1
Liver & Intrahepatic Bile Duct	5 (0.7%)	2	3	2	3	0	1	0	1	3	0
Liver	2	1	1	1	1	0	0	0	1	1	0
Intrahepatic Bile Duct	3	1	2	1	2	0	1	0	0	2	0
Gallbladder	3 (0.4%)	0	3	3	0	0	0	0	2	1	0
Other Biliary	4 (0.5%)	3	1	3	1	0	0	1	1	2	0
Pancreas	34 (4.6%)	12	22	31	3	0	13	6	2	10	3
<b>RESPIRATORY SYSTEM</b>	<b>111 (15.0%)</b>	<b>50</b>	<b>61</b>	<b>78</b>	<b>33</b>	<b>2</b>	<b>31</b>	<b>6</b>	<b>16</b>	<b>43</b>	<b>10</b>
"Nose, Nasal Cavity & Middle Ear"	1 (0.1%)	1	0	1	0	0	0	0	0	0	1
Larynx	3 (0.4%)	1	2	3	0	0	0	1	1	1	0
Lung & Bronchus	107 (14.5%)	48	59	74	33	2	31	5	15	42	9
<b>SOFT TISSUE</b>	<b>5 (0.7%)</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>
Soft Tissue (including Heart)	5 (0.7%)	2	3	5	0	0	0	1	0	1	1
<b>SKIN EXCLUDING BASAL &amp; SQUAMOUS</b>	<b>16 (2.2%)</b>	<b>9</b>	<b>7</b>	<b>14</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>
Melanoma - Skin	12 (1.6%)	5	7	10	2	3	5	0	0	1	3
Other Non-Epithelial Skin	4 (0.5%)	4	0	4	0	0	0	1	0	0	0
<b>BREAST</b>	<b>156 (21.1%)</b>	<b>3</b>	<b>153</b>	<b>148</b>	<b>8</b>	<b>25</b>	<b>91</b>	<b>17</b>	<b>11</b>	<b>5</b>	<b>6</b>
Breast	156 (21.1%)	3	153	148	8	25	91	17	11	5	6

# Statistical Summary of Cancer Registry Data

## Primary Site Table: Newly Diagnosed and/or Treated Cases Seen at CentraState — 2018

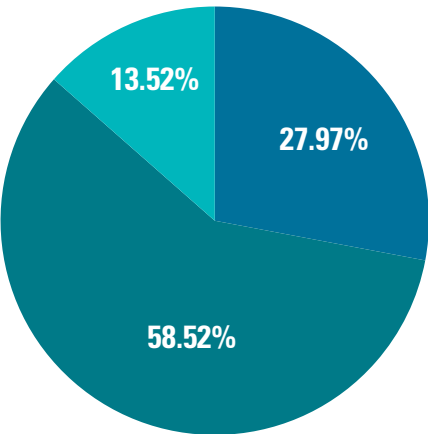
Primary Site	Total (%)	Sex		Status		Stage Distribution - Analytic Cases Only					
		M	F	Alive	Exp	Stg 0	Stg I	Stg II	Stg III	Stg IV	Unknown
<b>FEMALE GENITAL SYSTEM</b>	<b>18 (2.4%)</b>	<b>0</b>	<b>18</b>	<b>15</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>4</b>
Cervix Uteri	3 (0.4%)	0	3	3	0	0	2	0	0	0	1
“Corpus & Uterus, NOS”	12 (1.6%)	0	12	9	3	0	7	0	1	1	3
Corpus Uteri	11	0	11	8	3	0	7	0	1	1	2
“Uterus, NOS”	1	0	1	1	0	0	0	0	0	0	1
Ovary	3 (0.4%)	0	3	3	0	0	0	0	0	3	0
<b>MALE GENITAL SYSTEM</b>	<b>83 (11.2%)</b>	<b>83</b>	<b>0</b>	<b>82</b>	<b>1</b>	<b>0</b>	<b>16</b>	<b>40</b>	<b>15</b>	<b>9</b>	<b>3</b>
Prostate	78 (10.5%)	78	0	77	1	0	15	39	14	9	1
Testis	5 (0.7%)	5	0	5	0	0	1	1	1	0	2
<b>URINARY SYSTEM</b>	<b>100 (13.5%)</b>	<b>77</b>	<b>23</b>	<b>87</b>	<b>13</b>	<b>0</b>	<b>35</b>	<b>11</b>	<b>3</b>	<b>13</b>	<b>37</b>
Urinary Bladder	58 (7.8%)	46	12	50	8	0	13	9	1	2	33
Kidney & Renal Pelvis	39 (5.3%)	30	9	35	4	0	22	2	2	10	2
Ureter	3 (0.4%)	1	2	2	1	0	0		0	0	12
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	<b>9 (1.2%)</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Brain	6 (0.8%)	2	4	5	1	0	0	0	0	0	0
Cranial Nerves Other Nervous System	3 (0.4%)	0	3	1	2	0	0	0	0	0	0
<b>ENDOCRINE SYSTEM</b>	<b>17 (2.3%)</b>	<b>5</b>	<b>12</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>5</b>
Thyroid	14 (1.9%)	3	11	14	0	0	7	3	0	0	4
Other Endocrine including Thymus	3 (0.4%)	2	1	3	0	0	2	0	0	0	1
<b>LYMPHOMA</b>	<b>41 (5.5%)</b>	<b>23</b>	<b>18</b>	<b>35</b>	<b>6</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>12</b>	<b>12</b>	<b>1</b>
Hodgkin Lymphoma	3 (0.4%)	1	2	3	0	0	0	0	2	1	0
Non-Hodgkin Lymphoma	38 (5.1%)	22	16	32	6	0	9	1	10	11	1
NHL - Nodal	24	14	10	21	3	0	4	1	10	8	1
NHL - Extranodal	14	8	6	11	3	0	5	0	0	3	0
<b>MYELOMA</b>	<b>8 (1.1%)</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Myeloma	8 (1.1%)	4	4	7	1	0	0	0	0	0	0
<b>LEUKEMIA</b>	<b>8 (1.1%)</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Lymphocytic Leukemia	1 (0.1%)	0	1	1	0	0	0	0	0	0	0
Myeloid & Monocytic Leukemia	5 (0.7%)	3	2	3	2	0	0	0	0	0	0
Other Leukemia	2 (0.3%)	1	1	2	0	0	0	0	0	0	0
Other Acute Leukemia	1	0	1	1	0	0	0	0	0	0	0
“Aleukemic, Subleukemic & NOS”	1	1	0	1	0	0	0	0	0	0	0
<b>MESOTHELIOMA</b>	<b>1 (0.1%)</b>	<b>1</b>	<b>0</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>
<b>MISCELLANEOUS</b>	<b>8 (1.1%)</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>740</b>	<b>356</b>	<b>384</b>	<b>642</b>	<b>98</b>	<b>35</b>	<b>238</b>	<b>112</b>	<b>77</b>	<b>140</b>	<b>138</b>

Exclusions: Not Male and Not Female

# CANCER REGISTRY STATISTICS



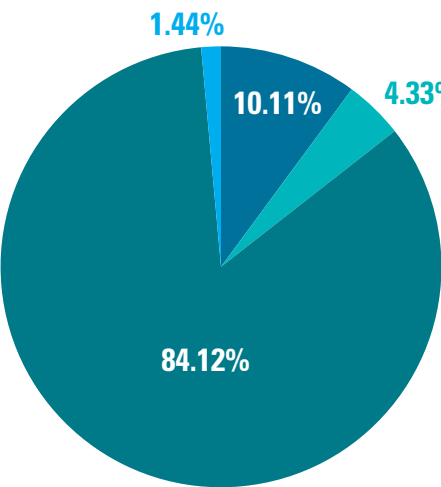
## 2018 Analytic Cases at CentraState (CSMC)



- (0) Initial diagnosis at CSMC and all 1st course of treatment at another facility. n=207
- (1) Diagnosis at CSMC, and all or part of first course of treatment at CSMC. n=433
- (2) Diagnosis at another facility, and all or part of first course of treatment at CSMC. n=100

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

## 2018 Non-Analytic Cases at CentraState (CSMC)

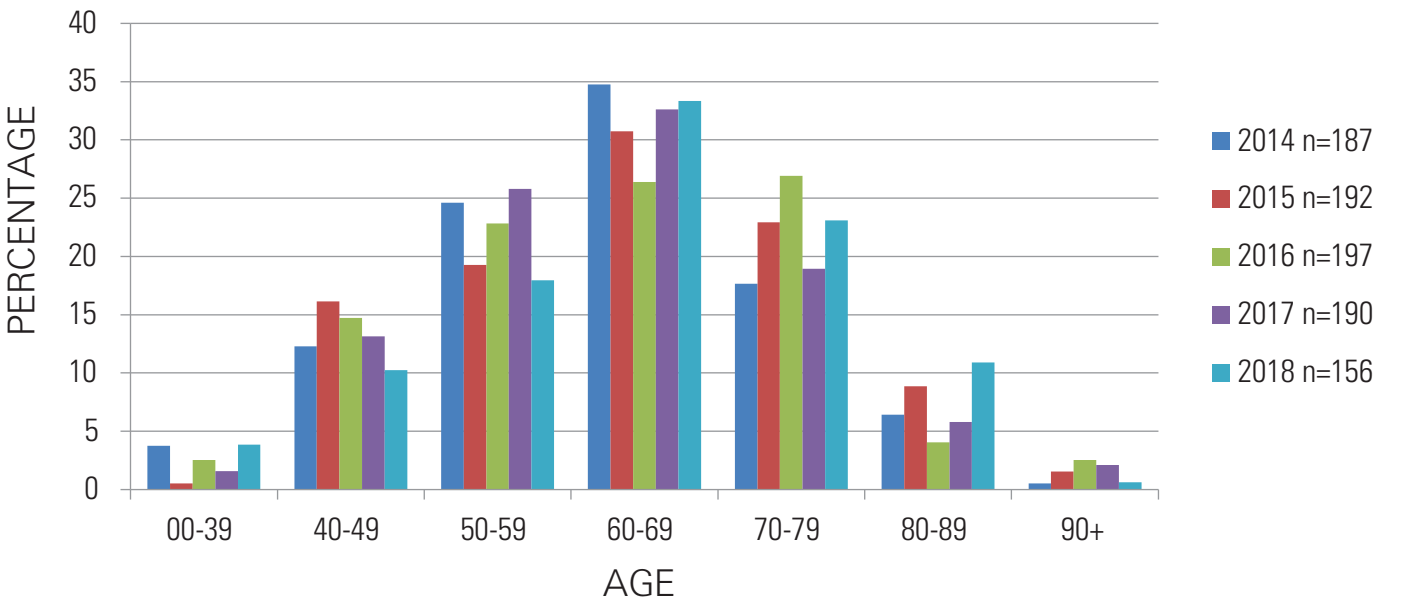


- Initial Diagnosis and 1st course of treatment elsewhere, CSMC participated in diagnostic work-up. n=28
- Initial diagnosis and first course of treatment elsewhere, CSMC participated in providing transit care. n=12
- Initial diagnosis and first course of treatment elsewhere, CSMC participated in management of recurrent disease. n=233
- Patient treated at physician's office, only received diagnostic work-up. n=4

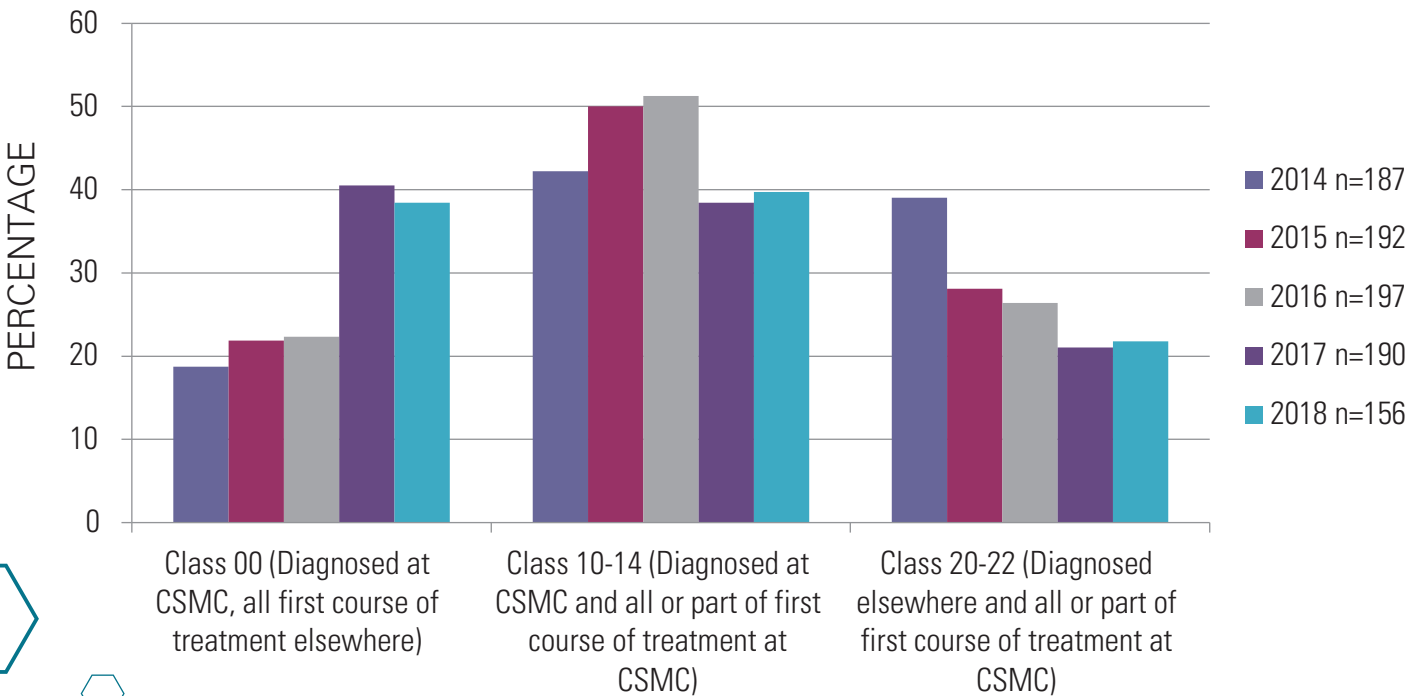
Non-analytic cases: patients who were seen for the first time at CSMC only for either consultation, diagnostic work-up, transient care, management of recurrent disease or treatment of non-malignant conditions (with active cancer diagnosis).



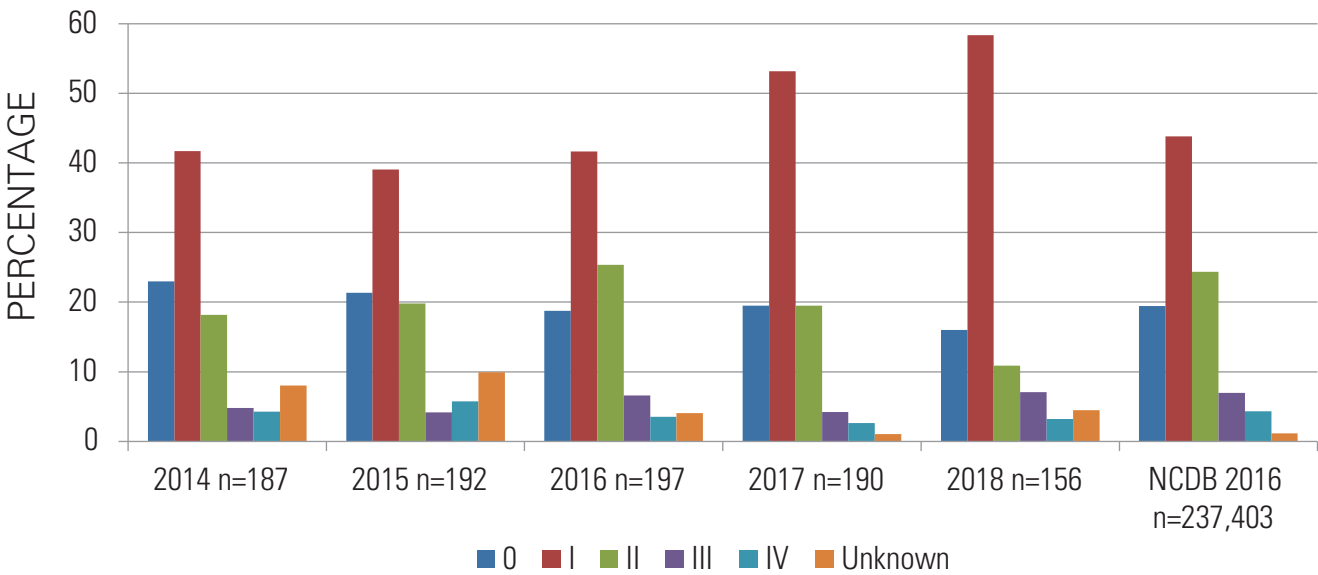
# CSMC 2014-2018 Breast Cancer by Age at Diagnosis



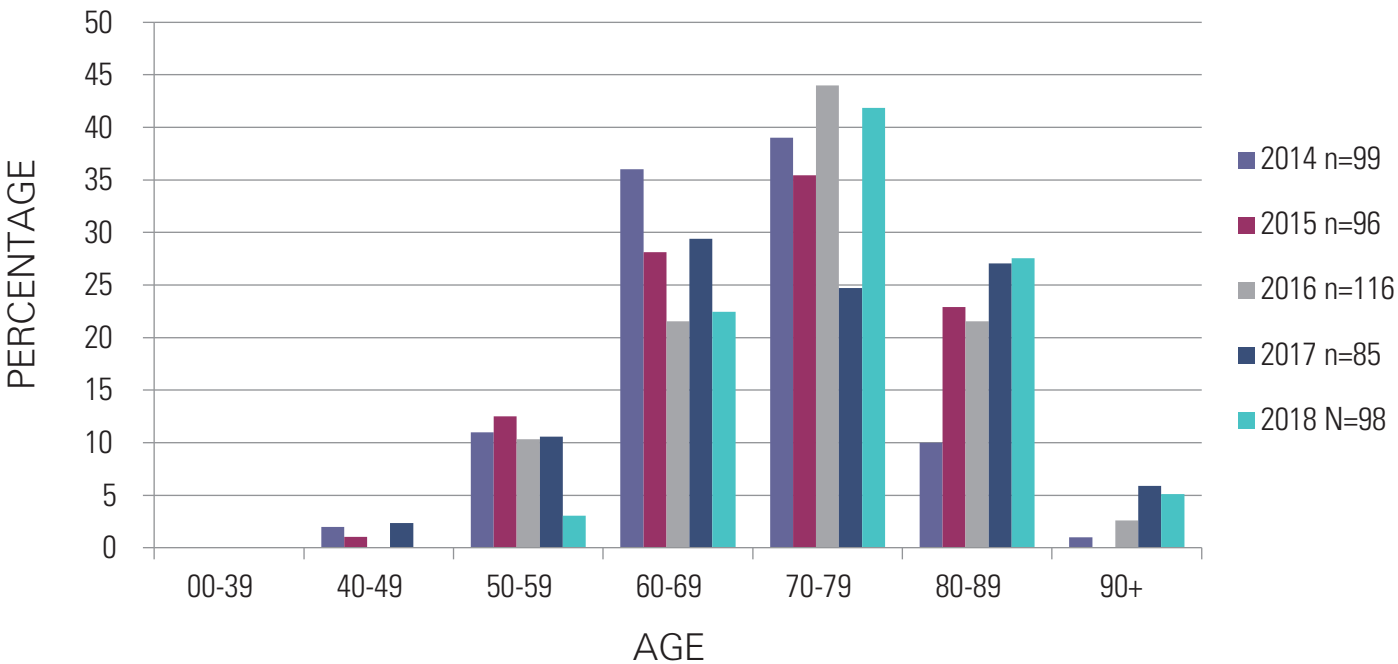
# CSMC 2014-2018 Breast Cancer by Class of Case



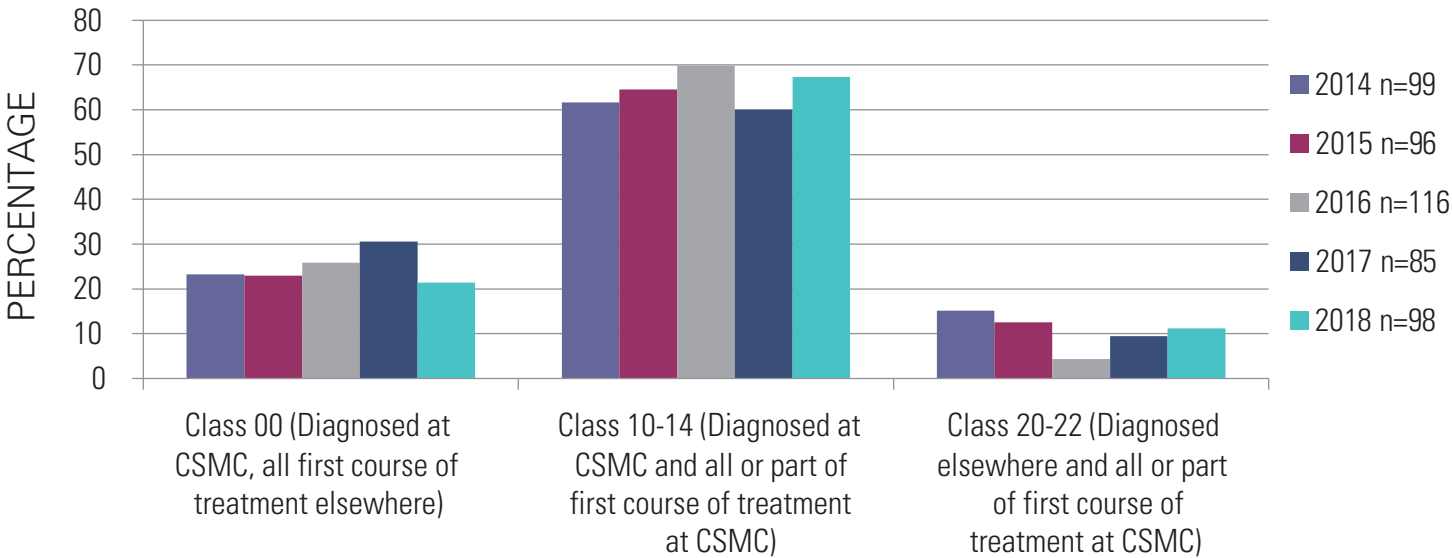
# CSMC 2014-2018 Breast vs National Cancer Database by Stage at Diagnosis



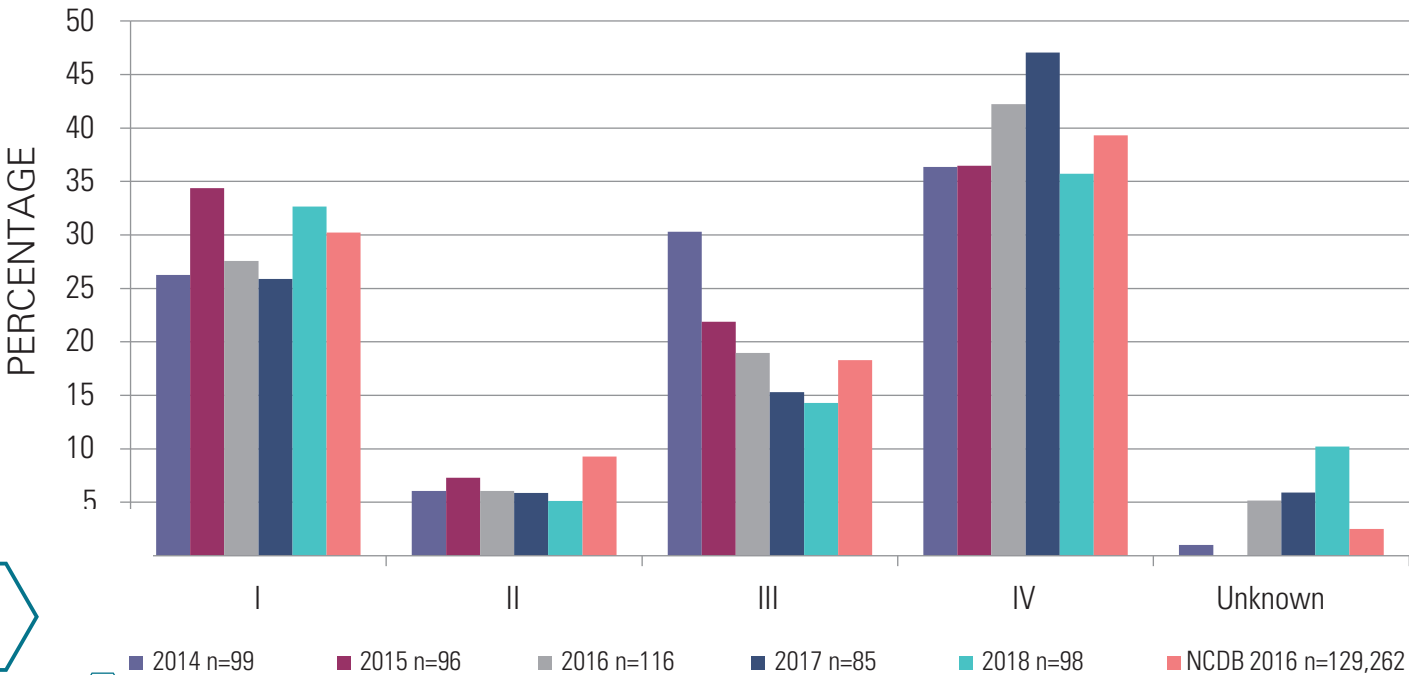
# CSMC 2014-2018 Lung Cancer by Age at Diagnosis



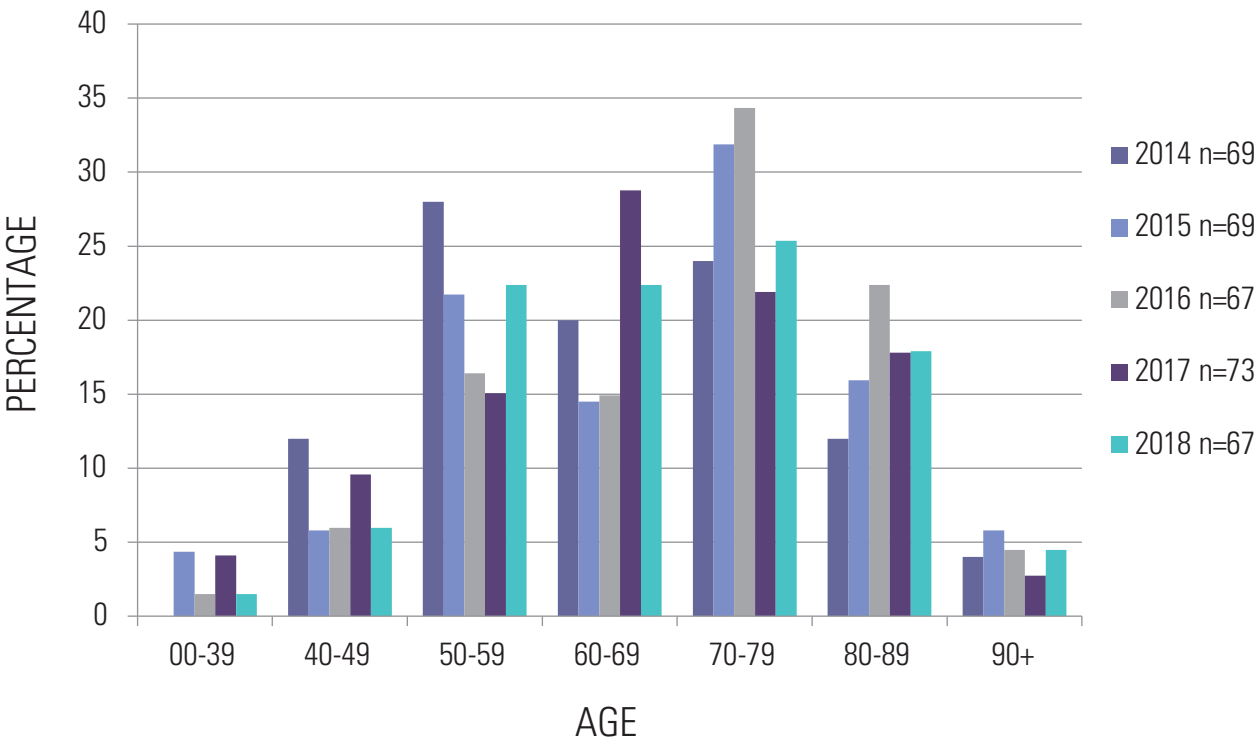
# CSMC 2014-2018 Lung Cancer by Class of Case



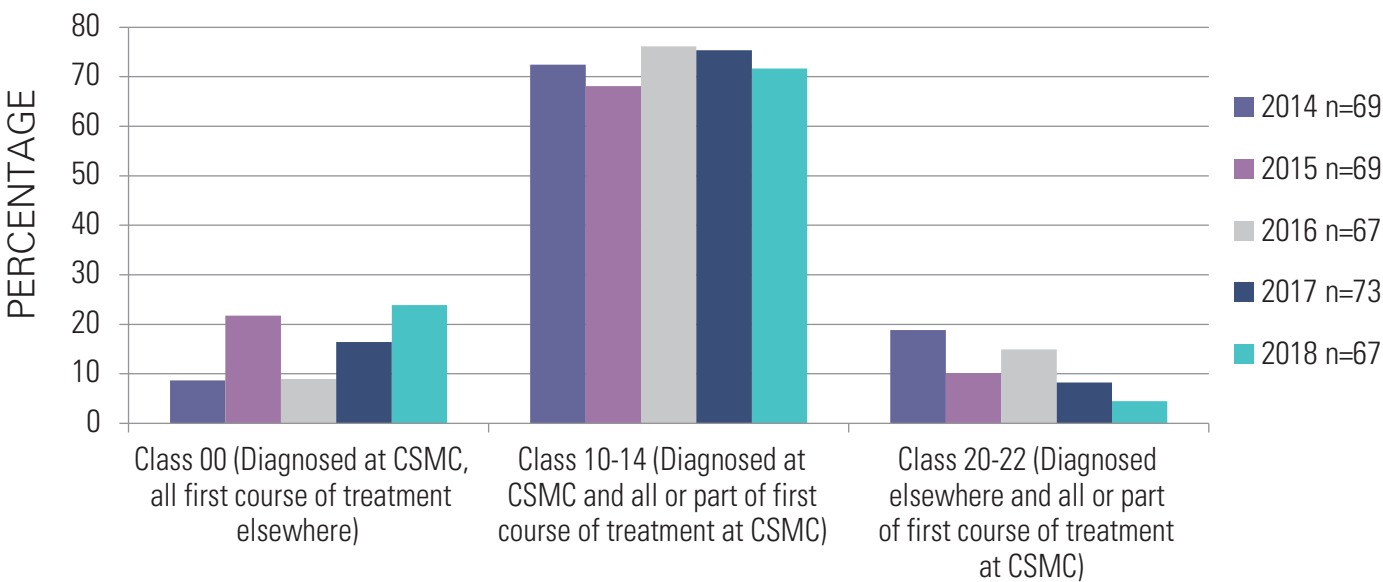
# CSMC 2014-2018 Lung vs National Cancer Database by Stage at Diagnosis



# CSMC 2014-2018 Colorectal Cancer by Age at Diagnosis

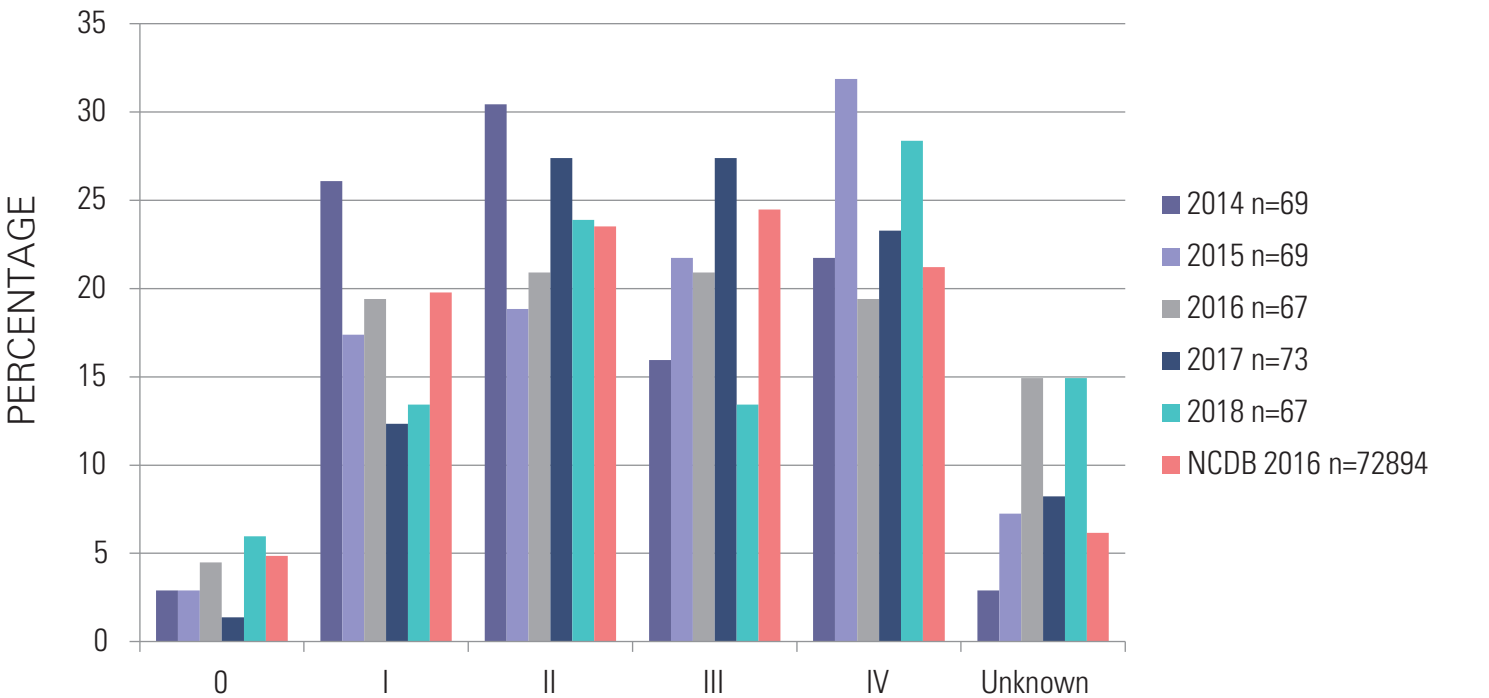


# CSMC 2014-2018 Colorectal Cancer by Class of Case

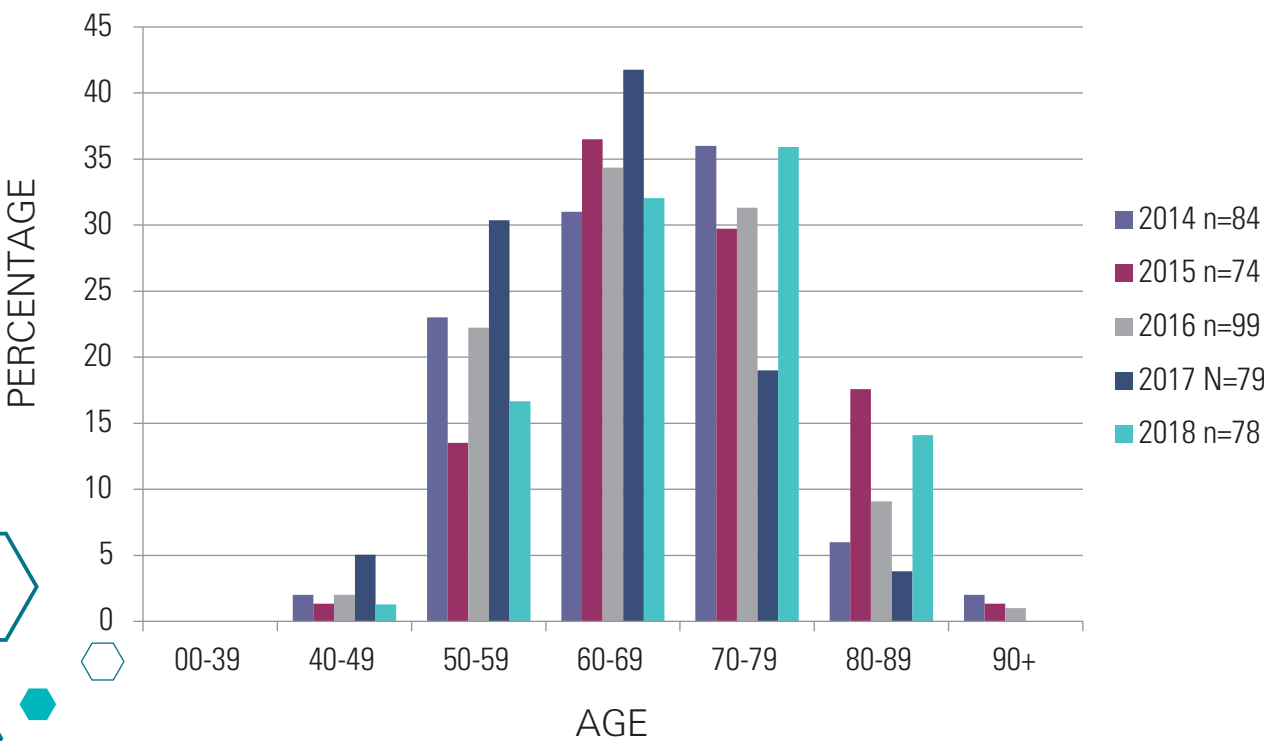




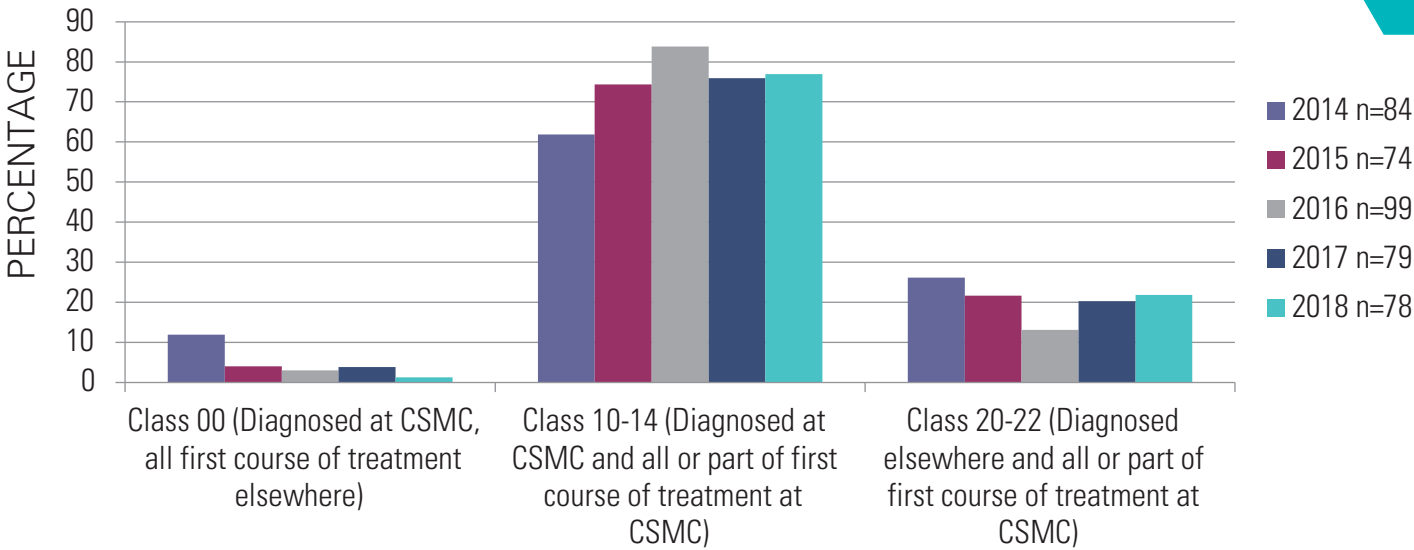
# CSMC 2014-2018 Colorectal vs National Cancer Database by Stage at Diagnosis



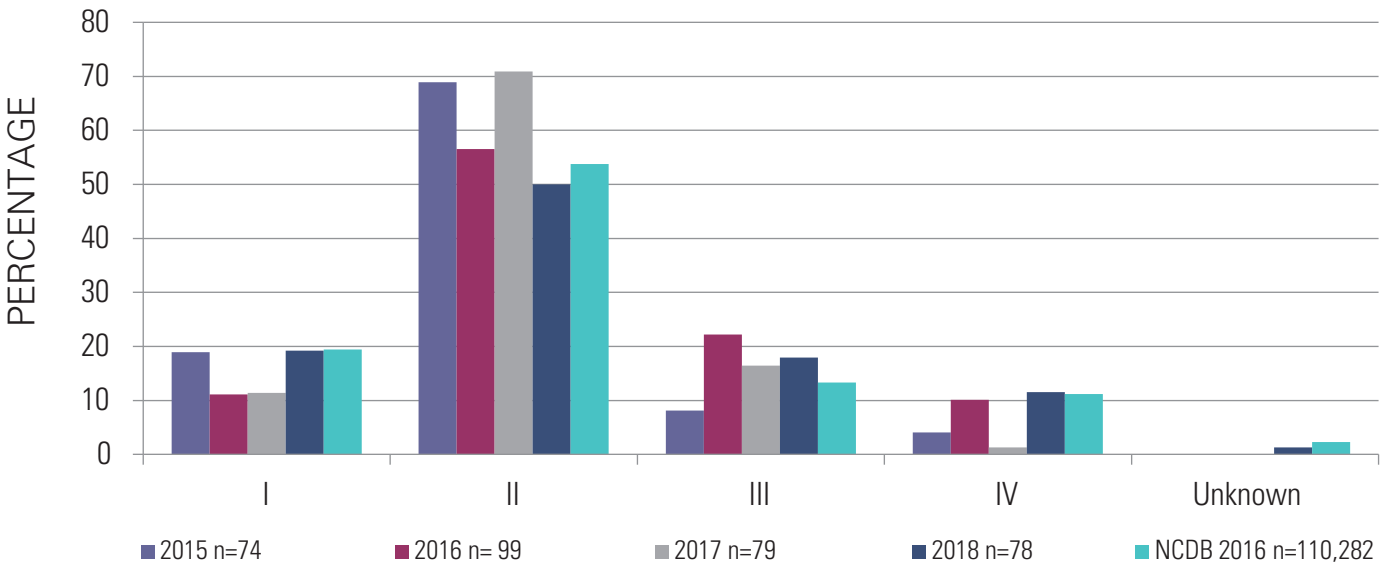
# CSMC 2014-2018 Prostate Cancer by Age at Diagnosis



# CSMC 2014-2018 Prostate Cancer by Class of Case



# CSMC 2014-2018 Prostate vs National Cancer Database by Stage at Diagnosis



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