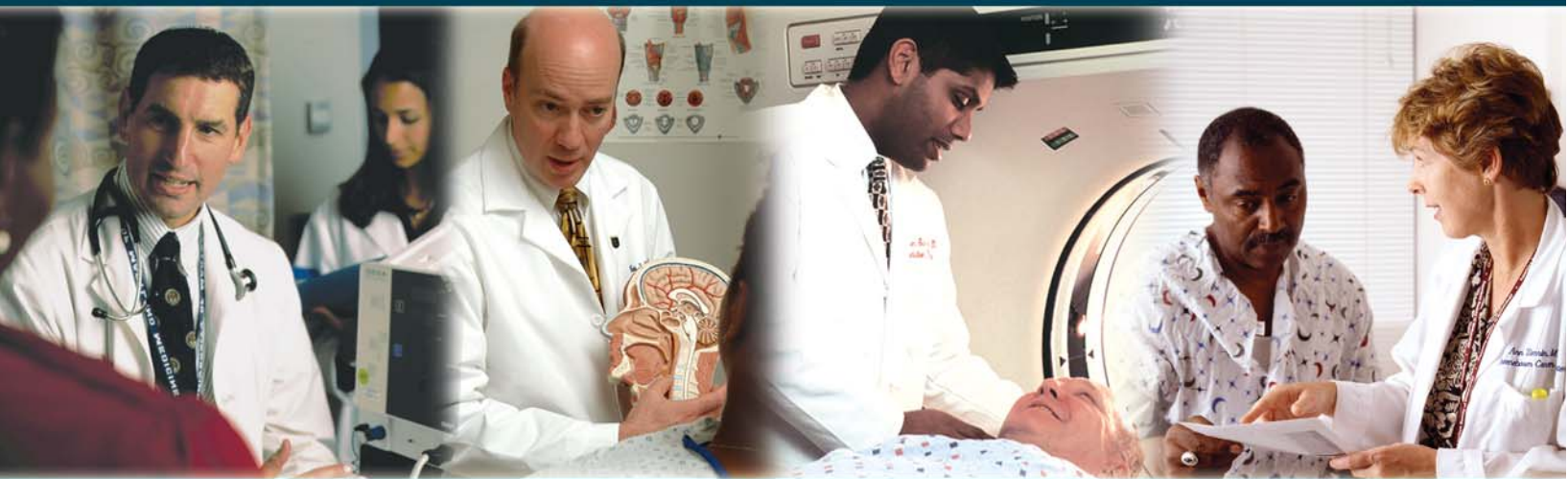




2005
Cancer Registry Annual Report



2005 Highlights

- Scott E. Strome, M.D., was appointed in January 2005 as chairman of the Department of Otorhinolaryngology – Head and Neck Surgery. A nationally recognized head and neck surgical oncologist, Dr. Strome is focused on the development of clinical and research programs in otorhinolaryngology with an emphasis on immunotherapy for developing effective new treatments for cancer. A graduate of Dartmouth College and Harvard Medical School, Dr. Strome comes to the University of Maryland from the Mayo Clinic in Rochester, Minnesota.
- Saul Yanovich, M.D., a highly regarded hematologist and medical oncologist, took the lead as clinical director of the blood and marrow transplantation program for University of Maryland Marlene and Stewart Greenebaum Cancer Center (UMGCC) in April 2005. Published extensively and very active in clinical research, Dr. Yanovich is leading the expansion of clinical trials available to patients, particularly those for bone marrow and stem cell treatments. Dr. Yanovich comes from Georgetown University's Lombardi Cancer Center, where he was the medical director for the bone marrow transplant program.
- Physicians at UMGCC started a clinical study in May 2005 for a new prostate cancer vaccine that harnesses the body's immune system to prevent the recurrence of the disease following surgery to remove the cancer. The study, which is sponsored by the National Cancer Institute (NCI), created better options for patients with detectable prostate specific antigen levels, or levels of residual cancer cells, after they have had surgery.
- UMGCC scientists started a three-year study in May 2005 to examine the effects of low dose radiation on human cells. Using a sleeker, more portable electron microbeam, which took more than three years to develop, single cells or groups of cells were able to be bombarded with energetic electrons that mimic those produced by X-rays or gamma rays. UMGCC is the only cancer center in the country to have this new technology.
- Angela H. Brodie, Ph.D., was honored in June 2005 as the first woman scientist to receive the prestigious, international Charles F. Kettering prize for cancer research. Dr. Brodie, a professor of pharmacology and experimental therapeutics, discovered and developed a new class of drugs called aromatase inhibitors, now used worldwide to prevent against the return of breast cancer in postmenopausal women by reducing the level of estrogen produced by the body.
- The Roslyn and Leonard Stoler Pavilion at UMGCC opened in June 2005, offering cancer patients comprehensive, multidisciplinary care in a modern, comfortable setting. Patients are able to see their doctors, receive treatment and get follow-up care in one central location. The Stoler Pavilion has 28 examination rooms, 27 infusion bays, three treatment rooms, a satellite pharmacy, and provides the latest innovations in cancer diagnosis.
- The Cancer Center has also added a patient navigator to help patients arrange for child care and transportation, offer financial aid information and easy access to support services. The patient navigation program is provided in partnership with the American Cancer Society. It is the first partnership of its kind in Maryland.
- UMGCC researchers found a new form of immunotherapy to help restore cancer patients' ability to fight infection after high-dose chemotherapy, as reported in the November 2005 issue of *Nature Medicine*. Patients were treated with high-dose chemotherapy and a bone marrow transplant, and then given a series of injections which contained vaccinations against a common form of pneumonia, and their own laboratory enhanced T cells. The therapy not only accelerated the production of T cells, but also improved the ability to protect the patients from infection.
- Total visits to UMGCC Web site during 2005 were 326,623, an increase of 46% from 2004 making www.umgcc.org the most visited site of all University of Maryland Medical Center Web sites.

At the University of Maryland Marlene and Stewart Greenebaum Cancer Center (UMGCC), patients and their families find a continuum of care, from the multidisciplinary programs to genetic counseling, palliative care, wellness counseling, and rehabilitation and behavioral services. We take pride in providing each of our cancer patients an individualized comprehensive treatment plan which incorporates the strengths and expertise of a multidisciplinary team. Our ongoing challenge and commitment is not only the diagnosis and treatment of cancer, but also to raising awareness and encouraging prevention. We continue to expand our community outreach efforts through partnerships with the American Cancer Society and other community organizations.

Our cancer registry dates back to 1991 and is where we track data on every patient treated or diagnosed at any of the UMGCC facilities. We report our data monthly to the Maryland Cancer Registry and annually to the National Cancer Database. Our data can also be accessed online at the American Cancer Society's Web site, www.cancer.org.

The 2005 annual report summarizes the distribution of primary tumor sites by site, gender, and American Joint Committee on Cancer Staging for both analytic and non-analytic patients accessioned into our cancer database in 2004. This year's retrospective outcome study is focused on 1,278 lung cancer patients treated at UMGCC. Maintenance of the cancer registry at UMGCC is a requirement for our cancer program's accreditation by the American College of Surgeons Commission on Cancer. As you will see reflected throughout this annual report, it is our unwavering commitment to quality care, education and prevention, as well as to the implementation of new technology and treatment programs, that will enable the UMGCC to continue the fight against cancer, which is becoming the leading cause of death in United States for men and women between the ages of 60 to 79.

We also continue to be an active participant in cancer clinical trial studies and research. Involvement in these studies allows our physicians and researchers to play an active role in advancing new cancer treatments and in providing the newest and most promising treatment options for our cancer patients.

To achieve our goals, we pledge to continue our commitment to provide the highest quality clinical care in a timely and efficient manner, education, scholarly activity, business efficiency, and collegiality and be creative and visionary leaders in our fields

As chair of the cancer committee, I would like to extend my thanks to the physicians, patient caregivers and support staff of the Cancer Center—it is their commitment and dedication that is the foundation for our success.



Nader Hanna, M.D., F.A.C.S.

Associate Professor of Surgery, University of Maryland
School of Medicine
Chief, Section of Surgical Oncology
Chair, Cancer Committee, University of Maryland Marlene and
Stewart Greenebaum Cancer Center

Preventing, diagnosing and treating cancer remains the number one priority of the University of Maryland Marlene and Stewart Greenebaum Cancer Center (UMGCC). Through the translation of research into innovative therapies, faculty physicians, scientists, researchers, clinicians, support staff and volunteers are all focused on improving the lives and outcomes of cancer patients every day. As one of the national leaders in the battle against this disease, we use cutting-edge technologies, medications and surgical approaches and continuously discover new ways to treat every stage of every type of cancer.

UMGCC physicians, nurses and support staff work as part of multidisciplinary teams to develop individualized treatment plans—and offer multiple care options for patients and their families. This approach to cancer care allows our specialists to provide compassionate, high quality care in a comfortable, convenient, supportive environment. Our goal is to achieve the best outcome for each patient while providing timely communication to families and referring physicians.

The past year was marked by several notable accomplishments. We cared for more patients and our sponsored research increased from prior years as we attracted superb new clinicians and researchers. In June we opened our new ambulatory facility, the Leonard and Roslyn Stoler Pavilion, which is a model for multidisciplinary care for multiple specialty areas. In addition, Angela H. Brodie, Ph.D., was honored as the first woman scientist to receive the prestigious Charles F. Kettering prize for cancer research.

The UMGCC Cancer Committee works collaboratively with the University of Maryland School of Medicine and the University of Maryland Medical Center to enhance the quality of clinical care at the Cancer Center, partner with community organizations in outreach efforts and bring current laboratory advances to the bedside for the benefit of patients.

Thank you for taking time to learn about us and about our role in the fight against cancer.



Kevin J. Cullen, M.D.

Director, University of Maryland Marlene and Stewart Greenebaum
Cancer Center
Professor of Medicine, University of Maryland School of Medicine

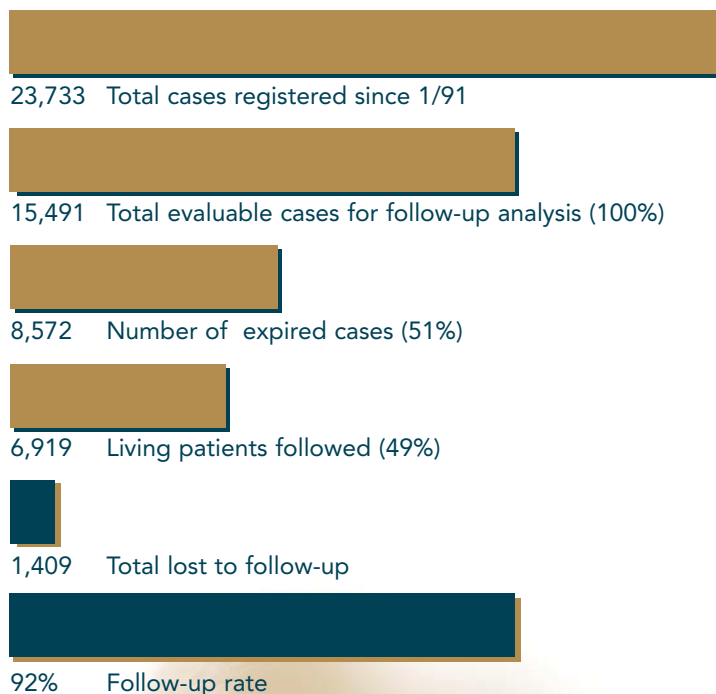
Occurrence by Site & Gender*

MALE CASES	N	UMGCC	ACS
Prostate	183	17%	33%
Lung & Bronchus	177	16%	13%
Colon & Rectum	80	7%	11%
Urinary Bladder	42	4%	6%
Non-Hodgkin's Lymphoma	34	3%	4%
Melanoma of Skin	17	1%	4%
Head & Neck	135	12%	3%
Kidney	50	5%	3%
Leukemia	41	4%	3%
Pancreas	39	4%	2%

FEMALE CASES	N	UMGCC	ACS
Breast	227	25%	32%
Lung & Bronchus	144	16%	12%
Colon & Rectum	48	5%	11%
Uterine Corpus	32	3%	6%
Non-Hodgkin's Lymphoma	27	3%	4%
Ovary	7	<1%	4%
Melanoma of Skin	9	<1%	4%
Urinary Bladder	7	<1%	2%
Pancreas	37	4%	2%
Head & Neck	73	8%	1%

* Data is based on 1,088 male and 917 female cancer cases.

Follow-up Summary Report*

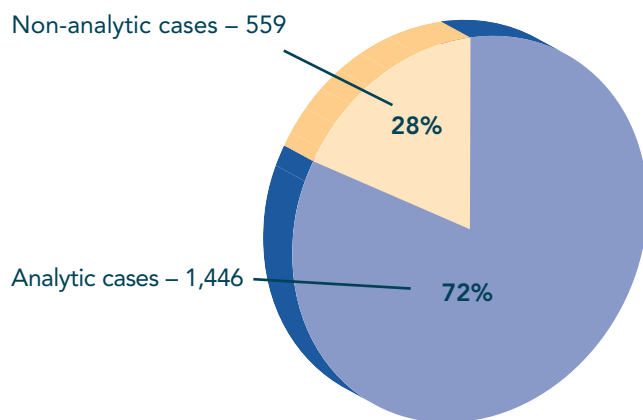


*UMGCC follow-up rate of 92% is well above the minimum standard follow-up rate, which is 80%, as determined by the American College of Surgeons Commission on Cancer.

Summary of Cancer Database

2,005 total new cases accessioned in 2004

Male:Female ratio 1.2:1



UMGCC Top 5 Sites

1. Lung – 322
2. Breast – 233
3. Head & Neck – 208
4. Prostate – 183
5. Colon & Rectum – 128

National Data

1. Prostate – 230,110
2. Breast – 217,440
3. Lung – 173,770
4. Colon & Rectum – 150,950
5. Lymphoma (HD & NHL) – 62,250

*Source: American Cancer Society, Inc. Surveillance Research Cancer Facts & Figures, 2004

Site Distribution Report by AJCC staging (analytic only)

Primary Site	0	I	II	III	IV	N/A,Unk	Total
ORAL							
Oral Cavity	6	39	14	8	32	12	111
Lip	0	2	1	0	0	0	3
Salivary Glands	0	0	0	0	2	0	2
Pharynx	1	1	0	4	23	1	30
Larynx	1	11	7	8	5	3	35
DIGESTIVE							
Esophagus	7	9	16	17	13	1	63
Stomach	1	10	6	4	5	6	32
Small Intestine	1	1	1	1	1	6	11
Colon, Rectum, Anal	7	13	17	8	23	9	77
Liver, Intrahep, Biliary	0	12	11	10	7	5	45
Gallbladder	1	1	3	0	1	0	6
Pancreas	1	8	23	5	29	8	74
Perit, Omentum, Mesentery	0	0	1	1	0	1	3
RESPIRATORY							
Lung & Bronchus	1	61	20	68	89	11	250
Thymus, Pleura, Mediastinum	0	0	2	1	0	9	12
SOFT TISSUE & SKIN							
Sarcoma	0	1	0	1	2	2	6
Melanoma-Skin	1	3	1	1	4	3	13
BREAST							
Breast	21	32	29	11	5	3	101
GENITAL							
Cervix	2	3	2	6	0	0	13
Ovary	0	1	0	2	1	1	5
Uterine Corpus	0	13	3	3	0	5	24
Other Female	3	2	0	1	0	1	7
Prostate	0	0	95	8	12	1	116
Testis	0	1	1	3	0	2	7
Penis	0	0	1	1	1	2	5
URINARY							
Bladder	11	4	8	6	4	1	34
Kidney	0	32	6	5	23	7	73
Ureter	0	1	0	0	0	0	1
CNS							
Brain	0	5	0	0	0	35	40
Eye	0	0	0	1	0	0	1
Other Nervous System	0	1	0	0	1	57	59
ENDOCRINE							
Thyroid	0	14	3	2	5	0	24
Other Endocrine	0	0	0	0	0	8	8
HEMATOPOIETIC							
Leukemia/Myeloma	0	1	1	0	2	94	98
LYMPHOMA							
Hodgkin's & NHL	0	8	9	6	10	1	34
ALL OTHER							
All Other	0	0	0	0	0	23	23
TOTAL	65	290	281	192	300	318	1,446

Primary Site Distribution

	Analytic	Non-Analytic	Total
ORAL			
Oral Cavity	111	10	121
Lip	3	0	3
Salivary Glands	2	3	5
Pharynx	30	8	38
Larynx	35	6	41
DIGESTIVE			
Esophagus	63	7	70
Stomach	32	3	35
Small Intestine	11	4	15
Colon, Rectum, Anal Canal	77	51	128
Liver, Intrahep, Other Biliary	45	5	50
Gallbladder	6	1	7
Pancreas	74	2	76
Perit, Retroper, Other Diagnoses	3	2	5
RESPIRATORY			
Lung & Bronchus	250	72	322
Thymus, Pleura, Mediastinum	12	2	14
SOFT TISSUE & SKIN			
Sarcoma – (Bone, Soft Tissue)	6	6	12
Skin	13	13	26
BREAST			
Breast	101	132	233
GENITAL			
Cervix Uteri	13	3	16
Uterine Corpus	24	8	32
Ovary	5	2	7
Other Female	7	4	11
Prostate	116	67	183
Testis	7	7	14
Penis & Other Male	5	0	5
URINARY			
Bladder	34	15	49
Kidney	73	13	86
Ureter	1	1	2
CNS			
Brain	40	7	47
Eye	1	0	1
Other Nervous System	59	17	76
ENDOCRINE			
Thyroid	24	4	28
Other Endocrine	8	14	22
HEMATOPOIETIC			
Leukemia/Myeloma	98	39	137
LYMPHOMA			
Hodgkin's & NHL	34	27	61
ALL OTHER			
All Other	23	4	27
TOTAL	1,446	559	2,005

Summary of Data

In 2004, we have seen 13.7% increase in the number of total cancer patients treated at the University of Maryland Marlene and Stewart Greenebaum Cancer Center. The largest increase was seen in breast cancer (87.9%), urinary tract malignancies (73.4%), and gastrointestinal malignancies (37.3%). We continue to exceed the national average (ACS data) for treatment of primary tumors of the head and neck, lung and pancreas in both men and women. We have seen continued clinical growth in malignancies of the stomach, colon and rectum and pancreas. Through the partnership with the State of Maryland and its Maryland Cigarette Restitution Fund Program, the University of Maryland Marlene and Stewart Greenebaum Cancer Center continues to be the State's partner in helping Marylanders conquer cancer.

2005

Cancer Committee Members

Nader Hanna, M.D.	Surgical Oncology, Chair of Cancer Committee
Nancy Dawson, M.D.	Medical Oncology (Prostate)
Michael Garofalo, M.D.	Radiation Oncology
Olga Goloubeva, Ph.D.	Biostatistician
Josephine Gragasin	Tumor Registry
Anne Harris	Administration
Anita Hawkins, M.D.	Diagnostic Radiology
Olga Ioffe, M.D.	Pathology
Gloria Jetter	American Cancer Society
Karen Kaiser, R.N.	Clinical Effectiveness
Joel Kent, M.D.	Pain Service/Clinic
Mark Krasna, M.D.	Thoracic Surgery
Fe Nieves-Khouw	Quality Management
Rhonda Silva, R.N.	Baltimore City Cancer Program
William Spacek	Pastoral Care
Marianna Timm, R.N.	Nurse Manager, Inpatient
Beth Wintermute, M.S.W.	Social Work



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