

UConn HEALTH

2015

**CANCER SERVICES
ANNUAL REPORT**

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2014 CANCER COMMITTEE MEMBERS/DEPARTMENTS

Physicians

Chairman

John A Taylor III Urology

Molly Brewer, Assoc Professor/Cancer Center
Robert Dowsett, Radiation Oncology
Ellen Eisenberg, Cancer Conference Coordinator, Oral Pathology
Upendra Hegde, Asst Professor Hematology-Oncology
Jayesh Kamath, Psychiatry
Electra Kaloudis, Radiology
Joanne Kuntz, Director Palliative Care
Melinda Sanders, Pathology
Pramod Srivastava, Director, Cancer Center
Christina Stevenson, CoC Liaison Physician

Non-Physicians

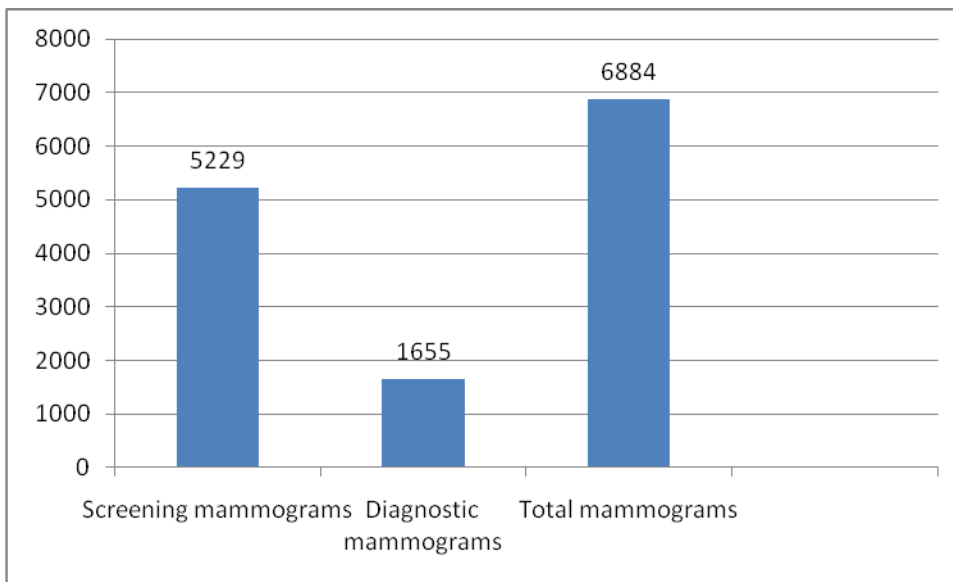
Sheri Amechi, CTR, Cancer Registry Coordinator
Caroline Leary, Oncology Data Technician, Cancer Registry
Chris Defrancesco/Carolyn Pennington, Communications
Melissa Parente, Research
Marie Ziello, Social Work
Elena Albini / Allison Patavino, Manager HIM
Deb Downes, Nutrition
Chris Niemann, Pharmacy
Petra Rasor, Staff Nurse
Susan Chellis, Nursing Director
Morgan Hills/Jennifer Smedberg, Rehabilitative Services
Robin Schwartz, Genetics Counselor
Wendy Thibodeau, Navigator
Nancy Baccarro, Survivorship
Gwen Muscillo, Nursing, Inpatient Nurse Manager, OCN 6, Med Surg 5
Leslie Bell, Clinical Practice Manager

BREAST HEALTH CENTER

UCONN HEALTH offers:

- Screening mammograms
- Diagnostic mammography and ultrasound
- Stereotactic biopsy
- Ultrasound guided core biopsy
- Needle localizations
- Lymphoscintigraphy for sentinel node biopsy
- Breast MRI

Breast Imaging Totals 2014



BREAST HEALTH CENTER

National Quality Measure for UConn Health Breast Program



UConn Health’s Carole and Ray Neag Comprehensive Cancer Center has an accredited breast health program. (Janine Gelineau/UConn Health photo)

UConn Health’s Carole and Ray Neag Comprehensive Cancer Center is celebrating its newly accredited [breast program](#).

The National Accreditation Program for Breast Centers has awarded UConn Health’s cancer center full three-year accreditation, a formal acknowledgment from the American College of Surgeons of UConn Health’s commitment to providing high-quality evaluation and management of patients with breast disease.

The distinction “is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance,” according to an NAPBC news release. “A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.”

Standards required for accreditation include proficiency in center leadership, clinical management, research, community outreach, professional education, and quality improvement.

“The breast program is judged and evaluated, not only by the excellence of its doctors, but also the ability of the entire patient care staff as well as clinical trial, outreach and research staff to address the multitude of issues that face women with breast health concerns,” says [Dr. Susan Tannenbaum](#), Neag Comprehensive Cancer Center director of medical oncology. “It additionally means that the program is actively working towards improving the breast health of future generations as well as working towards reducing disparities in our patient populations.”

The surveyor’s report gave UConn Health high marks for its multidisciplinary care, an institutional commitment to basic science research, and strong hospital administrative support for the cancer program.

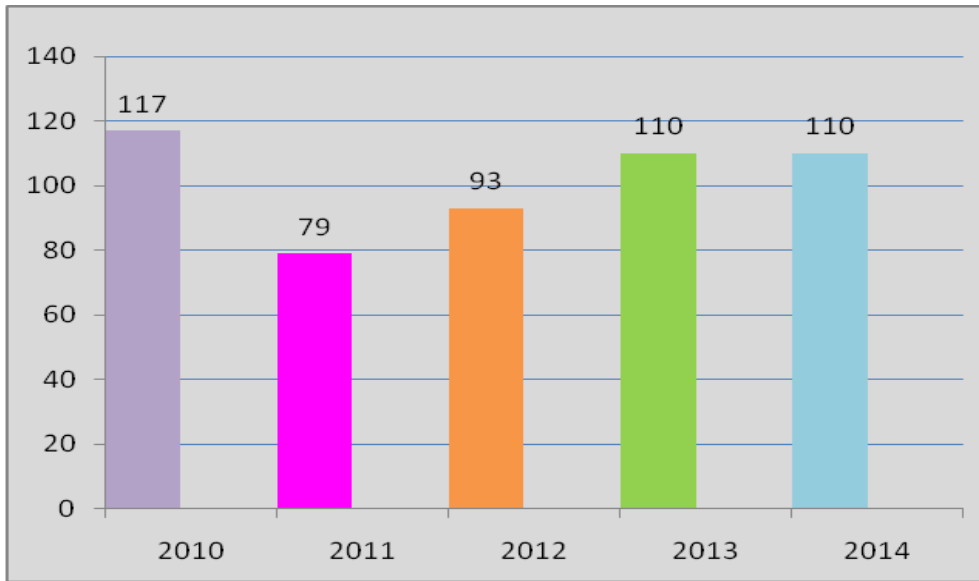
“Accreditation is something that informs patients or supporters of our program, that we are recognized as a dedicated and capable program,” Tannenbaum says. “In getting our accreditation, our breast program was acknowledged to have all those elements needed, but recognized as well to have many things in place to be used as an example of what others should look at for best practices in a breast program, and that is an accomplishment we are all proud of.”

More information about the National Accreditation Program for Breast Centers is available at www.accreditedbreastcenters.org.

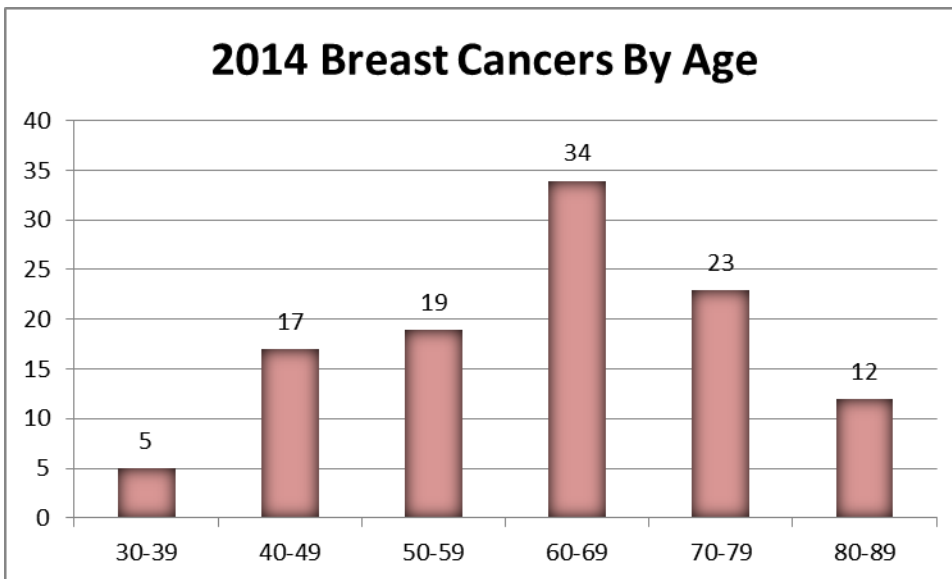
(<http://updates.uhc.edu/tag/napbc>)

BREAST HEALTH CENTER

Analytic Breast Cancers 2010-2014

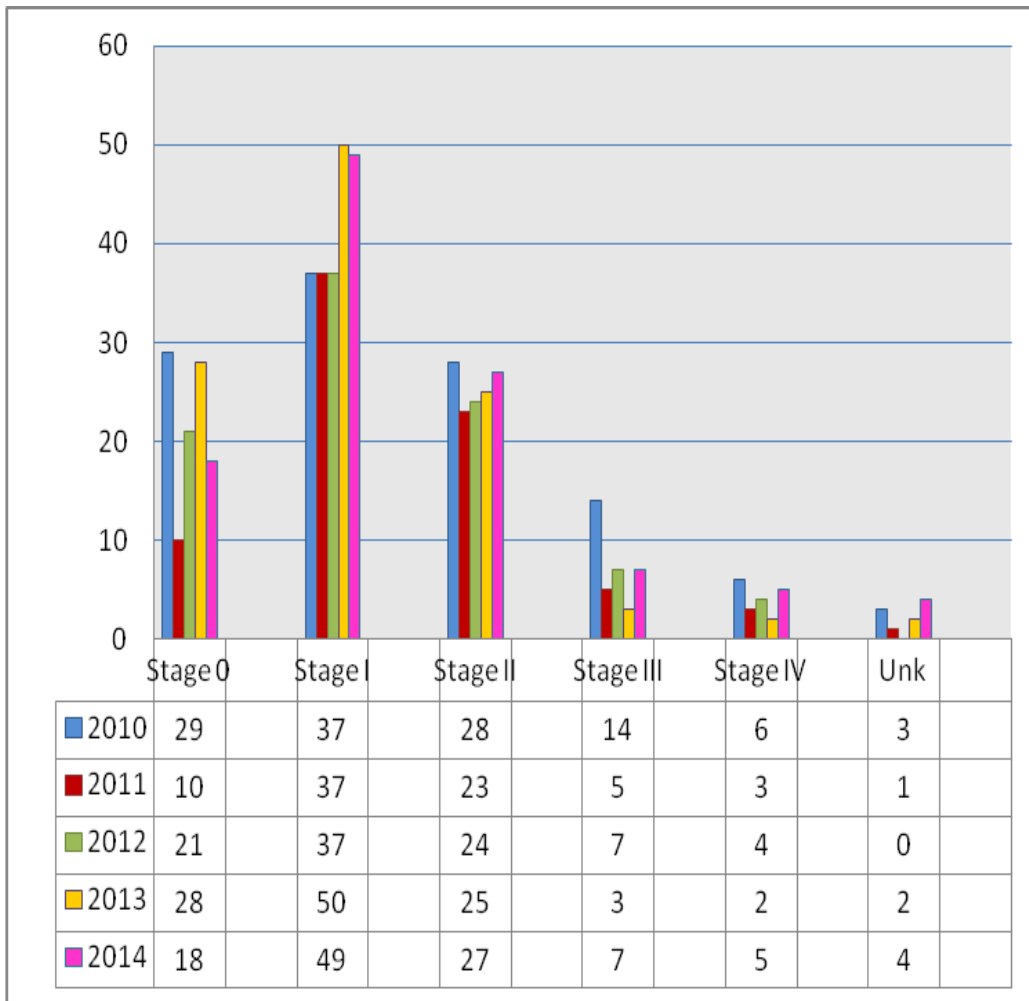


Analytic Breast Cancers by Age 2014



BREAST HEALTH CENTER

Analytic Breast cancers by Stage 2010-2014



CANCER CONFERENCES

Total number of patients presented or discussed in 2014 was 735. This is 74 % of the analytic case total of 998. The American College of Surgeons Commission on Cancer (ACOS CoC) requires 10% of the analytic cases be presented. Cancer conferences are held weekly, bi-monthly and monthly depending on specialty. The following cancer conferences are held at UCONN HEALTH

2014 Cancer Conferences
Head and Neck
Melanoma
GU
Breast
GYN
Lung
GI

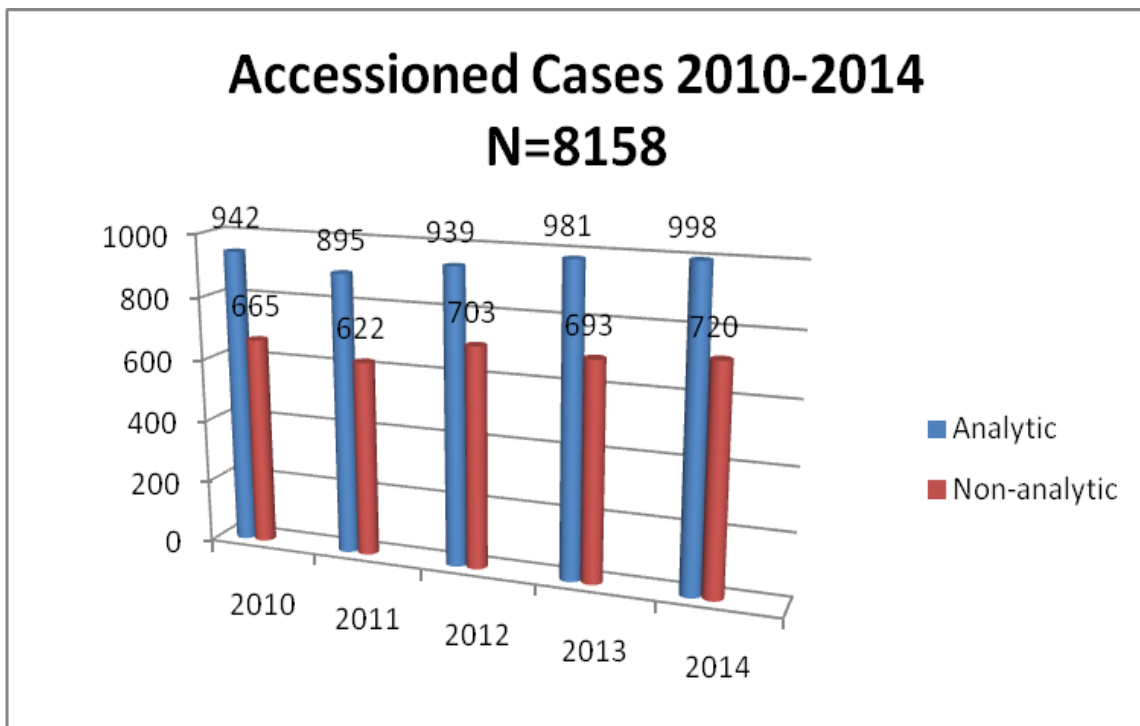
Required attendees and their average attendance for all conferences combined:

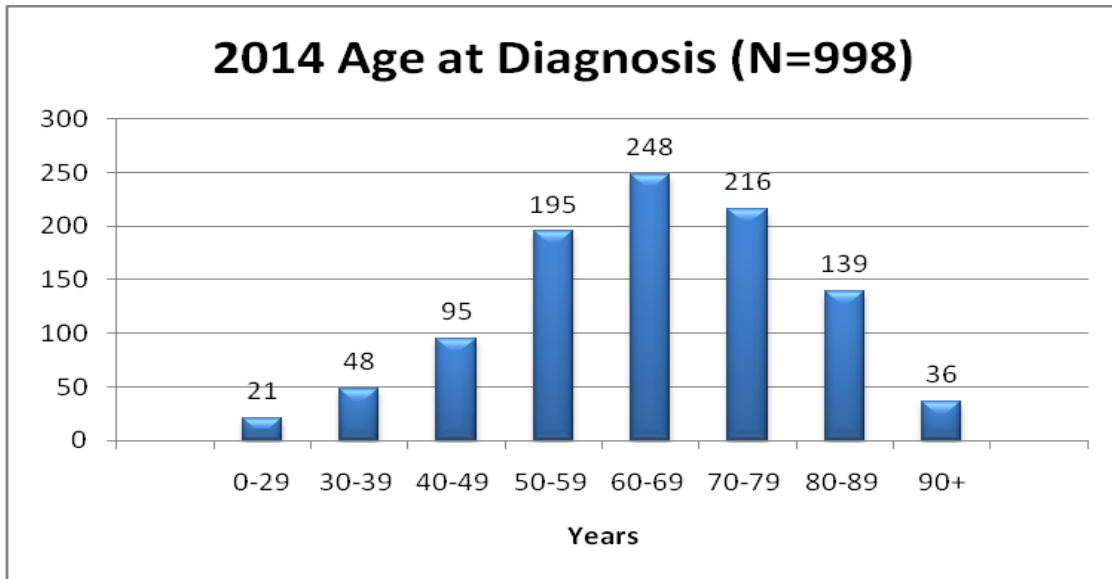
- Oncologist 96%
- Pathologist 83%
- Diagnostic Radiologist 85%
- Radiation Oncologist 83%
- Surgeon 100%

In total, 85 % of the cases were discussed prospectively; the ACoS CoC requires at least 80%.

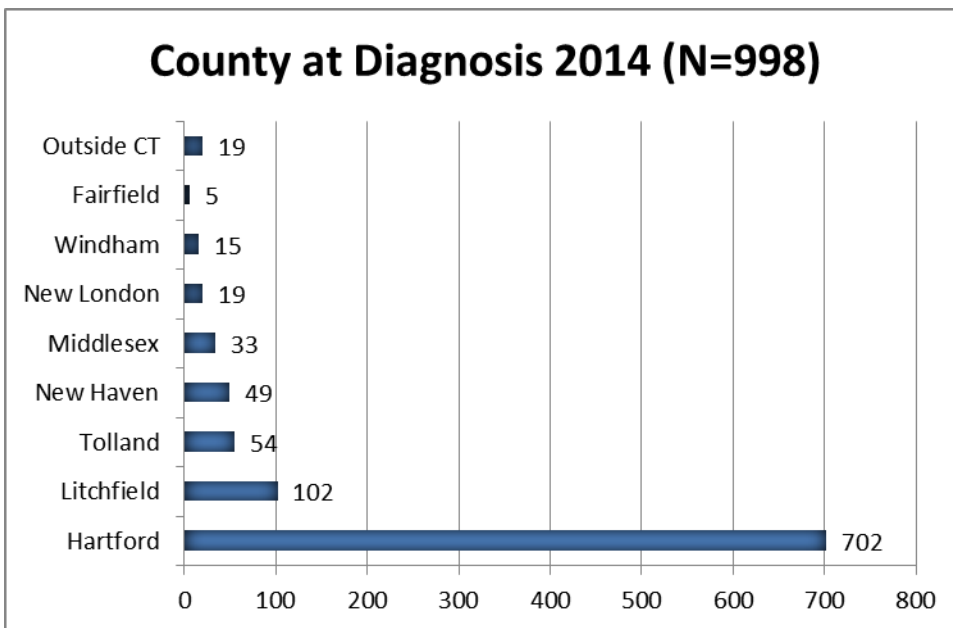
CANCER DATA MANAGEMENT

Cancer Data Management (CDM) is a required component of all cancer programs accredited by the Commission on Cancer (CoC). CDM reports to Cancer Services. In 2014, there 1,718 cases accessioned into the cancer registry. Of this total, 998 cases were newly diagnosed or analytic cases. Cancer Data Management provides the means to collect demographics, staging, treatment, and follow-up of each case of cancer seen at UConn Health. Data processed by the cancer registry is used to produce data reports requested by administration and by the medical staff. All rules established by HIPAA are observed. There were 1718 cases in the cancer registry database for the end of 2014. The 2014 follow-up rate, which is used in the calculation of survival data was 94.74% for UConn. The nationwide follow-up rate is 90%. Cancer Data Management is staffed by three full-time CTR's and one full-time Oncology Data Management Technician.

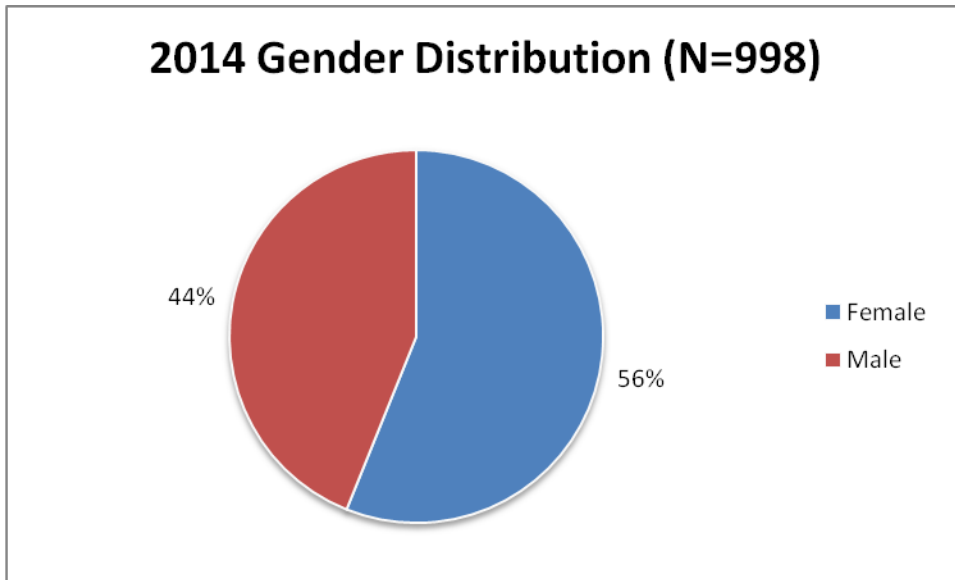




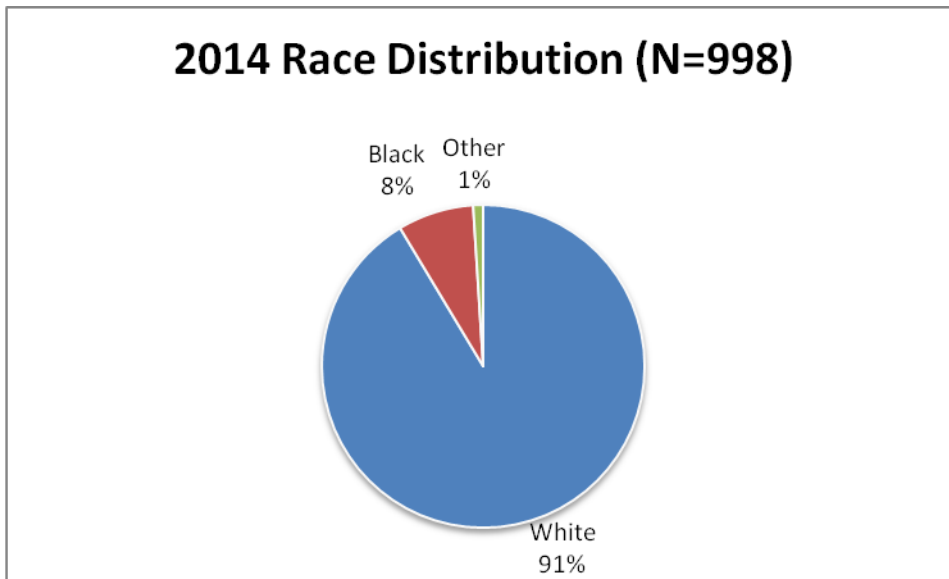
The mean age at diagnosis in 2014 was 64 years of age with patients ranging in age from 16 to 90+ years. Malignancies occurred mostly in the 5th and 6th decades of life.



Geographically, the majority of the newly diagnosed patients resided in Hartford County. In 2014, there were 701 patients from Hartford County. This represented 70% of the analytic cases collected.

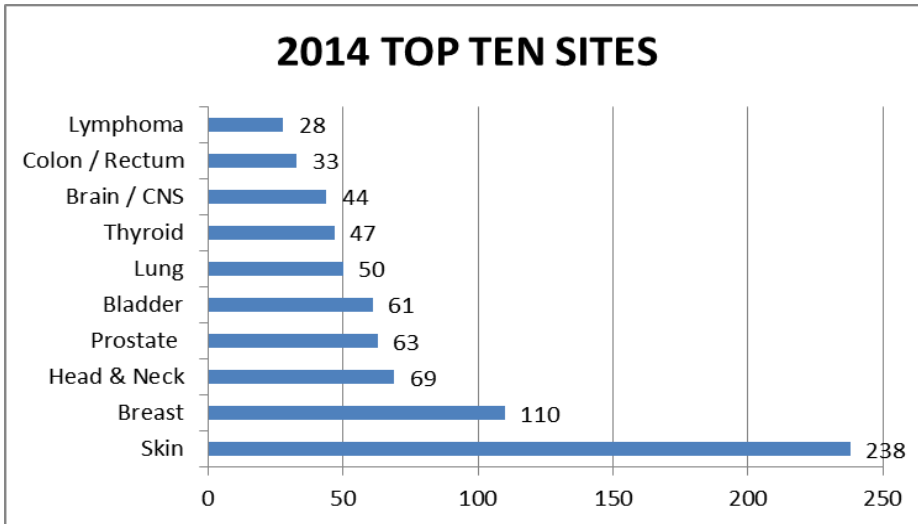


In 2014, there were 560 newly diagnosed female patients which represented 56% of the analytic caseload and 438 newly diagnosed male patients represented 44% of the analytic caseload.

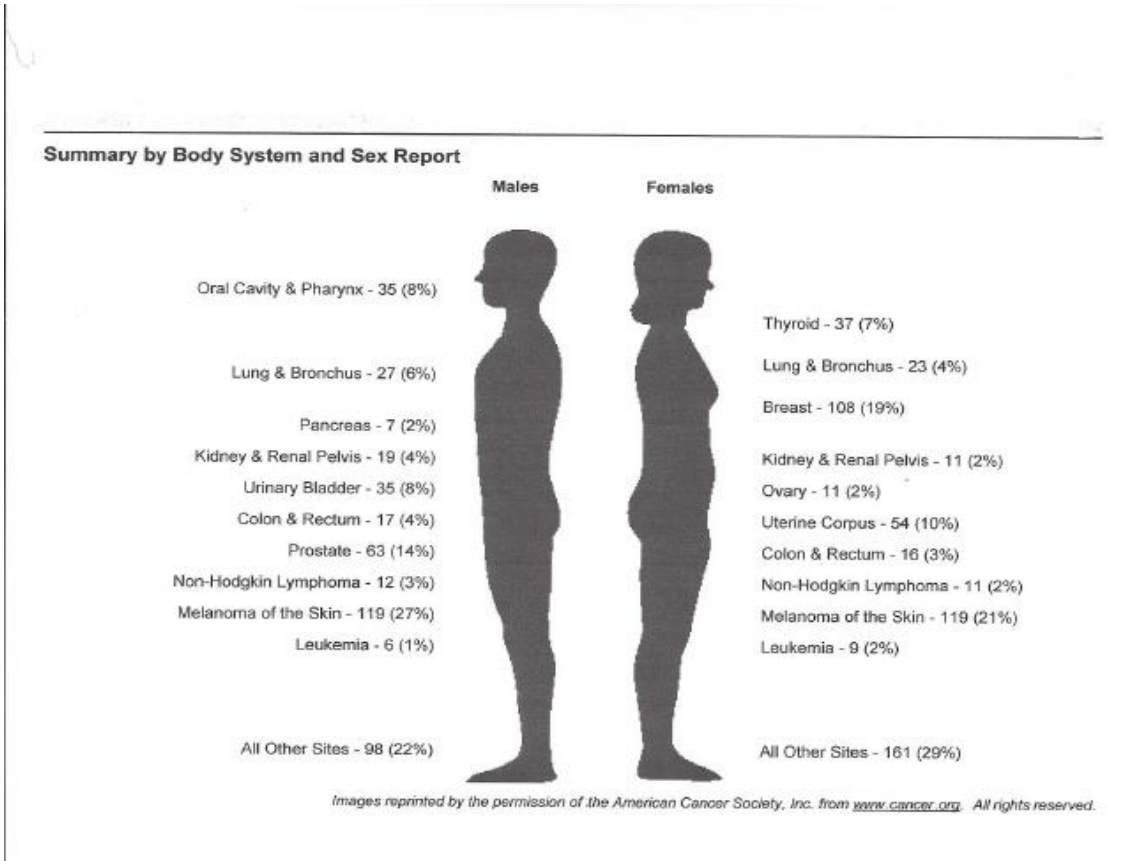


In 2014, there were 912 Caucasian patients, 76 African American, and 10 patients listed other as their race.

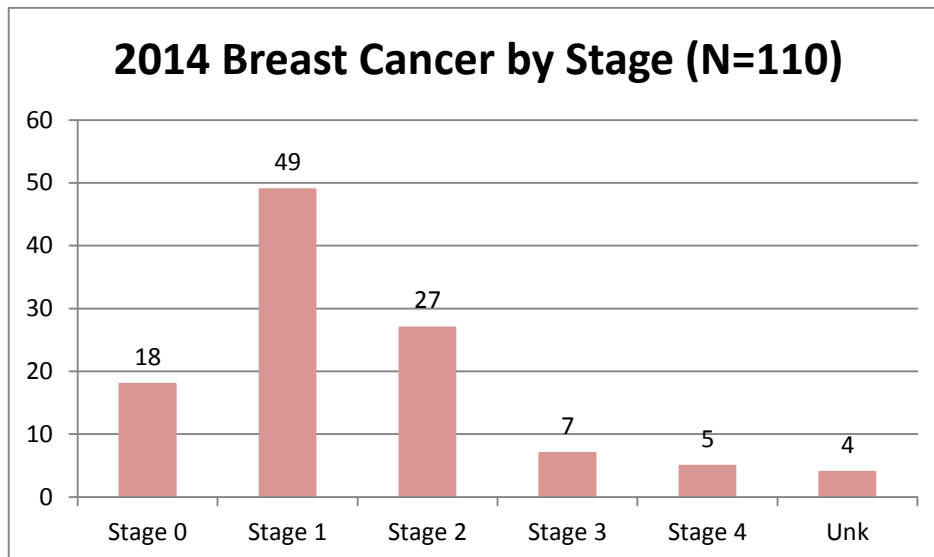
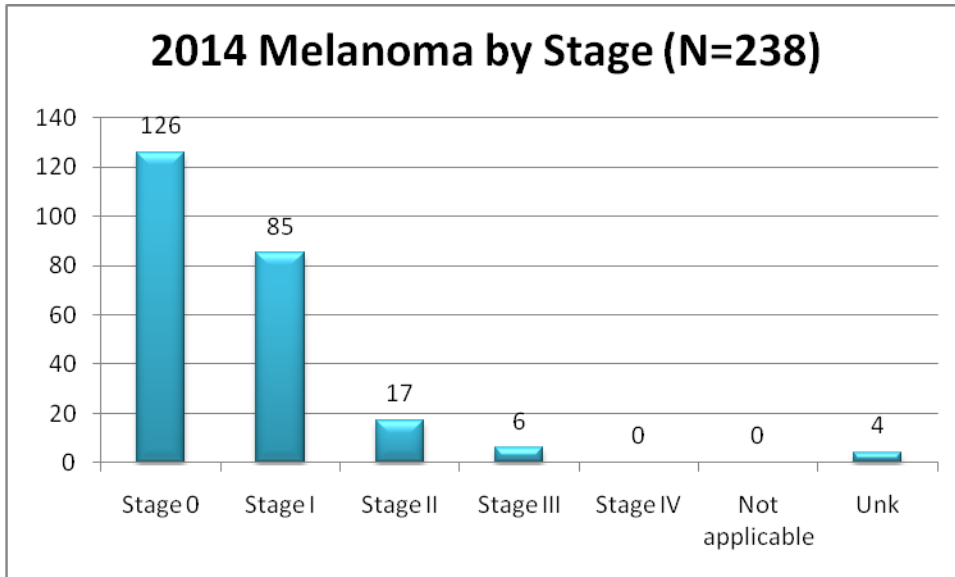
TOP TEN SITES OF 2014

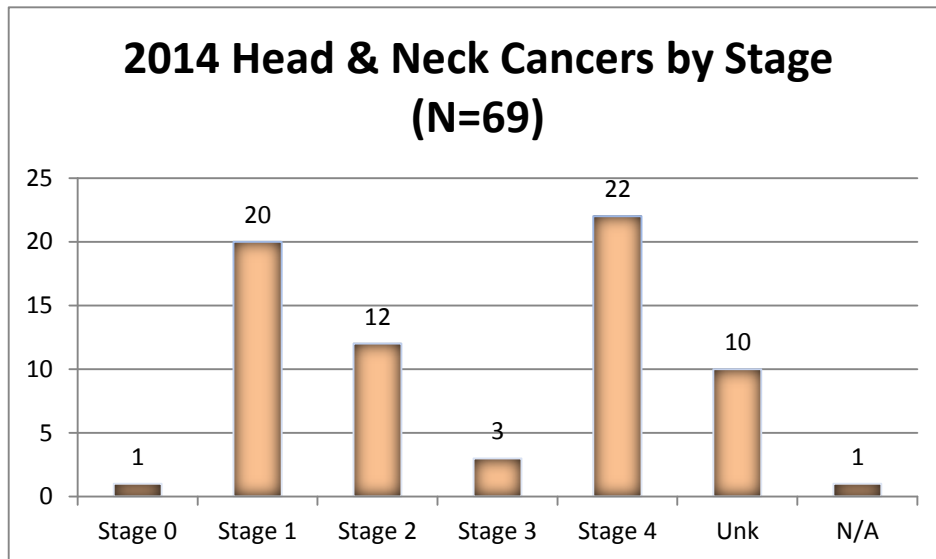
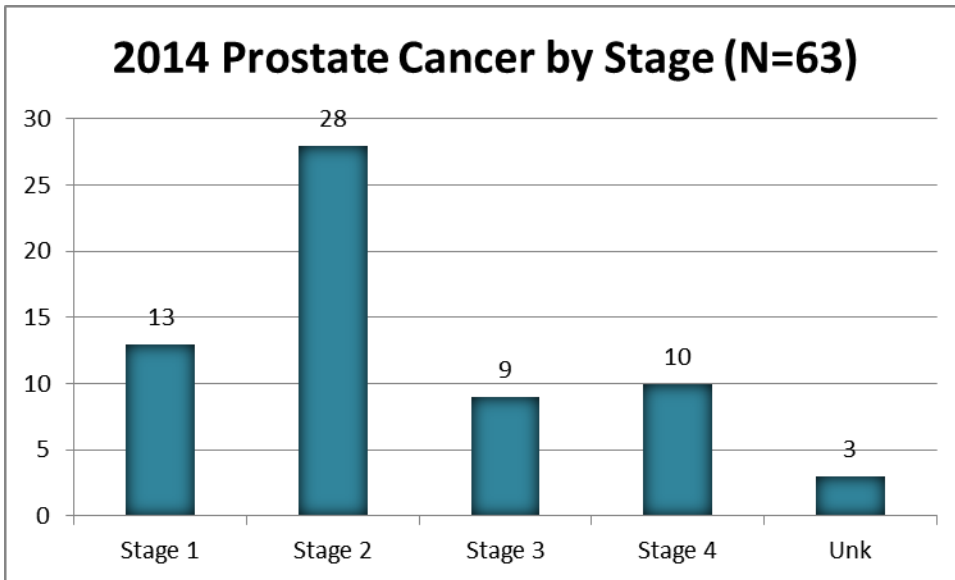


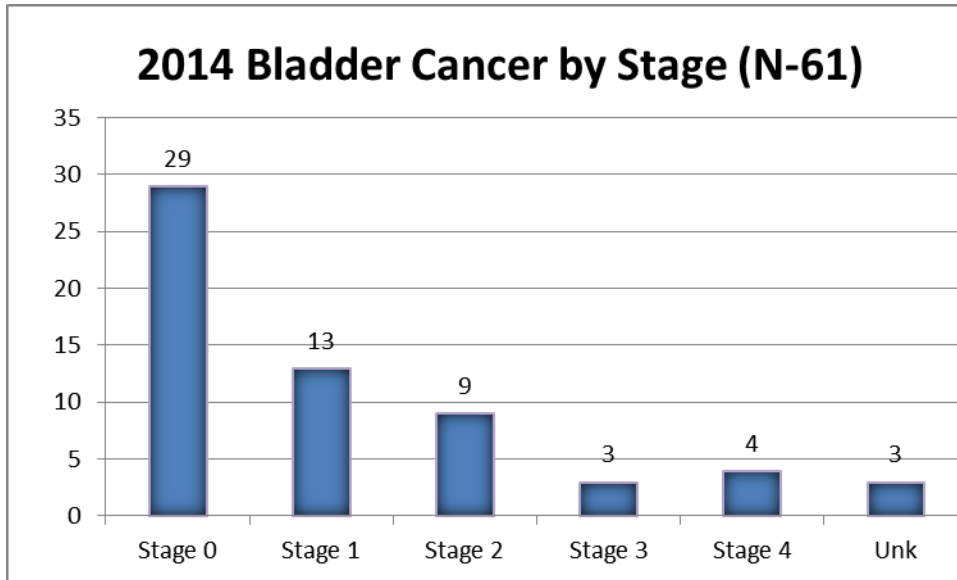
Skin and breast cancers were consistently the first and second most frequent sites of cancer seen at UConn Health. The top ten sites consisted of 75% of the total analytic case load for 2014.



TOP 5 SITES BY STAGE







CAP PROTOCOL

Month	# Cases Reviewed	# of Reports meeting all CAP requirements	# of Reports with missing data elements
January 2014	42	41	1
February 2014	33	33	0
March 2014	47	46	1
April 2014	37	36	1
May 2014	55	52	3
June 2014	60	55	5
July 2014	51	51	0
August 2014	47	46	1
September 2014	33	31	2
October 2014	66	65	1
November 2014	55	54	1
December 2014	43	43	0

Percentage of Compliance: 97%

Total cases reviewed: 569

Total cases w/ all data elements: 553

COMMUNITY OUTREACH PROGRAMS RELATED TO CANCER SERVICES

UCONN HEALTH participates in a variety of free community programs including: health fairs, wellness clinics, cancer support groups, and cancer prevention screenings.

Date	Topic	Presenter	Time/location
Jan 4, 2014	Bladder Cancer Support Group	Community event	
Jan 6, 2014	UConn men's basketball Coaches Charity Challenge raised \$10,000 for Neag Comprehensive Cancer Center		
Jan 13, 2014	Look Good Feel Better	ACS program	
Jan 16, 2014	Lung cancer screening	Electra Kaloudis	Valley Press
Jan 23, 2014	Vivascope	Jody D'Antonio & Jane Grant-Kels	News 8 wtnh.com
Jan 28, 2014	Freedom From Smoking		
Feb 1, 2014	Bladder Cancer Support Group	Community event	
Feb 2, 2014	Cancers assoc with smoking	John Taylor and Doug Peterson	WTIC News talk 1080 96.5 TIC-FM wtic.com
Feb 10, 2014	Look Good Feel Better	ACS program	
Feb 24, 2014	UConnhealth.com microsite launched		
March 1, 2014	Bladder cancer support group	Community event	
March 4, 2014	Raising Colon Cancer Awareness Among Minorities	Jose Orellana	NBC CT
March 10, 2014	Look Good Feel Better	ACS program	
March 13, 2014	Beating Cancer Can Come with New Health Risks		

March 18, 2014	Young Breast Cancer Survivor Thanks UConn Health Docs		
March 18-19, 2014	Be the Match bone marrow registry program		
March 19, 2014	Cardio-oncology	Bruce Liang	WNPR FM wnpr.org
March 23, 2014	Colon cancer detection and prevention	Joel Levine	WTIC NewsTalk 1080 96.5 TIC-FM wtic.com
March 24, 2014	CCSU Fraternity Health Fair		
March 31, 2014	Overscreening for cancer	Peter Albertsen	saveamericafoundation.com
April 1, 2014	Bring your Heart to Hartford		Connecticut Historical Society
April 5, 2014	Bladder cancer support group	Community event	
April 10, 2014	3D mammography		Southington
April 11, 2014	Web Freedom from Smoking		Web
April 14, 2014	Look Good Feel better	ACS program	
April 2014	Lung cancer screening program 37 patients screened		
May 1, 2014	BHI Race in the Park		Walnut Hill Park New Britain
May 3, 2014	Bladder cancer support group	Community event	
May 4, 2014	BHI Pink in the Park	UConn staff	Rock Cats Stadium New Britain
May 7, 2014	Melanoma awareness month WTIC News Talk 1080	Dr Jane Grant-Kels	WTIC News Talk 1080
May 8, 2014	Live Well workshops	Many departments	
May 12, 2014	Look Good Feel Better	ACS program	
May 17, 2014	Farmington Relay for Life	ACS program	Farmington High School
May 27, 2014	Phytoestrogens and breast cancer	Deb Downes	Pinkribboncooking.com
May 27, 2014	Sun safety and skin cancer	Dr. Phil Kerr	NBC CT
June 6, 2014	Are tanning beds addictive?	Dr Jane Grant-Kels	WNPR FM wnpr.org

June 7, 2014	Komen Race for the Cure		Bushnell Park Hartford
June 7, 2014	Bladder Cancer Support Group	Community event	
June 7-8, 2014	Neag Comprehensive Cancer Center table visited by 600 people		West Hartford
June 8, 2014	Survivor's Day Camp Chase 150 attendees		Burlington
June 9, 2014	Look Good Feel Better	ACS program	
June 15, 2014	Personalized approach to treating ovarian cancer	Dr. Pramod Srivastava	River 105.9 Kiss 95.7 Country 92.5 97.9 ESPN FOX Sports Radio 1410 KC 101 WELI AM ESPN Radio 1300
June 24 & June 25, 2014	Cardio-oncology	Dr. Agnes Kim & Dr. Bruce Liang	News 8 wtnh.com
July 5, 2014	Bladder cancer support group	Community event	
July 2014	Lung cancer screening program, 11 pts		
July 14, 2014	Look Good Feel better	ACS program	
July 28, 2014	Golf tourney supports Cancer Research, DNA sequencing		WDRC, WWCO, WMMW, WSNG AM
Aug 2014	Lung cancer screening, 13 pts		
Aug 2, 2014	Bladder Cancer Support group	Community event	
Aug 4, 2014	UConn Cancer Research Golf Tournament, DNA sequencing	UConn Foundation	Tumble Brook Country Club Bloomfield, Conn
Aug 11, 2014	Look Good Feel better	ACS program	
Aug 11, 2014	Students Bike Cross-Country for a Cure		Fox CT
August 15, 2014	UConn Med Students Make Cross-Country Trek for Leukemia		Courant
Sept 2014	Lung cancer screening program Sept: 10 pts		

Sept 6, 2014	Bladder Cancer Support Group	Community event	
Sept 15, 2014	Look Good Feel Better	ACS program	
Sept 15, 2014	Genetic screening and Breast Cancer Risk		UConn Today
Sept 20, 2014	National Ovarian Cancer Coalition Walk		Rentschler Field, East Hartford
Sept 27, 2014	Free skin cancer screenings		South Park 5K
Sept 27, 2014	Clinical trials underway for Ovarian cancer vaccine		NBC CT
Oct 2014	Lung cancer screening program Oct: 19 pts		
Oct 2, 2014	Pink Party		Blue Back Square, West Hartford
Oct 4, 2014	Bladder Cancer Support Group	Community event	
Oct 5, 2014	Jim Calhoun Cancer Challenge Ride & Walk, Winding Trails free skin cancer screenings	Community event	Farmington, CT
Oct 6, 2014	UConn Researchers Develop Personalized Ovarian Cancer Vaccines		UConn Today
Oct 13, 2014	Look Good Feel Better	ACS	
Oct 14, 2014	E-cigarette study		NBC CT
Oct 16, 2014	Light the Night; Leukemia & Lymphoma Society		Evergreen Walk, South Windsor
Oct 17, 2014	Soon, personalized ovarian cancer vaccines		Business-standard.com (India)
Oct 18, 2014	Sickle cell walk	Community event	Keney Park, Hartford
Oct 19, 2014	Making Strides		Bushnell Park
Oct 2014	Cancer center spotlight: Cancer Vaccine Clinical study	Cancer center	Web
2014	Smoking cessation/exercise study: 74 pts		
2014	Smoking cessation/Pregnant Women's Study: 40 pts		
2014	Weight loss study: 413 pts nutrition counseling,		

	prevention breast & colon ca		
2014	Alcohol treatment: 20 pts (prevention for esophageal and liver cancer)		
2014	Colon cancer prevention: polyp removal: 760 pts		
2014	Cervical Cancer Prevention: 140 pts treated for precancerous cervical lesions		
2014	Genetic counseling: Estimate of 20 patients per month have genetic counseling for cancer prevention (colon, breast, uterine)		

COLON CANCER SITE STUDY

Reviewed by: Upendra Hegde, MD

Written by: Diane Martian, RHIT, CTR & Sheri Amechi, CTR

The Cancer committee chose colon cancer as the site study for this year's Annual report. The data is from 2009-2013. Colon cancer is the third most common cancer in both men and women. Incidence rates have been decreasing for most the past two decades, which has been attributed to both changes in risk factors and the uptake of colon cancer screening among adults 50 years and older.

An estimated 93,090 cases of colon cancer and 39,610 cases of rectal cancer are expected to be diagnosed in 2015. Colon cancer screening tests allow for the detection and removal of colon polyps before they progress to cancer. From 2007 to 2011, incidence rates declined by 4.3% per year among adults 50 years of age and older, but increased by 1.8% per year among adults younger than age 50.

Colon cancer is the third leading cause of cancer death in both men and women and the second leading cause of cancer death when men and women are combined. Mortality rates for colon cancer have been declining since 1980 in men and since 1947 in women, with the decline accelerating in both sexes in the most recent time period. From 2007 to 2011, the overall death rate declined by 2.5% per year. This trend reflects declining incidence rates and improvements in early detection and treatment.

Risk factors: The risk of colon cancer increases with age; in 2011, 90% of cases were diagnosed in individuals 50 years of age and older.

Treatment: Surgery is the most common treatment for colon cancer. For cancers that have not spread, surgical removal of the tumor may be curative. Chemotherapy alone, or in combination with radiation, is given before (neoadjuvant) or after (adjuvant) surgery to most patients whose cancer has penetrated the bowel wall deeply or spread to the lymph nodes. For colon cancer in otherwise health patients age 70 or older, adjuvant chemotherapy is equally effective as in younger patients; toxicity in older patients can be limited by avoiding certain drugs (e.g. oxaliplatin). Several targeted therapies have been approved by the FDA to treat colon cancer that has spread to other parts of the body .

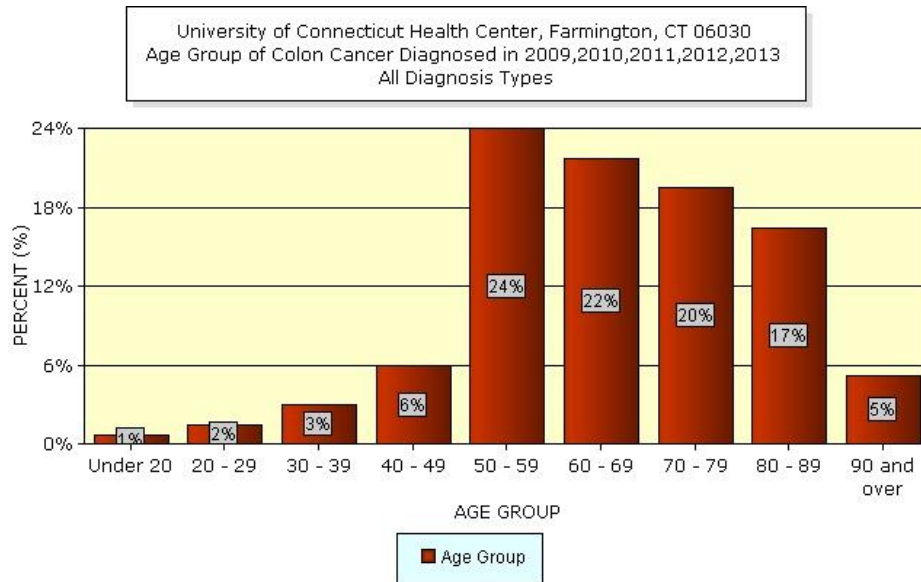
UConn Health age groupings revealed 24% in the 50-59 year age range. Only 28% were Stage I and II. Treatment choices included chemotherapy, radiation therapy, surgery, or a combination of these modalities.

Comparison data used in this report is from the Commission on Cancer's National Cancer Database (NCDB) The NCDB contains data from all COC approved cancer programs in the U.S.

Survival data is calculated by the observed survival from the years 2003-2008 for UConn and NCDB statistics.

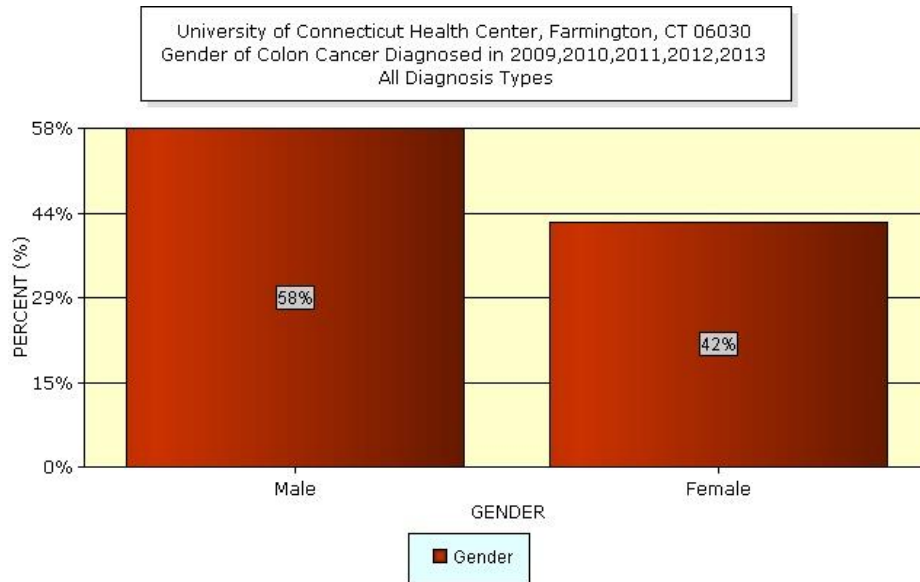
Experts at UConn Health have created a personalized Colon Cancer Prevention Program. Anyone over the age of 18, who is concerned about their risk of colon cancer is encouraged to join the Colon Cancer Prevention Program.

See *Colon Cancer Facts & Figures*, at cancer.org/statistics for more information



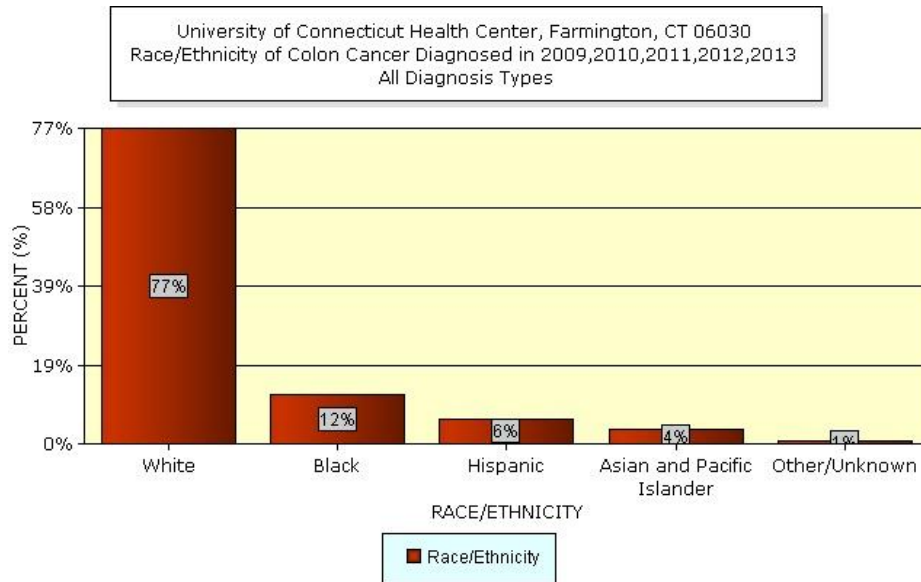
**University of Connecticut Health Center, Farmington,
CT 06030**
**Age Group of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
All Diagnosis Types

	Age Group	N	%
1.	Under 20	1	0.76%
2.	20 - 29	2	1.53%
3.	30 - 39	4	3.05%
4.	40 - 49	8	6.11%
5.	50 - 59	32	24.43%
6.	60 - 69	29	22.14%
7.	70 - 79	26	19.85%
8.	80 - 89	22	16.79%
9.	90 and over	7	5.34%
	TOTAL	131	100%



***University of Connecticut Health Center, Farmington,
CT 06030***
**Gender of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
All Diagnosis Types

	<i>Gender</i>	N	%
1.	Male	76	58.02%
2.	Female	55	41.98%
	TOTAL	131	100%

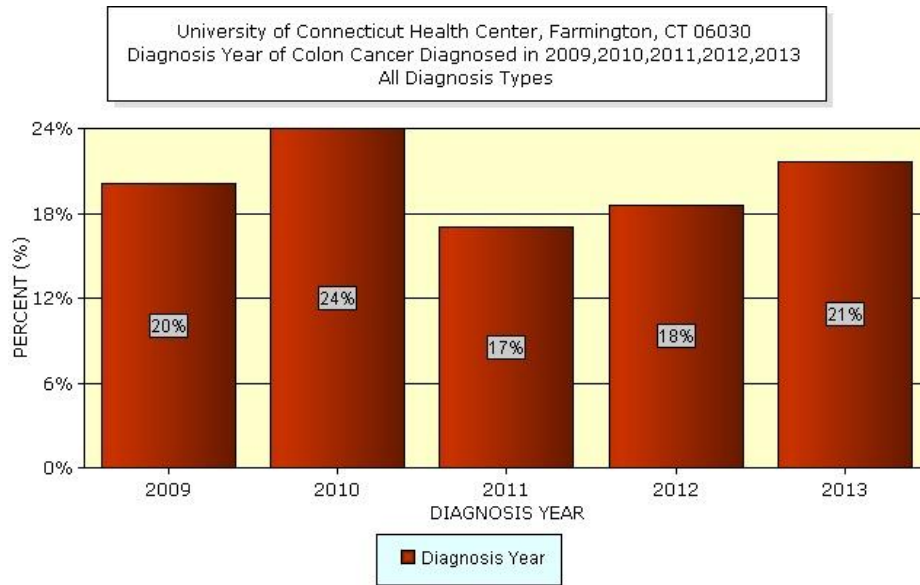


**University of Connecticut Health Center, Farmington,
CT 06030**

**Race/Ethnicity of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**

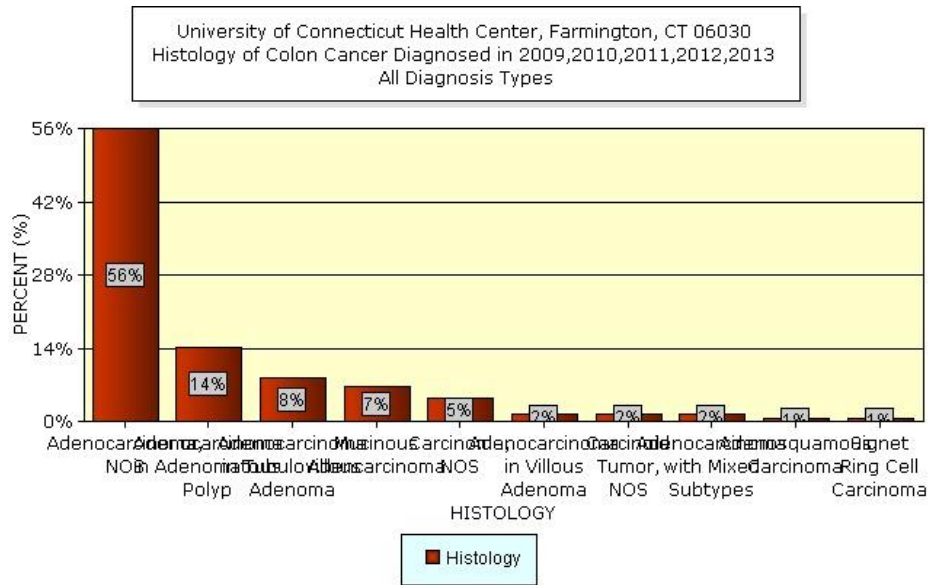
All Diagnosis Types

Race/Ethnicity	N	%
1. White	101	77.1%
2. Black	16	12.21%
3. Hispanic	8	6.11%
4. Asian and Pacific Islander	5	3.82%
5. Other/Unknown	1	0.76%
TOTAL	131	100%



**University of Connecticut Health Center, Farmington,
CT 06030**
**Diagnosis Year of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
All Diagnosis Types

	<i>Diagnosis Year</i>	N	%
1.	2009	26	19.85%
2.	2010	31	23.66%
3.	2011	22	16.79%
4.	2012	24	18.32%
5.	2013	28	21.37%
	TOTAL	131	100%

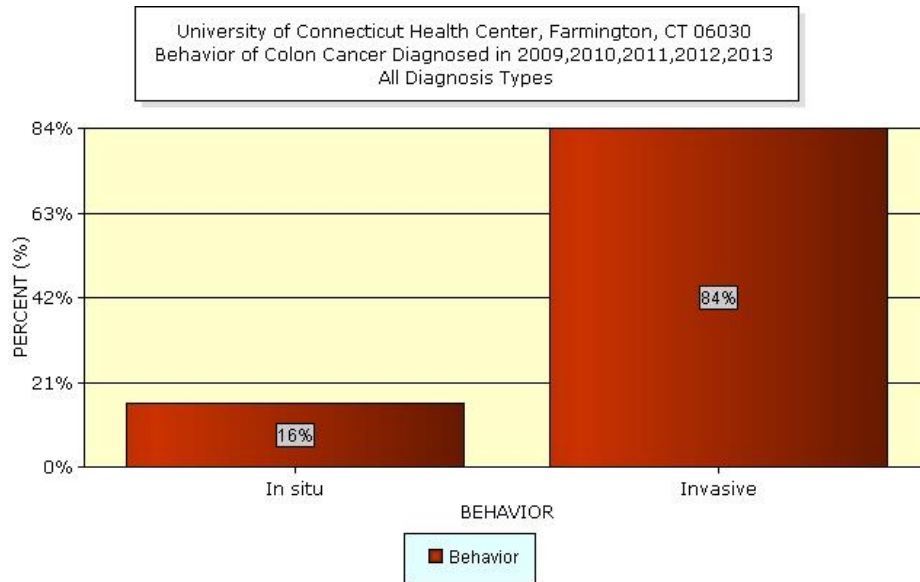


**University of Connecticut Health Center, Farmington, CT
06030**

**Histology of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**

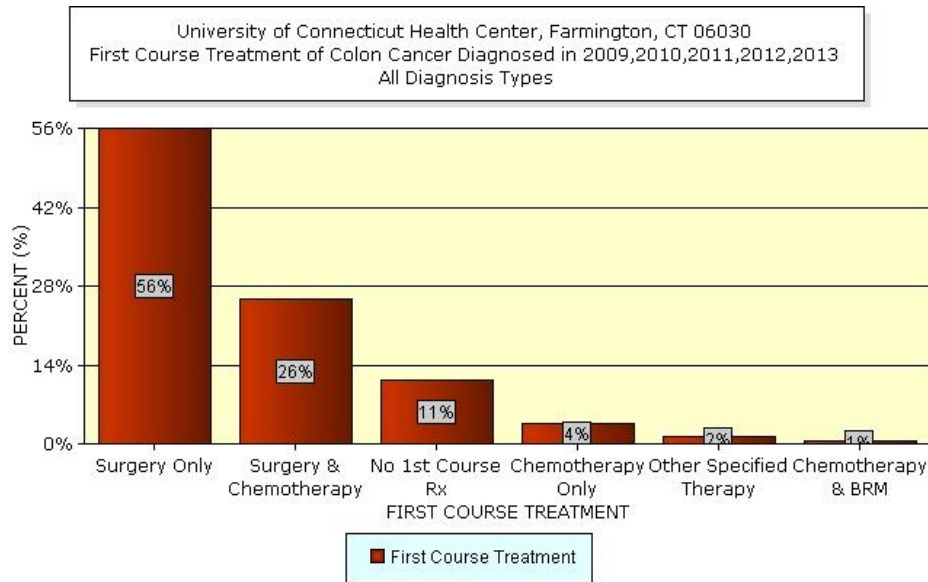
All Diagnosis Types

<i>Histology</i>	N	%
TOTAL	131	100%
1. Adenocarcinoma, NOS	74	56.49%
2. Adenocarcinoma in Adenomatous Polyp	19	14.5%
3. Adenocarcinoma in Tubulovillous Adenoma	11	8.4%
4. Mucinous Adenocarcinoma	9	6.87%
5. Carcinoma, NOS	6	4.58%
6. Adenocarcinoma in Villous Adenoma	2	1.53%
7. Carcinoid Tumor, NOS	2	1.53%
8. Adenocarcinoma with Mixed Subtypes	2	1.53%
9. Adenosquamous Carcinoma	1	0.76%
10. Signet Ring Cell Carcinoma	1	0.76%



**University of Connecticut Health Center, Farmington,
CT 06030**
**Behavior of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
All Diagnosis Types

	<i>Behavior</i>	N	%
1.	In situ	21	16.03%
2.	Invasive	110	83.97%
	TOTAL	131	100%

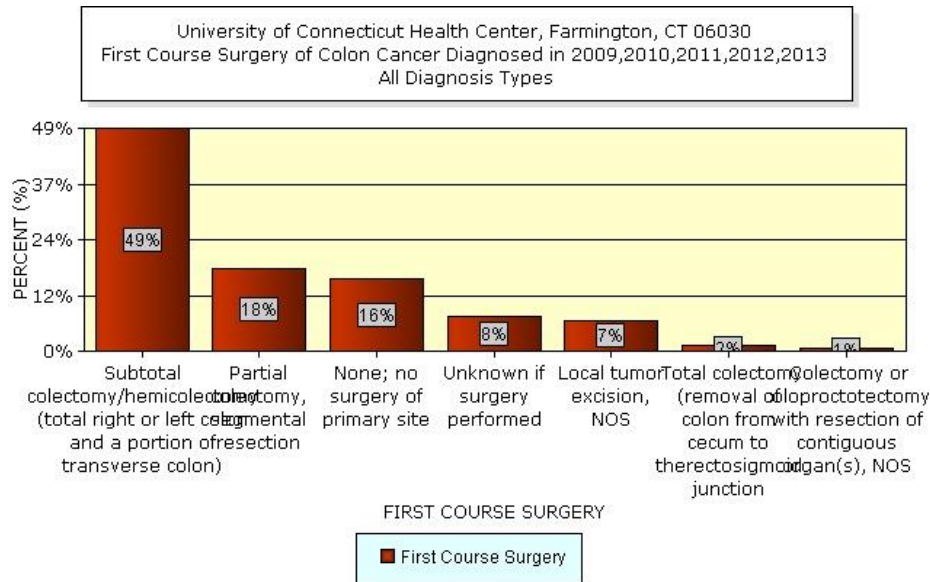


**University of Connecticut Health Center, Farmington,
 CT 06030**

**First Course Treatment of Colon Cancer Diagnosed in
 2009,2010,2011,2012,2013**

All Diagnosis Types

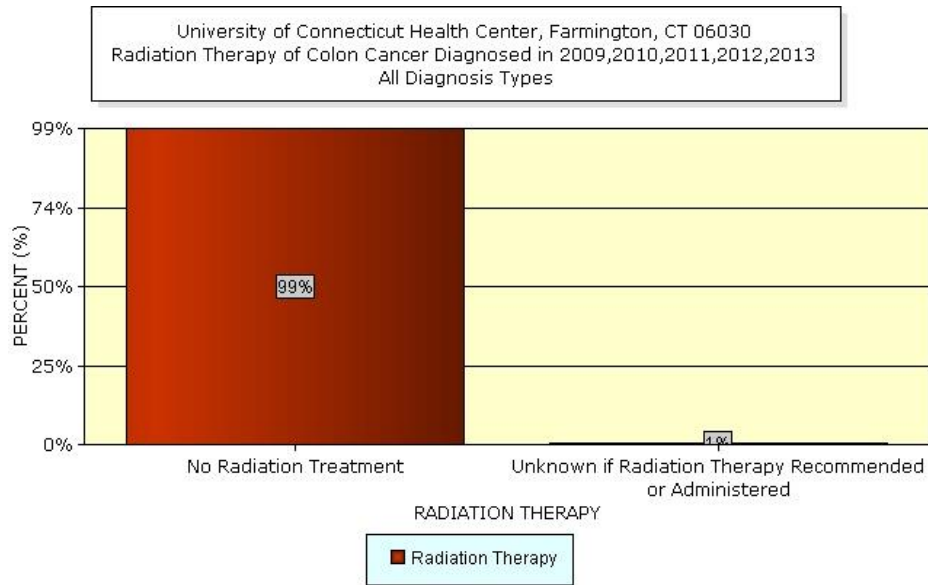
<i>First Course Treatment</i>	N	%
TOTAL	131	100%
1. Surgery Only	74	56.49%
2. Surgery & Chemotherapy	34	25.95%
3. No 1st Course Rx	15	11.45%
4. Chemotherapy Only	5	3.82%
5. Other Specified Therapy	2	1.53%
6. Chemotherapy & BRM	1	0.76%



**University of Connecticut Health Center, Farmington, CT
06030**

**First Course Surgery of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
All Diagnosis Types

First Course Surgery	N	%
TOTAL	131	100%
1. Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)	64	48.85%
2. Partial colectomy, segmental resection	24	18.32%
3. None; no surgery of primary site	21	16.03%
4. Unknown if surgery performed	10	7.63%
5. Local tumor excision, NOS	9	6.87%
6. Total colectomy (removal of colon from cecum to the rectosigmoid junction)	2	1.53%
7. Colectomy or coloproctectomy with resection of contiguous organ(s), NOS	1	0.76%

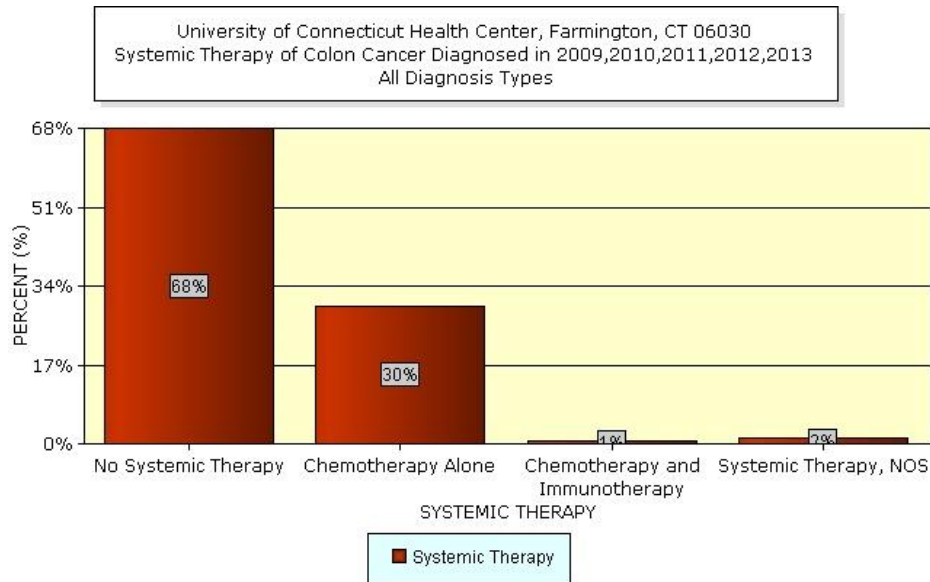


**University of Connecticut Health Center, Farmington,
CT 06030**

**Radiation Therapy of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**

All Diagnosis Types

Radiation Therapy		N	%
1.	No Radiation Treatment	130	99.24%
2.	Unknown if Radiation Therapy Recommended or Administered	1	0.76%
TOTAL		131	100%

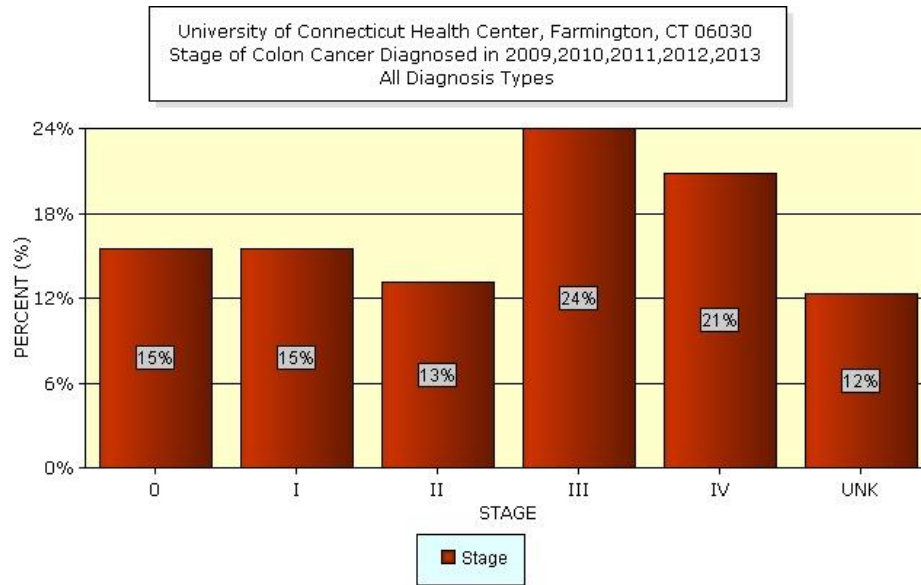


**University of Connecticut Health Center, Farmington,
CT 06030**

**Systemic Therapy of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**

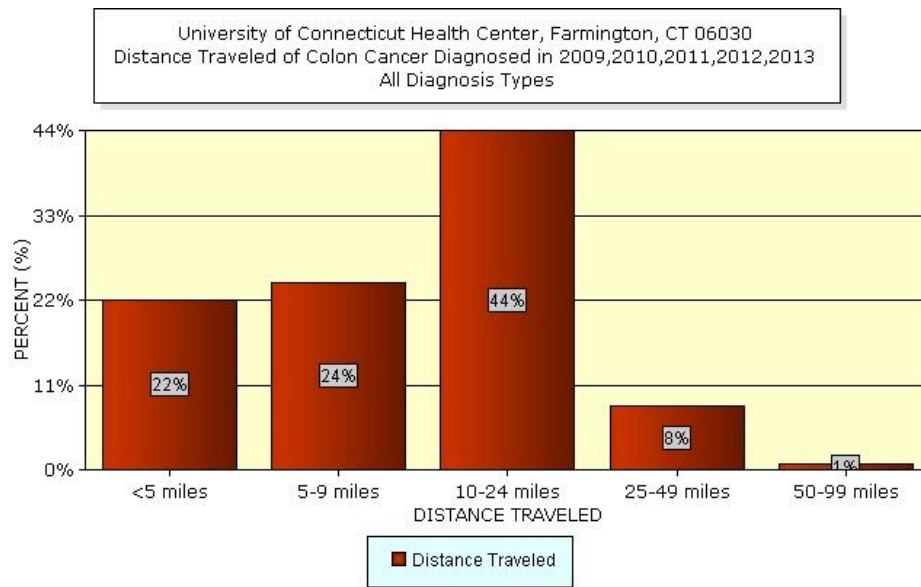
All Diagnosis Types

Systemic Therapy		N	%
1.	No Systemic Therapy	89	67.94%
2.	Chemotherapy Alone	39	29.77%
3.	Chemotherapy and Immunotherapy	1	0.76%
4.	Systemic Therapy, NOS	2	1.53%
TOTAL		131	100%



**University of Connecticut Health Center, Farmington,
 CT 06030**
**Stage of Colon Cancer Diagnosed in
 2009,2010,2011,2012,2013**
All Diagnosis Types

	Stage	N	%
1.	0	20	15.27%
2.	I	20	15.27%
3.	II	17	12.98%
4.	III	31	23.66%
5.	IV	27	20.61%
6.	UNK	16	12.21%
	TOTAL	131	100%



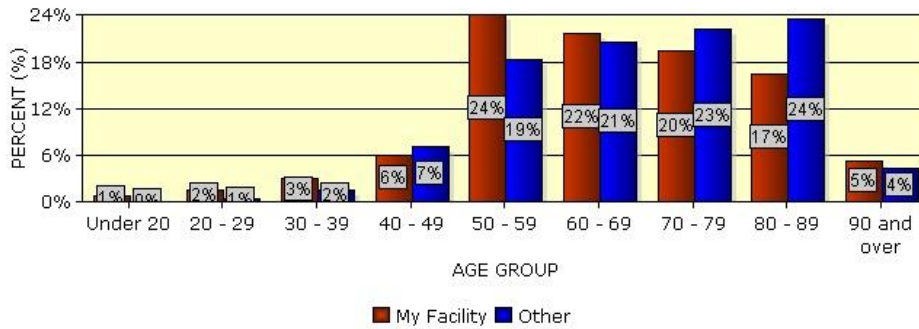
**University of Connecticut Health Center, Farmington,
CT 06030**

**Distance Traveled of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**

All Diagnosis Types

<i>Distance Traveled</i>	N	%
1.	29	22.14%
2. 5-9 miles	32	24.43%
3. 10-24 miles	58	44.27%
4. 25-49 miles	11	8.4%
5. 50-99 miles	1	0.76%
TOTAL	131	100%

Age Group of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
 University of Connecticut Health Center, Farmington CT
 vs. Academic Cancer Program Hospitals in State of Connecticut
 All Diagnosis Types - Data from 7 Hospitals



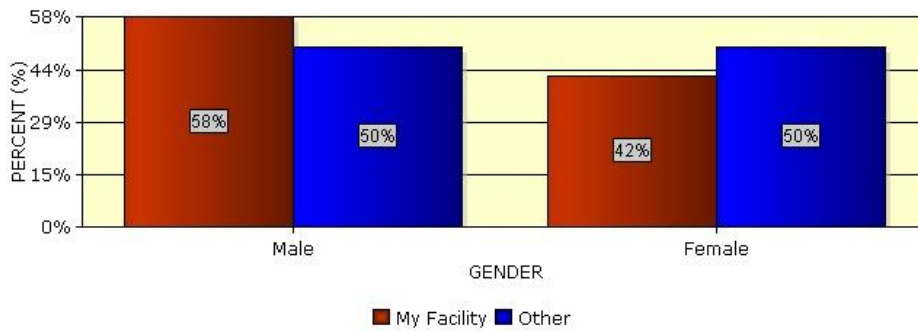
	Under 20	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 and over
My Facility	1%	2%	3%	6%	24%	22%	20%	17%	5%
Other	0%	1%	2%	7%	19%	21%	23%	24%	4%

**Age Group of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**

**University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals**

#	Age Group	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Under 20	1	2	0.76%	0.07%
2.	20 - 29	2	17	1.53%	0.56%
3.	30 - 39	4	49	3.05%	1.61%
4.	40 - 49	8	220	6.11%	7.25%
5.	50 - 59	32	565	24.43%	18.61%
6.	60 - 69	29	633	22.14%	20.85%
7.	70 - 79	26	688	19.85%	22.66%
8.	80 - 89	22	727	16.79%	23.95%
9.	90 and over	7	135	5.34%	4.45%
	Col. TOTAL	131	3036	100%	100%

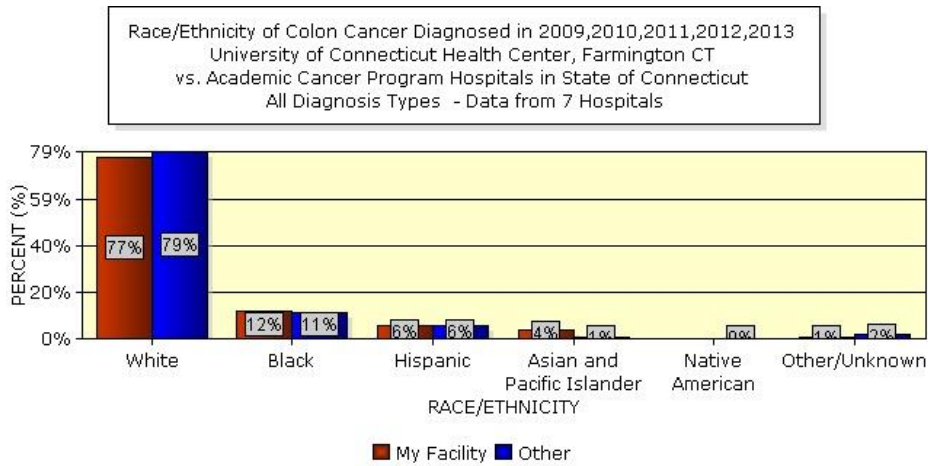
Gender of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals



	Male	Female
My Facility	58%	42%
Other	50%	50%

**Gender of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
**University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of
Connecticut**
All Diagnosis Types - Data from 7 Hospitals

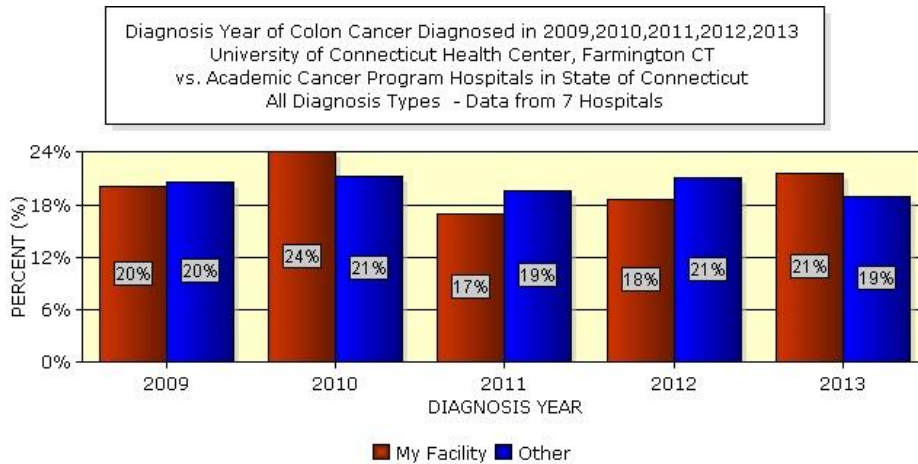
#	Gender	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Male	76	1518	58.02%	50%
2.	Female	55	1518	41.98%	50%
	Col. TOTAL	131	3036	100%	100%



	White	Black	Hispanic	Asian and Pacific Islander	Native American	Other/Unknown
My Facility	77%	12%	6%	4%		1%
Other	79%	11%	6%	1%	0%	2%

***Race/Ethnicity of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013***
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

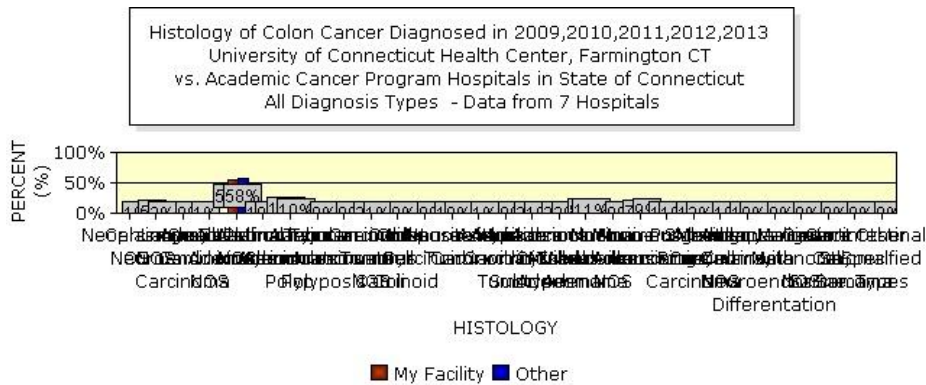
#	Race/Ethnicity	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	White	101	2406	77.1%	79.25%
2.	Black	16	339	12.21%	11.17%
3.	Hispanic	8	186	6.11%	6.13%
4.	Asian and Pacific Islander	5	35	3.82%	1.15%
5.	Native American	.	2	.	0.07%
6.	Other/Unknown	1	68	0.76%	2.24%
	Col. TOTAL	131	3036	100%	100%



	2009	2010	2011	2012	2013
My Facility	20%	24%	17%	18%	21%
Other	20%	21%	19%	21%	19%

**Diagnosis Year of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
**University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of
Connecticut**
All Diagnosis Types - Data from 7 Hospitals

#	Diagnosis Year	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	2009	26	616	19.85%	20.29%
2.	2010	31	637	23.66%	20.98%
3.	2011	22	585	16.79%	19.27%
4.	2012	24	633	18.32%	20.85%
5.	2013	28	565	21.37%	18.61%
	Col. TOTAL	131	3036	100%	100%

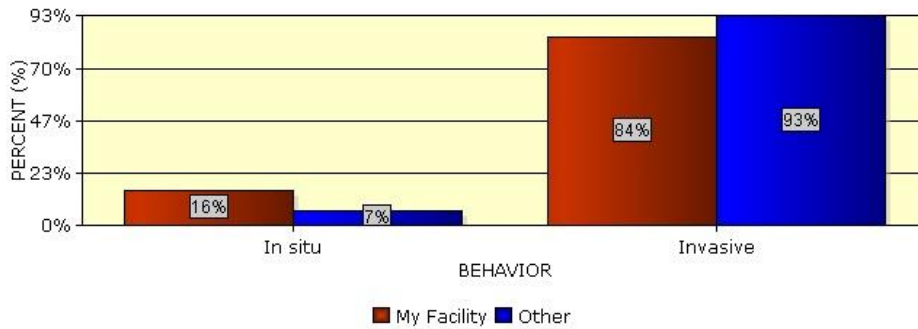


	Neoplasm, NOS	Carcinoma, NOS	Large Cell Neuroendocrine Carcinoma	Small Cell Carcinoma, NOS	Adenocarcinoma, NOS	Intestinal Type Adenocarcinoma	Adenocarcinoma in Adenomatous Polyp
My Facility		5%		1%	58%	1%	14%
Other	1%	2%	0%		58%	0%	10%

History of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

#	Histology	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Neoplasm, NOS	.	43	.	1.42%
2.	Carcinoma, NOS	6	51	4.58%	1.68%
3.	Large Cell Neuroendocrine Carcinoma	.	4	.	0.13%
4.	Small Cell Carcinoma, NOS	1	.	0.76%	.
5.	Adenocarcinoma, NOS	74	1754	56.49%	57.77%
6.	Intestinal Type Adenocarcinoma	1	4	0.76%	0.13%
7.	Adenocarcinoma in Adenomatous Polyp	19	290	14.5%	9.55%
8.	Tubular Adenocarcinoma	.	1	.	0.03%
9.	Adenocarcinoma in Adenomatous Polyposis Coli	.	2	.	0.07%
10.	Carcinoid Tumor, NOS	2	36	1.53%	1.19%
11.	Goblet Cell Carcinoid	.	13	.	0.43%
12.	Composite Carcinoid	.	8	.	0.26%
13.	Adenocarcinoid Tumor	1	3	0.76%	0.1%
14.	Neuroendocrine Carcinoma	.	21	.	0.69%
15.	Atypical Carcinoid Tumor	.	1	.	0.03%
16.	Adenocarcinoma with Mixed Subtypes	2	30	1.53%	0.99%
17.	Adenocarcinoma in Villous Adenoma	2	63	1.53%	2.08%
18.	Adenocarcinoma in Tubulovillous Adenoma	11	327	8.4%	10.77%
19.	Mucinous Cystadenocarcinoma, NOS	.	5	.	0.16%
20.	Mucinous Adenocarcinoma	9	270	6.87%	8.89%
21.	Mucin-Producing Adenocarcinoma	1	22	0.76%	0.72%
22.	Signet Ring Cell Carcinoma	1	57	0.76%	1.88%
23.	Medullary Carcinoma, NOS	.	22	.	0.72%
24.	Adenosquamous Carcinoma	1	2	0.76%	0.07%
25.	Adenocarcinoma with Neuroendocrine Differentiation	.	2	.	0.07%
26.	Malignant Melanoma, NOS	.	1	.	0.03%
27.	Giant Cell Sarcoma	.	1	.	0.03%
28.	Gastrointestinal Stromal Sarcoma	.	2	.	0.07%
29.	Other Specified Types	.	1	.	0.03%

Behavior of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
 University of Connecticut Health Center, Farmington CT
 vs. Academic Cancer Program Hospitals in State of Connecticut
 All Diagnosis Types - Data from 7 Hospitals



	In situ	Invasive
My Facility	16%	84%
Other	7%	93%

***Behavior of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013***
**University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of
Connecticut**
All Diagnosis Types - Data from 7 Hospitals

#	Behavior	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	In situ	21	212	16.03%	6.98%
2.	Invasive	110	2824	83.97%	93.02%
	Col. TOTAL	131	3036	100%	100%

First Course Treatment of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
 University of Connecticut Health Center, Farmington CT
 vs. Academic Cancer Program Hospitals in State of Connecticut
 All Diagnosis Types - Data from 7 Hospitals

■ My Facility ■ Other

	Surgery Only	Radiation Only	Surgery & Radiation	Surgery & Chemotherapy	Radiation & Chemotherapy	Chemotherapy Only	Surgery, Radiation & Chemotherapy	Surgery, Radiation & Hormone Therapy
My Facility	56%			26%		4%		
Other	58%	0%	0%	24%	0%	6%	1%	0%

**First Course Treatment of Colon Cancer Diagnosed in
2009,2010,2011,2012,2013**
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

#	First Course Treatment	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	Surgery Only	74	1760	56.49%	57.97%
2.	Radiation Only	.	3	.	0.1%
3.	Surgery & Radiation	.	2	.	0.07%
4.	Surgery & Chemotherapy	34	722	25.95%	23.78%
5.	Radiation & Chemotherapy	.	3	.	0.1%
6.	Chemotherapy Only	5	171	3.82%	5.63%
7.	Surgery, Radiation & Chemotherapy	.	20	.	0.66%
8.	Surgery, Radiation & Hormone Therapy	.	1	.	0.03%
9.	Surgery & BRM	.	2	.	0.07%
10.	Chemotherapy & BRM	1	18	0.76%	0.59%
11.	Surgery, Chemotherapy & BRM	.	19	.	0.63%
12.	Active Surveillance	.	6	.	0.2%
13.	Other Specified Therapy	2	58	1.53%	1.91%
14.	No 1st Course Rx	15	251	11.45%	8.27%
	Col. TOTAL	131	3036	100%	100%

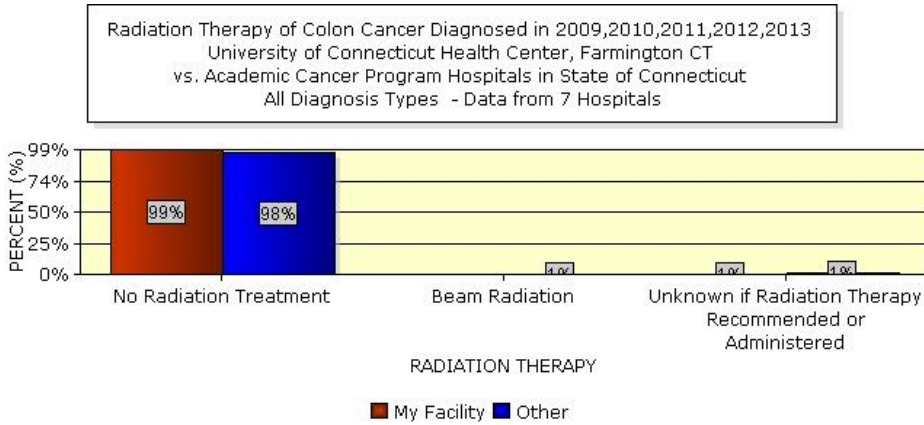
First Course Surgery of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

■ My Facility ■ Other

	None; no surgery of primary site	Local tumor destruction, NOS	Local tumor excision, NOS	Partial colectomy, segmental resection	Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)	Total colectomy (removal of colon from cecum to therectosigmoid junction)	Total proctocolector plus resection contiguous organ; exampl small bowel, bladder
My Facility			7%	18%	49%	2%	
Other	0%	0%	3%	24%	50%	1%	0%

First Course Surgery of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

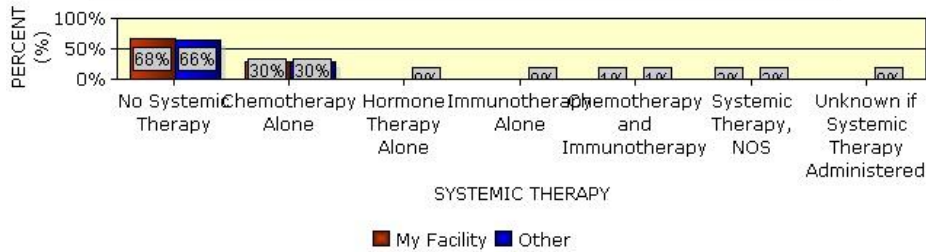
#	First Course Surgery	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	None; no surgery of primary site	21	468	16.03%	15.42%
2.	Local tumor destruction, NOS	.	2	.	0.07%
3.	Local tumor excision, NOS	9	104	6.87%	3.43%
4.	Partial colectomy, segmental resection	24	717	18.32%	23.62%
5.	Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)	64	1504	48.85%	49.54%
6.	Total colectomy (removal of colon from cecum to therectosigmoid junction)	2	28	1.53%	0.92%
7.	Total proctocolectomy plus resection of contiguous organ; example: small bowel, bladder	.	8	.	0.26%
8.	Colectomy or coloproctectomy with resection of contiguous organ(s), NOS	1	11	0.76%	0.36%
9.	Colectomy, NOS	.	40	.	1.32%
10.	Surgery, NOS	.	28	.	0.92%
11.	Unknown if surgery performed	10	123	7.63%	4.05%
12.	None; no surgery of primary site	.	1	.	0.03%
13.	Radical surgery	.	1	.	0.03%
14.	Surgery, NOS	.	1	.	0.03%
Col. TOTAL		131	3036	100%	100%



	No Radiation Treatment	Beam Radiation	Unknown if Radiation Therapy Recommended or Administered
My Facility	99%		1%
Other	98%	1%	1%

<p><i>Radiation Therapy of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013</i></p> <p>University of Connecticut Health Center, Farmington CT vs. Academic Cancer Program Hospitals in State of Connecticut</p> <p>All Diagnosis Types - Data from 7 Hospitals</p>					
#	<i>Radiation Therapy</i>	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	No Radiation Treatment	130	2966	99.24%	97.69%
2.	Beam Radiation	.	30	.	0.99%
3.	Unknown if Radiation Therapy Recommended or Administered	1	40	0.76%	1.32%
Col. TOTAL		131	3036	100%	100%

Systemic Therapy of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
 University of Connecticut Health Center, Farmington CT
 vs. Academic Cancer Program Hospitals in State of Connecticut
 All Diagnosis Types - Data from 7 Hospitals



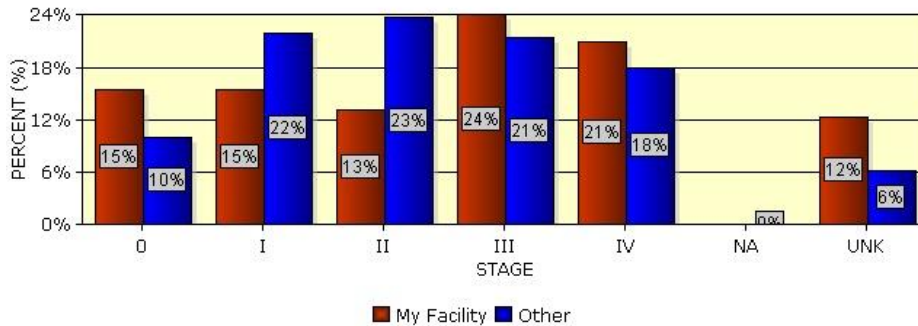
	No Systemic Therapy	Chemotherapy Alone	Hormone Therapy Alone	Immunotherapy Alone	Chemotherapy and Immunotherapy	Systemic Therapy, NOS	Unknown if Systemic Therapy Administered
My Facility	68%	30%			1%	2%	
Other	66%	30%	0%	0%	1%	2%	0%

Systemic Therapy of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013

University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

#	Systemic Therapy	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	No Systemic Therapy	89	2013	67.94%	66.3%
2.	Chemotherapy Alone	39	916	29.77%	30.17%
3.	Hormone Therapy Alone	.	1	.	0.03%
4.	Immunotherapy Alone	.	2	.	0.07%
5.	Chemotherapy and Immunotherapy	1	38	0.76%	1.25%
6.	Systemic Therapy, NOS	2	57	1.53%	1.88%
7.	Unknown if Systemic Therapy Administered	.	9	.	0.3%
	Col. TOTAL	131	3036	100%	100%

Stage of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
 University of Connecticut Health Center, Farmington CT
 vs. Academic Cancer Program Hospitals in State of Connecticut
 All Diagnosis Types - Data from 7 Hospitals

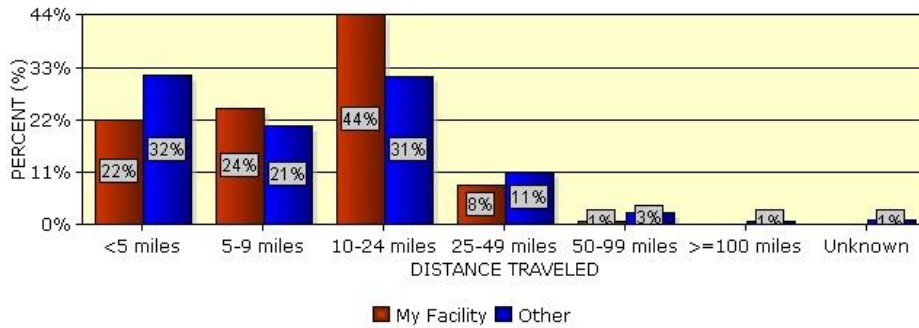


	0	I	II	III	IV	NA	UNK
My Facility	15%	15%	13%	24%	21%	0%	12%
Other	10%	22%	23%	21%	18%	0%	6%

**Stage of Colon Cancer Diagnosed in
 2009,2010,2011,2012,2013**
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

#	Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1.	0	20	299	15.27%	9.85%
2.	I	20	657	15.27%	21.64%
3.	II	17	710	12.98%	23.39%
4.	III	31	642	23.66%	21.15%
5.	IV	27	539	20.61%	17.75%
6.	NA	.	5	.	0.16%
7.	UNK	16	184	12.21%	6.06%
	Col. TOTAL	131	3036	100%	100%

Distance Traveled of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
 University of Connecticut Health Center, Farmington CT
 vs. Academic Cancer Program Hospitals in State of Connecticut
 All Diagnosis Types - Data from 7 Hospitals



	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	22%	24%	44%	8%	1%		
Other	32%	21%	31%	11%	3%	1%	1%

Distance Traveled of Colon Cancer Diagnosed in 2009,2010,2011,2012,2013
University of Connecticut Health Center, Farmington CT
vs. Academic Cancer Program Hospitals in State of Connecticut
All Diagnosis Types - Data from 7 Hospitals

#	Distance Traveled	My (N)	Oth. (N)	My (%)	Oth. (%)
1.		29	958	22.14%	31.55%
2.	5-9 miles	32	638	24.43%	21.01%
3.	10-24 miles	58	952	44.27%	31.36%
4.	25-49 miles	11	338	8.4%	11.13%
5.	50-99 miles	1	82	0.76%	2.7%
6.	>=100 miles	.	26	.	0.86%
7.	Unknown	.	33	.	1.09%
	Col. TOTAL	131	3036	100%	100%