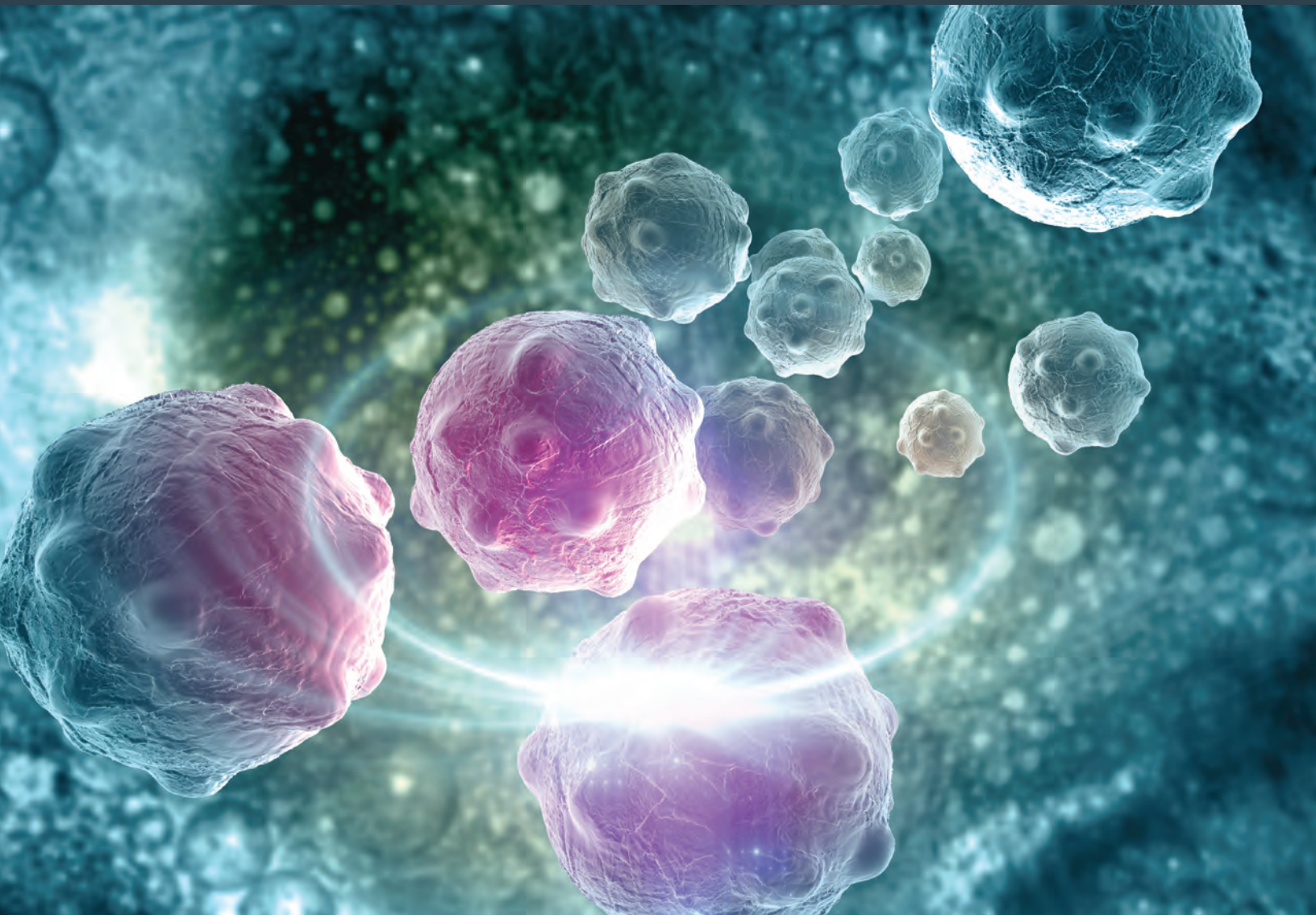


OUTCOMES REPORT 2016

COMPREHENSIVE CANCER CARE AT THE HIGHEST LEVEL

FROM DIAGNOSIS AND TREATMENT THROUGH SURVIVORSHIP



SOUTHNASSAU.ORG/CANCER

WELCOME FROM THE MEDICAL DIRECTOR



Rajiv Datta, MD
Medical Director,
Cancer Center and
Chair, Dept. of Surgery

Dear Colleagues and Friends,

We are pleased to present the South Nassau Communities Hospital Cancer Program Outcomes Report for 2016. This summary of our program activities showcase the Gertrude & Louis Feil Cancer Center's ability to offer the full spectrum of comprehensive cancer care at the highest level, from diagnosis through treatment and survivorship.

Significant achievements include:

- In May 2016 the South Nassau Breast Health Center received re-accreditation from the National Accreditation Program for Breast Centers (NAPBC). The surveyor commended our entire program, especially the multidisciplinary cancer conference and survivorship care plan process.
- The Department of Radiation Oncology was the recipient of the hospital's outpatient Journey to Excellence award for the third quarter of 2016. The department's overall patient satisfaction score was 98.2%, up from 96.9% in the second quarter of this year. All of the patients who underwent treatment in the department said in a survey they were "always satisfied" with the caring of the staff: quality of care: timeliness of the registration process; and the professionalism, responsiveness and courteousness of the radiation therapist and nursing staff.
- This year, the Division of Hematology/Oncology expanded with the addition of several new providers: Daniel Koh, MD; Valerie Kremer, MD; and Naamah Badian, NP. In addition, Dr. Leonard Kessler retired at the end of 2016. The Practice successfully incorporated the latest immunotherapy cancer treatments of Keytruda® and Opdivo® for Lung Cancer, Bladder Cancer, Melanoma and Head & Neck Cancer.
- In January 2016, Urology Associates, LLP became a practice of South Nassau Urology, PC, an affiliate of SNCH. The group includes Drs. Daniel McCally, FACS and Stanley Ring, FACS, who are board-certified in urology. This affiliation has assisted with the expansion of the urologic oncology services at SNCH. Additionally, in 2016, Dr. Michael Herman, FACS became the Director of the Division of Urology.
- The Cancer Program met its programmatic goal to increase colorectal cancer awareness by increasing educational programs to the community and hospital staff. This goal has been achieved with eight community lectures and presentations to date, with approximately 175 community residents reached. Participants were asked if they would change their habits and follow the guidelines and recommendations made, and the majority answered "yes."

- Through the Lung Cancer Committee that was developed in 2015, the Cancer Committee identified that investment in diagnostic technology for evaluation of nodules found in the lung would improve the diagnosis and treatment choices for patients. Making this the clinical goal for 2016, a proposal was developed and approved for the investment in navigational bronchoscopy and endobronchial ultrasound (EBUS). The equipment has arrived and training is in progress.
- SNCH was awarded funding to participate in the NYS DOH NAPBC Patient Navigation project for expansion of access to mammography screening. The project began on October 1, 2016, when a dedicated patient navigator was hired. The project goals will allow us to enhance outreach to communities in need to educate patients on mammography screening guidelines and assist them with obtaining appointments and follow-up care. A multidisciplinary group is working together to meet the goals of this project.
- Survivorship Care Plans (SCPs) for lung and GYN cancers were rolled out in 2016, adding to the existing breast SCP. By year-end, 177 were disseminated to eligible patients, exceeding the goal of 135.
- Through our psychosocial distress screening process, patient navigation program and community needs assessment, transportation was identified as the number one barrier to care. To resolve this issue, a patient support request process was established. The process provides those in need access to transportation by utilizing the proceeds raised from participation in the LI2Day walk and from the annual SNCH 5K Walk.
- A GYN oncology support group was established in partnership with Hewlett House.
- A 2016 quality improvement and patient safety goal was to implement the standard hospital SMART pumps at the outpatient medical oncology office. These pumps were implemented in September to remain consistent with SNCH hospital practices. The drug library is being updated to include new oncology drugs that are used at the inpatient and outpatient locations.
- In May of 2016, our Physics group completed a software upgrade, acceptance testing and commissioning tests for clinical use of our iPlan RT treatment planning system. This advanced software package is used to create radiation plans for our stereotactic treatments of the brain and spine. These types of treatments employ state-of-the-art techniques, such as Intensity Modulated Radiation Therapy (IMRT) and Volumetric Modulated Radiation Therapy (VMAT).
- In June, under the direction of Dr. Michael Herman, Director of Urologic Oncology, the hospital invested in MRI-targeted fusion biopsy for prostate cancer. The benefits of MRI-targeted biopsy include: 30% more accurate biopsies; reduction of unnecessary repeat biopsies; improvement in diagnoses; help to better monitor men with prostate cancer, making it easier for focal therapy with fewer side effects of treatment.

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A MESSAGE FROM THE LEADERSHIP

- In August of 2016, our Physics group completed a software upgrade, acceptance testing and commissioning tests for clinical use, of our PipsPro. This software is a package of modules that allow us to perform over 30 tests to verify that our linear accelerators meet or exceed the recommendations of the American Association of Physicists in Medicine (AAPM).
- An initiative by the federal government to improve the security of radioactive materials against acts of terrorism and sabotage has led to the creation of the Office of Radiological Security (ORS), administered by federal employees at our National Laboratories. Using federal funding from the ORS, South Nassau has greatly improved the security of the cobalt-60 radioactive sources in our Gamma Knife® treatment machine. With support from South Nassau's Safety and Security, Design Development and Construction, and Engineering Departments, Radiation Oncology worked with LEB Electric in the installation and testing of improved Gamma Knife alarms, a lock to the Gamma Knife (with biometric and ID badge reader), panic buttons, fiber-optic sensors around the Gamma Knife, and increased video monitoring.
- The clinical research department has expanded the oncology and non-oncology research activities and clinical trials access and has begun to work with the new residency programs on research requirements for faculty and residents. Some of the new studies opened are in neurosurgery, medical oncology, radiation oncology and OB/GYN.
- A very successful third Annual Clinical Research Day was held on March 11, 2016. The intent of this year's program, which was organized by Shahriyour Andaz, MD, was to provide lectures and discussions on current and novel approaches to the diagnosis, treatment and management of diseases impacting healthcare in 2016. Over 100 clinical and non-clinical staff attended the full day event held in the Conference Center on the main campus of SNCH.
- New processes were established that improve identification and assessment of hereditary risk for genetic testing and referrals to a certified genetic counselor, and streamlined the selection, ordering and sending of molecular tests for requesting physicians.

The 2016 Annual Report is a product of the efforts of many professionals who have contributed their expertise and energy to the improvement of cancer care in our community, and is based on 2015 statistical data from our cancer registry. Please enjoy this comprehensive report and feel free to contact us for more information about our cancer services for you or your patients. To see this report online, go to www.southnassau.org/cancer.



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SCREENING AND PREVENTION PROGRAM OUTCOMES

According to the American Cancer Society, about 1,685,210 new cancer cases are expected to be diagnosed in 2016. This estimate does not include carcinoma in situ (noninvasive cancer) of any site except urinary bladder, nor does it include basal cell or squamous cell skin cancers since these are not required to be reported to cancer registries. About 595,690 Americans are expected to die of cancer in 2016, which translates to about 1,630 people per day. Cancer is the second most common cause of death in the US, exceeded only by heart disease, and accounts for nearly one of every four deaths.

Free Screenings: The Gertrude & Louis Feil Cancer Center held nine cancer screening programs throughout 2016 on Long Island.

The target group for this service were community residents with health disparities. The communities were informed of the screenings via flyers, social media and a news release sent to local newspapers serving our primary service areas.

South Nassau Communities Hospital Clinical staff conducted the screenings using nationally recognized guidelines from organizations such as the American Cancer Society (ACS), American College of Radiology (ACR), American Academy of Dermatology (AAD), and the National Comprehensive Cancer Network (NCCN).

During the time period allocated for each of the individual screenings, the capacity was high. Those screened were from the surrounding communities. All negative results receive a letter. Findings are reported at the time of the screening, and any abnormal results receive a phone call with recommendations for further

follow-up and a letter is sent to the physician listed by the participants. Participants without a recorded physician are given a list of providers (i.e. urologists, dermatologists, etc), and expected to schedule appointments with the physician of their choice for follow-up care.

Effectiveness: There were 377 participants screened across the nine programs. There were 316 normal results, 27 abnormal findings for which biopsy was recommended and 34 required further follow-up care. Participant feedback at all events was very positive.

There is no sure way to prevent cancer, according to the American Cancer Society, but there are things everyone can do that might reduce their risk and help increase the odds that if cancer does occur, it will be found at an earlier, more treatable stage. At this time, the best advice about diet and activity with respect to possibly reducing the risk of cancer is to: 1) reduce your lifetime weight gain by limiting your calories and getting regular physical activity; and 2) avoid or quit smoking and 3) avoid or limit alcohol intake.

Prevention Programs: The Gertrude & Louis Feil Cancer Center held 12 early detection and prevention programs throughout 2016.

The target group for this service was community residents with health disparities. The communities were informed of the events via flyers, social media and news releases sent to local newspapers serving our primary service areas.

South Nassau Communities Hospital Clinical staff planned their presentations using guidelines and recommendations from nationally recognized organizations such as the American Cancer Society (ACS), American College of Radiology (ACR), and the National Comprehensive Cancer Network (NCCN).

Topics included: Are you Polyp-Free? Understanding Colorectal Cancer Prevention; Lump in Your Head or Neck?; Breast Cancer Screening; Treatment Modalities and Survivorship and Prostate Cancer Awareness.

Effectiveness: Turnout was high, with 336 people attending the 12 sessions. Participants were asked if they plan to change their habits and follow the guideline or recommendation for prevention made during the session; the majority answered "yes." An overall evaluation of "excellent" was given by the attendees.



CoC REPORTING TOOL OUTCOMES

The SNCH Cancer Committee ensures that patients treated at The Gertrude & Louis Feil Cancer Center receive care according to nationally accepted measures through the use of the Commission on Cancer (CoC) quality reporting tool—the Cancer Program Practice Profile Reports (CP3R). Below is the summary performance grid that reports 2011–2014 cases diagnosed and treated at our facility. We are proud that our program is exceeding or meeting the required performance expectations of the Commission on Cancer. We were slightly under the recommended performance rate for two measures. They were discussed with our Cancer Committee; some treatments for NSCLC patients who were expected to receive systemic chemotherapy within a specific time frame were delayed due to complications unrelated to their diagnosis, such as injuries from falls, and unfortunately only 11 lymph nodes were identified in one gastric cancer specimen when at least 15 regional lymph nodes are expected to be removed and pathologically examined for these specimens.

SELECT MEASURES		CoC BENCHMARK	2011	2012	2013	2014
BREAST	Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery	90%	100%	91%	97%	97%
BREAST	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive	90%	98%	96%	97%	98%
BREAST	Radiation therapy is recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes	90%	100%	100%	100%	100%
BREAST	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis	80%	100%	100%	100%	99%
BREAST	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II	>50% (NAPBC)	69%	74%	78%	68%
COLON	At least 12 regional lymph nodes are removed and pathologically examined for resected specimens	85%	97%	100%	97%	95%
RECTUM	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection	85%	89%	100%	100%	100%
GASTRIC	At least 15 regional lymph nodes are removed and pathologically examined for resected specimen	80%	75%	no data	100%	0%*
LUNG	NSCLC - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2)	85%	100%	100%	100%	67%**
LUNG	Surgery is not the first course of treatment for cN2, M0	85%	100%	100%	100%	100%

* Only 11 lymph nodes identified in specimen.

** Treatment was delayed for two patients due to complications unrelated to their diagnosis such as falls.

VALIDATION OF ADHERENCE TO NATIONAL GUIDELINES

At South Nassau Communities Hospital, quality of care represents more than a philosophy; it's a commitment. Every time you come through our doors, we deliver award-winning, specialized health care that sets the standard for excellence. To demonstrate that, each year SNCH's Cancer Committee commissions at least one physician-led study for validation of our program's adherence to National Guidelines for patients diagnosed with Cancer. The following are the identified measures, results and implications reviewed by the Cancer Committee during 2016:

Use of Bisphosphonates and/or Denosumab for Breast Cancer Bone Metastasis: are the ASCO/NCCN Guidelines being utilized?

In the United States, the breast is the most common site of malignancy in women and bone is the most common site of metastasis in this patient population. The spread of breast cancer to bone can cause significant morbidity to the patient in terms of pain and decreased activity. Pathologic fractures can be devastating, as in decreased mobility from femoral fractures or in spinal cord compromise with vertebral body collapse. Since metastatic breast cancer is essentially not curable with current treatment, emphasis must be placed on quality of life. Measures to reduce morbidity from skeletal involvement of breast cancer are important for optimizing a patient's quality of life.

Bisphosphonates or denosumab provide meaningful supportive, but not life-prolonging, benefit to many patients with bone metastases from breast cancer. Both the NCCN and ASCO guidelines recommend their use for patients deemed appropriate to reduce bony complications associated with breast cancer.

Given the large number of women with breast cancer who theoretically could be considered

candidates for this form of therapy, the American Society of Clinical Oncology (ASCO), and the National Comprehensive Cancer Network assembled expert panels and developed recommendations regarding the use of bisphosphonates or denosumab for breast cancer. The ideal benchmark for eligible patients per these organizations is 100%.

Using Cancer Registry data from 2014 and 2015, 13 stage IV breast cancer patients were identified. All patients were appropriately staged by the managing physician using the most current version of the AJCC staging manual (7th ed.). Drill down showed four patients had bone metastases, nine patients had metastases to sites other than bone, including brain, liver and/or lung.

All of the eligible patients were recommended to receive treatment with bisphosphonates or denosumab; 75% accepted treatment; 25% refused the recommendation. Based on the data, the Team agreed the guidelines were appropriately followed.

continues

VALIDATION OF ADHERENCE TO NATIONAL GUIDELINES *continued*

Breast Biopsy Specimen Turnaround Time as stated by the College of American Pathologist Guidelines: The decision to perform a biopsy on a patient is most often driven by a clinician's uncertainty about the presence or extent of malignancy, and, as a result, clinicians and their patients expect not only accurate, but also rapid surgical pathology reports. Additional pressures for short turnaround time (TAT) in surgical pathology come from economic issues that involve striving to reduce the lengths of hospital stays and to finalize bills shortly after discharge. Thus, an important measure for the quality of a surgical pathology laboratory is its TAT.

The College of American Pathologists Laboratory Accreditation Program's TAT standard of report completion time is within 2 working days for the intra-laboratory component of TAT for the majority of cases. The acceptable limit for cases that require immunohistochemical (IHC) staining, or to be sent out, is 4 working days. The Committee agreed these time intervals are reasonable goals and would be used for comparison. The Department of Pathology tracked the number of days from specimen accessioning to report completion for 756 routine and complex breast specimen biopsies from 2015.

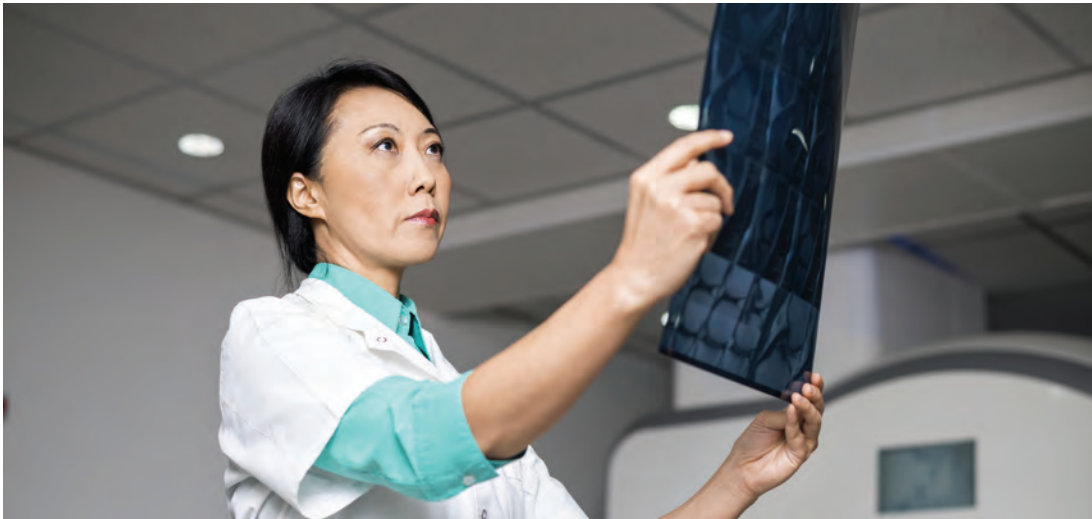
Evaluation showed that the combined percentage of breast cancer biopsy cases processed from the time of specimen accessioning to report completion was 92% within 24 hours or less (1 working day) and 8% within 48 hours or acceptable limits (2 working days for non-immuno cases and up to 4 working days for immuno or sent-out cases). Ninety percent of the cases completed within 48 hours, or acceptable limits,

needed special-handling procedures such as IHC stains that contributed to the additional TAT. With the majority of completed case reports exceeding the time interval CAP standard, this goal was successfully met.

Adjuvant HER2 Targeted Therapy: Are the NCCN Guidelines for Evaluation and Treatment being followed? HER2 is Human Epidermal growth factor Receptor 2, a protein on the surface of cancer cells that accepts growth signals. There are actually four HER categories; only HER2 is of interest for breast cancer. The presence of too many HER2 receptors ("overexpression") indicates that the tumor may grow more aggressively. About 20–30% of breast cancers overexpress Her2. Overexpression is both a prognostic and predictive factor for breast cancer. A lack of overexpression indicates that a patient may not respond to certain therapies such as Herceptin, which is designed to "turn off" or deregulate the overexpression of HER2.

HER2-positive patients tend to respond favorably to the drug Herceptin (trastuzumab), which works by blocking these receptors and preventing growth signals from getting through to the cancer cell. Guidelines from the National Comprehensive Cancer Network (NCCN) recommend adjuvant HER2 targeted-therapy added to the treatment of patients with HER2 positive, node-positive breast cancer. Hormone therapy is recommended for HER2 positive, node negative patients, as little benefit is derived from Herceptin given alone.

Immunohistochemistry, or IHC, is the most commonly used test for HER2 and is usually the initial HER2 test done. IHC is a special staining



process performed on fresh or frozen breast cancer tissue removed during biopsy. IHC is used to show whether or not the cancer cells have HER2 receptors and/or hormone receptors on their surface. The IHC test gives a score of 0 to 3+ that indicates the amount of HER2 receptor protein on the cells in a sample of breast cancer tissue. If the tissue scores 0 to 1+, it is called "HER2-negative," and Herceptin is not considered effective for tumors with IHC scores of 0 or 1+. When the result is 2+, the HER2 status of the tumor is not clear, the American Society of Clinical Oncology (ASCO) guidelines recommend that a second test be performed, usually with FISH. If the tissue score is 3+, it is called "HER2-positive," and the patient is likely to receive Herceptin as part of first course therapy.

Data from SNCH Cancer Registry of newly diagnosed invasive breast cancer patients from 2013 was utilized for this study. Sixteen cases were excluded from group: Eight cases were diagnosed with metastatic disease by imaging or pathological confirmation of tissue taken from the metastatic site, and eight cases were males. The majority of patients were between the ages

of 60–69 at diagnosis (29%). Patients aged 50–59 made up 23% and patients aged 70–79 made up 24% of the cases.

The majority of cases, 64%, returned a negative score of 0 or 1+ and ten percent returned a score of 3+, HER2-positive, demonstrating patients who would and who would not benefit from treatment with Herceptin. Twenty percent of tests resulted in a score of 2+ or borderline, leading to additional testing. FISH tests were performed for 98% of these patients and CISH was performed for the remaining two percent. Twenty percent of the FISH/CISH testing yielded a positive result while 80% came back negative for overexpression of the HER2 receptor. Additionally, 96% of the Interpretation-only results were stated as "negative" by the physician.

All of the node-positive patients were offered an adjuvant treatment regimen that included Herceptin: 84% accepted the treatment and 15% refused the regimen. All patients with lymph node-negative disease received hormonal therapy. These results clearly indicate that our clinicians are utilizing the NCCN guidelines in their everyday practice.

QUALITY OF CARE STUDY AND ENHANCEMENT OUTCOMES

Putting into practice improvements that directly affect patient care demonstrates a program's continuous commitment to providing high quality patient care. The results of a cancer-related quality study, or identify through another source, often provide a baseline to measure and improve quality.

Communication of Radiation Treatment

Summaries: Timely, accurate and effective communications are critical to quality and value in contemporary medical practices. As both a consultant oncologist and the provider of radiation oncology services, the radiation oncologist has a dual role. Radiation therapy incorporates the science of complex, integrated treatment delivery and the art of individual cancer management. Through written focused reports and direct communications, the contribution that radiation oncologists make concerning quality of patient care and responsible utilization are provided to primary care physicians, other oncologists and specialists and allied healthcare providers. An initial look at the communication process showed inconsistency: the majority of records contained treatment summaries that were communicated back to the referring physician within 30 days. Some records had summaries but they were communicated back beyond the 30 days and several records did not contain a treatment summary. A checkpoint was added to the existing departmental quality check list to remind the staff and physicians to look for the treatment summary note from the attending physician. By year end, 100% of the records contained treatment summaries and 95% were

communicated to the referring physician within the 30-day time period. Overall, the gaps in the process were closed and the tools will continue to be utilized by the staff to ensure the high level of important communication is maintained.

Source to Skin Distance in Patients Treated with Radiation Therapy:

Recognizing that Source to Skin Distance (SSD) checks are a simple and vital method of verifying that patient setup is correct, the radiation therapy staff measured and recorded SSDs of treatment fields and cardinal gantry angles in the MOSAIQ electronic medical records system on an initial setup and on a weekly basis during 2016. This data was reviewed by the Physics staff during the weekly physics chart checks. Initial data showed only that 82% of those needing SSD measurements were documented in Q1 of 2016, falling short of the Department's target. The process and policy were reviewed, changes were recommended, including SSDs to be checked when a weekly port film is to be taken. When an SSD is not completed, it is rescheduled to be completed within the same week and if an SSD cannot be completed, a note should be written in the EMR with an explanation as to why it could not be completed. By Q3, 90% of SSD measurements were in the EMR.



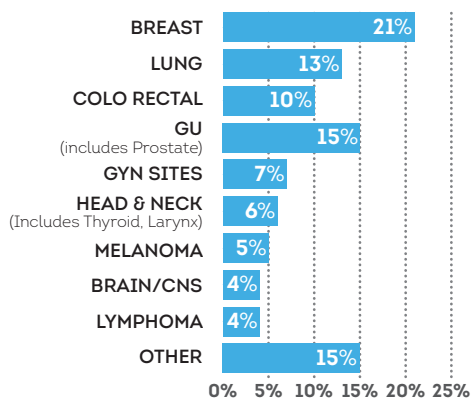
External Beam Radiation Therapy for Bone Metastases: Are Acceptable CMS Fractionation Schemas being followed? Based on a CMS Measure looking at the rates of EBRT treatments for patients with painful bones, the Department of Radiation Oncology studied the patients treated in 2016 with this diagnosis. Following the inclusion

and exclusion criteria, 84% of the patients were treated using the acceptable fractionation schema. Based on clinical judgement, 16% were outside the recommended schemas. The Committee agreed that the treatments planned and administered were within the criteria of the CMS measure.

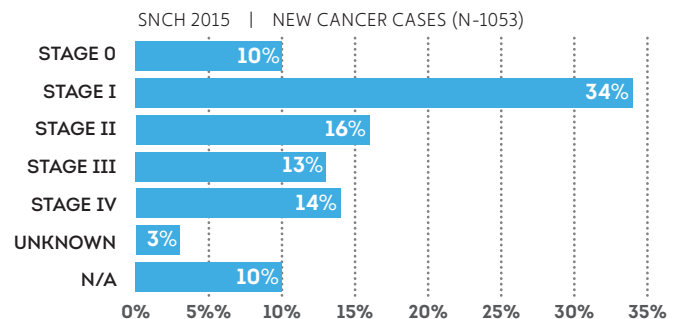
OVERVIEW OF 2015 CANCER REGISTRY DATA

In 2016, Cancer Registry data for the year 2015 was completed, indicating that the Gertrude & Louis Feil Cancer Center continues to be among the busiest cancer centers on Long Island. In 2015, the multidisciplinary team treated 1,449 cancer patients, of whom 1,053 were newly diagnosed, and received all or part of their treatment at SNCH, with 396 patients presenting for recurrence or disease progression. The top cancer sites in 2015 were breast, lung, colorectal, bladder, prostate, and GYN. The largest increase was in bladder cancer, with 23 additional newly diagnosed patients in 2015 over 2014. An increase was also shown in Melanoma (+21), Thyroid (+19), and Prostate (+9) in 2015 over 2014. The male to female ratio was 1:1.5. The mean age of our patient population is 67, with ages ranging from 18 to 99. More than half (60%) of our newly diagnosed patients had early-stage disease; lung cancer cases account for 32% of the patients diagnosed with Stage IV disease. Our service area remained stable with 87% (902) of patients coming from Nassau County. Fifty-two percent came from our primary service area and 31% from towns in our secondary service area.

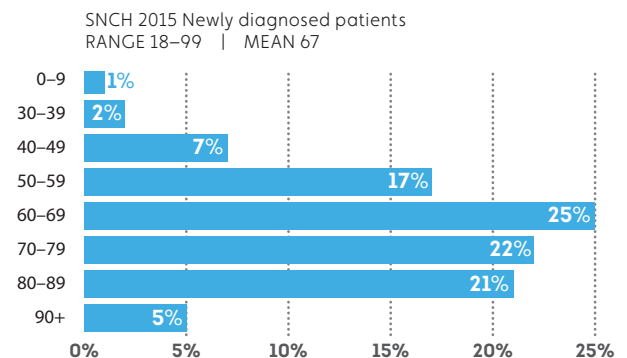
2015 TOP PRIMARY SITES



STAGE OF DIAGNOSIS



AGE OF DIAGNOSIS



2015 CASELOADS

Primary Site	Total	Sex		Class of Case		Stage Distribution—Analytic Cases Only					
		M	F	Analy	NA	Stg 0	Stg I	Stg II	Stg III	Stg IV	N/A Unk
ORAL CAVITY & PHARYNX	19	14	5	12	7	0	1	4	2	4	1
Lip	1	0	1	1	0	0	0	1	0	0	0
Tongue	3	3	0	2	1	0	0	1	0	1	0
Salivary Glands	5	3	2	3	2	0	0	2	1	0	0
Gum & Other Mouth	3	3	0	1	2	0	1	0	0	0	0
Tonsil	7	5	2	5	2	0	0	0	1	3	1
DIGESTIVE SYSTEM	233	110	123	190	43	7	37	41	44	36	25
Esophagus	16	13	3	14	2	0	3	0	7	3	1
Stomach	21	15	6	16	5	0	7	3	1	2	3
Small Intestine	7	4	3	7	0	0	3	2	2	0	0
Colon Rectum Anus	125	47	78	109	16	7	20	24	31	18	9
Liver & Intrahepatic Bile Duct	18	13	5	12	6	0	1	4	0	1	6
Gallbladder	2	1	1	1	1	0	1	0	0	0	0
Other Biliary	6	2	4	5	1	0	0	2	0	0	3
Pancreas	34	15	19	22	12	0	2	6	1	12	1
Peritoneum, Omentum, Mesentery, Other	4	0	4	4	0	0	0	0	2	0	2
RESPIRATORY SYSTEM	183	92	91	142	41	1	43	14	32	46	6
Larynx	10	8	2	8	2	0	5	1	0	1	1
Lung & Bronchus	173	84	89	134	39	1	38	13	32	45	5
BONES & JOINTS	2	2	0	2	0	0	2	0	0	0	0
SOFT TISSUE	9	8	1	6	3	0	1	1	2	1	1
SKIN EXCLUDING BASAL & SQUAMOUS	63	30	33	53	10	9	31	8	4	1	0
Melanoma—Skin	62	29	33	52	10	9	30	8	4	1	0
Other Non-Epithelial Skin	1	1	0	1	0	0	1	0	0	0	0
BREAST	318	5	313	216	102	50	91	47	20	8	0
FEMALE GENITAL SYSTEM	102	0	102	76	26	1	46	6	11	11	1
Cervix Uteri	6	0	6	3	3	0	1	0	1	1	0
Corpus & Uterus, NOS	63	0	63	57	6	0	38	2	7	9	1
Ovary	21	0	21	9	12	0	2	3	3	1	0
Vulva	11	0	11	7	4	1	5	1	0	0	0
Other Female Genital Organs	1	0	1	0	1	0	0	0	0	0	0
MALE GENITAL SYSTEM	119	119	0	69	50	0	32	24	3	8	2
Prostate	113	113	0	63	50	0	28	23	2	8	2
Testis	4	4	0	4	0	0	3	0	1	0	0
Penis	2	2	0	2	0	0	1	1	0	0	0
URINARY SYSTEM	113	74	39	97	16	40	26	16	6	8	1
Urinary Bladder	86	58	28	76	10	39	17	15	1	3	1
Kidney & Renal Pelvis	24	13	11	19	5	1	9	1	3	5	0
Ureter	2	2	0	2	0	0	0	0	2	0	0
Other Urinary Organs	1	1	0	0	1	0	0	0	0	0	0
BRAIN & OTHER NERVOUS SYSTEM	57	22	34	43	14	0	0	0	0	0	43
Brain	10	5	5	7	3	0	0	0	0	0	7
Cranial Nerves Other Nervous System	47	17	29	36	11	0	0	0	0	0	36
ENDOCRINE SYSTEM	62	27	35	52	10	0	29	4	7	4	8
Thyroid	49	16	33	44	5	0	29	4	7	4	0
Other Endocrine including Thymus	13	11	2	8	5	0	0	0	0	0	8
LYMPHOMA	62	31	31	43	19	0	14	7	5	14	3
MYELOMA	9	4	5	4	5	0	0	0	0	0	4
LEUKEMIA	27	16	11	11	16	0	0	0	0	0	11
MESOTHELIOMA	6	6	0	6	0	0	1	0	3	0	2
KAPOSI SARCOMA	3	2	1	3	0	0	0	0	0	0	3
MISCELLANEOUS	60	32	28	26	34	0	0	0	0	0	26
TOTAL	1,449	596	853	1,053	396	108	355	172	139	140	139



AWARD-WINNING CANCER PROGRAM



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