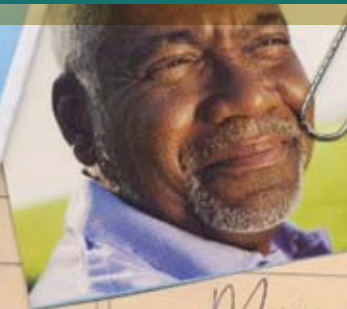


2010 PARTNERS IN HOPE & HEALING

ONCOLOGY DEPARTMENT

ANNUAL REPORT



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Thank you



 **BAYLOR**
Regional Medical Center
at Plano

2010 HIGHLIGHTS



Over the past year, Baylor Regional Medical Center at Plano has taken great strides toward improving the already excellent comprehensive care we provide our cancer patients. Since opening our doors in December of 2004 we have been building a foundation of quality cancer care services. In 2010 our hospital was named an Accredited Comprehensive Community Hospital Cancer Program by the American College of Surgeons Commission on Cancer. In conjunction with this great accomplishment, we received the Outstanding Achievement Award from the Commission on Cancer. This award acknowledges that our facility went above and beyond the Commission on Cancer standards receiving zero deficiencies and eight out of eight commendations.

Our team at Baylor Plano did not stop there. Recently, our breast cancer program was accredited by the National Accreditation for Breast Centers (NAPBC) from the American College of Surgeons Commission on Cancer. Our hospital is the only hospital in Collin County and one of only six hospitals in the state with this accreditation.

We also expanded collaborative relationships with US Oncology and Mary Crowley Cancer Research Center to offer clinical trials on the Baylor Plano campus. Approximately 20 active oncology research trials are currently enrolling on the Baylor Plano campus.

Other highlights from 2010 include:

- Development of Pre-Operative Head and Neck Orientation
- Development of Preoperative Breast Surgery Program
- Implementation of Nurse Navigation Surveillance Program
- Expanded Support Groups
- Accrual of 7% of patients to clinical trials and expanded research relationships

On behalf of the entire oncology team and the Baylor Regional Medical Center at Plano Oncology Advisory Board, we offer heartfelt thanks for your continued commitment and support of Baylor Plano cancer care services.

Jerri Garison
President, Baylor Regional Medical Center at Plano

Going FORWARD



As Jerri described, we have had a very successful 2010 for our oncology program at Baylor Plano. But our work is not complete. Looking forward to 2011 and 2012, we have already begun planning for new programs to support our growing patient population. Below are some of the programs we are working on in this new year:

- Cancer Community Advisory Board
- Prevention and Risk Assessment Clinic
- Wellness and Survivorship Program
- Bone Marrow Transplant Services
- Expansion of research offerings on campus
- Enhanced campus patient coordination through expansion of nurse navigation and clinical coordinator program

I would like to thank everyone for all of their hard work and the compassion they have shown during the past three years to help accomplish all we have accomplished. I look forward to working with you all in the further development of our cancer program.

Respectfully submitted,

Mark Engleman, MD
Medical Director, Oncology





Oncology Advisory Board Membership

- Alina Alexander, Director of Pharmacy
- Jill Bass, Director of Physical Medicine
- Michael Black, M.D., Pathologist
- Betsy Booth, Nurse Navigator
- Joseph Brown, Director of Oncology Services
- Dale Burseson, M.D., Colorectal Surgeon
- Lynn Canavan, M.D., Breast Surgeon, Medical Director of Breast Surgery
- Roger Camp, M.D., Gastroenterologist
- Suma Chacko, Director of Health Information Management
- Carl Ciborowski, M.D., Hospitalist
- Pat Cooper, Director of Health Care Improvement
- Liz Copes, Asst. Director of Nutrition Services
- Carol Crowell, Director of Acute Care
- Mark Engleman, M.D., Radiation Oncologist, Chair
- Jerri Garison, President
- Emily Gentry, Oncology Clinical Coordinator
- Manish Gupta, M.D., Medical Oncologist
- Lannie Hughes, M.D., Gastroenterologist, past Chair
- David Kim, M.D., Diagnostic Radiologist
- Carmen Miles, Social Work/Case Management
- Marty Murff, Director of Surgical Services
- Nanette Myers, Director of Research & Strategic Development
- Joe Sample, M.D., Internal Medicine
- Laura Siciliano, Cancer Registrar
- Stacy Stratmann, M.D., General Surgeon
- Robert Steckler, M.D., Surgeon, Medical Director of Oncology Surgery
- Jeff Taylor, M.D., Intensivist
- Sue Wertheim, R.N., Oncology Nurse Manager

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HONORS

Outstanding Achievement Award:

The Commission on Cancer (CoC) of the American College of Surgeons granted its Outstanding Achievement Award to Baylor Regional Medical Center at Plano as a result of surveys performed during 2010. Baylor Plano is one of a select group of 90 currently accredited and newly accredited cancer programs across the United States and one of two programs in Texas to receive this recognition. The hospital is the first within the Baylor Health Care System to receive the Outstanding Achievement Award.

Community Hospital Comprehensive Cancer Program:

The Commission on Cancer (CoC) of the American College of Surgeons (ACoS) granted Three-Year Accreditation with Commendation to the cancer program at Baylor Regional Medical Center at Plano. Accredited cancer programs are also assigned an Accreditation Category that describes the services available at the facility. Baylor Plano is the only hospital in Collin County to be designated a Community Hospital Comprehensive Cancer Program. This level of accreditation means that a facility treats 650 or more cancer patients each year and provides a wide range of diagnostic and treatment services available on site. Baylor Plano is the only hospital in the Dallas/Fort Worth metroplex, with less than 200 beds, to receive this designation.

National Accreditation Program for Breast Centers:

Baylor Plano has been granted a three-year/Full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Baylor Plano is the first hospital in Collin County accredited by the NAPBC. Accreditation by the NAPBC 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. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of: center leadership, clinical management, research, community outreach, professional education, and quality improvement. 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.



Rehabilitation SERVICES

Breast Lymphedema Program 2010

Lymphedema, a chronic high protein edema caused by damage to the lymphatic system, can affect any and all areas of the body. The most common areas for treatment are the upper and lower extremities; however, the head, neck, chest, abdomen, back and genitals may also be involved. Once lymphedema develops, it requires treatment to alleviate symptoms, and life long management by the patient to maintain treatment gains. Without treatment, the edema progresses, and may cause pain, infections, and loss of daily function. At Baylor Regional Medical Center of Plano, lymphedema therapists provide complete decongestive therapy, which includes manual lymph drainage, compression bandaging, skin care and education on independent self management following discharge. The program has grown from utilizing 80 hours of patient care per week to 220 hours of patient care per week.

HEAD & NECK LYMPHEDEMA PROGRAM

Physical Medicine and Rehabilitation's Head and Neck program designed specifically for the head and neck cancer patient has continued to grow. Lymphedema therapists work in conjunction with speech therapy, since head and neck lymphedema often interferes with a person's ability to swallow, chew, and communicate. The total visits for the head and neck patient population for 2010 were 724 compared to 86 visits for 2009. Lymphedema treatment for head and neck cancer patients can significantly improve their quality of life allowing them to have maximum functional abilities in oral motor skills. Lymphedema intervention can also assist the head and neck cancer patient to have improved cognitive skills, while alleviating pain and depression, resulting in increased ability to perform activities of daily living. An Occupational Therapist or Speech Therapist has attended each SPONC meeting in 2010 to provide support and answer questions. Physical Medicine and Rehabilitation has worked towards the continuum of care for this patient population by incorporating treatment at all levels from the acute inpatient phase through outpatient services and follow up.

Preoperative Breast Surgery Program

Preoperative Breast Surgery Program has been established for all breast surgery patients. It is currently held once a week and scheduled according to patient needs and their surgery schedule. During class the patient meets with an Occupational Therapist to review inpatient and outpatient treatment options and expectations. Topics include but are not limited to: exercise, scar management, activities of daily living, lymphedema prevention and treatment. During the class the patient will complete a tour of the hospital with the nurse navigator and walk through what to expect the day of surgery. Next a Reach for Recovery volunteer will provide support information and community resources. The program is available to all breast surgery patients by breast surgeon referral by calling the oncology nurse navigator at 469-814-5768.

HEALTHY STEPS is a structured exercise class created by a dance major and breast cancer survivor, Sherry Lebed. It combines music, dance, aerobic exercise and stretching to facilitate lymphatic flow, cardiovascular health, flexibility, balance and endurance in clients with chronic health conditions. The class participants can participate while sitting or standing, and can be adapted by the instructor to meet any physical challenge. All classes begin with a "lymphatic opening" which facilitates increased lymphatic flow and range of motion through a sequence of movements created with manual lymphatic drainage in mind. At Baylor Regional Medical Center at Plano, the class is held once a week for one hour, and is led by lymphedema therapists that are also certified instructors.





Oncology Nurse Navigator

In July 2010, Baylor Plano hired a full time oncology nurse navigator. The oncology nurse navigator assists patients in understanding their diagnosis, treatment options, and resources available, including educating eligible patients about appropriate community resources, clinical research studies, and technologies.

Breast oncology patients and head and neck oncology patients are offered a preoperative orientation program to include educational materials, hospital tour, and information on hospital and community resources. The oncology nurse navigator also contacts all patients undergoing surgical procedures in the Women's Imaging Center to offer emotional support, education, and resources.



Betsy Booth, R.N., *Oncology Nurse Navigator*

CONTINUUM OF CARE

Research

- Approximately 54 (7%) patients were included in various forms of clinical trials and research related studies

Dietitian

- Piloted an outpatient nutrition referral program with physicians for newly diagnosed cancer patients in order to provide nutrition therapy. Once successful, the program will be offered to all oncology outpatient clinics of physicians on the medical staff at Baylor Plano.

Palliative Care Program

- Palliative care is a multidisciplinary process that focuses on relief of complex, physical, psychosocial, and spiritual symptoms in the setting of advanced life limiting, terminal, or irreversible illness. Palliative care consults also assist with management of physical symptoms such as pain, shortness of breath, nausea, and fatigue. Since January 2009 ninety-eight consults have been given.

Plano/Garland Open Studies

Bladder Cancer:	Gemzar, Cisp, Sunitinib 1st Ln Uroth Ca
Breast Cancer:	lapat+trast vs trast suppression HER2+ Adj. TAC vs TC vs TC+Bev Adjuvant Neratinib vs Placebo D-CARE Adjuvant Denosumab BrCa Rd Letrozole± Dasatinib HR+ PostMen Met
GI Stromal Tumor (GIST)	STAR - nilotinib vs imatinib in GIST
Liver Cancer:	GIDEON - Sorafenib in HCC pts
Lung Cancer:	Eribulin w/ intermittent Erlotinib NSCLC Pem/Carbo/Bev vs Tax/Carbo/Bev 1Ln NSCLC Docetaxel +/- ASA404 in 2Ln NSCLC Aranesp in NSCLC
Lymphomas:	RAD001 in ref MCL
Melanoma:	DERMA Adj MAGE-A3 Melanoma
Myelomas:	MM Connect registry
Thymomas:	PHA848125 (oral cdk inhib) Thymic
Urothelial Cancer:	Gemzar, Cisp, Sunitinib 1st Ln Uroth Ca



Multidisciplinary Cancer CONFERENCES

Tumor site-specific multidisciplinary cancer conferences offered monthly, including:

- Breast
- Gastrointestinal/General
- Genitourinary
- Head and Neck
- Thoracic Oncology

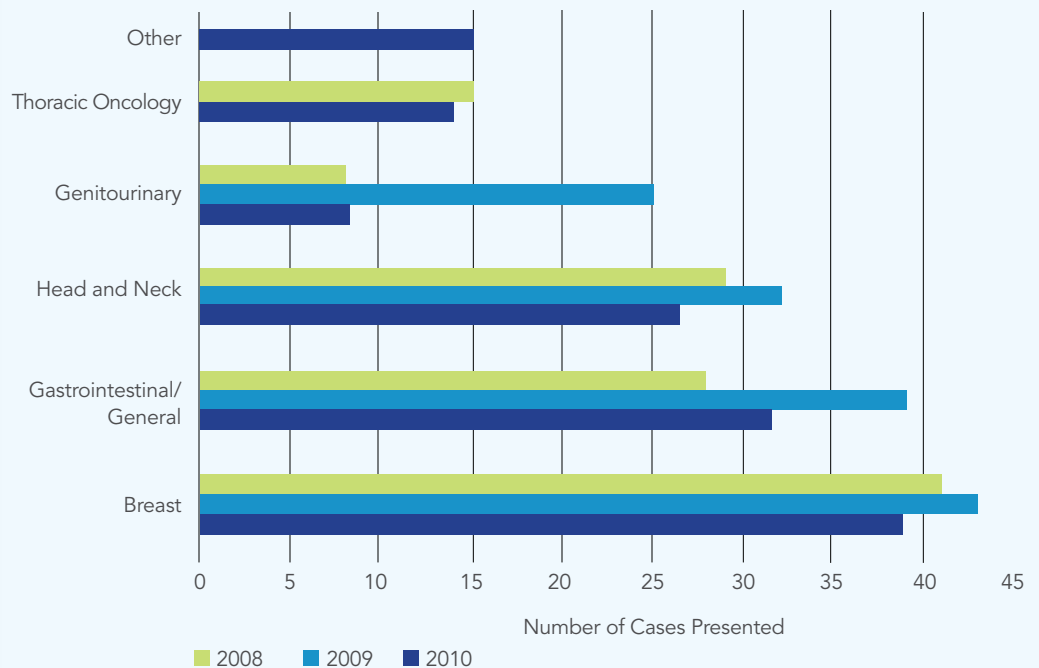
The following disciplines were represented:

- Medical oncology
- Radiation Oncology
- Surgery
- Pathology
- Diagnostic radiology

Our Cancer program has met the ACoS Commission on Cancer program standards by presenting 130 total cases at montly cancer conferences, which equals 17% of the analytic cases accessioned at Baylor Plano. Of the 130 cases presented, 98% or 127 cases were prospective in nature.

17
CONTINUING
EDUCATION EVENTS

Seventeen continuing medical education events were offered to physicians of which two were specifically related to oncology. Three physician lectures were devoted to cancer topics and delivered by physician members of the Oncology Advisory Board.



DEDICATED

IN-PATIENT

Cancer Care

People

- Increased the number of oncology-certified nurses to 44% (10/23)
- 100% of nursing staff on oncology unit is chemotherapy certified
- Three nurses became palliative care educated nurses

Quality

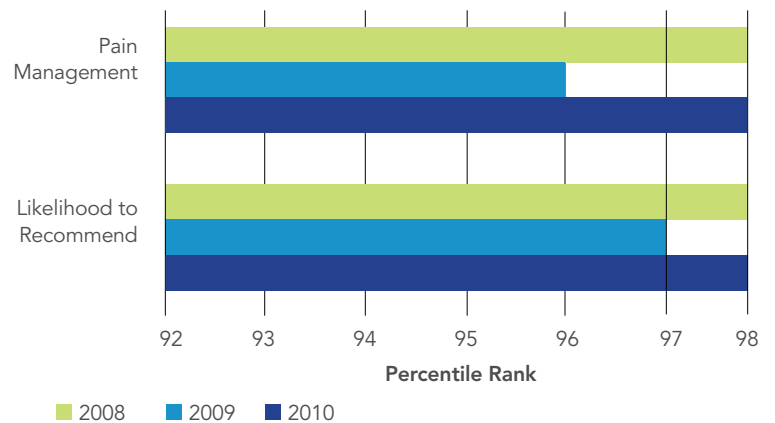
- Completed a hospital-wide Head and Neck patient improvement project related to communication
- Brought on Dedicated Nurse Practitioner focusing on pain

Service

- Completed a hospital-wide Head and Neck patient improvement project related to communication
- Oncology unit consistently achieved above the 98th percentile rank for the Press Ganey question of "How well was your pain controlled?"

Oncology Unit Patient Service Indicators

Questions Asked



Imaging Services

Women's Imaging Center

In June of 2009, the Women's Imaging Center moved to a new location in Pavilion II, which expanded its capacity to 4,000 square feet. The new center includes digital mammography, ultrasound/sonography, ultrasound core biopsy, breast MRI, MRI guided breast biopsy, and many other procedures essential in the detection of women's health services.

Baylor Diagnostic Imaging Center at Craig Ranch

In April of 2009 Baylor Plano opened the Craig Ranch Imaging Center. Craig Ranch is one of only a few facilities in the world, and the only facility in Texas to offer dual-head molecular breast imaging. This technology can visualize tumors less than 1 cm in size from two camera angles—detecting cancer in early, treatable stages. MBI is not meant to replace mammography but is ideal for dense breast tissue and patients with increased risk of breast cancer. The Center also offers digital mammography and ultrasound/sonography.

RANKED in the
98TH
PERCENTILE

Support & SURVIVORSHIP

Education and Prevention

A total of 48 cancer awareness and prevention events were held, reaching over 3,600 community members. The following educational activities were provided:

- Get a Heads Up on Oral/Head and Neck Cancer
- Skin Care and the Sun
- Advanced Breast Cancer Workshop
- Stereotactic Radiosurgery in Cancer Management
- Medical Oncology Options for Breast Cancer
- Breast Cancer Update: A Physician Panel
- Cancer Survivor Day Event

Screenings

Provided prostate cancer screening, resulting in 165 participants screened with 16 follow-up recommendations

Hosted 12 Breast Care for a Lifetime presentation events:

12

The event includes either our Women's Services Coordinator or Nurse Navigator who present to local businesses or participate in local community health fairs. During these events materials on breast self exam, mammography screening guidelines, and risk factors for women's cancers are provided.



SUPPORT GROUPS

American Cancer Society Reach to Recovery Onsite Program

Matches breast cancer survivors with newly diagnosed patients to help provide support.

Breast Cancer Support Group

3rd Monday of each month 5:30 p.m. to 7:30 p.m.

Healthy Steps

Fun, therapeutic exercise and movement program designed to improve the quality of life for a variety of people with chronic or debilitating conditions. Every Thursday 2:30 p.m. to 3:30 p.m.

MammaCare® Self Breast Exam Class

The internationally recognized standard for breast examination. During this class, women practice on lifelike breast models allowing them to feel the difference between the texture of normal tissue and lumps.

Look Good, Feel Better®

This program, held in conjunction with the American Cancer Society, helps patients undergoing cancer treatment feel more comfortable with the changes in their appearance including hair loss as well as skin and nail changes.

Oral, Head, and Neck Cancer Support Group

1st Tuesday of each month 6 p.m. to 8 p.m.

Pre – Operative Oncology Hospital Orientations

Us Too – Prostate Cancer Support Group

4th Tuesday of each month 6:30 p.m. to 8:30 p.m.

Real Patients. Real Stories.

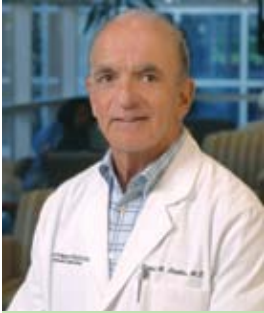
JON JANOWSKI

John Janowski was on vacation when he noticed two lumps on the side of his neck. He came home early to have it checked out. At Baylor Regional Medical Center at Plano, John underwent a biopsy and was diagnosed with cancer in the lymph nodes and on the back of his tongue. After a radical neck dissection, which removed most of the cancer, John went through 37 radiation treatments followed by three months of chemotherapy. "I knew I was in good hands at Baylor Plano," he says. "The staff has this huge professionalism, this great passion for what they are doing. You can feel that in every aspect within the Baylor system." John has been cancer free for over four years.

“Baylor Plano helped me FIGHT & WIN against stage IV **THROAT CANCER.**”



Care of the **PATIENT**



By Robert Steckler, MD, Medical Director of Oncology Surgery

Rising Trend: Melanoma

Melanoma is increasing worldwide faster than any other human malignancy. This disease is related to sunlight exposure, and Baylor Regional Medical Center at Plano, in the sun belt, treated 74 new melanoma patients in 2011. Males outnumbered females by almost 2 to 1. Reflecting the efforts of patient education and early detection, 85% of patients were seen with this disease in its very early stages, and this should result in higher cure rates. Melanoma, in the vast majority of patients, is treated surgically, and chemo-therapeutic agents provide little benefit in advanced-stage disease. Early detection, therefore remains the mainstay of successful treatment.



MELANOMA
PATIENT ANGIE RILEY



2009 COMPARATIVE DATA: MELANOMA

Hospital Comparison Benchmark Report: Baylor Regional Medical Center at Plano* versus All Commission on Cancer Comprehensive Cancer Programs** in Texas versus All Commission on Cancer Comprehensive Cancer Programs in the United States**

Baylor Plano Melanoma Cases from 2009

>20	0	0.00%
20 - 29	2	2.70%
30-39	5	6.75%
40-49	12	16.21%
50-59	21	28.37%
60-69	14	18.91%
70-79	13	17.56%
>80	7	9.45%

Male	48	64.86%
Female	26	35.13%

Ethnicity:

White	73	98.65%
Black	1	1.35%
Hispanic	0	0.00%
Other	0	0.00%

Stage:

0	19	25.67%
I	42	56.75%
II	1	1.36%
III	8	10.81%
IV	1	1.36%
UNK	3	4.05%

CoC Cancer Programs in State of Texas Melanoma Cases from 2008**

>20	5	0.63%
20-29	24	3.00%
30-39	59	7.38%
40-49	104	13.00%
50-59	165	20.63%
60-69	172	21.50%
70-79	158	19.75%
>80	113	14.13%

Male	472	59.00%
Female	328	41.00%

Ethnicity:

White	733	91.63%
Black	8	1.00%
Hispanic	40	5.00%
Other	19	2.37%

Stage:

0	100	12.50%
I	279	34.88%
II	100	12.50%
III	56	7.00%
IV	33	4.13%
UNK	232	29.01%

All CoC Cancer Programs Melanoma Cases from 2008**

>20	67	0.39%
20 - 29	528	3.09%
30-39	1052	6.16%
40-49	2236	13.09%
50-59	3382	19.80%
60-69	3692	21.62%
70-79	3426	20.06%
>80	2697	15.79%

Male	9916	58.06%
Female	7164	41.94%

Ethnicity:

White	16356	95.76%
Black	75	0.44%
Hispanic	262	1.53%
Other	387	2.27%

Stage:

0	2917	17.08%
I	6739	39.46%
II	2127	12.45%
III	1061	6.21%
IV	762	4.46%
UNK	3474	20.34%

**Source 2011 National Cancer Data Base (NCDB), Commission on Cancer 2011

*Source: Baylor Health Care System Cancer Registry - Baylor Plano, Electronic Registry System

2009 Primary Site Table Baylor Regional Medical Center at Plano

	TOTAL	CLASS		GENDER			GENERAL STAGE				
		Analytic	Nonanalytic	Male	Female	In Situ	Local	Regional	Distant	*Benign	Unknown
	1034	750	284	497	537	83	394	166	77	31	3
Oral Cavity	60	51	9	36	24	1	27	23	2	0	7
Lip	1	1	0	0	1	0	1	0	0	0	0
Tongue	29	24	5	16	13	0	19	5	1	0	4
Oropharynx	0	0	0	0	0	0	0	0	0	0	0
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0
Other	30	26	4	20	10	1	7	18	1	0	3
Digestive System	104	71	33	67	37	3	19	35	29	1	17
Esophagus	8	5	3	8	0	0	0	2	4	0	2
Stomach	9	7	2	5	4	0	3	3	2	1	0
Colon	44	35	9	29	15	1	10	22	7	0	4
Rectum	15	10	5	10	5	1	4	2	4	0	4
Anus/Anal Canal	1	1	0	0	1	1	0	0	0	0	0
Liver	4	1	3	3	1	0	1	0	1	0	2
Pancreas	14	8	6	8	6	0	1	3	8	0	2
Other	9	4	5	4	5	0	0	3	3	0	3
Respiratory System	90	59	31	53	37	0	9	21	41	0	19
Nasal/Sinus	6	5	1	3	3	0	1	4	0	0	1
Larynx	4	2	2	3	1	0	0	2	0	0	2
Lung/Bronchus	80	52	28	47	33	0	8	15	41	0	16
Other	0	0	0	0	0	0	0	0	0	0	0
Blood & Bone Marrow	59	26	33	37	22	0	0	0	59	0	0
Leukemia	32	15	17	20	12	0	0	0	32	0	0
Multiple Myeloma	21	8	13	14	7	0	0	0	21	0	0
Other	6	3	3	3	3	0	0	0	6	0	0
Bone	2	1	1	1	1	0	1	0	0	0	1
Connect/Soft Tissue	4	3	1	1	3	0	2	0	2	0	0
Skin	83	75	8	52	31	19	43	11	2	0	8
Melanoma	81	73	8	51	30	19	42	10	2	0	8
Other	2	2	0	1	1	0	1	1	0	0	0

2009 Primary Site Table Baylor Regional Medical Center at Plano (Continued)

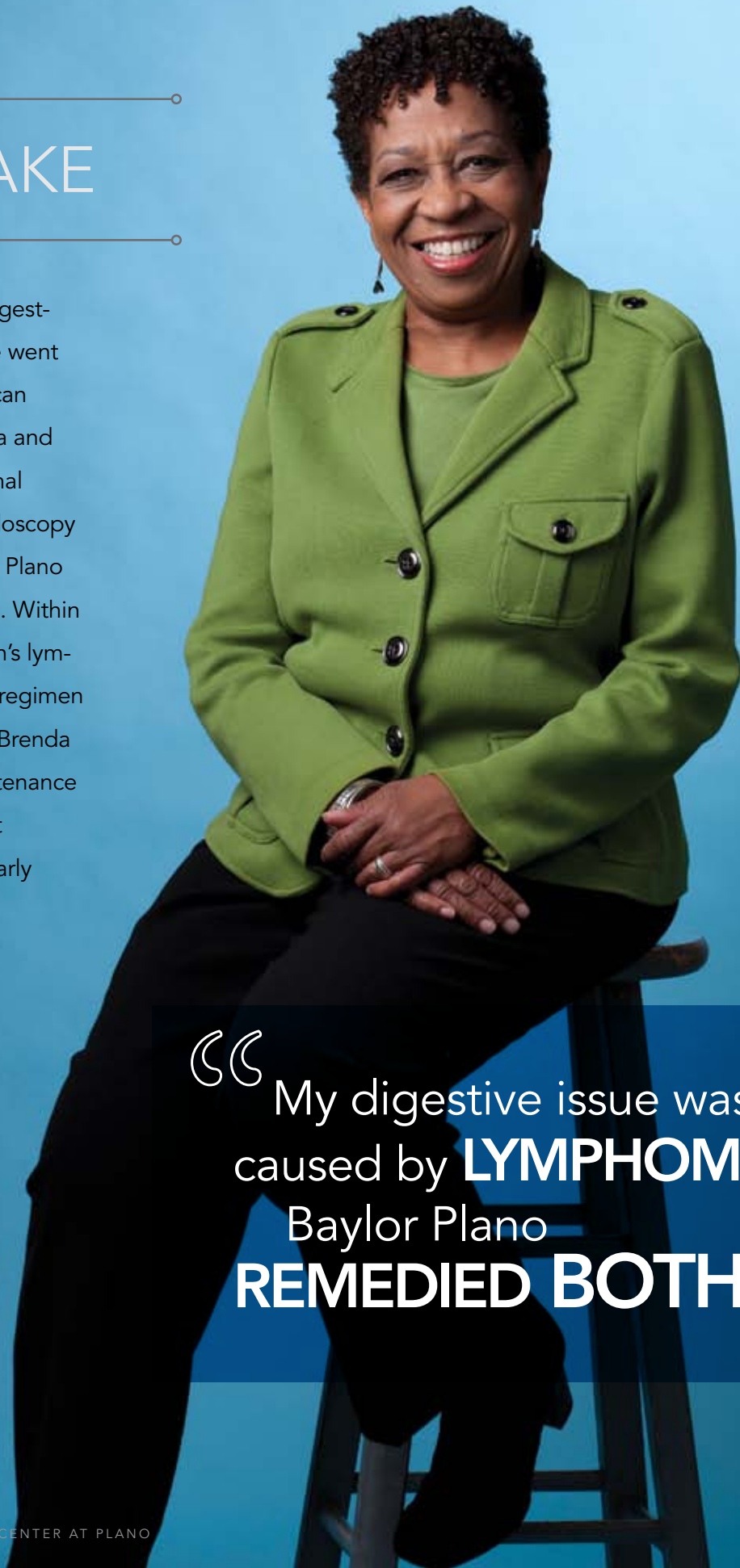
	TOTAL	CLASS		GENDER		GENERAL STAGE					
		Analytic	Nonanalytic	Male	Female	In Situ	Local	Regional	Distant	*Benign	Unknown
Breast	306	211	95	2	304	54	115	69	12	0	56
Female Genital	31	19	12	0	31	1	12	3	8	0	7
Cervix Uteri	7	4	3	0	7	0	3	2	1	0	1
Corpus Uteri	10	8	2	0	10	0	7	1	0	0	2
Ovary	12	5	7	0	12	0	1	0	7	0	4
Vulva	2	2	0	0	2	1	1	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Male Genital	135	104	31	135	0	0	103	11	0	0	21
Prostate	133	102	31	133	0	0	101	11	0	0	21
Testis	2	2	0	2	0	0	2	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Urinary System	82	75	7	52	30	12	47	13	4	0	6
Bladder	27	23	4	20	7	12	9	2	2	0	2
Kidney/Renal	54	51	3	32	22	0	38	10	2	0	4
Other	1	1	0	0	1	0	0	1	0	0	0
Brain & CNS	18	15	3	8	10	0	5	0	0	11	2
Brain (Benign)	2	2	0	2	0	0	0	0	0	2	0
Brain (Malignant)	6	4	2	5	1	0	4	0	0	0	2
Other	10	9	1	1	9	0	1	0	0	9	0
Endocrine	44	40	4	8	36	0	26	13	1	2	2
Thyroid	42	38	4	8	34	0	26	13	1	0	2
Other	2	2	0	0	2	0	0	0	0	2	0
Lymphatic System	32	22	10	17	15	0	7	4	12	0	9
Hodgkin's Disease	8	6	2	6	2	0	4	1	1	0	0
Non-Hodgkin's	31	18	13	11	20	0	11	1	6	0	0
Unknown Primary	18	15	3	8	10	0	0	0	0	0	18
Other/III-Defined	1	0	1	1	0	0	0	0	1	0	0

Number of cases excluded: 0

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

BRENDA BLAKE

Brenda Blake experienced trouble digesting food for three months before she went to the doctor. A sonogram and CT scan showed she had an extra-large hernia and that her stomach was not in the normal position. She underwent a gastroendoscopy at Baylor Regional Medical Center at Plano that revealed a tumor in her stomach. Within days of her diagnosis of non-Hodgkin's lymphoma, Brenda began a four-month regimen of chemotherapy. Now in remission, Brenda undergoes twice-yearly chemo-maintenance treatments. "I feel very fortunate that Baylor Plano diagnosed my cancer early and had the best treatment for me. Everyone showed such competence and compassion. The future holds so much promise and hope." Baylor Plano is the only hospital in Collin County to be designated a Community Hospital Comprehensive Cancer Program by the American College of Surgeons.



“My digestive issue was caused by **LYMPHOMA**, Baylor Plano **REMEDIED BOTH.**”

TOP 5 SITES

2010 Top Five Sites at Baylor Plano versus ACS Estimated Leading Sites of New Cancer Cases for 2010 by Gender

MALE

ACS Estimate New Cases for 2010*

Prostate	217,730	(27.50%)
Lung	116,750	(14.70%)
Colorectal	72,092	(9.10%)
Urinary Bladder	52,760	(6.68%)
Melanoma	38,870	(4.92%)

State of Texas Expected New Cases for 2010**

Prostate	15,718	(28.20%)
Lung	8,440	(15.10%)
Colorectal	5,680	(10.20%)
Urinary Bladder	2,685	(4.82%)
Melanoma	2,487	(4.46%)

Baylor Plano Top 5 New Male Sites

Prostate	102	(27.9%)
Melanoma	47	(12.8%)
Lung	34	(12.8%)
Colorectal	31	(8.5%)
Kidney	30	(8.2%)

FEMALE

ACS Estimate New Cases for 2010*

Breast	207,090	27.98%
Lung	105,770	14.29%
Colorectal	75,480	10.20%
Uterine Corpus	43,470	5.87%
Thyroid	33,930	4.58%

State of Texas Expected New Cases for 2010**

Breast	15,347	31.65%
Lung	5,918	12.20%
Colorectal	4,685	9.66%
Corpus & Uterus NOS	2281	4.70%
NonHodgkins Lymphoma	1903	3.92%

Baylor Plano Top 5 New Female Sites

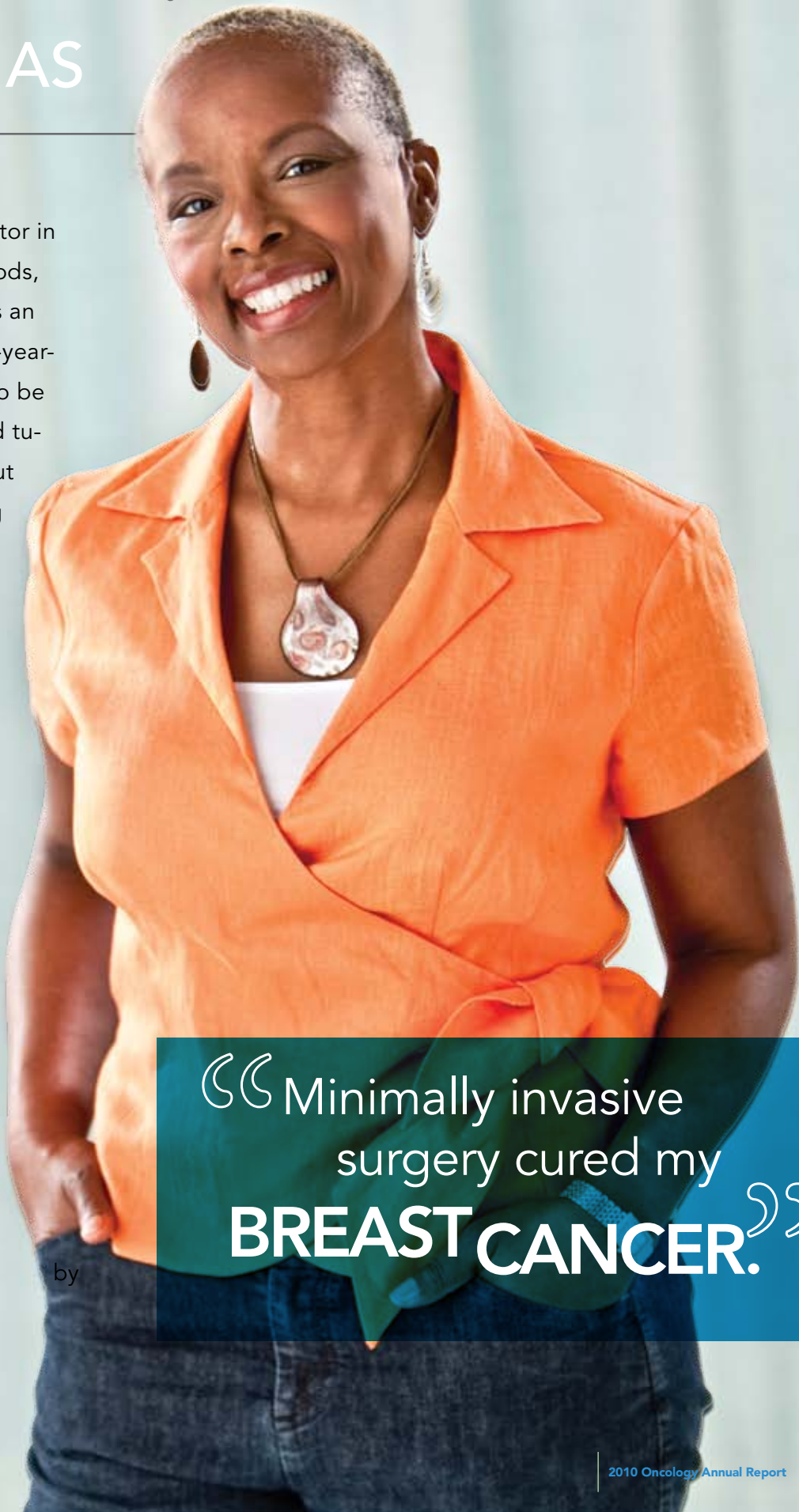
Breast	210	49.7%
Thyroid	30	7.1%
Melanoma	26	6.1%
Kidney	21	4.9%
Lung	18	4.2%

*Source: Baylor Health Care System Cancer Registry - Baylor Plano, Electronic Registry System

**Source 2011 National Cancer Data Base (NCDB), Commission on Cancer 2011

DOLLIE THOMAS

When Dollie Thomas went to the doctor in February 2008 for heavy, painful periods, she had a pelvic sonogram, as well as an overdue mammogram. Thomas, a 50-year-old Plano resident, wasn't surprised to be diagnosed with benign uterine fibroid tumors. But she didn't expect to find out she also had breast cancer. Reflecting on the nine months of surgeries and treatments that followed, she says, "Everything went so well." Thomas benefited from several minimally invasive options. Gynecologists also use less invasive approaches when possible. With minimally invasive gynecological surgery, "women typically have less pain, blood loss and infection, as well as shorter hospital stays and a quicker return to work," says Murray Fox, M.D., a gynecologist on the Baylor Plano medical staff. After Thomas had a robot-assisted laparoscopic hysterectomy in November 2008, she says, "by the end of the week, I felt great. I understood what they meant minimally invasive!"



“Minimally invasive surgery cured my **BREAST CANCER.**”

by

2009 PRIMARY SITE TABLE BY GENDER

Site Name	Nbr-Cases		Male		Female	
	Actual	%	Actual	%	Actual	%
Prostate Gland	133	12.44	133	100	0	0
Skin	82	7.67	52	63.41	30	36.59
Bronchus & Lung	80	7.48	47	58.75	33	41.25
Blood & Bone Marrow	59	5.52	37	62.71	22	37.29
Colon	45	4.21	29	64.44	16	35.56
Kidney	50	4.68	29	58	21	42
Urinary Bladder	27	2.53	20	74.07	7	25.93
Lymph Nodes	32	2.99	17	53.13	15	46.88
Other Parts Of Tongue	23	2.15	13	56.52	10	43.48
Unk Primary	19	1.78	9	47.37	10	52.63
Esophagus	8	0.75	8	100	0	0
Pancreas	14	1.31	8	57.14	6	42.86
Thyroid Gland	42	3.93	8	19.05	34	80.95
Rectum	10	0.94	7	70	3	30
Brain	8	0.75	7	87.5	1	12.5
Other/Unspecified Parts Of Mouth	6	0.56	5	83.33	1	16.67
Stomach	9	0.84	5	55.56	4	44.44
Tonsil	5	0.47	4	80	1	20
Base Of Tongue	6	0.56	3	50	3	50
Small Intestine	5	0.47	3	60	2	40
Rectosigmoid Junction	5	0.47	3	60	2	40
Liver & Bile Ducts	4	0.37	3	75	1	25
Accessory Sinuses	4	0.37	3	75	1	25
Larynx	4	0.37	3	75	1	25
Kidney, Renal Pelvis	4	0.37	3	75	1	25
Gum	6	0.56	2	33.33	4	66.67
Palate	2	0.19	2	100	0	0
Parotid Gland	4	0.37	2	50	2	50
Nasopharynx	2	0.19	2	100	0	0
Breast	306	28.62	2	0.65	304	99.35
Testis	2	0.19	2	100	0	0
Floor Of Mouth	2	0.19	1	50	1	50
Pyriiform Sinus	1	0.09	1	100	0	0
Other Oral Cavity	2	0.19	1	50	1	50
Other Biliary Tract	1	0.09	1	100	0	0
Bones Joints & Other Unspecified Sites	1	0.09	1	100	0	0
Connective Subcutaneous Other Soft Tissue	4	0.37	1	25	3	75
Meninges	10	0.94	1	10	9	90
Lip	1	0.09	0	0	1	100
Anus & Anal Canal	1	0.09	0	0	1	100
Gallbladder	2	0.19	0	0	2	100
Nasal Cavity & Middle Ear	2	0.19	0	0	2	100
Bones Joints & Articular Cartilage	1	0.09	0	0	1	100
Vulva	3	0.28	0	0	3	100
Cervix Uteri	7	0.65	0	0	7	100
Corpus Uteri	10	0.94	0	0	10	100
Ovary	12	1.12	0	0	12	100
Other & Unspecified Urinary Organs	1	0.09	0	0	1	100
Other Endocrine Glands	2	0.19	0	0	2	100
Total Cases	1069	100	478	44.71	591	55.29



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