Table of Contents

President’s Letter .......................... 2

Cancer Committee Report ........ 4

Programs of Focus .................... 6
  Baylor Irving Adds Treatment Technology, Professional Expertise to Further the Quality of Its Oncology Program in 2012
  Cancer Conferences Reviewed Variety of Cases in 2012
  Baylor Charles A. Sammons Cancer Center at Irving Growing Demand Drives Expansion of Women’s Imaging Center Services
  The American Cancer Society and Baylor Irving Work Together to the Community Community Events/Outreach Claudia Hutchings Profile

Quality Study ......................... 12
  Partial Breast Excision/Re-excision Rates

Cancer Registry ...................... 13
  Department Update
  Summary of 2011 Cancer Registry Data

Campus and Area Maps ............ Inside BackCover
President’s Letter

At Baylor Medical Center at Irving, we know that cancer can be a frightening diagnosis, filled with uncertainty. Since opening our doors more than 20 years ago, we have been committed to providing patients access to the latest cancer prevention and treatment methods available. This commitment to research and advanced treatment is helping more people with cancer get on the road to recovery so that they can continue their life’s journey.

Our main goal has always been to provide safe, quality, compassionate care for our cancer patients. Achieving both the American College of Surgeons’ Commission on Cancer (CoC) Accreditation and the National Accreditation Program for Breast Centers in 2012 is a testament of our commitment. Being accredited means we met or exceeded standards in a range of areas, including leadership, clinical management, research, community outreach, professional education and quality improvement.

In 2012, we focused on clinical programs, community outreach and other key initiatives. Our multidisciplinary approach to the diagnosis and treatment of cancer patients at Baylor Irving includes specialists in medical oncology, radiation oncology, surgery, radiology, pathology and pain medicine. Additionally, there are dedicated staff members in nursing, pharmacy, patient and family counseling, nutrition services and rehabilitative care making a difference in the lives of our patients. Our program also includes a certified oncology patient navigator who provides services for cancer patients and their families. The navigator offers patients much needed educational and emotional support and provides personalized guidance through cancer treatment—from diagnosis to recovery and beyond.

Other 2012 highlights of Baylor Irving’s cancer program include:
- Baylor Irving has the only accredited comprehensive cancer program in Irving and Las Colinas—American College of Surgeons’ Commission on Cancer accreditation
- National Accreditation Program for Breast Centers (NAPBC)
- Accredited by the American College of Radiology in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy
- Baylor Irving joined the Baylor Charles A. Sammons Cancer Center network
- Extensive rehabilitation services and emotional support groups
- Access to advanced technology used for treatment and diagnosis of cancer
- Survivor Gals boutique for cancer patients.

As an advocate, I play an important role in supporting our cancer program. Community outreach is a strong focus and supports our dedication to our mission to continually improve the care we provide to individuals with cancer. We are proud of our partnerships within the community and the programs in which we participate. Our dedicated medical professionals and volunteers contribute countless hours to the community outside of the hospital. I continue to work with local organizations, corporations and the Irving Healthcare Foundation to raise funds for our cancer program and support initiatives to improve care and enhance the lives of cancer patients. I am also privileged to work alongside the physicians on the Baylor Irving medical staff and our clinical staff as a support system, so that we all remain focused on providing quality care to our cancer patients.
Baylor Irving continues to collaborate with the American Cancer Society through support groups, grants used for cancer care and education and numerous community events and initiatives. This collaboration with the ACS is a key component in achieving our goal of providing quality care for our cancer patients.

Baylor Irving is on the forefront of discovering and improving cancer treatments to make a difference in the lives of each individual patient we serve. Our vision is to be the community’s first choice for advanced care and to be trusted as the best place to give and receive safe, quality and compassionate care.

Sincerely,

Cindy K. Schamp
President, Baylor Medical Center at Irving
Cancer Committee Report

What a momentous year for Baylor Medical Center at Irving’s Cancer Center and oncology services program. Entering 2012, we had much to be proud of. Looking back on the year, we have even more accomplishments to highlight that demonstrate Baylor Irving’s continuing commitment to the community to provide quality cancer care.

An extremely important milestone for Baylor Irving’s Oncology Program in 2012 was becoming Baylor Charles A. Sammons Cancer Center at Irving. This designation brings the full array of Baylor Health Care System’s cancer diagnostic and treatment resources to Irving and surrounding communities. In addition, being a part of the Baylor Charles A. Sammons Cancer Center network provides cancer patients with highly specialized medical expertise and access to advanced clinical trials.

The role of the patient navigator continued to evolve with the goal of creating a truly patient-focused experience for the individuals who turned to Baylor Irving for cancer screening and treatment in 2012.

Baylor Irving’s Cancer Committee served as a guiding force to continue the hospital’s vision of excellence in cancer care by maintaining the following accreditations:

• American College of Radiology recognition of Baylor Irving’s Women’s Imaging Center as a Breast Imaging Center of Excellence
• The only comprehensive cancer program in Irving and Las Colinas to be accredited by the American College of Surgeons’ Commission on Cancer, with eight commendations, signifying the program’s top-tier status for service quality
• Accredited by the American College of Radiology in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy
• National Accreditation Program for Breast Centers (NAPBC).

The Cancer Committee also was instrumental in helping secure two grants for Baylor Irving’s oncology program:

• A $200,000 grant from Susan G. Komen Dallas County to provide breast mammograms and treatment for women with little or no insurance, whose household income was less than 300% of the federal poverty line
• A $120,000 grant from the Cool Run, organized by the Four Seasons Hotel & Spa in Irving.

The Cancer Committee also strongly supported Baylor Irving’s community outreach efforts through special events, sponsorships of activities such as Irving’s American Cancer Society Relay for Life® and the Susan G. Komen for the Cure® race and participation in health fairs. These activities touched more than 7,000 people with cancer information and screenings.

As we embark on 2013, I am optimistic about the future of Baylor Charles A. Sammons Cancer Center at Irving and what this means for the cancer patients we serve and will serve in the future.

Sincerely,

Edward Clifford, MD
Medical Director
Baylor Charles A. Sammons Cancer Center at Irving
Programs of Focus 2012

Baylor Irving Adds Treatment Technology, Professional Expertise to Further the Quality of Its Oncology Program in 2012

As the premier comprehensive medical center serving Irving, Las Colinas and the surrounding communities, Baylor Medical Center at Irving continued to build on its reputation for quality in oncology in 2012. With 156 cancer-related specialists on the medical staff, Baylor Irving provided comprehensive cancer care to more than 450 newly diagnosed patients.

The quality of the cancer program at Baylor Irving continued to be recognized by accreditations for the Women’s Imaging Center from the American College of Radiology, the Commission on Cancer and the National Accreditation Program for Breast Centers, and a three-year accreditation with commendation from the American College of Surgeons’ Commission on Cancer.

In 2012, Baylor Irving acquired new equipment necessary to provide stereotactic radiation therapy with 4-D gating capability. Stereotactic radiation therapy is a precise form of radiation therapy that combines the principles of 3-D target localization with multiple intersecting radiation beams to precisely treat tumors in difficult or hard-to-reach areas. Because of its precision, surrounding normal tissue is spared, and larger doses per fraction can be used. However, organs in the chest and upper abdomen (lung, liver, breast) can move as much as two inches during normal respiration, reducing the accuracy of the treatment. With 4-D gating capability, which adds the dimension of time, the range of respiratory movement is measured using a multi-slice, 4-D computed tomography (CT) scanner. These measurements are used to optimize treatment by continuously turning the radiation beam on and off to synchronize delivery of radiation to the appropriate point in the respiratory cycle.

From the medical and surgical oncologists to the radiation specialists on the medical staff to the dietitians, the entire staff at Baylor Irving remains focused on taking care of patients and helping them on their path to healing.

Edward Clifford, MD, medical director of oncology services, believes that the launch of the new Baylor Charles A. Sammons Cancer Center network will be a great benefit to Baylor Irving’s patients, bringing
the strength of multiple institutions to bear on specific problems.

“There are so many ways that this can help us to provide better care for our patients,” said Dr. Clifford. “Sharing technology and data, having system-wide consultation and joint services like genetic counseling available and combining facilities to participate in national multi-center clinical trials—we will be working together, not competing with each other.”

**Cancer Conferences Reviewed**

**Variety of Cases in 2012**

Cancer conferences are an essential forum to provide multidisciplinary, consultative services for oncology patients, as well as to offer education to physicians on the medical staff and allied health professionals. To provide a consultative service to patients and physicians, 80% of the cases presented must be discussed prospectively, that is, address patient management issues. Prospective cases are presented by physicians to the multidisciplinary team. Prospective cases include, but are not limited to the following:

- Cases requiring an adjustment or change in the original treatment plan
- Cases requiring consideration of adjuvant treatment or palliative care
- Cases with treatment complications or disruptions
- Cases with recurrent cancer requiring/needing further treatment consideration.

General cancer conference meets monthly with the following multidisciplinary composition: medical oncology, radiation oncology, surgery, pathology and diagnostic radiology.

Site conference case presentations include, but are not limited to:

- Case summary with prospective and interdisciplinary discussion
- Image projections with radiologic findings
- Pathology slides, pathologic findings including special stains
- Molecular studies/prognostic indicators
- Clinical and pathologic staging (AJCC or other specific staging)
- Treatment planning
- Citation of national treatment guidelines (e.g. NCCN)
- Citing of clinical trials availability
- Discussion of need to refer for genetic testing
- Discussion for referral to palliative care services.

In 2012, Baylor Irving sponsored three cancer conferences—a general cancer conference that met monthly, a breast cancer conference that met bi-monthly and a thoracic cancer conference that met bi-monthly. The cancer conferences reviewed a total of 286 cases in 2012, 285 of which were presented prospectively. The top five cancer sites reported to the cancer conferences included breast, genitourinary, head and neck/thyroid, lung and colorectal.

**Baylor Charles A. Sammons Cancer Center at Irving**

Baylor Medical Center at Irving is proud to be a member of the Baylor Charles A. Sammons Cancer Center network. For more than 35 years, Baylor Sammons Cancer Center has been providing quality cancer care to patients at Baylor University Medical Center. Baylor Health Care System (BHCS) has extended the Baylor Charles A. Sammons Cancer Center quality of care to its medical centers throughout North Texas, including Baylor Irving.
Baylor Charles A. Sammons Cancer Center at Irving is part of the Baylor Charles A. Sammons Cancer Center network.

Being a part of the network means that Baylor Irving's oncology programs and services meet or exceed the stringent criteria established by Baylor Health Care System. These criteria include:

- Achieving accreditation by the Commission on Cancer (CoC) of the American College of Surgeons as an approved cancer program. Accreditation by the CoC indicates that a cancer program provides high-quality care as measured against national standards and continuously strives to address each patient's needs while improving outcomes.
- Meeting specific requirements demonstrating active participation by their Cancer Committee physician leader, administrative director/representative, and oncology nursing leader in BHCS oncology strategic initiatives.
- Meeting specific requirements demonstrating active participation in BHCS oncology safety and health care improvement projects.
- Meeting specific requirements demonstrating active participation in BHCS oncology educational efforts in nursing, medicine or other ancillary education related to oncology.
- Demonstrating participation in research initiatives, either within the facility or by...
supporting other Baylor facilities and their oncology research by making clinical trials available to patients, regardless of the location of the trials.

**Growing Demand Drives Expansion of Women’s Imaging Center Services**

The Women’s Imaging Center at Baylor Irving was a busy place in 2012. Nearly 12,300 screening mammograms and 2,880 diagnostic mammograms were performed.

Phyllis Burton, RT, RM, manager of the center, says one of the most exciting achievements was receiving accreditation from the American College of Radiology in breast magnetic resonance imaging (MRI) and from the National Accreditation Program for Breast Centers.

“We continued to experience increased demand for all of our services,” says Burton. “We were grateful to Susan G. Komen Dallas County for a grant that provided funding for uninsured and underinsured women to receive a complete array of services, from screening mammograms through treatment if a breast cancer was detected.”

In addition to mammography, the center provided the following services in 2012:

- 1,612 breast ultrasound procedures
- 1,192 bone density studies
- 120 breast MRIs
- 7 MRI guided breast biopsies
- 86 stereotactic breast biopsies
- 237 ultrasound guided breast biopsies.

**The American Cancer Society and Baylor Irving Work Together to Serve the Community**

With nearly a century of experience, the American Cancer Society (ACS) has collaborated with Baylor Charles A. Sammons Cancer Centers, including Baylor Medical Center at Irving, to deliver lifesaving results. Together, Baylor Irving and the ACS have been a relentless force fighting cancer. At Baylor Irving, an ACS representative works closely with oncology staff to provide patients with the resources and support they need. The representative also serves on the hospital’s cancer committee to help Baylor Irving fulfill the American College of Surgeons’ accredited facility requirements. As collaborators in health, Baylor Irving and the ACS work with patients to help them navigate their cancer journey, which can be overwhelming, particularly those who are medically underserved, those who...
experience language or health literacy barriers or those with limited resources. The ACS offers Baylor Irving cancer patients telephone-based patient navigation support to provide information, referrals to community and ACS resources and the emotional support they need to deal with their diagnosis and treatment.

**Community Events/Outreach**

Caring for cancer patients and their families in Irving and surrounding communities requires comprehensive planning to provide the diagnostic and treatment capabilities for the entire episode of care. This means reaching beyond the hospital’s doors with information, education and support to enable cancer patients to take control of their own health in a preventive and meaningful way. One of the ways Baylor Medical Center at Irving fulfills this role is through community health events, outreach activities and support groups.

In 2012, Baylor Irving hosted several awareness events and screenings and participated in events in the community. These events included women’s and men’s health days, participation in the American Cancer Society’s Irving Relay for Life® event, spa mammography programs for employees of area employers, lunch and learns, Irving YMCA and more.

Baylor Irving also served as the host site for several ongoing support groups for patients battling and surviving several types of cancer. These groups included:
- Chix with Stix, a support group for cancer patients and survivors designed to relieve stress by using a non-medical focus to participants by creating various crafts
- Reach to Recovery, an American Cancer Society support program involving women who have experienced breast cancer visiting one-on-one with newly diagnosed breast cancer patients

Baylor Irving reached hundreds of Irving school children in 2012 through Tobacco kNOw™, a program designed to discourage young people from smoking or using any tobacco products. In April, Baylor Irving participated in a community skin cancer event where 118 members of the community were screened and 54 of those were referred for follow-up care with their dermatologist. April also saw the first oncology update for primary care physicians. The one-day conference addressed critical issues related to the decision making for and treatment of patients diagnosed with cancer and cancer survivors.

Through these activities, Baylor Irving’s oncology team touched more than 7,000 individuals with information, education and screening services.

Baylor Irving reached hundreds of Irving school children in 2012 through Tobacco kNOw™, a program designed to discourage young people from smoking or using any tobacco products. In April, Baylor Irving participated in a community skin cancer event where 118 members of the community were screened and 54 of those were referred for follow-up care with their dermatologist. April also saw the first oncology update for primary care physicians. The one-day conference addressed critical issues related to the decision making for and treatment of patients diagnosed with cancer and cancer survivors.

Through these activities, Baylor Irving’s oncology team touched more than 7,000 individuals with information, education and screening services.

Baylor Irving also served as the host site for several ongoing support groups for patients battling and surviving several types of cancer. These groups included:
- Chix with Stix, a support group for cancer patients and survivors designed to relieve stress by using a non-medical focus to participants by creating various crafts
- Reach to Recovery, an American Cancer Society support program involving women who have experienced breast cancer visiting one-on-one with newly diagnosed breast cancer patients

Baylor Irving participated in many community health fairs.
• Smoking cessation education through collaborations with the American Cancer Society and Cancer Care Services
• Individual support featuring the personalized support of the patient navigator throughout the patient’s cancer journey
• Caregiver education providing information, education and support offered through meeting others who are going through similar experiences.

Claudia Hutchings’ Story
For Claudia Hutchings, Aug. 23, 2011, will be a date she will never forget. That’s the day she found a lump in her right breast and her cancer journey with Baylor Medical Center at Irving began.

“By the time I saw my primary care physician, I had found another lump,” says Hutchings. “He referred me to a diagnostic radiologist, who performed a diagnostic sonogram on Sept. 8; I had a stereotactic breast biopsy on Sept. 9. Prior to the biopsy, the physician told me and my husband, Eric, that I had cancer in my right breast and that it was going to have to be removed.”

Hutchings, a store manager for a cosmetics company, immediately began to experience all of the emotions most patients have when they are first told they have cancer. “Where would I find a doctor? Who would be the right doctor? Did I have to lose my breast? What about reconstruction? Was this a life-threatening situation? What about chemotherapy, radiation and surgery? All of these questions flashed through my mind within seconds after I learned the results of the biopsy,” explains Hutchings. “Laying on the table, I knew I was in good hands when the doctor reassured me that I was going to have the best care possible and not to worry.”

Hutchings was referred to a breast surgeon on the medical staff at Baylor Irving. Hutchings and her husband researched the physician on the internet prior to their office visit on Sept. 13. Once they met him, Hutchings and her husband say they knew that the Baylor system had come through for them again. Hutchings remembers her surgeon as professional, caring and empathic. He ordered a CT scan for Sept. 14.

One thing clearly stands out in Hutchings’ memory about the first visit to the surgeon’s office. “When Eric and I arrived at his office, both of us were filled with anxiety,” recalls
Hutchings. “Then a guardian angel walked through the door and introduced herself as Jo Darling, the oncology patient navigator. I remember my hand shaking as I was trying to fill out all of the paperwork for the visit. Jo took the papers from me and she started writing. I will never forget that moment. Even more reassuring was the fact that she stayed with us while the surgeon performed the exam so she could hear everything he said. She wanted to make sure she was informed so she could answer our questions.”

One reason for Hutchings’ initial disbelief at the breast cancer diagnosis was the fact that the disease did not run in her family. The CT scan revealed that the two tumors were too far apart to permit a lumpectomy, so the breast had to be removed. Subsequently, Hutchings decided on a double mastectomy with reconstruction. Again, she and her husband trusted the doctor’s advice about a breast reconstruction surgeon, who became an integral part of Hutchings’ cancer journey.

A deeply spiritual couple, Hutchings and her husband approached this as a journey they both would travel together. “Even though we were frightened and full of anxiety, we believed that God had put this disease into our lives for a reason,” says Hutchings. “We celebrated every day for a week with champagne. We started keeping an extensive journal and taking pictures of all phases of our journey so that we could share it with others affected by breast cancer.”

After a double mastectomy with reconstruction, months of chemotherapy, weeks of radiation therapy and sessions of rehabilitation, Hutchings celebrated the one year anniversary of her breast surgery on Oct. 24, 2012. Recovering from the disease has required Hutchings and her husband to deal with the side effects of treatment and medications, including swollen feet, weight gain and joint pain. But, she says that once she’s on her feet, watch out!

“Baylor Irving is a very caring, faith-based hospital,” says Hutchings. “Everyone cares about you and how you are doing. The doctors and the oncology patient navigator help you understand your disease and they are happy to answer any question that you may have. The hospital also has ongoing programs for cancer patients that help you deal with the changes in lifestyle that cancer brings.

“I now understand what it means to have cancer and how a positive attitude toward everything surrounding the disease can not only help the patient, but it can help others as well,” explains Hutchings. “It definitely brings strangers together and those that I have touched and have touched me feel like family. I enjoy my real family immensely and I am forever grateful to my husband of three years for being my tower of strength through our journey. I love my new found passion of sharing my cancer journey with others and encouraging others as they go through the cancer journey.”
Partial Breast Excision/Re-excision Rates

In an effort to improve the quality of care provided to breast cancer patients, Baylor Medical Center at Irving initiated a study to identify the number of second breast surgeries as a result of re-excising a margin of breast tissue that was discovered to be inadequate during the first lumpectomy/partial breast excision surgery.

A re-excision rate of 26% on lumpectomy cases performed in 2011 at Baylor Irving was used as the baseline for the 2012 study. The methodology used for the study instituted a mandatory measurement of the closest margin at the time of intraoperative pathology assessment. This measurement was communicated to the breast surgeon. All margins less than five millimeters in which the anatomy and breast size allowed additional tissue removal were immediately re-excised during the same surgical procedure. The goal of the study was to reduce the number of second surgeries related to re-excision.

The team involved in the study concluded that the percentage of lumpectomy specimens with margins “clear” of invasive carcinoma remained approximately the same as the 2011 data (27% in 2012 versus 26% in 2011). However, there is a subset of patients that can benefit from intraoperative assessment of margins.

A further analysis of the results of the study revealed the following:

- A total of 41 lumpectomies were performed in 2012
- 30 of these had margins negative for carcinoma
- 11 of the lumpectomy specimens required re-excision for a rate of 27%
- This rate was on a backdrop of 60% breast-sparing procedures for the year with 41 of the 68 breast carcinoma patients treated with lumpectomy and 27 treated with mastectomy.

- In the expanded breast carcinoma resection data that was aggregated for 2012, only four of the mastectomy patients received that procedure by their own choice with the remaining 23 receiving a mastectomy procedure for clinical reasons that included relative contraindications for lumpectomy such as multifocal or large neoplasm, prior lumpectomy with XRT, not a candidate for XRT for other reasons or failed lumpectomy for the current cancer

- While the number of patients that choose mastectomy can be reduced, the percentage with relative contraindications cannot.
The year 2012 brought positive changes in the Baylor Health Care System (BHCS) Cancer Registry. The BHCS Cancer Registry includes nine (9) hospitals with seven (7) of the facilities’ cancer programs accredited by the American College of Surgeons’ Commission on Cancer (Baylor University Medical Center at Dallas, Baylor Medical Center at Waxahachie, Baylor All Saints Medical Center at Fort Worth, Baylor Medical Center at Irving, Baylor Regional Medical Center at Grapevine, Baylor Medical Center at Garland, and Baylor Regional Medical Center at Plano).

This year has seen the Registry grow with the addition of three certified tumor registrars. New processes have been added to our program as well as new informational technologies.

The Registry has developed the Remote Registrar Program in which Baylor has recruited several certified tumor registrars who live outside the Dallas/Fort Worth area. Our registry team welcomes the following remote registrars: Susanna Arias, CTR, from Fort Lauderdale, Fla; Bonnie Stewart, CTR, Spokane, Wash.; and Briana McCants, CTR, Bessmer, Ala. The addition of these experienced registrars brings the Cancer Registry staff to a total of seven full-time certified cancer registrars. These numbers include the Cancer Registry manager, supervisor, and Cancer Registry staff. This new recruitment process has brought a positive way of staffing our Registry team.

In 2012, the Cancer Registry has embarked on a new informational technology. The ePath application of Artificial Intelligence in Medicine has been approved for installation. The application will save each cancer registrar time due to the manual case-finding review of 100% pathology reports. This automation will “read” each pathology report and choose only those cases applicable to the Cancer Registry. Upon electronic review by a registrar that each case requires abstracting, the case will be automatically downloaded into the suspense of our database for abstracting. This will save not only time, but also increase efficiency in the Cancer Registry.

The primary duties of the Cancer Registry include, but are not limited to, the abstracting of cancer data (including site, histology, stage and treatment) on all reportable cancers, and to provide lifetime follow-up of patients. In addition, the

(Continued on page 16)
## Baylor Medical Center at Irving Analytic Cases Diagnosed 2011

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total Analytic Cases</th>
<th>Gender</th>
<th>In Situ</th>
<th>Localized</th>
<th>General Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td>Regional</td>
</tr>
<tr>
<td>All Sites</td>
<td>421</td>
<td>156</td>
<td>265</td>
<td>26</td>
<td>171</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Lip</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tongue</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Digestive System</td>
<td>97</td>
<td>56</td>
<td>41</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Esophagus</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stomach</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Colon</td>
<td>33</td>
<td>14</td>
<td>19</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Rectum</td>
<td>38</td>
<td>24</td>
<td>14</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Anus/Anal Canal</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Liver</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>70</td>
<td>34</td>
<td>36</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Nasal/Sinus</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larynx</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lung/Bronchus</td>
<td>66</td>
<td>32</td>
<td>34</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Blood and Bone Marrow</td>
<td>16</td>
<td>15</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Leukemia</td>
<td>11</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bone</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Connective/Soft Tissue</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Number of cases excluded: 0
This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.
Benign includes: Gastrointestinal stromal tumors, benign meningiomas, benign brain, and other CNS benign.
Other/ill-Defined includes: ill-defined sites and hematopoietic diseases not included in the leukemia/lymphoma/myeloma category.
The Future of Cancer Care is Here | Baylor Charles A. Sammons Cancer Center at Irving

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total Analytic Cases</th>
<th>Gender</th>
<th>In Situ</th>
<th>Localized</th>
<th>General Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
<td>Regional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Melanoma</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Breast</td>
<td>137</td>
<td>0</td>
<td>137</td>
<td>24</td>
<td>81</td>
</tr>
<tr>
<td>Female Genital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ovary</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Vulva</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Male Genital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Testis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urinary System</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Bladder</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brain and CNS</td>
<td>13</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Brain (Benign)</td>
<td>13</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Brain (Malignant)</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Endocrine</td>
<td>26</td>
<td>12</td>
<td>14</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Thyroid</td>
<td>26</td>
<td>12</td>
<td>14</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lymphatic System</td>
<td>15</td>
<td>9</td>
<td>6</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>15</td>
<td>9</td>
<td>6</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>13</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other/ill-Defined</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
(Continued from page 13)
cancer registrars are responsible for collecting the data elements for the Cancer Program PracticeProfile Reports (C3PR) required by the American College ofSurgeons’ Commission on Cancer with a goal of 90% completion rate. To maintain quality of the registry abstract, each cancer registrar works with the medical staff in completing quality review of greater than 10% of annual analytic abstracts. With the cooperation of physicians on the medical staff at all Baylor facilities, the Cancer Registry was able to submit data to the National Cancer Data Base during the Annual Call for Data not only error free, but also submitted data that met the goals of 90% treatment completion rate for the CP3R.

The staff attends monthly state webinar meetings which include presentations from the North American Association of Certified Cancer Registrars, as well as the annual Regional Quality Seminar sponsored by Baylor Charles A. Sammons Cancer Centers. All Registry staff attended the Texas Tumor Registrars Association (TxTRA) Annual Educational Conference in Bedford, Texas.

### 2011 Top Five Sites

<table>
<thead>
<tr>
<th>Baylor Irving</th>
<th>National</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Prostate</td>
<td>Prostate</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Breast</td>
<td>Breast</td>
</tr>
<tr>
<td>Lung</td>
<td>Lung</td>
<td>Lung</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Colorectal</td>
<td>Colorectal</td>
</tr>
<tr>
<td>Non-Hogkin’s Lymphoma</td>
<td>Melanoma</td>
<td>Melanoma</td>
</tr>
</tbody>
</table>
Campus and Area Maps

Hwy. 183/Airport Fwy.

- Parking
  - Public Only

- Sky Bridge

- Medical Office Building II

- Medical Office Building I
  - Main Entrance
  - Outpatient Lobby

- Hospital
  - Emergency Entrance
  - Parking

- Lane Street

- CopperTree Medical Office Bldg.

- Parking
  - Public/Staff

- Parking
  - Staff

- Parking
  - Public Only

- Emergency Parking

- Sammons Cancer Center

- Parking
  - Physicians

- Outpatient Lobby

- Main Entrance

- Emergency Entrance

- Parking

- Loop 12

- Irving Blvd.

- O'Connor Blvd.

- Story Road

- M. Arthur Blvd.

- MacArthur Blvd.

- Hwy. 114

- Belt Line Road

- Hwy. 183

- Rock Island Rd.

- Shady Grove Rd.

- Hwy. 161

- Story Rd.

- Irving Blvd.

- O'Connor Blvd.

- West Airport Fwy.

- Irving Blvd.

- M. Arthur Blvd.

- Loop 12

- Hwy. 183

- Story Rd.

- Irving Blvd.

- O'Connor Blvd.

- West Airport Fwy.

- Irving Blvd.

- M. Arthur Blvd.

- Loop 12

- Hwy. 183

- Story Rd.

- Irving Blvd.

- O'Connor Blvd.

- West Airport Fwy.