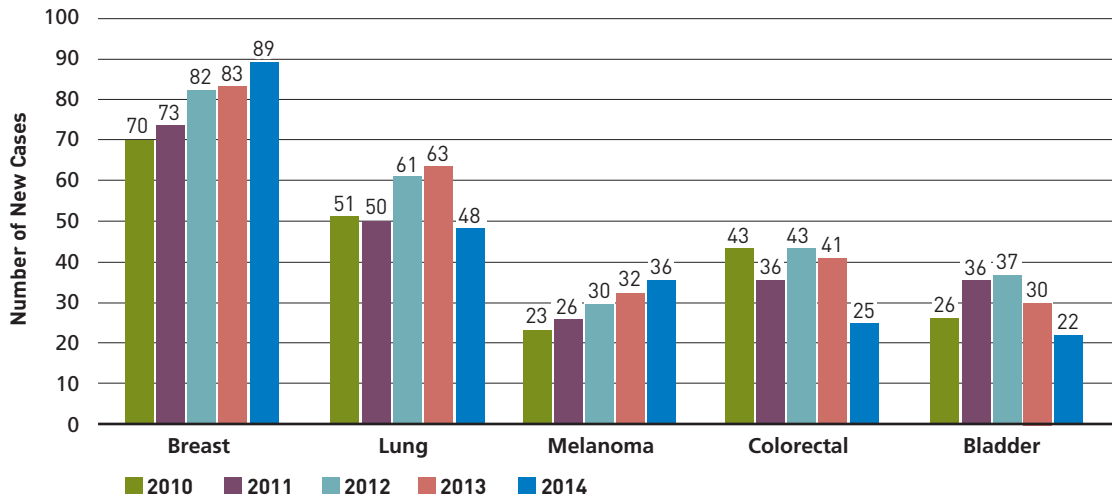


2014 STATISTICS

5 Year Trend of Major Sites at Cayuga Medical Center

Analytic Cases 2010-2104



2014 Analytic Case Site Distribution

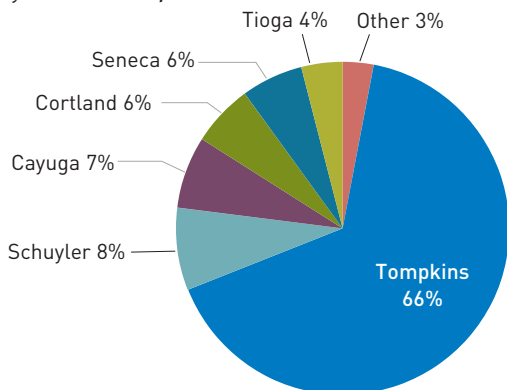
A large number of prostate cases were diagnosed through our medical staff that did not require treatment in the hospital; therefore they were not included in these numbers.

Site	2014 Total	Males	Females	CMC	NCDB 2013
Breast	89	0	89	21%	18%
Lung	48	23	25	11%	10%
Melanoma	36	25	16	9%	4%
Colorectal	25	16	9	6%	6%
Bladder	22	15	7	5%	4%
All other sites	201	99	97	48%	58%
Total all sites	421	178	243	100%	100%

Analytic: Patients diagnosed and/or received any of their first course of treatment at CMC.
NCDB: National Cancer Data Base (2013 is the most recent NCDB data available).

Distribution by County

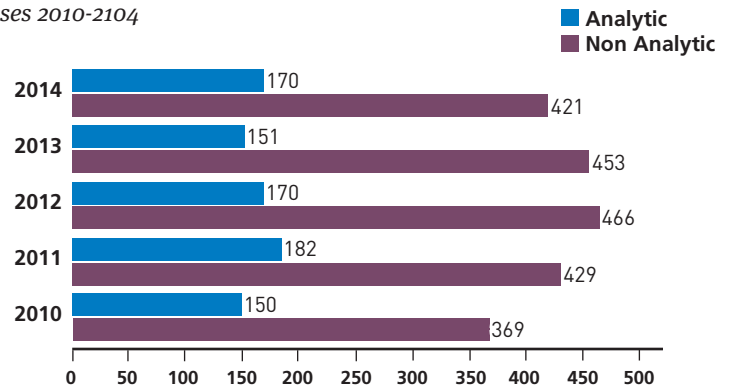
Analytic Cases 2014



While most of our cases come from Tompkins County, we continue to have about 30% of our cases from neighboring counties.

Analytic/Non Analytic by Year

Cases 2010-2104



Analytic: Patients diagnosed and/or received any of their first course of treatment at CMC.

Non Analytic: Patients diagnosed and first course treatment administered elsewhere. Patients with pathology or lab specimens only.

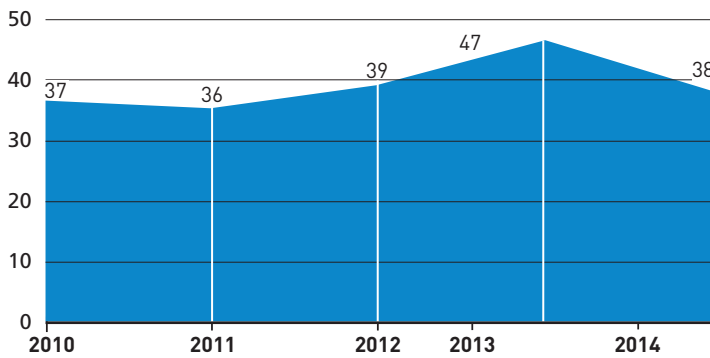
A STUDY OF NON-SMALL CELL LUNG CANCER AT CMC

According to the American Cancer Society, an estimated 221,200 new cases of lung cancer are expected in 2015 accounting for about 13% of cancer diagnoses. The incidence rate has been declining since the mid-1980's in men, but only since the mid-2000's in women. From 2007 to 2011, lung cancer incidence rates decreased by 3.0% per year in men and by 2.2% per year in women.

Lung cancer accounts for more deaths than any other cancer in both men and women. An estimated 158,040 deaths are expected to occur in 2015, accounting for about 27% of all cancer deaths. Death rates began declining in 1991 in men and in 2003 in women. From 2007 to 2011, rates decreased by 2.9% per year in men and 1.9% in women. Gender differences in lung cancer mortality reflect historical differences in patterns of smoking uptake and cessation over the past several decades.

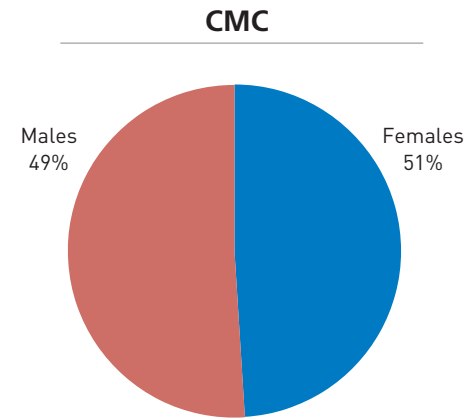
CMC Non-Small Cell Lung Cancer Incidence Trend

2010-2014 Analytic Cases

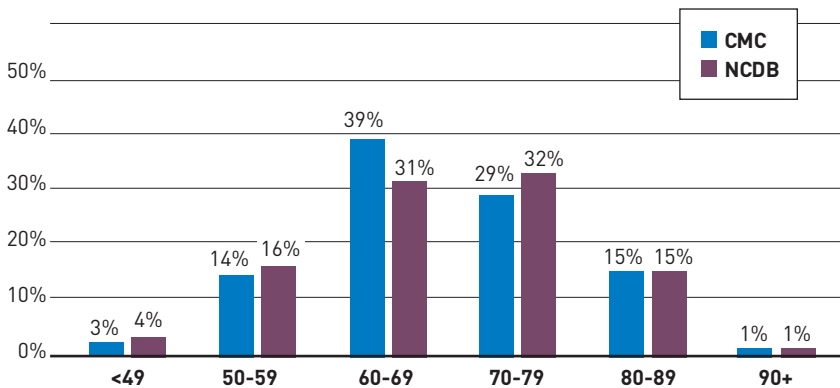


A study of analytic non-small cell lung cancer cases at Cayuga Medical Center was carried out covering 197 patients from 2010 through 2014.

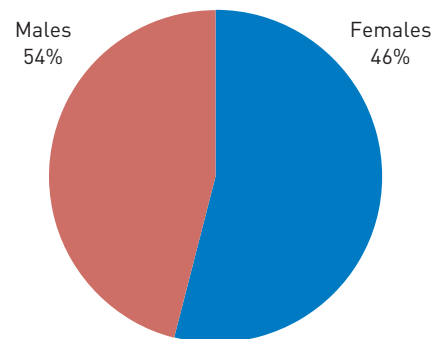
Gender at Initial Diagnosis



Age at Initial Diagnosis

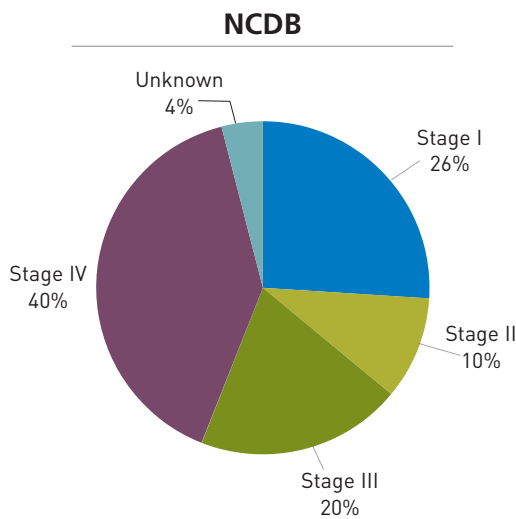
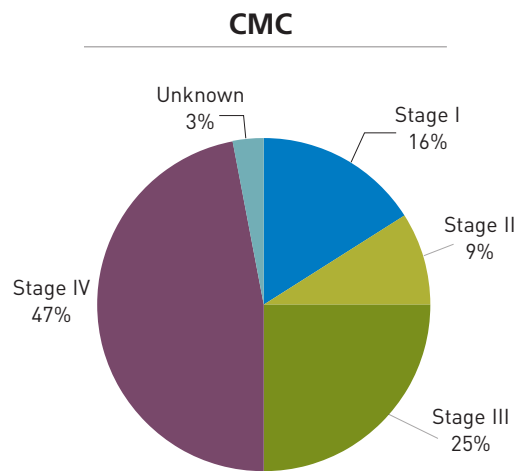


NCDB



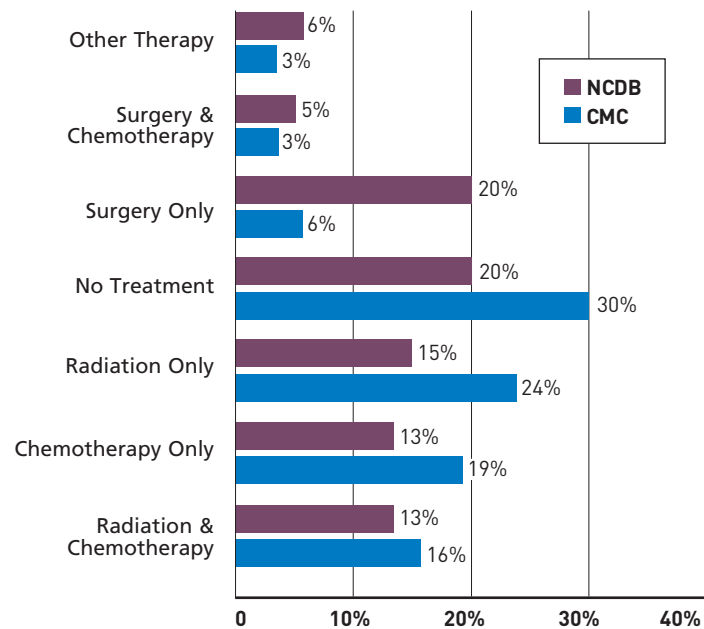
Non-Small Cell Lung Cancer Stage at Initial Diagnosis

2010-2014 Analytic Cases



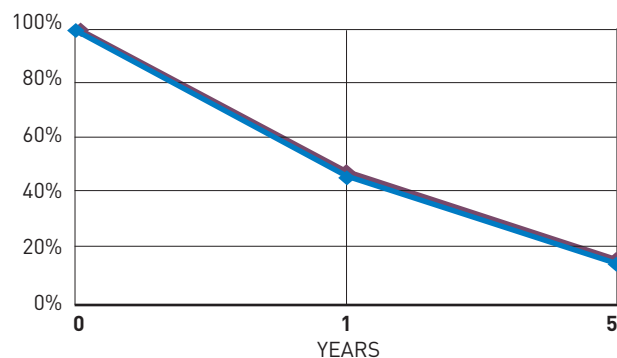
First Course of Therapy Non-Small Cell Lung Cancer

2010-2014 Analytic Cases



Non-Small Cell Lung Cancer Observed Survival by All Stages

2005-2009 Analytic Cases



	0	1	5
CMC	100%	43%	16%
ACS	100%	44%	17%

American Cancer Society one year survival for all stages is 44% and five year survival is 17%. Over 50% (57%) diagnosed nationwide at stage IV with one and five year survivals of 26% and 4%. Cayuga Medical Center's Non-Small Cell Lung Cancer survival rates for years 1 and 5 mirror national statistics.

SUMMARY

Non-small cell lung cancer data was analyzed and compared to American Cancer Society and the National Cancer Database. Stage and age at diagnosis are similar to national averages. Our patterns of therapy are slightly discordant with national averages but when cases are reviewed, the treatments given are consistent with national guidelines.

Charles Garbo, MD
Chairman, Cayuga Medical Center Cancer Program

2015 Low Dose CT (LDCT) Lung Screening for Early Cancer Detection

According to the American Lung Association an estimated 158,040 Americans will die of lung cancer in 2015. This is the equivalent of a jumbo jet crash every day. Moreover, an estimated 221,200 new cases of lung cancer will be diagnosed this year. The tragedy is compounded by the fact that the lung-cancer five-year survival rate is far lower than most other cancer sites (17.8 percent). It rises significantly, however, when the disease is detected while it is still localized (54 percent).

The 2012 Cancer Program Annual Report analysis of Cayuga Medical Center lung cancer patients showed a large percentage of patients were diagnosed at a late stage. This combination of factors made the development of a coordinated program of education, prevention, and screening for lung cancer a high priority at the Cayuga Cancer Center.

Because it is essential to raise awareness about the efficacy of regular screening for the population at highest risk for lung cancer, an interdisciplinary group of care providers worked to initiate the low-dose CT screening of high-risk individuals within our service area.

LDCT Screening Goal

The goal of the program is to identify patients who are at increased risk of lung cancer and who may be in the early stage of the disease. Early detection screening is accomplished using low-dose computer tomography screening. The National Lung Screening Trial (NLST) assessed more than 54,000 smokers over an eight-year period and showed that screening caused a 20 percent decline in lung cancer deaths eight to ten years later and an overall survival benefit of 7 percent. These are important results and Medicare is now required to cover this screening for appropriate patients.

LDCT Screening Eligibility Guidelines

Similar to the United States Preventative Services Task Force, general guidelines recommend annual screening for lung cancer with LDCT in adults age 55 to 75 years old that have a 30-pack-year smoking history who are current smokers or who have quit within the past 15 years.

We officially kicked off the program in March 2015. Based on data shared through our collaborative relationship with Roswell Park Cancer Institute, we expected to screen approximately 100 people in the first year of our LDCT lung-screening program. Of those, we anticipated one to two patients with a diagnosis of lung cancer.

LDCT Screening Mechanism to Ensure Positive Findings Are Addressed

Once the screening exam has been completed the radiologist sends a report to the patient's primary care provider. Patients with suspicious findings are referred to one of CMC's board-certified pulmonologists, providing seamless continuity of care. The Cayuga Cancer Center staff works closely with the Tobacco Cessation Program at the Cayuga Center for Healthy Living (CCHL). Very experienced nurse navigators, who are specially trained nurses, provide patient education, referrals to CCHL's Tobacco Cessation Program, and support to LDCT screening patients.

LDCT Screening Program Promotion

Referring physicians were alerted through the medical staff newsletter to this new initiative and to educate them regarding the guidelines for appropriate patient referral. Through lectures, radio group podcasts, outreach events, and meetings with physician office managers the nurse navigators promoted awareness and criteria of LDCT screening in Tompkins, Cortland, and Schuyler counties. These communications played a positive role in the success of the 2015 LDCT lung screening program.

LDCT Screening Outcome

From March through October 2015, 126 individuals were screened, which was well over our projections. Out of the 126 screened, 4 (3%) had a positive biopsy for lung cancer. Short-term follow-up screening was recommended for 16 individuals; 3 at three months and 13 at 6 months. The others will have standard follow-up at 12 months.

Evidence-Based National Guidelines and Interventions

Recommendations made by the United States Preventative Services Task Force



Walter C. Silbert, MD, American Board of Radiology certified diagnostic radiologist, at Cayuga Medical Center.