

# Site-Specific Reports

## Breast Cancer

**B**reast cancer is the most common cancer seen in female patients with cancer at Stony Brook University Hospital annually, exceeding other female cancer sites by a significant percentage. Breast cancer is the most frequently diagnosed cancer in women. An estimated 211,240 new cases of invasive breast cancer will be diagnosed in women in the US in 2005 according to the American Cancer Society's 2005 report.

There were 427 cases of breast cancer first encountered at Stony Brook University Hospital (SBUH) in 2004. Of those, 353 were first diagnosed and/or received their first course of treatment at Stony Brook. Seventy-four were first seen with recurrence or re-treatment. We compared 2004 new breast cancer patients with breast cancer patients first seen at the hospital in 2003, and with National Cancer Data Base (NCDB) benchmark data on patient characteristics at the time of diagnosis, including age, stage, and ethnicity. We also looked at the type of surgery received in the first course of treatment. Overall the patient population at Stony Brook is similar to that from the NCDB.

Although the race mix is generally similar, the comparison demonstrated there were 7% fewer minorities

seen in 2004 than the national benchmark. This data provided an opportunity to assess our experience and review our current outreach programs to underserved communities.

The age 50-59 is the highest age group at diagnosis at SBUH and NCDB. Our survey found that 31.5% of cases managed here were less than age 50 at diagnosis compared to 22% in the NCDB population. As we have younger patients (age < 50) diagnosed with breast cancer, the younger population have available to them support services which includes genetic counseling at Stony Brook University Hospital.

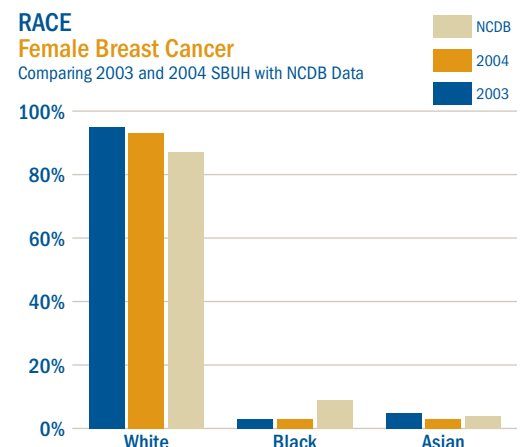
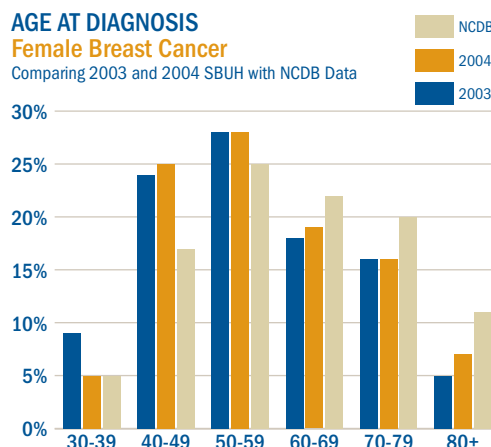
Greater than half were first diagnosed at an early stage, 24% in-situ and 37% Stage 1, compared to the NCDB benchmark of 17% and 40%. This reflects the emphasis on

screening mammography for early diagnosis in patient and community education.

Modalities utilized most frequently in the management of breast cancer are surgery, radiation therapy, chemotherapy and hormone therapy. Multidisciplinary management and breast conservation surgery are a priority at the Stony Brook University Hospital Breast Care Center.

Seventy-four percent of our patients diagnosed with breast cancer have undergone breast preservation as an alternative to mastectomy, and were treated with multidisciplinary conservative management in 2004. Our current lifetime patient follow-up rate for outcome evaluation is 92% successful. Five-year survival at SBUH remains excellent at 91% vs. the 78% NCDB benchmark.

Survey prepared by Brian O'Hea, MD, Surgical Oncology, director, Breast Care Center; and Vincine Kelly, CTR, Cancer Registry Department.

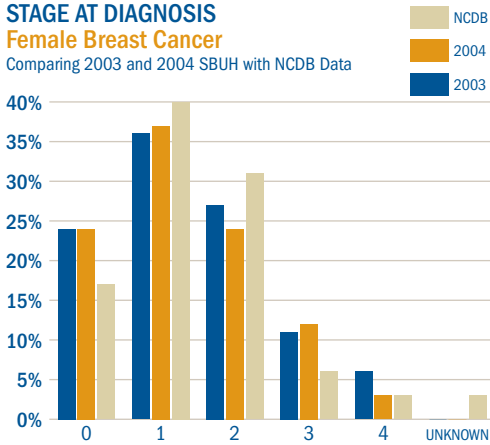




### STAGE AT DIAGNOSIS

#### Female Breast Cancer

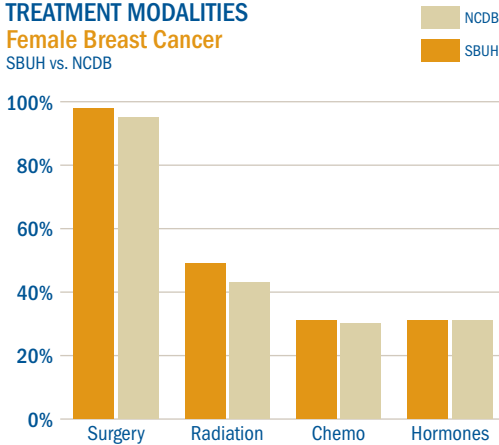
Comparing 2003 and 2004 SBUH with NCDB Data



### TREATMENT MODALITIES

#### Female Breast Cancer

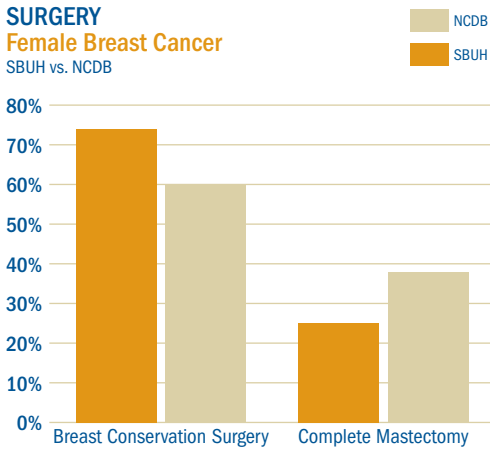
SBUH vs. NCDB



### SURGERY

#### Female Breast Cancer

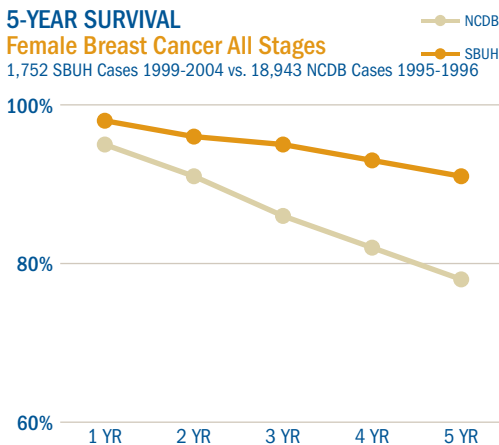
SBUH vs. NCDB



### 5-YEAR SURVIVAL

#### Female Breast Cancer All Stages

1,752 SBUH Cases 1999-2004 vs. 18,943 NCDB Cases 1995-1996



## Bladder Cancer

According to the American Cancer Society, there will be an estimated 63,210 new cases of bladder cancer expected to occur in 2005. Bladder cancer is the fourth most common malignancy affecting American men and the ninth most common malignancy affecting American women. Bladder cancer incidence rates among men and women combined leveled off from 1986 to 2001, after increasing by 0.7% per year from 1975 to 1986. Overall, bladder cancer incidence is about four times higher in men than in women and two times higher in whites than African Americans. An estimated 13,180 deaths from bladder cancer will occur in 2005.

The most common risk factor for bladder cancer is cigarette smoking and is found in at least 50% of cases. Cigarette smoking increases the risk of developing bladder cancer by two to four times. Cessation of cigarette smoking and increasing fluid intake may decrease the risk of developing bladder cancer. Other risk factors include exposure to aniline dyes and benzene as well as a history of previous pelvic irradiation. Bladder cancer is rarely silent and usually presents with symptoms. These symptoms include hematuria as well as urinary urgency and frequency.

Stony Brook specialists provide diagnosis, treatment and follow-up programs for patients with bladder cancer. Cystoscopy is the mainstay of diagnosis. Bladder cancers, especially if they are superficial, may be treated via cystoscopic resection. Further treatment is determined by the stage and grade of the cancer. Patients may be treated with chemotherapy or immunotherapy placed directly into the urinary bladder. Patients with muscle-invasive cancer may be candidates for surgical removal of the bladder with creation of a neo-bladder from a segment of intestine. Select patients may be candidates for a partial cystectomy provided the tumor is confined to one area of the bladder. For all patients, early diagnosis is important as this may allow more successful treatment. With better diagnosis and improved treatment, survival for bladder cancer patients has improved from 73% to 82% from 1974 to 2000.

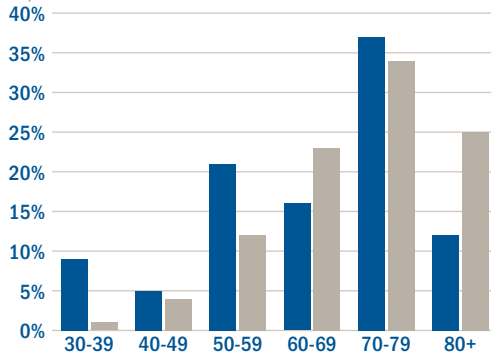
There were 64 cases of bladder cancer first encountered at Stony Brook University Hospital (SBUH) in 2004. Forty-three were newly diagnosed and treated and 18 had recurrence or re-treatment. Statistics on age, gender, stage, race, surgical treatment and survival was compared with the National Cancer Data Base

(NCDB) benchmarks. Seventy percent of our patients were male and 30% female, compared to 74% male and 26% female NCDB cases. A larger proportion of patients treated here were younger than the national average at diagnosis. Twenty-five percent were age 59 or younger at diagnosis at SBUH, compared to 17% in the NCDB. Representation of minority patients at SBUH was 4% less than benchmark data. Distribution of AJCC TNM stage at diagnosis mirrored benchmark data for non-invasive bladder cancer case, with both SBUH and NCDB showing 47% of newly diagnosed patients having in-situ stage bladder carcinoma at diagnosis. SBUH recorded 14% of patients with Stage 4 at diagnosis, compared to 6% nationally, and demonstrated fewer with unknown stage by 4%. Twelve percent were treated with total complete cystectomy compared to 7% in the NCDB. Five-year survival at SBUH closely mirrored the NCDB benchmark data at 59% vs. 57%.

Survey prepared by Howard Adler, MD, Department of Urology and Vincine Kelly, CTR, Cancer Registry Department.

**AGE AT DIAGNOSIS**  
**Urinary Bladder Cancer**

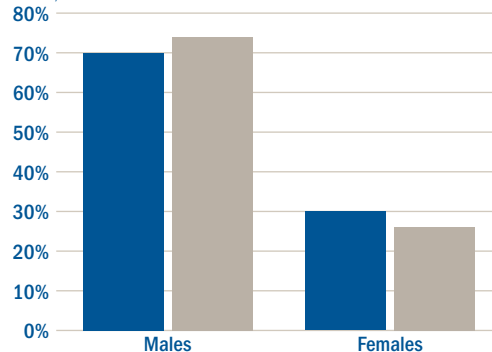
Comparing 43 Cases at SBUH in 2004 vs. 35,152 NCDB Cases in 2001



**GENDER**

**Urinary Bladder Cancer**

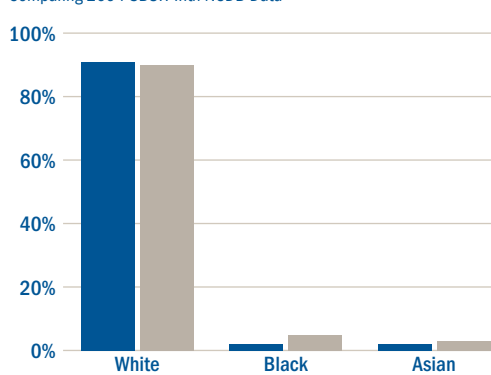
Comparing 43 Cases at SBUH in 2004 vs. 35,152 NCDB Cases in 2001



**RACE**

**Urinary Bladder Cancer**

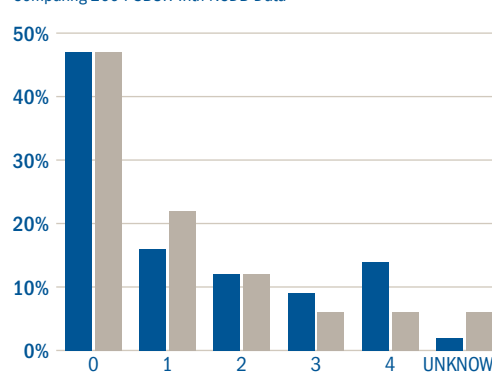
Comparing 2004 SBUH with NCDB Data



**STAGE AT DIAGNOSIS**

**Urinary Bladder Cancer**

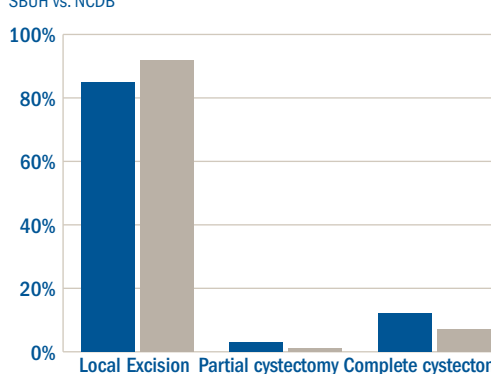
Comparing 2004 SBUH with NCDB Data



**SURGICAL TREATMENT**

**Urinary Bladder Cancer**

SBUH vs. NCDB



**5-YEAR SURVIVAL**

**Urinary Bladder Cancer**

237 SBUH cases 1999-2004 vs. 70,906 NCDB cases 1995-1996

