1994 ANNUAL REPORT OF THE TUMOR REGISTRY



KING FAISAL SPECIALIST HOSPITAL & RESEARCH CENTRE RIYADH, KINGDOM OF SAUDI ARABIA

ACKNOWLEDGEMENTS:

The Cancer Program is a combined effort of many individuals. It is not possible to enumerate all the nurses, technicians, therapists, pharmacists, dentists, physicians, scientists, social workers and others whose work is primarily on behalf of the patient with cancer. In addition, nearly everyone associated with the hospital comes in contact with the cancer patient from time to time, frequently contributing significantly to their care. The staff of the Tumor Registry and members of the Tumor Committee recognize this hospital-wide involvement in the care of cancer patients. The information in this report is provided to assist all health care professionals to better understand the problems faced in treating patients with cancer.

The following Departments have assisted throughout the year and without their invaluable support this report would not be possible. The Tumor Registry staff acknowledges these Departments:

Department of Pathology & Laboratory Medicine Computer and Hospital Information Centre Medical Records Department Department of Oncology Home Health Care

SPECIAL THANKS TO:

Shouki Bazarbashi, M.D., Chairman, Tumor Committee Rajeh Sabbah, M.D., Chairman, Oncology Department Mohd Maghazil, Computer & Hospital Information Centre Members of the Subcommittee on Annual Report: William Allard, D.M.D.

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I. KING PAISAL SPECIALIST HOSPITAL & RESEARCH CENTRE CANCER PROGRAM ACTIVITIES

TUMOR REGISTRY

History

The King Faisal Specialist Hospital and Research Centre (KFSH&RC) opened in June 1975 to provide specialized medical treatment to the people of Saudi Arabia and to promote the prevention of disease through research and education. It is a national and international tertiary hospital for Oncology and the principal center for cancer therapy in Saudi Arabia.

The KFSHERC Tumor Registry is a hospital-wide data system designed for the collection, management, and analysis of data on patients with the diagnosis of a malignant neoplasm (cancer). The Registry was established to meet one of the requirements for an Approved Cancer Program of the American College of Surgeons (ACoS) and is under the supervision of the Tumor Committee. The database now includes more than 28,400 malignant cases seen at KFSHERC from June 1975 through December 31, 1994. About 2,000 new cases are added annually.

There are four (4) certified tumor registrars out of six (6) approved positions that support the database in case ascertainment, abstracting, follow up and statistical analyses. The basic source document is the patient's medical record from which pertinent information is abstracted for use in the Registry. The electronic data system is the mechanism by which the details of each diagnosed cancer case is entered and stored. (Please refer to Figures 1-A to 1-D for a sample data set.)

Data Use

Besides providing the statistics for the publication of the KFSHERC annual report which summarizes the hospital's cancer experience, the data maintained in the Tumor Registry also support a wide variety of reports at the request of physicians, researchers, and ancillary personnel. These reports support patient management and outcome, basic and clinical research investigations, educational publications and presentations, and resource utilization. In 1994, the Tumor Registry supported 45 data requests (see Appendix A for a listing of requests for Tumor Registry data).

Procedural and Administrative Activities During 1994

Staff vacancies continue to impact the Tumor Registry's ability to conduct comprehensive follow up on patients which entails review of the medical record for readmissions and clinic visits as well as contact with referral hospitals, patients and family. This function permits the medical staff to assess management decisions based on outcome, intervals from initiation of management and recurrence, along with the patient's quality of life and overall survival. It is the most labor intensive function within the Tumor Registry and requires personnel that have the technical knowledge to assess when a recurrence occurs versus when a patient develops a new primary cancer. There is a critical world-wide shortage of certified tumor registrars which has impacted in KFSH&RC ability to recruit for the vacancies. In response to the continued staff vacancies and with the support of the Tumor Committee and Chairman of the Department of Oncology, the following actions have been initiated:

Revision of two of the grade 8 job descriptions to permit recruitment of non-certified candidates who are credentialled in other allied health professions with the stipulation that they would be expected to become certified tumor registrars within two years of hire. Action: Revised job descriptions approved.

Addition of one grade 7 Tumor Registry Assistant who is bilingual and has a background in medical terminology, anatomy and computer applications. Action: This position has been filled.

Justification for wage and salary adjustments for the certified tumor registrar was sent to the Director of Manpower Services through the Chairman of the Department of Oncology. Action is still pending.

The CansurFacs software of the American College of Surgeons has been purchased and will provide the electronic support for international standardization of oncology data acquisition, reduce redundancies in data collection activities and promote better utilization of personnel. The Tumor Registry will continue to be hospital-wide core data base for all malignancies seen at KFSH&RC. The new software has an expanded core data set that meets the current basic data requirements and also offers the ability to support quality assurance through the collection of clinical indicator data as defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The special purpose data bases will be able to access the Tumor Registry data through a local area network environment (LAN) and add to the core data set the specifics of the research investigations.

With the advent of the National Cancer Registry (NCR), the Tumor Registry was required to report all new malignancies diagnosed on or after 01 January 1994 to the NCR. This has been achieved through the use of the additional grade 7 Tumor Registry Assistant.

Based on quality control assessment of the 1993 paper abstracts, it was determined that the accuracy level for data collection was excellent. As a result, the tumor registrars directly enter the data to the computer from the medical record. With the time saved in duplication of collecting data, abstracting backlog has been reduced to two-three months from the date of discharge or completion of treatment. Another result of direct data entry is the earlier publication of the 1994 Annual Report.

At the request of the Tumor Registry, Medical Records Department and Computer Hospital Information Centre have developed an automated method of death notification within all areas of the hospital. This process will permit the <u>unofficial</u> notation on the patient's medical record that the information has been received that the patient has expired. This usually occurs through calls to the family when there is a "no show" to the clinic. Although this process is pending final approval, it will provide a service to many areas of the hospital with no limitation to patients with cancer.

Members of the Tumor Registry have supported and served as faculty in both external and internal training programs in Fundamental in Tumor Registry Operations. These training modules are products of the American College of Surgeons. One external two-day program was conducted in Jeddah and seven personnel from outside hospitals received on-site training at the KFSH&RC Tumor Registry.

All personnel of the Tumor Registry have attended external and internal educational programs that serve as continuing education of the staff.

TUMOR COMMITTEE

The multidisciplinary Tumor Committee, which meets bimonthly, is the policy-making body of the Cancer Program at KFSH&RC (see Appendix B for membership listing). During 1994, the Committee provided professional and administrative guidance to the Tumor Registry (as mentioned in the Tumor Registry Activity) and supported the following additional activities:

Continued development of oncology patient educational brochures.

Continued with the process of mandatory staging of newly diagnosed malignancies on the medical record through the Medical Record Committee.

Approved the collaborative effort between the Quality Assurance Department and the Tumor Registry of collecting oncology clinical indicators.

Approved participation in the Patient Care Evaluation Studies conducted yearly by the American College of Surgeons beginning with Carcinoma of the Esophagus.

Supported the Department of Oncology's review of oncology data collection areas directed at coordinating activities and reducing redundancies.

Approved the transfer of 1990 to present, Tumor Registry data to the new CansurFacs software, once available. The 1975-1989 data will be retained on the current system. This action is justified in that the 1990 to present data is more complete and also, follow up of patient will be easier to conduct on this population.

TUMOR BOARD

This educational conference is held as frequently as twice a month for the benefit of the attending staff, house staff, allied health professionals and visiting attending staff from other hospitals. Cases of various types of malignant disease are selected for presentation on the basis of complexity, unusual manifestations of the disease, or interest. Each presentation includes an outline of the medical history, physical findings, clinical course, radiographic studies, and pathological interpretations. Following each presentation, there is an informal discussion of the case and a review of pertinent medical literature. Those attending are encouraged to share personal experience in the management of similar cases. Please refer to Appendix C for a summary of cases presented in 1994.

ONCOLOGY GRAND ROUNDS

This didactic conference is held every other week and is attended by the Medical staff and allied health professionals. Speakers are drawn from the KFSH&RC Medical and Research staff as well as from visiting guests. Please refer to Appendix D for listing of the topics presented at the Oncology Grand Rounds in 1994.

FIGURE 1-A

PATIENT HAMEPLATE

KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE

CANCER REGISTRY WORKSHEET (CanSur 3.0)

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FIGURE 1-B

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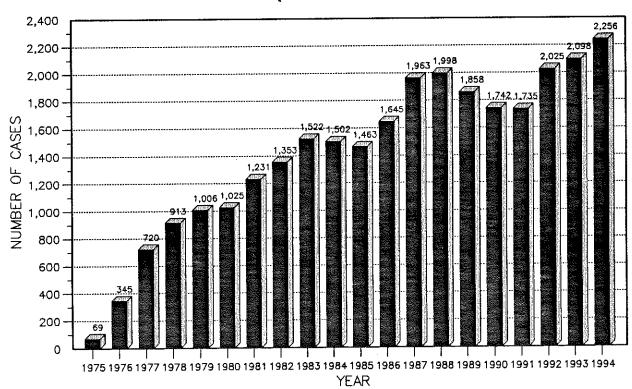
FIGURE 1-D

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II. KFSHERC CANCER PATIENT POPULATION

A total of 2,256 cases were accessioned in 1994, with 1,167 males and 1,089 females or a male/female ratio of 1.1:1. This represents a 7.5% increase from 1993.

FIGURE 2
DISTRIBUTION OF ALL CASES ACCESSIONED BY YEAR
1975 - 1994 (TOTAL CASES = 28,469)



From the opening of the hospital (mid 1975) until December 1994, 28,469 cancer cases were registered (15,643 males and 12,826 females) with a male/female ratio of 1.2:1. There were 3,588 (12.6%) pediatric cases (0 to 14 years of age) and 24,881 (87.4%) adults (15 years old and above). Only a slight difference in the proportion was noted in 1994, 12.5% (281) for pediatrics and 87.5% (1,975) for adults.

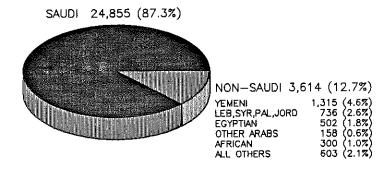
TABLE 1

ALL CASES SEEN AT KFSH&RC (MALE/FEMALE & CHILDREN/ADULTS) BY 5-YEAR PERIOD 1975 - 1994

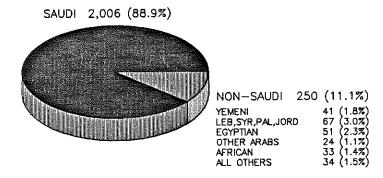
	1975-1976*	1977-1981	1982-1986	1987-1991	1992-1994	TOTAL
	No. %					
MALE	280	2,968	4,137	4,962	3,296	15,643
Female	134	1,927	3,348	4,334	3,083	12,826
TOTAL	414	4,895	7,485	9,296	6,379	28,469
M/F RATIO	2.1:1	1.5:1	1.2:1	1.1:1	1.1:1	1.2:1
CHILDREN**	55 13.3	588 12.0	985 13.2	1,158 12.5	802 12.6	3,588 12.6
ADULTS	359 86.7	4,307 88.0	6,500 86.8	8,138 87.5	5,577 87.4	24,881 87.4
TOTAL	414 100	4,895 100	7,485 100	9,296 100	6,379 100	28,469 100

^{*} First two years of KFSH&RC partial operation.
** Children = 0 to 14 years of age; Adults = 15 years and above.

DISTRIBUTION OF ALL CASES BY NATIONALITY
1975 - 1994 (TOTAL CASES = 28,469)



1994 CASES (TOTAL = 2,256)



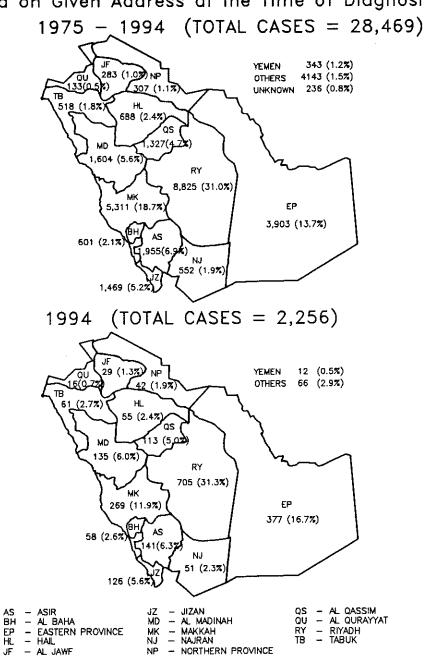
Saudi nationals totalled 2,006 (88.9%) in 1994 and the non-Saudi, 250 (11.1%). During the period 1975 to 1994, the former accounted for 87.3% (24,855) while the latter, 12.7% (3,614).

Geographically, the referral pattern is mainly from the Riyadh Region with 31.3% of all cases, followed by the Eastern Province and the Makkah Region with 16.7% and 11.9%, respectively, in 1994. The same regions had the most number of cases during the 20 years in review, i.e., 31.0% from Riyadh, 18.7% from Makkah and 13.7% from the Eastern Province.

These percentages reflect KFSH&RC actual experience rather than adjusted to reflect the population of those regions.

FIGURE 4

DISTRIBUTION OF ALL CASES BY GEOGRAPHIC REGION (Based on Given Address at the Time of Diagnosis)



TRENDS IN RELATIVE FREQUENCY OF CANCER AT KYSHERC

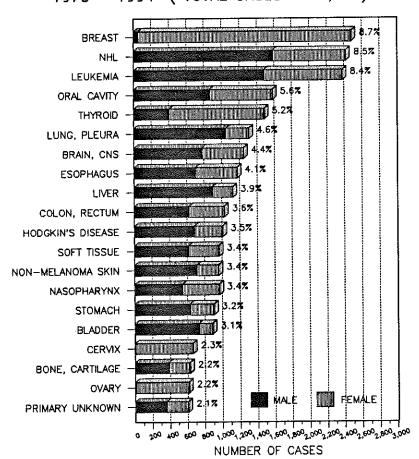
The crude relative frequency is the proportion of a given cancer in relation to all cases in a clinical or pathological series. Although such frequencies are subject to many biases, historically many elevated frequencies have been confirmed when complete cancer registration was introduced.

Biases that may have an affect on the relative frequencies of cancer cases at KFSH&RC include:

- possible nonusage of medical services by some of the population so that the hospital population may not reflect the disease state of the community
- resistance to examination by part of the female population
- absence of postmortem examinations/death certificates
- selective referral of certain malignancies because of a speciality service available
- eligibility criteria for admission to KFSH&RC
- age distribution of the population

Breast cancer led the list of total cancer cases seen from 1975 to 1994 with 8.7%, followed by Non-Hodgkin's Lymphoma (8.5%), Leukemia (8.4%), Oral Cavity (5.6%) and Thyroid (5.2%).

FIGURE 5
DISTRIBUTION OF 20 MOST COMMON MALIGNANCIES
1975 - 1994 (TOTAL CASES = 28,469)



Cancer among children (under the age of 15) accounted for 12.6% of all cases from 1975 to 1994. The five most common childhood malignancies were Leukemia (26.1%), Lymphoma (20.7%)[NHL 12.5% and HD 8.2%], Brain/CNS (15.5%), Soft Tissue (9.2%) and Eye (7.7%).

FIGURE 6
DISTRIBUTION OF 10 MOST COMMON CHILDHOOD MALIGNANCIES
1975 - 1994 (TOTAL CASES = 3,588)

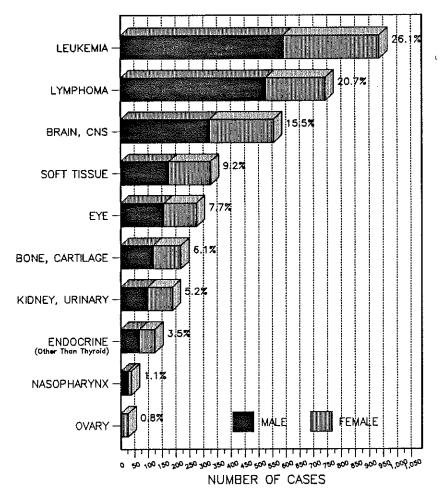
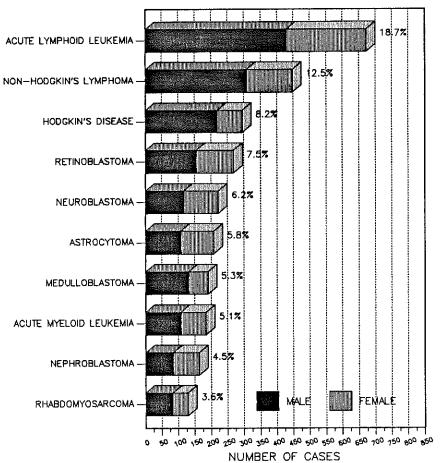


Table 2 shows the number of all malignant cases seen at KFSH&RC from 1975 to 1994 by site and year and Table 3, the 5-year summaries.

FIGURE 7

DISTRIBUTION OF 10 MOST COMMON CHILDHOOD MALIGNANCIES
BY HISTOLOGY, 1975 - 1994 (TOTAL CASES = 3,588)



28,469

TABLE 2

ALL CASES SEEN AT KFSHRRC BY SITE* AND YEAR 1975 - 1994

1992 1993 1994 TOTAL	25 5 2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3	H H H H H H H H H H H H H H H H H H H	8 2 8 2 8 8 8 8 8 8	2 2 2 2 2 2 3 3 2 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	% ************************************	55 55 64 600 112 88 177 1,247 141 133 151 1,488 14 11 9 1,548 16 77 78 1,678 72 71 76 998 73 2 2 10 50 41 61 607 181
<u>\$</u>	52 3 88	ឧកដង	37723	50 2 % o K	<u> </u>	8 4 8 5 a 5 k k a 0 4 t
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1987	82128	2822	28228	- 288±3	\$ % 2.3.8.7.8 .5	7785532857 778553285
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1985	100 45 48 45 45	55 7 7 5 5 5	89 14 55 55	- 23	<u> </u>	75 0 4 8 8 4 8 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9
1 88	28 28 28 28 28 28 28 28 28 28 28 28 28 2	3225	72385	2 - 0 4 7 2 8	151 127 127 137 137 137 137 137 137 137 137 137 13	25 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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1 882	82322	1982	25 2 2 2 2	0 - 0 2 4 2	<u> </u>	28588844°8±
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1976 197	4155					
	- 2 - 2 - 2 - 5 - 5 - 5	. ~ ~ ~ ~	. W O 4 W 0	0008	W00N004	Cidney, Urinary 0 Eye 0 Brain, CNS 3 Thyroid 2 Thyroid 2 Ther Endocrine 1 WHL - Lymph Nodes 4 WHL - Extra-nodal 0 Hodgkin's Disease-LNs 13 HD - Extra-nodal 0 Primary Unknown 3

* Includes Multiple Primary Neoplasms.

TOTAL

TABLE 3

ALL CASES SEEN AT KFSH&RC BY SITE* AND 5-YEAR PERIOD 1975 - 1994

7.17	10 X	1075-1076**	1977-1981	1861	1982-1986	1986	1987-1991	1861	1992-1994	<u>*</u>	TOTAL	
	2	34	2	×	No.	*	£	×	2	×	£	×
Oral Cavity	15	3.6%	302	6.2%	433	5.8%	529	۶.۲	305	¥9.4	1,584	5.6%
Kasocharvnx	7	3.6%	1%	4.0%	248	3.3%	328	3.5%	170	2.7%	\$	3.4%
Esophagus	2	3.9%	306	6.3%	338	4.5%	349	3.8%	165	2.6%	1,174	4.1X
Stonach	1	4.1%	201	4.1%	9 87	3.8%	243	2.6%	158	2.5%	905	3.2%
Colon, Rectum	*	3.4%	159	3.2%	%	3.1%	357	3.8%	292	4.1%	1,026	3.6%
Liver	2	5.3%	202	4.1%	311	72.7	334	3.6%	254	70.4 7	1,123	3.9%
Pancreas	•	1.4%	38	1.3%	8	1.3%	87	0.9%	69	1.1x	326	1.1x
Other G.I.	~	7	92	1.1%	ĸ	1.0%	103	1.1%	9	1.4X	330	1.2x
Larynx	40	7.4%	72	1.5%	26	1.3%	138	1.5%	£	1.5%	408	77
Luna. Pleura	7	3,4%	197	70.4	330	5.2%	443	4.8%	5 66	72.7	1,310	79.7
Multiple Myeloma	'n	1.2X	4.1	0.8%	3	0.8%	110	1.2%	29	1.2%	36 2	- 8
Lymphoid Leukemia	∞	4.3%	ħ	3.6%	325	4.3%	374	4.0x	233	K	1,125	4.0%
Myetoid Leukenia	2	3.6%	216	4.4%	287	3.8%	370	4.0X	227	3.6X	1,116	8
Other Leukemias	-	۵.2×	8	29.0	አ	0.5%	43	0.5%	35	0.5X	139	0.5%
Reticul oendothelium	-	0.2%	4	0.1X	2	0.1X	'n	0.1%	~	0.0X	22	0.1 x
Bone, Cartilage	7	۲ <u>.</u>	8	2.0%	167	2.2%	2	2.1%	157	2.5%	929	7. 7.
Soft Tissue	₽	3.6%	171	3.5%	25	3.1%	338	3.6%	508	3.3%	ž	3.4%
Skin Melanoma	4	1.0%	3	79.0	\$	0.6X	75	0.5%	58	0.4X	149	0.5%
Non-Melanoma Skin Ca	19	3.8	198	4.0%	8	4.1%	257	2.8%	<u>\$</u>	2.6%	955	M.A.
Breast	22	6.5%	320	6.5%	627	8.4%	8 6	6.0%	219	10.5X	2,486	8. 2.
Uterus, Genital	~	0.5%	62	1.3%	118	1.6%	171	1.8%	130	2.0X	483	<u> </u>
Cervix	Ç	2.4%	5	2.0%	185	2.5%	213	2.3%	154	2.4X	299	2.3%
Ovary	e 0	አ.	87	1.6%	153	2.0%	227	2.4%	149	2.3%	615	<u>بر</u>
Prostate	7	۲.	፠	۲.0	8	1.3%	115	1.2X	5	¥.	35.	1.3%
Testis, Genital	*	1.0%	22	1.1%	38	0.9%	83	26.0	ĸ	1.1%	5 85	۲. چ
Bladder	-	አ.2	136	2.8%	197	2.6%	328	3.5%	219	3.4X	891	3. *
Kidney, Urinary	۰	2.2%	86	1.8%	146	2.0%	194	2.1%	168	2.6%	90%	2. 1 %
Eye	•	1.4X	89	1.8%	128	۲.	131	1.4X	22	7.2%	432	7.5%
Brain, CNS	23	6.5%	153	3.1%	307	۲. ۱	443	4.8%	317	5.0%	1,247	4.4X
Thyroid	9	2.4%	2	7 7	330	4.4X	244	5. 2.	425	۲,	1,488	2.2%
Other Endocrine	~	0.5%	25	X 7 0	26	0.8%	41	0.4%	አ	0.5%	158	0.6%
NHL - Lymph Nodes	ង	5.6%	441	X0 6	516	%	450	4.8%	546	×	1,676	2,9%
MHL - Extra-rodal	4	1.0%	50	1.0%	5	2.3%	302	3.2%	214	3.4%	745	2.6%
Hodgkin's Disease-Lws	23	7.7	203	4.1X	237	3.2%	307	3.3%	219	3.4%	88	3.5%
MD - Extra-nodal	0	0.0%	0	X0.0	7	0.0	-	0.0X	_	0.1X	5	0.0%
Primary Unknown	2	3.4%	121	2.5%	128	۲. ۲.	192	2.1%	152	2.4%	209	2.1 %
All Other Sites	4	1.0%	3	0.8%	17	0.5%	59	۲. ۵.	37	0.6X	187	<u>ک</u>
TOTAL	71.7	100.0%	4.895	100.0%	7.485	100.0%	9.296	100.0%	6,379	100.0%	58,469	100.0%
	:								•			

* Includes Multiple Primary Neoplasms.

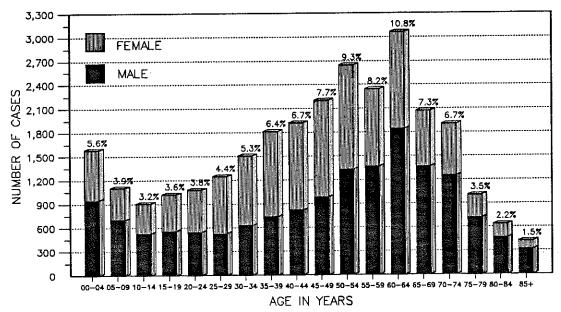
^{**} First Two Years of KFSH&RC Partial Operation.

The largest number of cases was noted in the 5th and 6th decades in males and in the 4th and 5th in females. In 1994, the mean age was 46.3, the median is 50.2 and the mode is 54. Childhood malignancies are most common among children three years of age.

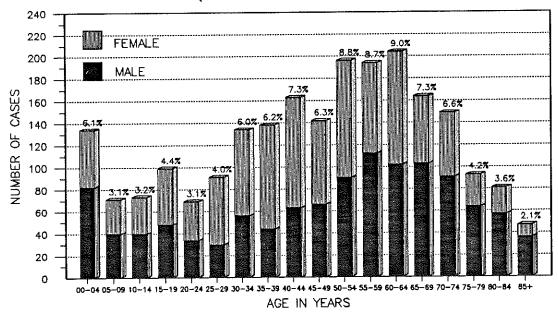
FIGURE 8

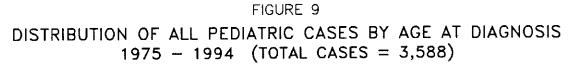
DISTRIBUTION OF ALL CASES BY AGE AT DIAGNOSIS

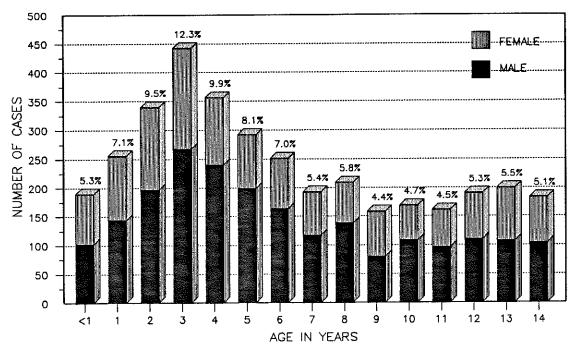
1975 - 1994 (TOTAL CASES = 28,469)



1994 (TOTAL CASES = 2,256)







Of the 2,256 cases in 1994, 1,755 (77.8%) were analytic (defined as cases which were first diagnosed and/or received all or part of their first course of treatment at KFSH&RC. The remaining 501 cases (22.2%) were non-analytic (defined as cases diagnosed elsewhere and received all of their first course of treatment elsewhere). Out of the 1,755 analytic cases, pediatric cases totalled 237, with 140 males and 97 females.

See Table 4 for the distribution of cases by site, sex, class of case, and stage at diagnosis and Tables 5, 6 and 7 for the distributions of analytic cases by site, sex and age at diagnosis.

TABLE 4

ALL CASES SEEN AT KFSHARC BY SITE*, SEX, CLASS OF CASE AND SUMMARY STAGE 1994

				=				AMALY	1 1 C	CASES	
SITE	TOTA	AL	S	×	CLASS OF CASE**	: CASE**	_	HERAL	ZENOS	ARY S	TAGE
	Mumber	×	Male	Female	Analytic	Non-Anai	In Situ	Localized	Regional	Distant	Unstageable
Sreast	236	10.5%	ī	231	\$	24	7	S	\$	92	7
Leukemia	160	7.1%	26	:3	135	ß	0	0	0	135	0
Won-Hodgkin's Lymphoma	157	7.0%	8	58	137	23	0	92	24	53	4
Thyroid	151	አ.	£ 3	108	128	ដ	0	25	8	12	-
Brain, Cas	117	5.2%	۲	94	100	17	0	2	58	9	Ŋ
Liver	86	77.7	29	31	84	20	0	₽	ŧ	15	7
Oral Cavity	8	4.3%	64	25	8	4	0	t	53	<u>.</u>	-
Lung, Pleura	93	4-1%	92	17	8	Ð	0	ŧ	32	35	Mì I
Colon, Rectum	35	4.1%	56	33	z	82			32	17	Pů I
Soft Tissue	8	4.0%	ž	25	7	5	0	4	57	ឌ	ın ·
Hodgkin's Disease	28	3.5%	25	31	29	Ξ	0	=	S2	2	0
Bladder	69	3.1%	29	7	20	5	0	ន	6	_	-
Stomach	89	3.0%	9	22	25	⊼	0	50	ጼ	₽ E	0
Non-Melanoma Skin	z	2.9%	45	4	9	*	~	%	'n	5	7
Kidney	z	2.9%	37	22	8 7	9	0	윩	٥	Φ.	o ;
Unknown Primary	61	2.7%	27	አ	7,	6	0	0	0	0	45
Nasopharynx	58	2.6%	33	5	53	7	0	m	56	%	0
Bone, Cartilage	22	2.5%	32	20	87	_	0	9	22	2	<u>. </u>
Uterus, Genital	53	2.4%	0	53	38	5	0	16	13	e 0	 -
Cervix	52	2.3%	0	25	94	•9	'n	'n	31	ıΛ	0
Esophagus	20	2.2%	5 6	%	37	5	0	7	19	0	2
Ovary	20	2.2%	0	50	40	9	0	e 0	'n	27	0
Prostate	45	2.0%	45	0	35	13	0	5	8 0	5	-
Larynx	35	1.6%	M	4	23	5	0	5	1	₩.	0
Other G.I.	32	1.4%	Ξ	72	85	14	0	0	9	• 0	0
Multiple Myeloma	35	1-4%	ĸ	7	%	6 0	0	0	0	%	0
Eye	ß	1. 7.	16	٥	•	9		M	4	0	_
Testis, Genital	ĸ	1. 7.	52	0	5	4	0	€0	Ф.	M ·	- 1
Pancreas	22	0.9X	4	∞	19	m	0	M	Φ.	4	M)
All Other Sites	9	0.4%	ın	'n	œ	~	0	-	ı,	N :	0
Other Endocrine	٥	25.0	4	'n	'n	4	0		_	M	.
Skin Melamona	7	0.3%	•	-	M	4	0	-	4-	-	0
Reticuloendothelium	2	0.1%	_	-	-	-	0	0	0	₹-	0
TOTAL	2,256	100.0%	1,167	1,089	1,755	501	13	433	7.29	675	88

^{*} Includes Multiple Primary Neoplasms. ** Analytic Cases - cases which were first diagnosed and/or received all or part of their first course of treatment at KFSH&RC. Mon-Analytic Cases - cases which were diagnosed elsewhere and received all of their first course of treatment elsewhere.

1,735

滋

<u>13</u>

TOTAL

TABLE 5

ANALYTIC CASES SEEN AT KFSHRRC BY SITE* AND AGE 1994

TOTAL	82774445544844284-455444844484465644488	0
\$2	40NN+00+0+0+000+00+00+00+00+00+00+00+00+0	>
\$ %	ФО-NWN-0-N000000000NN+0M-M+0-N0MN-000	5
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ង់ង		7
ង់ន	4W000-40WW00-404F0-WW0W	-
5 S	owooooooow.com.coc.coc.coc.coc.coc.coc.coc.coc.coc	0
15- 19	owaaaaaaaaa,40404040005,4040700	0
5 4	04000000000000000000000000000000000000	0
5-9	o	0
4-0	00000000000000000000000000000000000000	0
SITE	Oral Cavity Nasopharynx Esophagus Stomach Colon, Rectum Liver Pancreas Other G.I. Larynx Lung, Pleura Multiple Hyeloma Lymphoid Leukemia Hyeloid Leukemia Ayeloid Leukemia Other Leukemia Other Leukemia Ayeloid Leukemia Ayeloid Leukemia Other Leukemia Bone, Cartilage Soft Tissue Skin Melanoma Bone, Cartilage Soft Tissue Skin Melanoma Bone, Gartilage Soft Tissue Skin Melanoma Bone, Cartilage Soft Tissue Soft Tissu	All Other Sites

* Includes Multiple Primary Neoplasms.

TABLE 6

ANALYTIC "MALE" CASES SEEN AT KFSHBRC BY SITE* AND AGE 1994

TOTAL	8% 68685 685 685 685 686 686 686 686 686 6	88
\$	40-2-00-0-0-00-00-00-00-00-00-00-00-0	ผ
\$ %	NOONW4+0+-0000000000000000000000000000000000	7
ŔR	404N40-0NF-0-000-0M0000F04-0-00NN00N0	67
Ŕ %	るとる器器と10とあいこのこのこのものもののののでき1100 を20000	23
\$ \$	4 M M M 4 M C M 4 4 C M - C C C M 4 C C C C C C C C C C C C C C C	7
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\$ 55	44NNF0W0N0W00000000000000000000000000000	87
\$ %	F40NWW-0N4W0000000000040W0F4F0N0	3
55-65	-W0000-4N-0-00-000000000000000000000	9
\$ \$	-W04W00-W00000W0V-0NW40	75
35-	0 M O F N O O O O O O O O O O O O O O O O O	Ħ
ᄷᄷ	04000000-WW00-400-00000WW0WW00-	7
\$ \$		77
5,20	0N00000000NN004-0000000M0004M0N44000	33
7 5	.a-aaaaaaaawwaa_wanaaaa4aaa4aaa	13
6 4	0W0000000W4W0F00000000004W0FW4000	8
5-9	00000000000000000000000000000000000000	፠
4-0	00000-0000748-0500000052850440-0	2
SITE	Oral Cavity Masopharynx Esophagus Stonach Colon, Rectum Liver Pancreas Other G.I. Larynx Lung, Pleura Multiple Myeloma Lymphoid Leukemia Myeloid Cervix Ovary Prostate Testis, Genital Bladder Kidney Fee Testis, Genital Bladder Kidney Fee Midney Fee Myeloid Other Endocrine MHL - Lymph Nodes MHL - Extra-nodal Hodgkin's Disease-LNs HO - Extra-nodal Primary Unknown All Other Sites	TOTAL

* Includes Multiple Primary Neoplasms.

TABLE 7

ANALYTIC "FEMALE" CASES SEEN AT KFSH&RC BY SITE" AND AGE 1994

TOTAL	45844555545555555555555555555555555555	[2
\$	NO-000000000000000000000000000000000000	_
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SITE	Oral Cavity Masopharynx Esophagus Stomach Colon, Rectum Liver Liver Pancreas Other G.I. Larynx Lung, Pleura Hultiple Myeloma Lymphoid Leukemia Hyeloid Leukemia Hyeloid Leukemia Antiple Myeloma Skin Cartilage Soft Tissue Skin Melanoma Skin Melanoma Non-Melanoma Skin Ca Breast Uterus, Genital Gervix Govary Prostate Testis, Genital Bladder Kidney Eye Brain, CNS Thyroid Other Endocrine NHL - Lymph Nodes NHL - Lymph Nodes NHL - Extra-nodal Hodgkin's Disease-LNs Ho - Extra-nodal Primary Unknown All Other Sites	TOTAL
		

* Includes Multiple Primary Meoplasms.

TRENDS IN RELATIVE FREQUENCY OF CANCER AT KFSH&RC (cont'd)

The relative frequencies of primary cancers seen at KFSH&RC are very different from the Western world. Common tumors of the West (lung, colon, and prostate) are much less frequent here while soft tissue sarcoma, among others, is more common. The following 1994 analytic cases exhibit significant differences in trends from those of the West:

Breast - The most common malignancy seen at KFSHERC is breast cancer, comprising 11.1% of all cases, as compared to about 16% of all neoplasms diagnosed in the U.S.A. It affects mostly women less than the age of 50, while in the U.S.A. those more than 50 years of age are mostly affected. As in the Western countries, it is the number one cancer among women.

Non-Hodgkin's Lymphoma - The most striking feature is the unusually high crude relative frequency of non-Hodgkin's lymphoma, accounting for 7.8% of all cases. The male/female ratio is 1.7:1. In the U.S.A., NHL accounts for only about 4% of all cancer.

Leukemia - Leukemia constitutes 7.7% of all cases seen at KFSH&RC, as compared to about 2% of all neoplasms diagnosed in the U.S.A. The male/female ratio is 1.6:1.It is the most common type of malignancy seen in males and the third most common in females. It is also the most common malignancy in children under the age of 15.

Thyroid - 4.1% of all male malignancies in KFSH&RC are thyroid tumors. However, they represent 10.6% of female malignant neoplasms, second to breast cancer. The male/female ratio is 0.4:1. Thyroid cancer accounts for only 1.1% of all cases in the U.S.A. and 1.6% of female malignancies.

Brain/CNS - Primary malignant neoplasm of the brain and CNS accounts for 5.7% of all malignancies and ranks second among the most common childhood malignancies. The male/female ratio is 1.6:1. This is comparatively higher than in the West with only 1.5% of all cases.

Oral Cavity - A high crude relative frequency rate was also noted in cancer of the oral cavity. In Western countries, oral cancer accounts for no more than 3% of all cancers, whereas at KFSH&RC it represents 4.6% of the cases. The male/female ratio is 1:1.

Lung - Frequency of lung cancer is much lower than in Western countries, most likely reflecting the much lower levels of smoking and industrial pollution. In the U.S.A., primary lung cancer represents about 15% of all cancer cases (17% in males, and 12% in females). At KFSH&RC, 4.6% of the diagnoses are lung cancer, although in males it is the third most common tumor, constituting 7.4% of male malignancies and 1.7% in females. The male/female ratio is 4.3:1.

Colo-Rectal - Markedly less common than in the West, for which dietary factors (particularly lower animal fat intake) may play a role, this disease represents only 3.7% of all tumors. In the U.S.A. it constitutes 13% of newly diagnosed cancer cases. The male/female ratio at KFSH&RC is 1.7:1.

Esophagus - The incidence of esophageal carcinoma is comparatively more frequent at KFSH&RC than in Western countries. In the U.S.A. it constitutes 1% of all cancers, compared to 2.1% at KFSH&RC. The male/female ratio is 1.1:1.

Liver - Although the relative frequency of liver cancer at the KFSH&RC (2.7%) is almost the same as that of the West, the male/female ratio appears to be significant and may be an area for future research investigations. KFSH&RC has 2.2:1 and the West, 1.2:1.

Nasopharynx - A higher crude relative frequency rate is seen in nasopharyngeal cancer. It constitutes less than 1% of the pathologically diagnosed cancers in most centers in the West, but is 3.0% of the cases at KFSH&RC. The male/female ratio is 1.8:1.

Soft Tissue - KFSH&RC cases show a higher rate of soft tissue malignancies than the U.S.A., with 4.1% against the latter's 0.5% of all cases. The male/female ratio is 1.5:1.

Prostate - The observed rate of prostatic cancer in men is much lower than in the West, where it is one of the most common male cancers (constituting 14% of the malignancies). This is in contrast to the KFSH&RC experience, where prostatic cancer makes up only 3.6% of the male cancer. This is probably due to the population age difference. Prostate cancer is a disease chiefly of old men and the population of Saudi Arabia is in general very young.

FIGURE 10

DISTRIBUTION OF 20 MOST COMMON MALIGNANCIES 1994 ANALYTIC CASES (TOTAL CASES = 1,755)

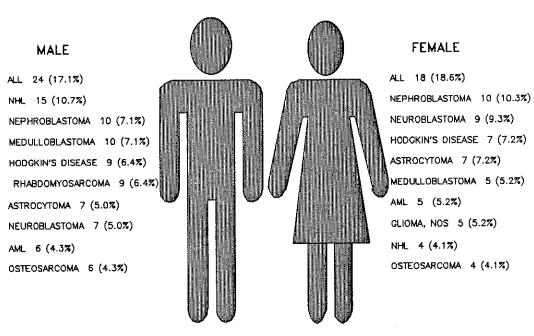
FEMALE MALE NHL 86 (9.7%) BREAST 190 (21.8%) LEUKEMIA 83 (9.4%) THYROID 92 (10.6%) LUNG, PLEURA 65 (7.4%) LEUKEMIA 52 (6.0%) BRAIN, CNS 61 (6.9%) NHL 51 (5.9%) BLADDER 44 (5.0%) CERVIX 46 (5.3%) ORAL CAVITY 41 (4.7%) SOFT TISSUE 43 (4.9%) OVARY 40 (4.5%) COLON, RECTUM 40 (4.5%) BRAIN, CNS 39 (4.5%) ORAL CAVITY 39 (4.4%) HODGKIN'S DISEASE 38 (4.3%) UTERUS, GENITAL 38 (4.4%) HODGKIN'S DISEASE 29 (3.3%) THYROID 36 (4.1%) NASOPHARYNX 34 (3.9%) SOFT TISSUE 28 (3.2%) COLON, RECTUM 24 (2.8%) STOMACH 33 (3.7%) PRIMARY UNKNOWN 23 (2.6%) LIVER 33 (3.7%) PROSTATE 32 (3.6%) NASOPHARYNX 19 (2.2%) KIDNEY 19 (2.2%) BONE, CARTILAGE 31 (3.5%) ESOPHAGUS 18 (2.1%) KIDNEY 29 (3.3%) NON-MELANOMA SKIN 26 (2.9%) BONE, CARTILAGE 17 (2.0%) LIVER 15 (1.7%) TESTIS, GENITAL 21 (2.4%) LUNG, PLEURA 15 (1.7%) ESOPHAGUS 19 (2.1%) STOMACH 14 (1.6%) MULTIPLE MYELOMA 19 (2.1%) NON-MELANOMA SKIN 14 (1.6%) PRIMARY UNKNOWN 19 (2.1%)

FIGURE 11 DISTRIBUTION OF CHILDHOOD MALIGNANCIES 1994 ANALYTIC CASES (TOTAL CASES = 237)

FEMALE MALE LEUKEMIA 24 (24.7%) LEUKEMIA 39 (27.9%) BRAIN, CNS 20 (20.6%) BRAIN, CNS 26 (18.6%) KIDNEY 12 (12.4%) LYMPHOMA 24 (17.1%) LYMPHOMA 11 (11.3%) SOFT TISSUE 15 (10.7%) BONE, CARTILAGE 8 (8.2%) KIDNEY 11 (7.9%) SOFT TISSUE 8 (8.2%) BONE, CARTILAGE 10 (7.1%) THYROID 4 (4.1%) EYE 3 (2.1%) OVARY 3 (3.1%) NASOPHARYNX 3 (2.1%) NASOPHARYNX 2 (2.1%) THYROID 2 (1.4%) EYE 2 (2.1%) ENDOCRINE 2 (1.4%) (Other Than Thyroid) ENDOCRINE 2 (2.1%) (Other Than Thyroid) LIVER 1 (0.7%) LIVER 1 (1.0%) RETICULOENDOTHELIUM 1 (0.7%) TESTIS 1 (0.7%) BLADDER 1 (0.7%) PRIMARY UNKNOWN 1 (0.7%)

FIGURE 12

DISTRIBUTION OF 10 MOST COMMON CHILDHOOD MALIGNANCIES BY HISTOLOGY, 1994 ANALYTIC CASES (TOTAL CASES = 237)



PRIMARY SITE TABLE
(INCLUDES MULTIPLE PRIMARIES)
1 9 9 4

SITE HISTOLOGY	ALL CASES	ai Male	OULTS FEMALE		ATRICS FEMALE
(NOS - Not Otherwise Specified)	2,256	1,003	972	164	117
LIP	7	7	o	0	0
Squamous Cell Carcinoma				_	_
TONGUE	37 35	23 23	14 12	0 0	0 0
Squamous Cell Carcinoma Carcinoma, NOS	1	23	12	ŏ	ŏ
Non-Hodgkin's Lymphoma	ī	ŏ	ī	ŏ	ŏ
MAJOR SALIVARY GLANDS	6	2	4	0	0
Adenoid Cystic Carcinoma	2	ō	2	ŏ	ō
Squamous Cell Carcinoma	- 2	ĭ	ī	ō	0
Mucoepidermoid Carcinoma	1	1	0	0	0
Carcinoma, NOS	1	0	1	0	0
GUM	9	3	5	0	1
Squamous Cell Carcinoma	5	2	3	0	0
Verrucous Carcinoma	2	1	1	0	0
Burkitt's Lymphoma	1	0	0	0	1 0
Hodgkin's Disease	1	0	1	U	U
FLOOR OF MOUTH	1	0	1	0	0
Squamous Cell Carcinoma					
OTHER PARTS OF MOUTH	17	8	9	0	0
Squamous Cell Carcinoma	10	6	4	0	0
Adenoid Cystic Carcinoma	2	1	1	0	0
Mucoepidermoid Carcinoma	1	1 0	0 1	0	0
Verrucous Carcinoma Adenocarcinoma	1	ŏ	î	ŏ	ŏ
Melanoma	ī	ŏ	ī	ō	ō
Non-Hodgkin's Lymphoma	ī	Ō	ī	0	0
OROPHARYNX	12	7	5	0	0
Non-Hodgkin's Lymphoma	- <u>-</u>	5	4	ŏ	ŏ
Squamous Cell Carcinoma	2	2	0	0	0
Mucoepidermoid Carcinoma	1	0	1	0	0
NASOPHARYNX	61	38	18	3	2
Squamous Cell Carcinoma	34	24	7	2	1
Undifferentiated Carcinoma	6	4	1	0	1
Carcinoma, NOS	17	8	8	1	0
Mucoepidermoid Carcinoma	1 2	0 1	1 1	0	0 0
Non-Hodgkin's Lymphoma Hodgkin's Disease	í	1	Ö	0	ŏ
_	_	_	=	-	_
HYPOPHARYNI	18	3	15	0	0
Squamous Cell Carcinoma				_	_
PHARYNX, NOS Squamous Cell Carcinoma	2	1	1	0	0

Primary Site Table (cont'd)

SITE HISTOLOGY	ALL CASES	MALE	OULTS FEMALE		ATRICS FEMALE
ESOPHAGUS Squamous Cell Carcinoma Carcinoma, NOS Adenocarcinoma	50 46 3 1	26 22 3 1	24 24 0 0	o o o	o 0 0
Adenocarcinoma, NOS Non-Hodgkin's Lymphoma Signet Ring Cell Carcinoma Mucinous Adenocarcinoma Squamous Cell Carcinoma Carcinoma, NOS Malignant Neoplasm	87 50 17 10 4 3 2	61 33 13 8 2 3 1	26 17 4 2 2 0 1	0 0 0 0 0	0 0 0 0 0 0 0
SMALL INTESTINE Non-Hodgkin's Lymphoma Adenocarcinoma, NOS Mucinous Carcinoma	11 7 3 1	4 4 0 0	6 2 3 1	1 1 0 0	o 0 0
COLON Adenocarcinoma, NOS Non-Hodgkin's Lymphoma Mucinous Adenocarcinoma Adenocarcinoma in Villous Adenoma Adenoca in Tubulovillous Adenoma Mucin-Producing Adenocarcinoma Adenosquamous Carcinoma Papillary Adenocarcinoma Malignant Neoplasm	35 21 4 4 1 1 1	20 10 3 3 1 1 1 0 1	14 10 1 1 0 0 0 1	1 1 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0
RECTUM/RECTOSIGMOID JUNCTION/ANUS Adenocarcinoma, NOS Mucinous Adenocarcinoma Squamous Cell Carcinoma Adenocarcinoma in Villous Adenoma Adenoca in Tubulovillous Adenoma Mucin-Producing Adenocarcinoma Anaplastic Carcinoma Basaloid Carcinoma Carcinoma, NOS Melanoma	61 44 6 3 2 1 1 1 1	41 29 5 2 0 1 0 1 1 1	20 15 1 1 2 0 1 0 0	000000000000000000000000000000000000000	000000000000000000000000000000000000000
LIVER/INTRAHEPATIC BILE DUCTS Hepatocellular Carcinoma Cholangiocarcinoma Hepatoblastoma Carcinoma, NOS Malignant Neoplasm	98 88 4 2 2 2	66 63 0 0 1 2	30 25 4 0 1	1 0 0 1 0	1 0 0 1 0
GALLBLADDER/EXTRAHEPATIC BILE DUCTS Adenocarcinoma, NOS Adenosquamous Carcinoma Carcinoma, NOS Signet Ring Cell Carcinoma Papillary Adenocarcinoma Mucinous Adenocarcinoma	28 21 2 2 2 1 1	11 8 1 0 0 1	17 13 1 2 1 0	o o o o o	0 0 0 0

Primary Site Table (cont'd)

SITE	HISTOLOGY	ALL CASES	AI MALE	OULTS FEMALE	PEDI MALE	ATRICS FEMALE
PANCREAS	ccinoma, NOS	23 16	15 10	8 6	0 0	0 0
	Adenocarcinoma	2	1	1	ō	Ō
Carcinon		3	2	1	0	0
	gkin's Lymphoma nt Neoplasm	1	1 1	0	0	0
_	IES/ACCESSORY SINUSES	13	6	4	1	2
Squamous	Cell Carcinoma	4	2	2	0	0
	jkin's Lymphoma	3 2	1 0	0 1	1 0	1 1
	yosarcoma osarcoma	1	1	ō	ŏ	ō
	/ Plasmacytoma	ī	ō	ī	0	0
Ewing's	Sarcoma	1	1	Ō	0	0
Undiffe	rentiated Carcinoma	1	1	0	0	0
LARYNX		36	31	4	1	0
	s Cell Carcinoma	34	29	4	1	0
	Lymphoma	1 1	1 1	0	0	0
Carcino	•	_	_	_	_	_
BRONCHUS/LUI		90 37	7 3 34	1 7 3	0 0	0 0
Squamou: Adenoca:	s Cell Carcinoma	22	16	6	ŏ	ŏ
Carcino		10	8	2	Ō	0
	ell Carcinoma	7	5	2	0	0
	id Tumor	4	2 3	2	0	0 0
	ell Carcinoma D-Alveolar Adenocarcinoma	3 3	3 3	0	0	0
	ry Adenocarcinoma	1	ĭ	ŏ	ŏ	ŏ
	arcinoma	ī	ō	1	0	0
	rentiated Carcinoma	1	1	0	0	0
Maligna	nt Neoplasm	1	0	1	0	0
PLEURA	N. J	3	3	0	0	0
Mesothe		10	1	4	2	3
THYMUS/MEDIA Neurobla	ASTINUM/HEART	10 4	ō	Ö	î	3
	nt Thymoma	3	ĭ	2	ō	Ö
Ganglio	neuroblastoma	ī	0	0	1	0
Hemangio	osarcoma	1	0	1	0	0
=	nt Neurilemmoma	1	0	1	0	0
MULTIPLE MY		32	25	7	0	0
BONE MARROW		1 60 66	55 16	35 3	42 26	28 21
	ymphoid Leukemia Myeloid Leukemia	32	15	14	3	Ō
	yeloid Leukemia	30	13	8	5	4
Acute M	yelomonocytic Leukemia	6	1	3	1	1
	onocytic Leukemia	6	2	1	2	1
Acute P	romyelocytic Leukemia	5 4	2 0	2 1	0 3	1 0
Megakar:	yocytic Leukemia Lymphoid Leukemia	3	3	Ŏ	o	ő
	eukemia, NOS	3	ĭ	2	0	0
Chronic	Myelomonocytic Leukemia	2	1	1	0	0
Hairy C	ell Leukemia	1	1	0	0	0
Leukemi		1	0	0	1	0
Acute M	yelofibrosis	1	0	0	Ŧ	U

Primary Site Table (cont'd)

SITE E	ISTOLOGY	ALL CASES	MALE	OULTS FEMALE	PEDI MALE	ATRICS FEMALE
RETICULOENDOTHELI		2	0	1	1	0
Malignant His Letterer-Siwe		1 1	0	1 0	0 1	0 0
BONE & CARTILAGE		61	29	13	10	9
Osteosarcoma,	NOS	28	19	5	2	2
Ewing's Sarco		10	2	1	4	3
Non-Hodgkin's		6	4	2	0 1	0 1
	c Osteosarcoma	5	1 3	2 1	0	_
Solitary Plas		3	0	ō	1	2
	c Osteosarcoma Osteosarcoma	3	ŏ	2	ī	ō
Fibroblastic		1	ŏ	ō	ī	ō
Chondrosarcom		ī	ŏ	ŏ	ō	1
CONNECTIVE/SUBCUT	ANEOUS/SOFT TISSUE	82	37	21	16	8
Leiomyosarcom	a	10	4	5	0	1
	bdomyosarcoma	9	1	o	7	1
Synovial Sarc		7	6 4	1	0 1	0
Spindle Cell		7 7	0	2 0	2	5
Neuroblastoma		6	1	4	1	õ
Liposarcoma	rous Histiocytoma	6	4	2	ō	ŏ
Chordoma		4	3	ī	ō	ŏ
Sarcoma, NOS		4	ī	2	1	Ō
Rhabdomyosarc	oma, NOS	3	2	0	1	0
Alveolar Rhab		3	1	1	1	0
Ganglioneurob	lastoma	2	0	Ō	1	1
	uroectodermal Tumor	2	0	1	1	0
	1 Osteosarcoma	2	2	0	0	0
Solitary Plas	smacytoma	2 1	2 1	0	0	Ö
Angiosarcoma	rcoma of Tendon	1	1	ŏ	ŏ	ŏ
Giant Cell Sa		ī	Ô	ĭ	ŏ	ŏ
Fibrosarcoma,		ī	ĭ	ō	Ŏ	Ŏ
Soft Tissue M		ī	Ō	1	0	0
	l Ewing's Sarcoma	1	1	0	0	0
T-Cell Lympho		1	1	0	0	0
Malignant Nec		1	1	0	0	0
skin (melanoma)		7	6	1	0	0
SKIN (NON-MELANON	(A)	68	46	21	0	1
Squamous Cell	Carcinoma	28	22	6	0	0
Basal Cell Ca		21	12	9	0	0
Basosquamous		4	2	2 0	0	0 1 0
Dermatofibros		4 3	3 3	0	0	U T
Kaposi's Saro		3	1	2	0	ŏ
Mycosis Fungo		2	2	Õ	ŏ	ŏ
Bowen's Disea Sebaceous Ade		1	1	ŏ	ŏ	ŏ
Adenoid Cysti		i	ō	1	ŏ	ŏ
T-Cell Lympho		i	ŏ	î	ŏ	ŏ

Primary Site Table (cont'd)

SITE HIST	COLOGY	ALL CASES		OULTS FEMALE	PEDI MALE	ATRICS FEMALE
BREAST, FEMALE		232	0	232	0	0
Duct Cell Carcin	oma	191	0	191	Ō	0
Lobular Carcinon	18.	10	Ō	10	0	0
Carcinoma, NOS		6	0	6	0	0 0
Paget's Disease	& Duct Cell Ca	5	Ŏ	5 4	0	0
Comedocarcinoma		4	0	3	0	Ŏ
Medullary Carcin		3 3	Ö	3	ŏ	Ö
Inflammatory Car		3	ŏ	3	ŏ	ŏ
Adenocarcinoma,		1	Ö	ī	ŏ	Ö
Scirrhous Adenoce Mucinous Adenoce		i	ŏ	ī	ŏ	ŏ
Mucin-Producing		i	ŏ	ī	ō	ŏ
Pleomorphic Card		ī	ō	ī	ō	0
Carcinosarcoma	LIIOMA	ī	ō	<u>1</u>	Ō	0
	, Intracystic Ade	noca 1	Ō	1	0	0
Non-Hodgkin's Ly	mphoma	1	0	1	0	0
-		_	5	0	0	0
BREAST, MALE		5 4	4	. 0	Ö	ő
Duct Cell Carcin	oma	1	1	Ö	ŏ	Ö
Carcinoma, NOS		4	_	-	•	-
CERVIX UTERI		52	0	52	0	0
Squamous Cell Ca	rcinoma	44	0	44	0	0
Papillary Adeno	carcinoma	3	0	3	0	0
Adenocarcinoma,	NOS	2	0	2	0	0
Carcinoma, NOS		2	0	2	0	0
Adenosarcoma		1	0	1	U	_
PLACENTA		18	0	18	0	0
Choriocarcinoma		9	0	9	o	0
Trophoblastic To	mor	9	0	9	0	0
CORPUS UTERI		26	0	26	0	0
Adenocarcinoma,	NOS	10	ō	10	Ō	0
Mullerian Mixed		3	õ	3	0	0
Leiomyosarcoma	2 4	3	0	3	0	0
Mesodermal Mixed	1 Tumor	2	0	2	0	0
Adenosquamous C		2	0	2	0	0
Carcinosarcoma		2	0	2	0	0
Endometrial Stre	omal Sarcoma	1	0	1	0	0
Endometrioid Ca		1	0	1	0	o
Papillary Carci	noma	1	0	1	0	0
Sarcoma, NOS		1	0	1	0	0
OVARY		49	0	46	0	3
Adenocarcinoma,	NOS	9	ō	9	ō	Ö
Papillary Serou	ROS S Cystadenocarcia	_	ō	8	Ō	0
Papillary Adeno	carcinoma	5	ō	5	0	0
Papillary Serou	s, Borderline Mal	Lia 4	Ō	4	0	0
Endometrioid Car	rcinoma	4	0	4	0	0
Dysgerminoma		4	0	3	0	
Serous Cystaden	ocarcinoma	3	0	3	0	0
Mixed Germ Cell		3	0	2	0	1
Endodermal Sinu		2	0	1	0	1
Elidodermer princ	a lunct	2	•	2	ŏ	ō

Primary Site Table (cont'd)

SITE HISTOLOGY	ALL CASES	AI MALE	OULTS FEMALE		ATRICS FEMALE
OVARY (Cont'd) Mucin-Producing Adenocarcinoma Papillary Mucinous Cystadenoca	1 1	0	1 1	0	0
Pleomorphic Carcinoma Squamous Cell Carcinoma Malignant Neoplasm	1 1 1	0	1 1 1	0	0
FALLOPIAN TUBE Adenocarcinoma, NOS	1	0	1	0	. 0
OTHER FEMALE GENITAL ORGANS Squamous Cell Carcinoma Verrucous Carcinoma Papillary Adenocarcinoma Non-Hodgkin's Lymphoma	10 7 1 1	0 0 0 0	10 7 1 1	0 0 0 0	o 0 0 0
PROSTATE Adenocarcinoma, NOS Carcinoma, NOS	45 34 11	45 34 11	0 0 0	0 0 0	0 0 0
Mixed Germ Cell Tumor Seminoma, NOS Non-Hodgkin's Lymphoma Teratocarcinoma Malignant Teratoma Endodermal Sinus Tumor Choriocarcinoma w/ Embryonal Ca Carcinoid Tumor Malignant Neoplasm	23 8 7 2 1 1 1 1 1	21 7 7 2 1 1 0 1	00000000	2 1 0 0 0 0 1 0	00000000
OTHER MALE GENITAL ORGANS Squamous Cell Carcinoma	4	4.	0	0	0
URINARY BLADDER Papillary Transitional Cell Ca Transitional Cell Carcinoma Squamous Cell Carcinoma Rhabdomyosarcoma Adenocarcinoma, NOS Carcinoma	69 29 26 8 2 2	60 25 24 7 0 2	7 4 2 1 0 0	2 0 0 0 2 0	0 0 0 0 0 0
Renal Cell Carcinoma Nephroblastoma Malignant Neoplasm Clear Cell Adenocarcinoma Chromophobe Carcinoma Papillary Carcinoma Transitional Cell Carcinoma Clear Cell Sarcoma of Kidney Rhabdoid Sarcoma Burkitt's Lymphoma Carcinoma, NOS	65 32 22 3 1 1 1 1 1 1	25 22 0 1 0 1 0 1 0 0	13 9 0 1 1 0 1 0 0	13 0 11 0 0 0 0 0 0	14 1 11 1 0 0 0 0 0 0
EYE Retinoblastoma Squamous Cell Carcinoma	25 16 9	6 0 6	3 0 3	10 10 0	6 6 0

Primary Site Table (cont'd)

SITE HISTOLOGY	ALL CASES	IA MALE	OULTS FEMALE		ATRICS FEMALE
BRAIN	111	40	23	27	21
Astrocytoma, NOS	34	13	9	6	6
Glioblastoma	29	16	9	3	1
Medulloblastoma	19	2	1	10	6
Malignant Glioma	16	5	1	5	5
Ependymoma	4	1	1	2	0
Non-Hodgkin's Lymphoma	4	2	1	0	1
Pilocytic Astrocytoma	2	1 0	0 0	0 1	1 0
Mixed Glioma	1 1	Ö	ŏ	ō	. 1
Primitive Neuroectodermal Tumor	1	0	ĭ	ŏ	ō
Gemistocytic Astrocytoma	1	_		_	
OTHER NERVOUS SYSTEM	11	5	2	2	2
Astrocytoma, NOS	3	0	0	2	1
Malignant Meningioma	3	2	1	0	0
Ependymoma	2	1	1	0	0
Malignant Teratoma	1	0 1	0	0	1 0
Non-Hodgkin's Lymphoma	1	1	Ö	0	0
Ewing's Sarcoma	1	1	U	_	_
THYROID	158	44	108	2	4
Papillary Carcinoma, NOS	110	29	75	2	4
Papillary & Follicular Adenoca	25	7	18	0	0
Follicular Adenocarcinoma	9	3	6	0	0
Non-Hodgkin's Lymphoma	7	3	4	0	0
Medullary Carcinoma	3	2	1	0	0
Anaplastic Adenocarcinoma	3	0	3 1	0	0
Plasmacytoma	1	U	T	-	_
OTHER ENDOCRINE GLANDS	9	1	1	3	4
Neuroblastoma	6	0	0	3	3
Ganglioneuroblastoma	1	0	O	0	1
Adrenal Cortical Carcinoma	1	0	1	0	0
Carcinoma, NOS	1	1	0	0	0
LYMPH NODES, NON-HODGKIN'S LYMPHOMA (Excluding Extra-Nodal Lymphomas)	79	39	28	11	1
Large Cell	43	24	17	1	1
Non-Hodgkin's Lymphoma, NOS	8	3	4	1	0
Immunoblastic	6	4	1	1	0
Lymphoblastic	6	2	2	2	0
ĸ i−1	5	2	2	1	0
Burkitt's	3	0	0	3	0
Small Lymphocytic	2	2	0	0	0 0 0
Mixed Small & Large Cell, Diffuse	2	0	2	0	0
Small Cell, Non-Cleaved	1	0	0	1	Ō
Lymphoplasmacytic	1	1	0	0	
Lymphocytic	1	1	0	0	0
Lymphoma, NOS	1	0	0	1	0

Primary Site Table (cont'd)

SITE HISTOLOGY		ALL CASES	AI	ULTS	PBD1	ATRICS
3111			MALE	FEMALE	MALE	FEMALE
TAMBE NUDES	HODGKIN'S DISEASE	76	34	23	12	7
	Sclerosis	44	16	17	5	6
	llularity	16	9	4	2	1
	s Disease, NOS	11	6	2	3	0
Lymphocy	tic Predominance	5	3	0	2	0
PRIMARY UNK	NOWN	61	26	34	1	0
Adenocar	cinoma, NOS	29	13	16	0	0
	Cell Carcinoma	9	6	3	0	0
Carcinon		8	5	3	0	0
	t Neoplasm	8	2	6	0	0
	y Carcinoma	2	0	2	0	0
Undiffer	entiated Carcinoma	2	0	2	0	0
	nt Teratoma	1	0	0	1	0
	ell Carcinoma	1	0	1	0	0
	ic Carcinoma	1	0	1	0	0

TABLE 9

PATIENTS WITH MULTIPLE PRIMARIES
1 9 9 4

PRIMARY SITE HISTOLOGY 1994	OTHER PRIMARIES (PREVIOUS OR CONCURRENT)	ALL Cases	MALES	FEMALES
(NOS - Not Otherwise Specified)		50	34	16
		2	1	1
Sq Cell Ca - Tongue Sq Cell Ca-Hypopharynx	Hypopharynx - Sq Cell Ca Breast - Duct Cell Ca	1	i 0	0 1
ESOPHAGUS Sq Cell Carcinoma	Rectum - Carcinoma, NOS	1	1	0
STOMACH		4	2	2
Adenocarcinoma	Lung - NHL	1	1	0
Adenocarcinoma	Stomach - NHL	1	0	1
Adenocarcinoma	Esophagus - Sq Cell Ca	1	0	1
Adenocarcinoma	Kidney - Renal Cell Ca	1	1	0
	-	1	0	1
SMALL INTESTINE Mucinous Adenocarcinoma	Thyroid - Papillary Ca	-	·	•
Mucinous Adenocarcinoma	inviold - Papillary Ca		_	_
COLON		1	1	0
Adenoca-Transverse Colon	Descending Colon - Adeno	CA		
RECTUM		2	2	0
Adenocarcinoma	Non-Hodgkin's Lymphoma	1	1	0
Adenocarcinoma	Skin - Basal Cell Ca	1	1	0
		2	2	0
LIVER	Naconharuny - Undiff Ca	î	î	ŏ
Hepatocellular Ca Hepatocellular Ca	Nasopharynx - Undiff Ca Stomach - NHL	i	î	ŏ
nepacocerrurar ca	BCOMBCII WILD	_	_	_
GALLBLADDER		2	1	1
Papillary Adenocarcinoma Signet Ring Cell Ca*	Skin - Sq Cell Ca Breast - Duct Cell Ca Cervix - Sq Cell Ca	1	1	0
AMPULLA OF VATER		1	1	0
Adenocarcinoma	Stomach - NHL	_	_	
LUNG		2	2	0
Sq Cell Carcinoma	Contralateral Lung	_ 1	1	0
Carcinoma, NOS	Buccal Mucosa-Verrucous	Ca 1	1	0
BONE MARROW		4	3	1
Acute Myeloid Leukemia	Hodgkin's Disease	1	0	1
Acute Myeloid Leukemia	Multiple Myeloma	1	1	0
Acute Lymphoid Leukemia	Brain - Glioblastoma	1	1	0
Multiple Myeloma	Esophagus - Sq Cell Ca	1	1	0
		1	0	1
Chondroblastic O.S.	Trachea - Sq Cell Ca	-	•	_
CHOUGEODIESCIC A.D.		4.0	_	
SKIN	at 1 - a - a - 12 - a -	10	9	1
Basal Cell Carcinoma	Skin- Sq Cell Ca	1	1	0
Basal Cell Carcinoma	Stomach - NHL	1	1	0
Basal Cell Carcinoma Basal Cell Carcinoma	Bladder - Trans Cell Ca Skin - Basosquamous Ca	1 1	1 0	0 1

Multiple Primaries con't

PRIMARY SITE	HISTOLOGY	OTHER PRIMARIES (PREVIOUS OR CONCURRENT)	ALL ASES	MALES	PEMALES
SKIN (Cont'd)					_
Sq Cell C		Skin - Basal Cell Ca	1	1	0
sq Cell C		Skin - Basal Cell CA	1	1	0
Sq Cell C		Unknown Primary - Adenoca	1	1	0
Sq Cell C	arcinoma*	Skin - Basal Cell Ca Skin - Melanoma	1	1	0
Basoscuam	ous Carcinoma	Prostate - Adenoca	1	1	0
Bowen's D		Skin - Basal Cell Ca	1	1	0
BREAST			3	0	3
	Carcinoma	Contralateral Breast	ī	Ō	1
	Carcinoma	Contralateral Breast	1	0	1
	Carcinoma	Brain - Astrocytoma	1	0	1
		-	2	0	2
CORPUS UTERI	YOR	Thyroid - Papillary Ca	1	Ö	ī
Sarcoma,	NOS Mixed Tumor	Anorectum - Sq Cell Ca	ī	ŏ	ī
MULIELLAN	MIXEG TUMOL	miores and and and	•	0	1
OVARY		Amount of Mater - Co. NO.	1	U	•
Pap Mucin	ous Cystadenoca	Ampulla of Vater - Ca, NO:	5		_
PROSTATE			4	4	0
Adenocaro	inoma	Skin - Verrucous Ca	1	1	0
Adenocaro	inoma	Bladder - Trans Cell Ca	1	1	0
Carcinoma	•	Bladder - Pap Trans Cell	1 1	1 1	0
Carcinoma	, NOS	Rectum - Carcinoma, NOS	1	_	•
BLADDER			1	1	0
Transitio	nal Cell Ca	Stomach - Adenoca			
BRAIN & CNS			1	0	1
PNET		Nasopharynx - NHL	1	0	1
		•	3	2	1
THYROID	· Carcinoma	Breast - Duct Cell Ca	ĭ	ō	ī
	/ Carcinoma / Carcinoma*	Nasopharynx - Sq Cell Ca	ī	ĭ	ō
sahrirar)	OGT CTHOME.	Chr Lymphoid Leukemia	_	_	
Papillary	& Follicular Ca	Prostate - Adenoca	1	1	0
LYMPH NODES			1	1	0
Lymphoma	, NOS	Soft Tissue Sarcoma			
			1	1	0
UNKNOWN PRIMA		Chr Myeloid Leukemia	•	•	₩
Adenocard	THOMA	CHI MATOIR Degremin			

^{*} Patient has three primary malignancies.

STAGE OF DISEASE AT DIAGNOSIS

Stage in any malignant process may be defined as the particular step, phase, or extent in a tumor's development which is one of the predictors for outcome and treatment selection assigned at the time of initial diagnosis. The microscopic appearance, extent, and biological behavior of a tumor as well as host factors play a part in prognosis and are therefore important in staging.

The SEER (Surveillance, Epidemiology, and End Results) Summary Staging Guide was utilized for all stageable cases. This system summarizes the disease categories into four general staging groups (i.e. in situ, localized, regional, and distant). Stage categories are based on a combination of clinical observations and operative-pathological evaluation.

Summary Staging Definitions:

IN SITU: Intraepithelial, noninvasive, noninfiltrating

LOCALIZED: Within organ

a. Invasive cancer confined to the organ of origin

b. Intraluminal extension where specified

REGIONAL: Beyond the organ of origin

a. By direct extension to adjacent organs/tissues

b. To regional lymph nodes

c. Both (a) and (b)

DISTANT: Direct extension or metastasis

a. Direct continuity to organs other than above

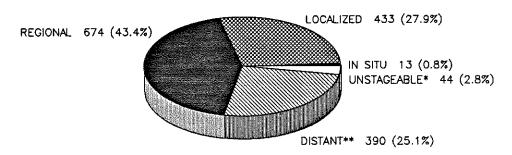
b. Discontinuous metastasis

c. To distant lymph nodes

Systemic diseases, i.e., leukemia and multiple myeloma and cases of unknown primary were disregarded in graphically illustrating the stages for all analytic cases seen at KFSH&RC in 1994. The 44 cases unstageable at diagnosis were those patients who refused further diagnostic workup or further workup was not possible due to the patients state of health; e.g. terminal cases or those with co-morbid conditions. Please refer also to Table 4, page 17, for the distribution of the 1994 analytic cases by site and stage at diagnosis.

FIGURE 13

DISTRIBUTION OF ANALYTIC CASES BY STAGE AT DIAGNOSIS - 1994 (TOTAL CASES = 1,554)

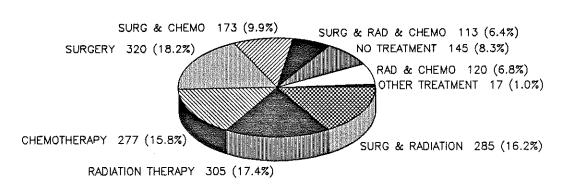


*Excludes Unknown Primaries (42 cases)

**Excludes Leukemia and Multiple Myeloma (159 cases)

FIGURE 14

DISTRIBUTION OF ANALYTIC CASES BY FIRST COURSE OF TREATMENT (SINGLY OR IN COMBINATION) 1994 (TOTAL CASES = 1,755)



OVERVIEW OF BREAST CANCER AT KFSH&RC (1975 - 1991)

Dr Adman Ezzat, Dr Assem Rostom, Dr John Berry, Dr Dorothy Rhydderch, Dr Inas Taha on behalf of the Breast Cancer Working Group

Breast cancer continues to be a major health problem worldwide. The impact of breast cancer in the Kingdom of Saudi Arabia in unknown due to the lack of reliable data on the incidence of the disease. The recently established National Cancer Registry will provide this information in the future.

During the study period, a total of 22,088 cases were registered at the Hospital Tumor Registry. Breast cancer cases (1,705) represented 8%.

In this overview we describe our experience with patients who underwent curative management (stages I, II, III) during the study period.

Only 1,015 (60%) of the patients fulfilled the criteria for review. The remaining 40% were either metastatic at the time of referral to KFSH&RC or received all primary treatment in outside institutions and only diagnosed and/or followed up at KFSH&RC (Figure 1).

The mean age was 45 years (range 16-87). The pattern of referrals reflected the population density in the major five regions of the country (Figure 2). A striking difference in menopausal status of our patients from the western literature is observed in that 63% of our patients were premenopausal (Figure 3). No differences were observed in the laterality of involvement. The most frequent histology was infiltrating ductal carcinoma (76%). A major proportion of patients had histological involvement of lymph nodes (71.5%). Estrogen and progesterone receptors were positive in 31% and 27% respectively of the samples tested. Since surgery was done outside KFSH&RC in the majority (58%), clinical and pathological reports pertaining to the size of the tumor were frequently lacking. It was therefore decided to report the cases by UICC Summary Stage (Figure 4).

Surgery was performed in 97% of the patients. In 42%, surgery was at KFSH&RC, modified radical mastectomy in 45%, mastectomy (NOS) in 40% and conservative surgery in 15%. Adjuvant chemotherapy was given to 47% of patients, adjuvant tamoxifen to 25% and adjuvant radiation therapy to 53%.

To date, 45% of patients have relapsed. Overall survival is shown in Figure 5.

Since 1990, a multidisciplinary team consisting of a surgeon, radiation oncologist and medical oncologist has participated in decision making and follow up of patients. Currently two combined clinics are held weekly by the team, one for management decision making and the other for follow up of patients who are disease free.

FIGURE 1
DISTRIBUTION OF 1,705 BREAST CANCER CASES BY STAGE

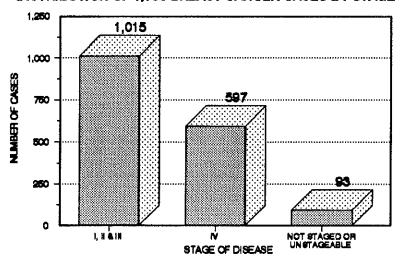


FIGURE 2
DISTRIBUTION OF STAGES I-III BREAST CANCER CASES BY REGION

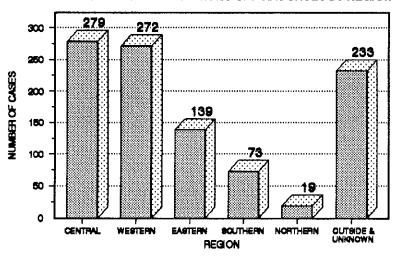


FIGURE 3
DISTRIBUTION OF STAGES I-III BREAST CANCER CASES
BY MENOPAUSAL STATE

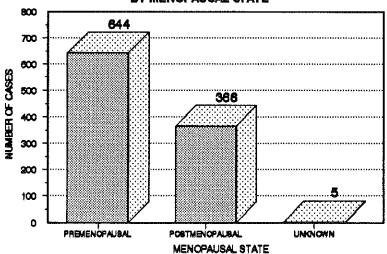


FIGURE 4
DISTRIBUTION OF STAGES I-III BREAST CANCER CASES

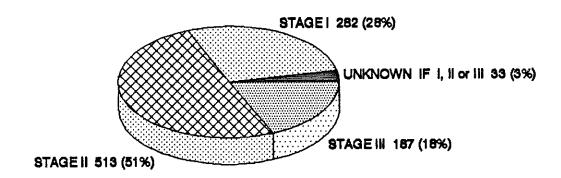
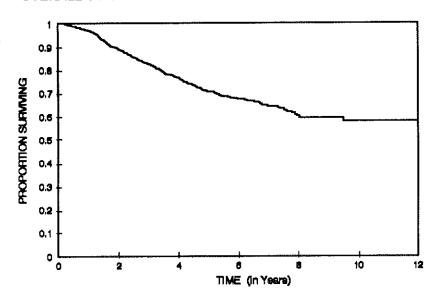


FIGURE 5
OVERALL SURVIVAL OF STAGES HIII BREAST CANCER CASES



APPENDIX A

1994 REQUESTS FOR TUMOR REGISTRY DATA *Publication ***KFSH&RC Presentation ***Outside KFSH&RC Presentation

January Site, Histology and Date of Biopsy of Cases for the Tissue Bank	Dr. S. Al Sedairy
Pediatric A.L.L. Cases on '87-'90 Protocol with Status as of Last Contact Date***	Dr. A. Al Nasser
Osteogenic Sarcoma Cases with Surgery at KFSH, w/ Sex, Age, Date of Dx, Stage, Distant Site/s if Metastatic, Size of Tumor, Type of Surgery and Other Rx Modality (MR Numbers) (1988-1992)*	Dr. D. Younge
February	
Osteogenic Sarcoma Cases with Site, Histology, Sex, Status as of Last Contact Date (MR Numbers). Distribution by Age & Sex; Site & Distant Site/s; Site & 1st Course of Rx; and Site & Histology (1975-1992)* (Update of previous request)	Dr. S. Lindahl
Osteogenic Sarcoma Cases by Attending Physician (MR Numbers)(1989-1993)(Update of previous request)	Dr. R. Wierzbicki
March	
Anal Canal Carcinoma Cases with Histology and Rx Modality (MR Numbers) (1980-1993)	Dr. S. Bazarbashi
Meningosarcoma Cases (diagnosed pathologically) (MR Numbers) (1985-1993)*	Dr. A. Khani
Pediatric Leukemia Cases by Year (1989-1993)	Ms. E. Furukawa
Malignant Cases by Site (1993)	Dr. A. Rostom
April	
Thyroid Cancer Cases (MR Numbers) (1989-Jan 1994)	Dr. S. Bakheet
Chordoma of Lower Spine Cases with Sex, Age, Date of Dx, Rx & Date of Last Contact (1975-1993)	Dr. D. Younge
Breast Cancer Cases with Mastectomy (1992-1993)	Ms. E. Furukawa
Childhood Lymphoma by Type (NHL/HD) & Age	Dr. R. Sabbah
Ovarian Germ Cell Tumor by Histology (MR Numbers) (1990-1992) (Update of previous request)*	Dr. A. Ezzat
May	
Thyroid Cancer Cases, downloading of info into a diskette (1975-1993) (Update of the KACST Study)	Ms. A. Sandridge
Hodgkin's Disease Cases, Stages I & II (MR Numbers) (1982-1992)	Dr. A. Rostom
Adult C.M.L. Cases (MR Numbers) (1975-1990) (Update of previous study)	CRU for Dr. Ernst
Cancer of the Cervix Cases with Age, Sex, Histology, & Treatment (MR Numbers) (1975-1993)	Dr. M. Manji
June	
Adult A.M.L. Cases with Age and Status as of Last Contact Date (MR Numbers)(1975-1987 & 1993) (Update of previous request)	Dr. N. Giri
Pediatric Malignant Cases by Region/City and Type of Malignancy (Leukemia/Lymphoma/Solid	Dr. A. Al Nasser
Tumor) (1989-1992) Top 10 Malignancies in Men, Women and Children	Ministry of Health
(Numbers and Percentages) (1975-1992)	-

June (cont'd) Retinoblastoma Cases by Year and Those with Multiple Dr. A. Gray Primaries (1975-1992)*** Pediatric Malignant Cases (Leukemia vs Solid Tumor) with Site, Histology, Age & Sex (MR Numbers) Dr. K. Rao (1988-1994)*Thymoma Cases with Age, Treatment Modality and Status Dr. D. Pradhan as of Last Contact Date July Ministry of Health Leukemia Cases by Age Group & Region/City and Malignant Brain Cases by Age Group & Region/City September Dr. V. Rao Pediatric Non-Hodgkin's Lymphoma, Large Cell, Cases with Age, Sex and Site (MR Numbers) (1975-1988) Chronic Lymphocytic Leukemia Cases, highlighting Dr. P. Ernst those w/ a Second Primary (MR Numbers) (1975-1993)* Dr. D. Mahoney Pediatric Leukemia Cases by Referring Hospital and Region/City (1989-1992) Breast Cancer Cases who were Pregnant at Time of Dx Dr. A. Ezzat or During Treatment (MR Numbers) (Update of previous request) October Non-Epithelial Ovarian Cancer Cases (MR Numbers) Dr. A. Ezzat (1980-1993) (Update of previous request) A.L.L. Cases (13 yrs & above) (MR Numbers) (1991-CRU for Dr. Clink 1993). Lymphoblastic Lymphoma Cases (13 yrs & above) (MR Numbers) (1987-1993) (Update of previous request) Dr. A. Ezzat NHL of the Stomach Cases (15 yrs & above) w/ Surgery at KFSH, Analytic Cases (MR Numbers) (1985-1993) NHL of the Colon Cases (MR Numbers) (1993) Pediatric A.L.L. Cases on '81,'84 & '87 Protocols w/ Dr. A. Ezzat Dr. N. Giri Status as of Last Contact Date (MR Numbers) ** November Dr. T. Merdad Testicular Cancer Cases with Age, Histology & Status as of Last Contact Date (MR Numbers) (1975-1994)* Dr. D. Pradhan Optic Nerve Glioma Cases (MR Numbers) (1991-1993)** Adult NHL of the Bone Cases (MR Numbers) 91983-1993)* Dr. A. Ezzat Cancer of the Vulva Cases (MR Numbers) (1980-1990) Dr. M. Manji Multiple Myeloma Cases with Age & Sex (MR Numbers) Dr. F. Zwaan (1975 - 1994)Dr. Y. Khafaga Ewing's Sarcoma Cases with Stage at Dx & Treatment (MR Numbers) (1975-1990)* Adult Cancer Cases by Age, Sex, Nationality, Region, Dr. A. Ezzat Histology, Site/System (1976-1993)* Dr. M. Mustafa Pediatric Osteosarcoma Cases with Sex, Age, Site, Laterality, Stage, Treatment & Status as of Last Contact Date (MR Numbers) (1975-1993) 10 Most Common Pediatric Malignancies by Histology Dr. A. Gray (1975-present) Pediatric A.L.L. Cases (MR Numbers) (1990-1992) Dr. A. Al Nasser (Update of previous request) Ministry of Health Malignant Cases by Site and Sex (1993)

APPENDIX B

1994 Tumor Committee Members

William Allard, D.M.D. Hamad Al Daig Shouki Bazarbashi, M.D* Peter Ernst, M.D. Adnan Ezzat, M.D. Mohd Hannan, Ph.D. Stig Ingemansson, M.D. Justin Martin, M.D.** Peter McArthur, M.D. Surgery
Dolores K. Michels, C.T.R. Tumor Registry Lamia NouNou Assem Rostom, M.D. Rajeh Sabbah, M.D.*** Sultan Al Sedairy, Ph.D. Jens O. Sieck, M.D. Jamal Al Subhi, M.D. Beth Ann Tomasek***

Dentistry CHIC Medical Oncology Medical Hematology Medical Oncology B&MR Research Centre Surgery Pathology Social Services Radiation Oncology Chairman, Oncology Research Centre Medicine Obstetrics/Gynecology Quality Assurance

- * Chairman
- ** Deputy Chairman
- *** Ad hoc Members

APPENDIX C

SUMMARY OF CASES PRESENTED KFSHERC TUMOR BOARD - 1994

SITE	NO.
Lymphatic System Hodgkin's Disease Non-Hodgkin's Lymphoma	3 2
Brain	3
Bone	2
Leukemia	1
Soft Tissue	1
Undifferentiated Neoplasm	2
Autoimmune Anemia	2
CMV Infection in BMT Recipients	1

Tumor Board Coordinator: Dr. Shouki Bazarbashi

APPENDIX D

1994 SUMMARY OF ONCOLOGY GRAND ROUNDS TOPICS

11 Jan 25 Jan	Osteogenic Sarcoma Role of Radiotherapy for Colorectal Cancer	Dr. R. Wierzbicki Dr. M. Manji
01 Feb	Update on Clinical Trials in Medical Oncology	Drs. Ezzat and Wierzbicki
08 Feb		Prof. J. Batsakis
12 Apr	Chemotherapy vs BMT for AML: Is There A Best Choice?	Dr. M. Mustafa
26 Apr	The Treatment & Prognosis of Early Stage Hodgkin's Disease	Dr. S. Bazarbashi
10 May	Irradiation in Myeloma with Emphasis on Whole Body Irradiation	Dr. A. Rostom
28 June	Skin Things in Non-Hodgkin's Lymphoma	Dr. J. Berry
13 Sept	BMT In Saudi Arabia: A Coordinator's Perspective	Ms. F. Skabo
27 Sept	Risk Classifications in Childhood ALL - New Directions	Dr. D. Mahoney
11 Oct	Granulopoiesis: Kinetics and Morphological Features	Dr. Ottolander
08 Nov	Presentation & Interpretation of Survival Analysis in Clinical Trials	Dr. E. de Vol
22 Nov	Acute Leukemia at KFSH	Dr. N. Giri
06 Dec 13 Dec	Head and Neck Irradiated Patient Spleen & Splenectomy	Dr. C. Smith Prof. H. Pearson
27 Dec	KFSH Treatment Results of Medullo- blastoma - 17 Yrs Experience	Dr. Y. Khafaga

Oncology Grand Rounds Coordinator: Dr. Kwesi Sackey

V. GLOSSARY OF TERMS

Accessioned: Patients are entered into the Tumor Registry by the year in which they were first seen at KFSH&RC for each primary cancer.

Age of Patient: Recorded in completed years at the time of diagnosis.

Analytic Cases: Cases which were first diagnosed and/or received all or part of their first course of treatment at KFSH&RC.

Non-Analytic Cases: Cases diagnosed elsewhere and received all of their first course of treatment elsewhere.

Case: A diagnosis or finished abstract. A patient who has more than one primary is reported as multiple cases.

Crude Relative Frequency: The proportion of a given cancer in relation to all cases in a clinical or pathological series.

First Course of Treatment: The initial tumor-directed treatment or series of treatments, usually initiated within four months after diagnosis.

Stage of Disease: Determined at the time of the first course of treatment.

SEER Summary Staging Guide:

In Situ: Tumor meets all microscopic criteria for malignancy except invasion.

Local: Tumor is confined to organ of origin.

Regional: Tumor has spread by direct extension to immediately adjacent organs and/or lymph nodes and appears to have spread no further.

Distant: Tumor has spread beyond immediately adjacent organs or tissues by direct extension and/or has either developed secondary or metastatic tumors, metastasized to distant lymph nodes or has been determined to be systemic in origin.