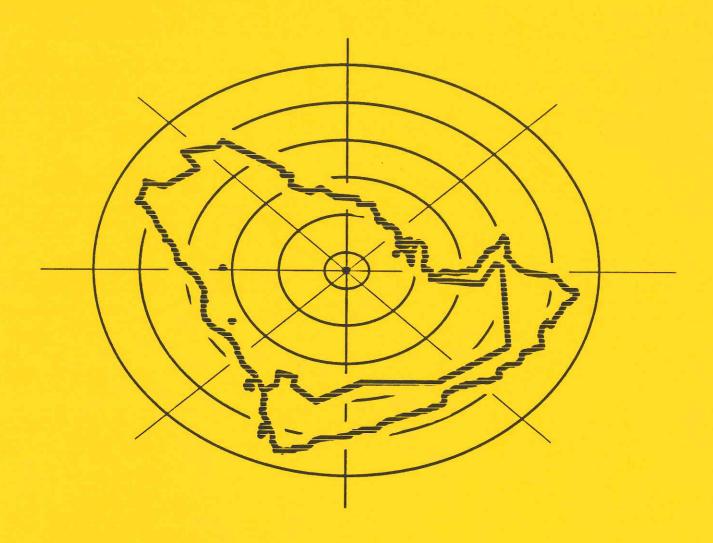
1992 ANNUAL REPORT OF THE TUMOR REGISTRY



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:

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1992 ANNUAL REPORT OF THE TUMOR REGISTRY

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

Tumor Registry

The King Faisal Specialist Hospital and Research Centre opened in July 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. There are about 500 inpatient beds.

The KFSH&RC Tumor Registry is a data system designed for the collection, management, and analysis of data on patients with the diagnosis of a malignant disease (cancer). The Registry was designed to meet one of the guidelines for an approved American College of Surgeons (ACoS) Cancer Program and the data set contains all ACoS required data items.

The primary responsibility of the Registrar is to assure that complete and accurate data are collected and maintained on all cancer patients diagnosed and/or treated within this institution. Records are reviewed for both inpatients (patients admitted to the Hospital) and outpatients (patients seen in the clinic, emergency room, Polyclinic, Family Health, or other hospital facility).

One goal of the Tumor Registry of KFSH&RC is to provide the medical staff with data that will enable them to see the results of their diagnostic and therapeutic efforts, and to provide them with information with which to improve the care of the patient with cancer. The basic source document is the patient's medical record from which pertinent information is abstracted for use in the Registry. It is imperative that the medical staff document in the medical record the information to be abstracted into the worksheet because they are eventually the end users of these information. Without these, no substantial data can be collected and, therefore, no meaningful studies can be made. The quality of data that the Registry generates depends entirely on the physicians' accurate documentation of patient information in the medical record.

The Cancer Registry Worksheet is the primary document on which the details of each diagnosed cancer patient are recorded. Included are pertinent facts such as demographic information, medical history, diagnostic findings, stage of disease, cancer therapy, and follow-up data. Please refer to Figures 1-A to 1-D for a sample worksheet.

Once the data are collected, the ability and need to utilize them is paramount. One of the major functions of the Tumor Registry is to prepare annual reports which summarize the Registry's cancer experience. It also provides a wide variety of reports at the request of physicians and researchers.

Additionally, the Registry serves as a resource for continuing education of physicians and paramedical personnel at clinical conferences, medical society meetings, seminars, and discussion groups. The Tumor Registry can serve as the focus for the interdisciplinary approach to cancer management, including surgery, radiotherapy, chemotherapy, immunotherapy, and hormone therapy. The Registry can provide the hospital staff, both medical and administrative, with statistical and analytic summary reports evaluating the cancer problem in the institution. These reports assist administrators with solving their operational problems and assist physicians with the development of comprehensive cancer care.

The Registry, under the medical supervision of the Tumor Committee, maintains a complete database of all cancer cases diagnosed and/or treated at KFSH&RC. The database is computerized using an IBM 3090 Main Frame Computer. Although the Tumor Registry is not population based, KFSH&RC is the primary referral institution for the Kingdom and therefore represents the majority of oncology patients. Until mid-1981, it was the only facility within the Kingdom able to provide radiation therapy.

FIGURE 1-A

	PATIENT HAMEPLATE
CIALIET HOSDITA	

KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE

CANCER REGISTRY WORKSHEET (CanSur 3.0)

PF 10 TACS - ACCESSION FILE MAINTENANC	N	MARITAL BYATUS AT DX :			12_1
ACCESSION NUMBER (ACSN):	0 1 2 3	1 - Single	3 - Septimed	5 - Widowod	
TUMOR SEQUENCE (SEQ):	[0]0]	2 Mariled	4 - Divorced	9 - Unknawn	
MailgnanVinaliutumora Benign tumora		RELIGION:			0 11
00 - One primary only XX - One primary of the primary of AA - First of two of the primary of the		Muslim	93 -) lindu	06 - Other 1	
98 - 98th or interprimery HH - 8th or later p 99 - Unspecified sequence II - Unspecified sec	ilinary quance	02 - Christian	04 - Buddhist	• 99 – Unknown	la I
THIS CANCER ACCESSION YEAR :	[8 7]	ALCOHOL USAGE:		.	13.
MEDICAL RECORD NO. ;	141615171	1 - Current atcohol usu 2 - Past history of atco	-	3) - Naver used alcoli 9 – Unknówn	١.
		FAMILY HISTORY OF CANC	EN:	•	1
CASE STATUS : 0 - Suspense	[3]	Family history of ca 2 - No family history		9 - Unknown	
1 - Incomplete 3 - Completed per Release 3		2 - No ternity history	OI CBIFCET		
3 - Completed pin release 3		SMOKING/CHEWING HISTO	YAC	•	[3]
PATIENT NAME		1 ~ Current amoker cig 2 ~ Past smoker	•	5 – Sharoma 6 – Shisha	
tast:		Patient never amoi		7 - Combo	
First:		4 - Chat		8 - Other 9 - Unknown	
Second :		TOTAL PACK YEARS:		B - DIMIGNI	Ш
Thid:				1.1	1 1 1
ADDRESS AT DIAGNOSIS		INDUSTRY:			
P.O. Box		OCCUPATION: Tes	acher	L	للل
Riyadh	· ·	DATE ADMITTED : (mm/dd/yyyy)	0 1 /	20/19	8 7
Cily		DATE DISCHARGED : (mm/did/yyy/)	0 2 /	15/19	8 7
RY ZIP Codo:			Comment of the Commen	Edit of the State	
		REPORTING SOURCE :			111
PF 11 TPAT - PATIENT IDENTIFICATION	_, , , , ,	() inpatient	4 - Physician's off	lice 7 - Death C	
SAUDI 10: [1 2 3 4]		2 - Clinic/outpatient 3 - Laboratory	•	* *	
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SEX;	L2J			1 1 1 1 1	1 1 1
1 Mate (2) Female 9 6	Jnknown	HOSPITAL NEFERRED TO			
NATIONALITY:	[0 0				
1 🛋	08 -				
	D9 - Other	*			

Form 910-13 (Rev. 5-10)

FIGURE 1-B

PF 12 TTXY - MISCELLANEOUS TEXT	TCAN - Cancer Identification (Continued) GRADE:
PHYSICAL EXAM: 6-mo hx 2 cm mass rt breast UOQ, mobile, no skin changes. 3x4 cm rt axillary LN. Lt breast NED.	1 - Well differentiated (I) 5 - T-cell 2 - Mod well drifferentiated (II) 6 - B-cell 3 Poorly differentiated (III) 7 Null cell 4 - Undifferentiated (IV) 9 - Not stated, unknown LATERALITY: 0 - Not paired organ 3 - Fit or it unspecified
x navs/scans:01/20/87 Bilat Mammogram - 2x2.5x2.5 cm mass rt breast UOQ. CXR, Bone Scan, U/S Abdomen - NED	1 Flight 4 - Both, simultaneous 2 - Left 9 - Unknown Intendity DX CONFIRMATION: 1 Positive histology 6 - Direct visualization 2 - Cytology 7 - Radiography 4 - Pos. micro, confirm, NOS 6 - Clinical 5 - Laboratory test/marker 9 - Unknown
SCOPES/1AB: 01/25/87 ERA (+), PRA (+)	REGIONAL NODES EXAMINED: 00 - No nodes examined 01 - One node examined 02 - One node examined 03 - Nodes examined 04 - Nodes examined 05 - Nodes POSITIVE: 00 - No nodes positive 01 - One node positive 03 - One node positive 09 - Unknown if nodes examined 97 - Positive nodes, number unknown 98 - No nodes examined 99 - Unknown if any nodes +/-
openatives followed: 01/25/87 Rt Mod Rad Master tectomy - no description of tumor.	98 – 96 + nodes positive TUMOR SIZE (cm) eg., 000 - No mass, 002 - 0.2 cm, 055 - 5.5 cm, 999 · Unknown
	RESIDUAL TUMOR: O Hone 2 - Macroscopic 9 - Unknown 1 - Microscopic 8 - No resection, MA
PATHOLOGY/AUTOPSY: 87SP3286 01/25/87 Duct Cell Ca, gr 3; 11/19 LN's. (tumor size: 2.2x2x1.8 cm completely excised) Nipple & overlying skin NED. (largest LN 1.5 cm)	DISTANT METS: 1 :
PF 13 TGAN - CANCER IDENTIFICATION DATE OF INITIAL DIADRIOSIS: (mm//dd/yyyy) 0 1 / 2 5 / 1 9 8 7	1 - Localized 5 - Regional, NOS 2 - Regional, direct extension 7 - Distant 3 Regional, nodes 9 - Unknown/unstagcable
CLASS OF CASE: 0	ACC STAGE: CLINICAL T 2 N 1 N 0 STAGE GROUP 2 B PATHOLOGICAL T 2 N 1 B N 0 STAGE GROUP 2 B OTHER A A T
CODE: Right UOQ	*TNM Codes - (use alphin codes as appropriate; eg. 12A 2A, 12 2, N1B - IB, M0-0, IS-In situ, XUnknown) **AJCC Stage Group - uso alphis codes as appropriate; eg. 3A. Stage IIIA, 1-Stage 1
HISTOLOGY - TEXT: Duct Cell Carcinoma, gr	0 - Institu 2 - Stage II 4 - Stage IV 1 - Stage I 3 - Stage III 9 - Unknown
CODE: [8 5 0 0] / [3	***Other Basis : (5-Surgicel), A-Antopsy, R. Retreatment

FIGURE 1-C

PF 14 TRX1 - 1ST COURSE TREATMENT (SURGERY, RADIATION)	PF 16 TAX3 - 1st COURSE TREATMENT (CHEMO, HORMONES, BRM, OTHER)
REASON: Can directed surg performed 1 - Not recommended 2 - Contraindicated, other SUMMARY: (Entire 1st course)* AT THIS HOSPITAL: * Refer to Appendix A in CanSur User Manual for site-specific codes, STARIED: (mm/dd/yyyy)	SUMMARY: AT THIS HOSPITAL: 0 - No chemotherapy 1 - Chemotherapy, NOS 2 - Chemotherapy, single agent 3 Chemotherapy, multi-agent combination STARTED:(mm/dd/yyyy) TEXT: 5-FU, Adria, Ctx
TEXT: Rt Mod Rad Mastectomy w/ Rt Axillary Dissection RADIATION SHMMARY: At this Hospital 0 No Radiation therapy 5 - Radiation therapy, NOS 1 Teaminadiation 7 - Patient/guardian refused 2 Radioactive implants 8 - Recommended, unk if done 3 Radioisotopes 9 - Unknown 4 - Comb 1 + 2 or 3 STARTED: (inmi/dd/yyyy) 10 BRAIN & CNS: (Lung & leukemia cases only) 0 None to CNS 8 - Recommended, unk if done 1 - Radiation therapy 7 - Patient/guardian refused RADIATION/SURGERY SEO: 0 Not applicable 5 - Intraoperative radiation 2 - Radiation before surgery 4 - Defore & after surgery 4 - Defore & after surgery 3 Radiation after surgery 4 - Defore & after surgery 4 - Defore & after surgery 5 - Sequence unknown	HORMONE/STEROIDS SUMMARY: AT THIS HOSPITAL: 0 - No hormonal therapy 7 - Patient/guardian refused 1 Hormonal therapy 8 - Recommended, unk if done 2 - Endocrine surg/radiation 3 - Hormones + ender surg/rad STARTED: (mm/dd/yyyy) TEXT: Tamoxifen BIO-RESPONSE MODIFIER (BRM) SUMMARY: AT THIS HOSPITAL: 0-No BRM 7 - Patient/guardian refused 1 - BRM 8 - Recommended, unk if done 2 - Allo BMT 9 - Unknown 3 - Auto BMT STARTED: (mm/dd/yyyy) 1EXT:
TEXT: Chest Wall 6000	OTHER RX BUMMARY: AT THIS HOSPITAL: O to other callefected rx 1 - Other callefected rx 2 - Experimental carx 3 - Doubte-blind study STARTED: (mnvdd/yyyy) TEXT:

FIGURE 1-D

PF 17 IFU1 - FOLLOW-UP INFORMATION	PF 2D TREM - REMARKS/SPECIAL DATA ITEMS
LAST CONTACT/DEATH: (0000/dk/yyyy) 110/117/11989	TREE FORMAT AREA:
CAUSE OF DEATH ICD CODE:	NEMARKS: Mother died of breast cancer.
CHRITIENT VITAL STATUS (1) Alive 2 Dead	and the second s
CURRENT CANCER STATUS:	
t - No evidence of cancer 2 Cvirlence of cancer 9 - Unknown	OVERRIDE FIELDS (Y - Bypass edit, leave blank if edit not bypassed)
QUALITY OF SURVIVAL:	SITE/HIST:
0 - Romal 3 - Anib : 50% 6 - NA, dead	AGE /SITE//IIST:
1 Synt8 ant) 4 Begndrien (9 Jinknown 2 Amb 50%	SEQNO/SITE/HIST:
LETTER FLAGS -	SPECIAL FIELDS :
PATIENT (letter or asterisk, eg., •, A, B, 1)	11: Hepatilis
CONTACT: (eg. 6 lust contact)	# 2 : Bilharzis
CURRENTLY FOREIGN RESIDENT:	# 3: Burn Scar
Y - Yes, foreign resident, feave blank for all others)	4: Consanguinity
CONTACT EMECUTENCY:	# 5 : Predisposing Factors
(eg., 01 - One month, 03 - 3 months, 12 - Annual follow-up)	# 6 : Pregnancy during dx/lx
UNDSTIAL COMMITTIONS: L. 1	7: Ronal Transplant
PLACE OF DEATH (State of country - Geoscote)	9:
RECURNENCE INFORMATION	# 10 :
DATE: (min/dd//yyyy)	
INFE:	PF - 21 TADR - PATIENT NAME ADDRESS FILE
0 Horechreuse 3 Distant recurrence	MAILING NAME :
1 Localiscimence 4 Never free 2 - Regionaliscomence 9 - Unknown	SÁLUTATIÓN:
1: [4]	SALUTATION:
0 ft.t (1 Liver 8 - Lymphnorlo (distant) 2: 5	Riyadh
1 - Peritoneum 5 Done 9 - Miknown/Other 3 : 1. 2 - Lining 6 - CHS	ADDRESS 2:
3 - Pleura 7 - Skin	CITY:
FUTETIER PHYSICIAN	Rivadh
FLAGS CODE . HAME	PROV. [RY] ZIPCODE:
1. ATTENDING PHYSICIAN: 1 1 101 0111213 4 Oncologist	
2. OHIER PHYSICIAN: 0 7 1 6 7 8 Rad. Onc.	CDMMENT:
3. OTHER PHYSICIAN: 0 9 2 1 8 5 Surgeon	PATIENT/GUANDIAN CODE: P - Patient G - Guardian
4 OTHER PHYSICIAN:	PF - 22 TOON - CONTACT NAME ADDRESS FILE MAINTENANCE
5. OTHER PHYSICIAN:	CONTACT NUMBER: (0 - First contact, 1 - Second, 9 - Tenth)
6 OTHER PHYSICIAN: 1 1 1 1 1 1 1 1 1	MAILING NAME: Riyadh Central Hospital
TAST SOURCE FU HOSP:	ADDRESS 1:
MEXT HOSP FOR FU:	Riyadh
DEAHLGEINIFICATE HIE NO:	
	City: Riyadh
	PROV. RY ZIP CODE:
	IELEPHONE: (EXT.
	COMMENT:
	REFER HOSP, MRN: 89856

The Tumor Registry database now includes more than 24,000 cases diagnosed from June 1975 through December 31, 1992. Approximately 1,800 new cases are being added annually.

There are six (6) certified tumor registrars that support the database in case ascertainment, abstracting, follow up and statistical analyzes. Priority has been given to reducing the abstracting backlog, obtaining current follow up and editing the stored data as studies are processed.

The data maintained by the Registry are available for use by the medical staff for special studies, audits, and research. In 1992, the Registry participated in 66 special studies utilizing data from the computerized file. The use of Registry data has steadily increased during the past year and its continued use is encouraged. Please refer to Appendix A for a listing of Special Studies requested in 1992.

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 1992, the Committee provided professional guidance to the Tumor Registry, expanded the membership of the Committee, recommended additional staff for the Tumor Registry and revised the Reportable List.

A. Tumor Committee Membership

In order for the Tumor Committee composition to be more multidisciplinary, representatives from the Department of Surgery representing General Surgery and the Department of Oncology, Section of Medical Oncology, were appointed by the Chief of the Medical Staff.

B. Tumor Registry Staffing

A staffing assessment of the Tumor Registry was performed. Based on the analysis, it was determined that seven (7) tumor registrars are required to maintain the currency and integrity of the registry data. The Chairman of the Tumor Committee reported these findings to the Chairman of the Department of Oncology and the Executive Director of Medical Affairs with the request that seven (7) Tumor Registry positions be approved.

C. Standards in Reporting Tissue Diagnosis on Colorectal Carcinoma

Classification standards in reporting tissue diagnosis on colorectal malignancies were adopted by the Department of Pathology and Laboratory Medicine at the request of the Tumor Committee.

D. Tumor Registry Reportable List

After soliciting input from the medical staff and department chairmen, the Tumor Committee revised the List of Reportable Conditions that are to be collected by the Tumor Registry to include only those with a histology that indicated a premalignant condition and all brain tumors whether benign or premalignant. These Reportable Conditions are in addition to those cases with a definite malignant diagnosis.

Tumor Board

This educational conference is held as frequently as once weekly 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.

Oncology Grand Rounds

This didactic conference is held weekly 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 C for listing of the topics presented at the Oncology Grand Rounds in 1992.

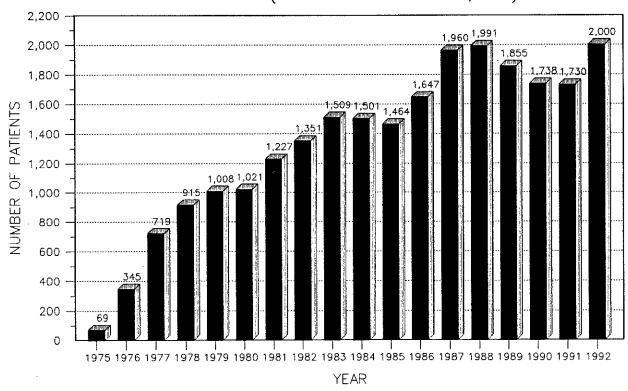
II. THE KFSH&RC CANCER PATIENT POPULATION

A total of 2,000 cases (1,909 patients) were accessioned in 1992, with 1,057 males and 943 females or a male/female ratio of 1.1:1. This represents a 15.6% increase from 1991 which could be attributed to the opening of some floors in the KFSH&RC East Wing.

FIGURE 2

DISTRIBUTION OF ALL CASES ACCESSIONED BY YEAR

1975 - 1992 (TOTAL CASES = 24,050)



From the opening of the hospital (mid 1975) until December 1992, 24,050 cancer cases were registered (13,379 males and 10,671 females) with a male/female ratio of 1.2:1. The total population of Saudi Arabia as of October 1992 showed a male/female ratio of 1.3:1. There were 3,011 (12.5%) pediatric cases (0 to 14 years of age) and 21,039 (87.5%) adults (15 years old and above). Only a slight difference in the proportion was noted in 1992, 11.6% for pediatrics and 88.4% for adults.

TABLE 1

ALL CASES SEEN AT KFSH&RC (MALE/FEMALE & CHILDREN/ADULTS) BY 5-YEAR PERIOD 1975 - 1992

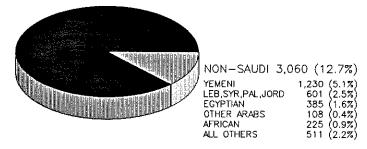
	1975-1976*	1977-1981	1982-1986	1987-1991	1992	TOTAL
	No. %					
MALE	280	2,969	4,123	4,950	1,057	13,379
FEMALE	134	1,921	3,349	4,324	943	10,671
TOTAL	414	4,890	7,472	9,274	2,000	24,050
M/F RATIO	2.1:1	1.5:1	1.2:1	1.1:1	1.1:1	1.2:1
CHILDREN** ADULTS	55 13.3	585 12.0	985 13.2	1,154 12.4	232 11.6	3,011 12.5
	359 86.7	4,305 88.0	6,487 86.8	8,120 87.6	1,768 88.4	21,039 87.5
TOTAL	414 100	4,890 100	7,472 100	9,274 100	2,000 100	24,050 100

^{*} First two years of KFSH operation.

Saudi nationals totalled 1,782 (89.1%) in 1992 and the non-Saudi, 218 (10.9%). There was a decline in the percentage of non-Saudis from the total (12.7%) during the period 1975 to 1992 with the Yemenis decreasing remarkedly from 5.1% to 1.6%.

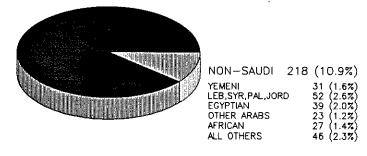
FIGURE 3
DISTRIBUTION OF ALL CASES BY NATIONALITY
1975 - 1992 (TOTAL CASES = 24,050)

SAUDI 20,990 (87.3%)



1992 (TOTAL CASES = 2,000)

SAUDI 1,782 (89.1%)

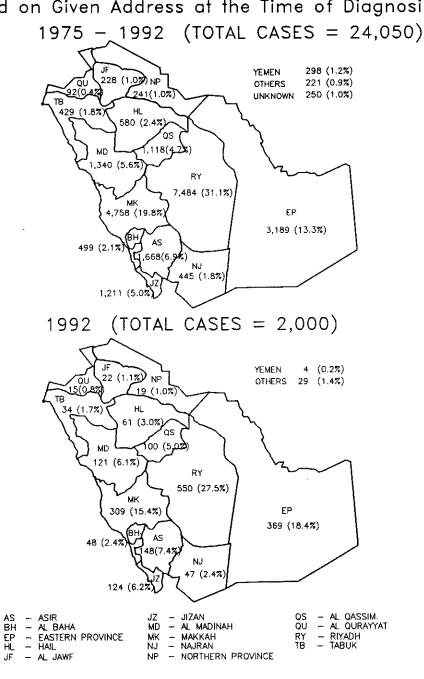


^{**} Children = 0 to 14 years of age; Adults = 15 years and above.

Geographically, the referral pattern is mainly from the Riyadh Region with 27.5% of all cases, followed by the Eastern Province and the Makkah Region with 18.4% and 15.4%, respectively, in 1992. The same regions had the most number of cases during the 18 years in review, i.e., 31.1% from Riyadh, 19.8% from Makkah and 13.3% from the Eastern Province.

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 KFSH&RC

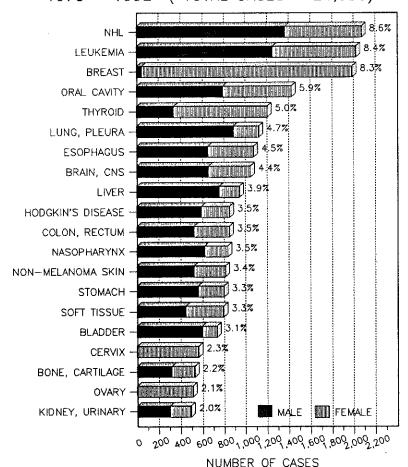
The crude relative frequency is the proportion of a given cancer in relation to all cases in a clinical or pathological series. Although such frequencies are subject to many biases, historically many elevated frequencies have been confirmed when complete cancer registration was introduced.

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 provided
- eligibility criteria for admission to KFSH&RC
- age distribution of the population

Non-Hodgkin's Lymphoma led the list of total cancer cases seen from 1975 to 1992 with 8.6%, followed by Leukemia (8.4%), Breast (8.3%), Oral Cavity (5.9%) and Thyroid (5.0%).

FIGURE 5
DISTRIBUTION OF 20 MOST COMMON MALIGNANCIES
1975 - 1992 (TOTAL CASES = 24,050)



Cancer among children under the age of 15 accounted for 12.5% of all cases from 1975 to 1992. The five most common childhood malignancies were Leukemia (25.8%), Lymphoma (21.7%), Brain/CNS (15.5%), Soft Tissue (8.6%) and Eye (7.5%).

FIGURE 6

DISTRIBUTION OF 10 MOST COMMON CHILDHOOD MALIGNANCIES

1975 - 1992 (TOTAL CASES = 3,011)

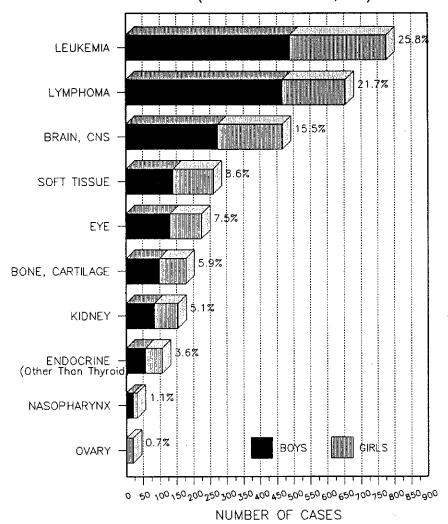


Table 2 shows the number of all malignant cases seen at KFSH&RC from 1975 to 1992 by site and year and Table 3, the 5-year summaries.

TABLE 2

ALL CASES SEEN AT KFSHRRC BY SITE* AND YEAR 1975 - 1992

Colonia Charity 1 15 35 80 60 60 60 60 60 60 60		1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	TOTA
1 1 15 35 36 66 66 66 67 67 67 67 67 68 67 70 66 67 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>}</u>	-	5	38	8	69	69	26	81	8	*	103	7.4	8	131	103	103	106	115	1,427
1 15 51 62 69 66 51 76 66 68 68 68 69 64 69 67 73 66 68 68 69 69 69 69 69 69 69 69 69 69 69 69 69	×	M	=	39	32	38	34	87	45	79	45	45	84	2	ţ	62	61	19	25	834
1 2 2 3 3 4 3 4 5 5 6 5 6 6 6 6 6 6		-	15	7	62	69	8	58	62	ĸ	92	26	8	22	8	29	22	8	89	1,076
1 13 22 24 30 37 47 38 41 59 44 51 67 67 67 67 68 68 68 68		7	ξ.	32	36	84	38	67	50	8	28	84	E	9	97	25	5	36	25	8
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* Includes Multiple Primary Neoplasms.

TABLE 3

ALL CASES SEEN AT KFSH&RC BY SITE* AND 5-YEAR PERIOD 1975 - 1992

SITE	1975	1975-1976**	1977-1981	1981	1982-1986	1986	1987-199	1991	19	9 2	TOTAL	¥.
!	X	×	<u>0</u>	×	2	×	e e	ĸ	S.	×	e	×
Oral Cavity	16	3.9%	313	87.9	144	2.9%	245	5.8%	115	5.8%	1,427	5.9%
Nasopharvnx	7	3.4%	194	4.0%	247	3.3%	327	3,5%	52	2.6%	834	3.5%
Esophagus	16	3.9%	306	6.3%	337	4.5%	349	3.8%	89	3.4%	1,076	4.5%
Stonech	17	4.1%	203	4.2%	586	3.8%	242	2.6%	25	2.4X	862	3.3%
Colon, Rectum	7,	3.4%	160	3.3%	233	3,1%	357	3.8%	8	4.3%	820	3.5%
Liver	22	5.3%	202	4.1%	313	72 7	333	3.6%	7 2	3.7 2	776	3.9
Pancreas	9	1.4%	8	1.3%	98	1.3%	86	0.9%	92	1.3%	282	1.2%
Other G.I.	80	1.9%	57	1.2%	7.4	1.0%	104	1,1%	28	1.4X	271	1.1%
Larynx	9	1.4%	ĸ	1.5%	98	1.3%	138	1.5%	27	1.4%	344	1.4%
Lung, Pleura	14	3.4%	192	3.9%	392	5.2%	777	4.8%	82	4.1%	1,124	7,
Multiple Myeloma	'n	1.2%	777	26.0	9	0.8%	109	1.2%	23	1.2%	241	1.0%
Lymphoid Leukemia	18	4.3%	177	3.6%	329	74.4%	373	70.4	22	3.6%	696	70.7
Myeloid Leukemia	92	3.9%	217	77.7	230	3.9%	365	3.9%	9	3.0%	876	3 9%
Other Leukemias	_	0.2%	92	0.5%	82	% 7.0	77	0.5%	9	0.3%	106	X7 0
Reticuloendothelium	-	0.2%	4	0.1%	10	0.1%	'n	0.1%	0	70.0 0	2	0 1
Bone, Cartilage	~	አ	98	2.0%	174	2.3%	198	2.1%	49	2.5%	226	2.2%
Soft Tissue	14	3.4%	167	3,4%	225	3.0%	329	3.5%	61	3,1%	% %	3,3%
Skin Melanoma	4	1.0%	34	۲.0°	77	0.6%	7 7	0.5%	13	<u>د</u> 0	139	0.6%
Non-Melanoma Skin Ca	17	4.1%	185	3.8%	303	4.1%	549	2.7%	28	2.9%	812	3.4X
Breast	92	6.3%	320	6.5%	625	8.4%	834	9.0%	183	9.2%	1,988	37
Uterus, Genital	7	0.5%	62	1.3%	119	1.6%	171	1.8%	41	2.1%	395	1.6%
Cervix	10	2.4%	8	2.0%	186	2.5%	214	2.3%	25	2.6%	561	2.3%
Ovary	∞	1.9%	28	1.6%	151	2.0%	227	2.4%	77	2.2%	208	2.1%
Prostate	~	7.7	36	٥ کې	86	1.3%	114	1.2%	36	1.8%	291	1.2X
Testis, Genital	4	1.0%	26	۲. ۲.	8	0.9%	83	26.0	21	1.1%	230	1.0%
Bladder	4	2.7%	137	2.8%	196	2.6%	327	3.5%	63	3.2%	%	3.1%
Kidney, Urinary	٥	2.5%	8	1.8%	146	2.0%	192	2.1%	53	2.7%	067	2.0%
Eye	9	1.4%	86	1.8%	127	7.7%	131	1.4%	14	<u>ک</u> 0	367	1.5%
Brain, CNS	27	6.5%	155	3.2%	310	4.1%	577	4.8%	110	5.5%	1,047	77.7
Thyroid	10	2.4%	5	3.7%	329	77.7	244	5.9%	141	7.1%	1,203	2.0%
Other Endocrine	2	0.5%	21	0.4%	26	0.8%	41	27.0	14	۲. ا	137	79.0
NHL - Lymph Nodes	23	5.6%	453	9.3%	542	7.3%	451	4.9%	86	4.5%	1,558	6.5%
NHL - Extra-nodal	M	٧.0	30	0.6%	134	1.8%	289	3.1%	9	3.0%	516	2.1%
Hodgkin's Disease	32	7.7	203	4.2%	239	3.2%	. 307	3.3%	7	3.6%	852	3.5%
Primary Unknown	14	3.4%	117	2.4%	117	1.6%	190	2.0%	20	2.5%	887	2.0%
All Other Sites	4	1.0%	45	26.0	45	79.0	2	0.8%	Ξ	0.6%	178	, ,
TOTAL	414	100.0%	4,890	100.0%	7,472	100.0%	9,274	100.0%	2,000	100.0%	24,050	100.0%
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* Includes Multiple Primary Neoplasms.

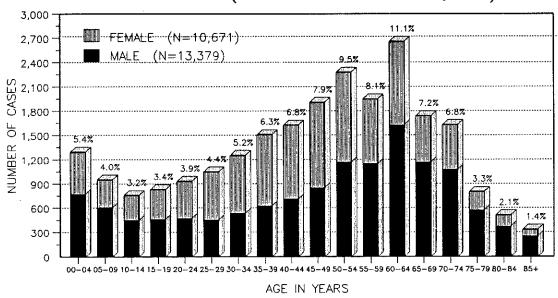
** First Two Years of KFSH Operation.

The largest number of cases was noted in the 5th and 6th decades in males and in the 4th and 5th in females. In 1992, the mean age was 46.5, the median is 50.3 and the mode is 60.0. Childhood malignancies are most common among children three years of age.

FIGURE 7

DISTRIBUTION OF ALL CASES BY AGE AT DIAGNOSIS

1975 - 1992 (TOTAL CASES = 24,050)





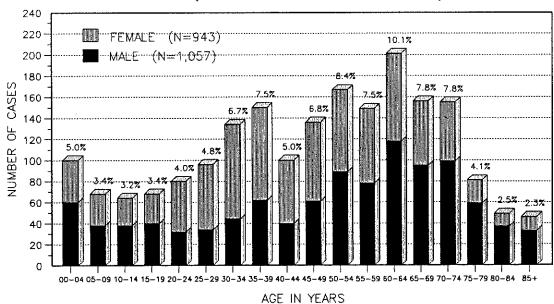
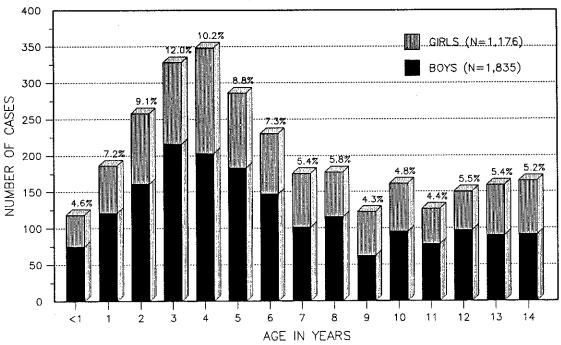


FIGURE 8

DISTRIBUTION OF ALL PEDIATRIC CASES BY AGE AT DIAGNOSIS

1975 - 1992 (TOTAL CASES = 3,011)



Of the 2,000 cases in 1992, 1,628 (81.4%) 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 372 cases (18.6%) were non-analytic (defined as cases diagnosed elsewhere and receiving all of their first course of treatment elsewhere). Out of the 1,628 analytic cases, pediatric cases totalled 205, with 121 boys and 84 girls.

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 KFSH&RC BY SITE*, SEX, CLASS OF CASE AND SUMMARY STAGE 1992

					2 % 6 .				1 1 1	0 H 0 F J	
2116	A T O T	LAL	c)	×	CLASS OF	CASE**		M E R A L		S - 22	TAGE
	Mumber				Analytic	Non-Anal	2	Localized	Regional	Distant	NA/Unknown
1889.1	183	77.6	4	671	141	75	0	ĸ	9	5%	-
Non-Hodakin's Lymphoma	149	7.5%	82	\$	136	13	0	7	53	29	- -
Thyroid	141	7.1%	33	108	123	85	0	25	5	=	_
Leukemia	138	26.9	8	52	113	52	0	0	0	113	0
Oral Cavity	115	5.8%	88	24	107	œ	0	31	77	22	S
Brain, CNS	110	5.5%	29	£ 7	8	Ξ	0	56	33	0	~
Colon, Rectum	8	4.3%	51	35	89	18	0	0	25	2	9
Lung, Pleura	82	4.1%	3	18	69	13		5	14	45	0
Liver	7.4	3,7	61	13	87	92	0	8	ĸ	25	m
Hodgkin's Disease	7	3.6%	45	5 8	61	9	0	72	25	22	0
Esophadus	8	3, 4%	40	28	9	æ	0	12	21	13	14
Bladder	63	3.2%	53	5	87	15	0	92	25	٥	ا حت
Soft Tissue	19	3.1%	07	21	45	16	0	-	82	71	2
Non-Melanoma Skin Ca	28	2.9%	37	72	77	14	 -	22	∞	12	-
Kidney, Urinary	53	2.73	34	19	57	∞	0	18	5	9	~
Nasopharynx	52	2.6%	43	Φ.	94	9	0	0	27	ඩ	_
Cervix	25	2.6%	0	52	20	2	-	~	3 6	^	
Primary Unknown	20	2.5%	5 8	54	37	13	0	0	0	0	37
Bone, Cartilage	67	2.5%	82	54	7,7	'n	0	4	አ	9	0
Stomach	47	2.4%	32	15	31	16	0	4	11	5	-
Ovary	77	2.2%	0	77	52	19	0	4	M	17	-
Uterus, Genital	41	2.1%	0	41	35	7	4	10	5	٥	*
Prostate	36	1.8%	36	0	19	.17	- -	M	'n	©	2
Other G.1.	28	1.4%	12	16	21	_	0	- -	은	~ 1	M (
Larynx	22	1.4%	92	-	22	S	-	- 13	•	m ;	o :
Pancreas	5 8	1.3%	17	6	20	9	0	o	ο -	<u>0</u> :	- •
Multiple Myeloma	23	1.2%	18	ľ	17	9	0	0	0 1	17	۰ ۵
Testis, Genital	21	1.1%	21	0	49	7	0	=	M i	4	-
Other Endocrine	14	۲.0	12	7	12	2	0	m	m	9	0
Eye	14	۲.0	7	7	æ	9	0	4	4	0	o
Skin Melanoma	ñ	٥. ٢	_	9	9	7	0	~	7	2	o (
All Other Sites	Ξ	79.0	7	4	10	-	0	7	m	M	2
TOTAL	2,000	100-0%	1,057	943	1,628	372	4	381	603	536	104

* 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.
Non-Analytic Cases - cases which were diagnosed elsewhere and received all of their first course of treatment elsewhere.

TABLE 5

ANALYTIC CASES SEEN AT KFSH&RC BY SITE* AND AGE 1992

* Includes Multiple Primary Neoplasms.

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TABLE

Ä ANALYTIC MALE CASES SEEN AT KFSH&RC BY SITE* AND

SITE

TOTAL

챣

\$ 8 04000----4000000000--400040m00--1992 0000-0-10-100-0000440000-0000 **X** X 0-00-00000m+0m00000000000000-0-m00 NOOOOOOOC-80880-00000000---00400 5-9 0+0000000004000+0+0000000+0⁶0+4+ 0-4 2 ymphoid Leukemia Ion-Melanoma Skin - Lymph Nodes - Extra-nodal lodgkin's Disease yeloid Leukemia fultiple Myeloma Other Endocrine Primary Unknown Other Leukemias Jone, Cartilage Kidney, Urinary Ill Other Sites estis, Genital Geni tal skin Melanoma Colon, Rectum Pleura oft Tissue **Nasopharymx** Oral Cavity Other G.I. Brain, CKS Esophagus rostate ancreas hyroid Iterus, Stomach arynx 3reast ervix , gun

Vary

Includes Multiple Primary Neoplasms.

8

2

2

2

26

- Lymph Nodes

Other Endocrine

Kidney, Urinary estis, Genital

Brain, CNS

rhyroid

Hodgkin's Disease - Extra-nodal

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

TOTAL

\$

ŔŻ 4-W00+-0-0-0000-95M-00M-0-2000-000 000000-00-00-00-450400000-**8**0000000 ₹, **%** 40-W-U0-0-000--44W0000U00-00U1-00 WOULFOULDWOOLOOLO4FWWW0000000004-01 **4**5 1992 0000-0-00000-0-0-00-0000--120×0000 0000-+00000000-0<u>0</u>04000000-00 路路 **X** X CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

ů

Non-Melanoma Skin

Skin Melanoma

Soft Tissue

Uterus, Genita

Cervîx Breast

Prostate

.ymphoid Leukemia

Other Leukemias Bone, Cartilage

fultiple Myeloma Ayetoid Leukemia

ung, Pleura

)ther G. I.

ancreas

Colon, Rectum

Esophagus

Stomach

Oral Cavity **lasopharynx**

N000000-0000-0000--N0000000-000

0W0V00V000000000VVW00000++0+0

* Includes Multiple Primary Neoplasms.

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 1992 analytic cases exhibit significant differences in trends from those of the West:

Breast - The most common malignancy seen at KFSH&RC is breast cancer, comprising 8.7% 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 which is the most common type of malignancy seen in males and the third most common in females, accounting for 8.4% of all cases. The male/female ratio is 1.3:1. In the U.S.A., NHL accounts for only about 3% of all cancer.

Thyroid - 3.1% of all male malignancies in KFSH&RC are thyroid tumors. However, they represent 12.5% of female malignant neoplasms, second to breast cancer. The male/female ratio is 0.3:1. Thyroid cancer accounts for only 1.1% of all cases in the U.S.A. and 1.6% of female malignancies.

Leukemia - Leukemia constitutes 6.9% of all cases seen at KFSH&RC, as compared to about 3% of all neoplasms diagnosed in the U.S.A. It is also the most common malignancy in children under the age of 15. The male/female ratio is 1.6:1.

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 6.6% of the cases. The male/female ratio is 1.4:1.

Brain/CNS - Primary malignant neoplasm of the brain and CNS accounts for 6.1% of all malignancies and ranks third among the most common childhood malignancies. The male/female ratio is 1.5:1. This is comparatively higher than in the West with only 1.5% of all cases.

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 (19% in males, and 11% in females).

At KFSH&RC, 4.2% of the diagnoses are lung cancer, although in males it is the fourth most common tumor, constituting 6.6% of male malignancies and 1.6% in females. The male/female ratio is 4.8:1.

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 4.2% of all tumors. In the U.S.A. it constitutes 14% of newly diagnosed cancer cases. The male/female ratio at KFSH&RC is 1.5:1.

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 3.7% at KFSH&RC. The male/female ratio is 1.3:1.

Liver - Although the relative frequency of liver cancer at the KFSH&RC (3.0%) is almost the same as that of the West, there is a very significant difference in the male/female ratio. KFSH&RC has 4.3:1 and the West, 1.1:1.

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 2.8% of the cases at KFSH&RC. The male/female ratio is 4.8:1.

Soft Tissue - KFSH&RC cases show a higher rate of soft tissue malignancies than the U.S.A., with 2.8% against the latter's 0.5% of all cases. The male/female ratio is 2.0:1.

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 22% of the malignancies). This is in contrast to the KFSH&RC experience, where prostatic cancer makes up only 2.2% 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 9

DISTRIBUTION OF 20 MOST COMMON MALIGNANCIES 1992 ANALYTIC CASES (TOTAL CASES = 1,628)

MALE

NHL 77 (9,0%)

LEUKEMIA 69 (8.0%)

ORAL CAVITY 62 (7.2%)

BRAIN, CNS 60 (7.0%)

LUNG, PLEURA 57 (6.6%)

COLON, RECTUM 41 (4.8%)

BLADDER 41 (4.8%)

LIVER 39 (4.5%)

HODGKIN'S DISEASE 38 (4.4%)

NASOPHARYNX 38 (4.4%)

ESOPHAGUS 34 (4.0%)

SOFT TISSUE 30 (3.5%)

KIDNEY, URINARY 29 (3.4%)

NON-MELANOMA SKIN 29 (3.4%)

THYROID 27 (3.1%)

BONE, CARTILAGE 24 (2.8%)

STOMACH 22 (2.6%)

PRIMARY UNKNOWN 21 (2.4%)

LARYNX 21 (2.4%)

TESTIS, GENITAL 19 (2.2%)
PROSTATE 19 (2.2%)



BREAST 137 (17.8%)

THYROID 96 (12.5%)

NHL 59 (7.7%)

CERVIX 50 (6.5%)

ORAL CAVITY 45 (5.9%)

LEUKEMIA 44 (5.7%)

BRAIN, CNS 39 (5.1%)

UTERUS, GENITAL 34 (4.4%)

COLON, RECTUM 27 (3.5%)

ESOPHAGUS 26 (3.4%)

OVARY 25 (3.3%)

HODGKIN'S DISEASE 23 (3.0%)

BONE, CARTILAGE 20 (2.6%)

KIDNEY, URINARY 16 (2.1%)

PRIMARY UNKNOWN 16 (2.1%)

SOFT TISSUE 15 (2.0%)

NON-MELANOMA SKIN 15 (2.0%)

OTHER G.I. 14 (1.8%)

LUNG, PLEURA 12 (1.6%)

LIVER 9 (1.2%)

STOMACH 9 (1.2%)

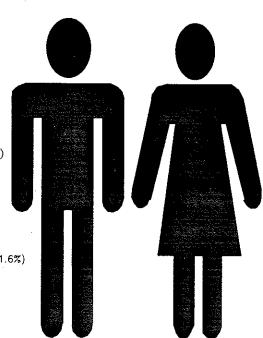
FIGURE 10

DISTRIBUTION OF CHILDHOOD MALIGNANCIES 1992 ANALYTIC CASES (TOTAL CASES = 205).

MALE

LYMPHOMA 28 (23.1%)

LEUKEMIA 26 (21.5%)
BRAIN, CNS 25 (20.7%)
SOFT TISSUE 12 (9.9%)
BONE, CARTILAGE 8 (6.6%)
ENDOCRINE 7 (5.8%)
(Other Than Thyroid)
KIDNEY 6 (5.0%)
EYE 3 (2.5%)
ORAL CAVITY 2 (1.6%)
NON-MELANOMA SKIN 2 (1.6%)
NASOPHARYNX 1 (0.8%)
THYROID 1 (0.8%)



FEMALE

LYMPHOMA 19 (22.6%)

LEUKEMIA 18 (21.4%)

BRAIN, CNS 17 (20.2%)

BONE, CARTILAGE 9 (10.7%)

SOFT TISSUE 7 (8.3%)

KIDNEY 7 (8.3%)

EYE 3 (3.6%)

ENDOCRINE 1 (1.2%)

(Other Than Thyroid)

OVARY 1 (1.2%)

UTERUS 1 (1.2%)

UNKNOWN PRIMARY 1 (1.2%)

TABLE 8

PRIMARY SITE TABLE
(INCLUDES MULTIPLE PRIMARIES)
1 9 9 2

SITE (ICD-O CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
	2,000	1,057	943
LIP (140)	5	4	1
Squamous Cell Carinoma	4	3	1
Adenoid Cystic Carcinoma	1	1	0
TONGUE (141) Squamous Cell Carinoma Carcinoma, NOS Malignant Mixed Tumor	27	18	9
	25	17	8
	1	0	1
	1	1	0
MAJOR SALIVARY GLANDS (142) Mucoepidermoid Carcinoma Adenoid Cystic Carcinoma Squamous Cell Carcinoma Acinar Cell Carcinoma Adenocarcinoma, NOS Myoepithelial Carcinoma Lymphoepithelioma-Like Carcinoma Carcinoma in Pleomorphic Adenoma Non-Hodgkin's Lymphoma Hodgkin's Disease	17 4 4 2 1 1 1 1 1	10 2 1 2 1 1 0 1 1 1	7 2 3 0 0 0 1 0 0
GUM (143) Squamous Cell Carcinoma Non-Hodgkin's Lymphoma	10	7	3
	9	6	3
	1	1	0
FLOOR OF MOUTH (144) Squamous Cell Carcinoma OTHER PARTS OF MOUTH (145) Squamous Cell Carcinoma Non-Hodgkin's Lymphoma Adenoid Cystic Carcinoma Cribriform Carcinoma Mucoepidermoid Carcinoma Carcinoma, NOS	5 27 21 2 1 1 1	17 14 1 0 1	3 10 7 1 1 0 1
OROPHARYNI (146)	6	3	3
Non-Hodgkin's Lymphoma	4	1	3
Squamous Cell Carcinoma	2	2	0
NASOPHARYNX (147) Squamous Cell Carcinoma Undifferentiated Carcinoma Carcinoma, NOS Non-Hodgkin's Lymphoma Adenoid Cystic Carcinoma Adenocarcinoma Malignant Neoplasm	59	46	13
	28	26	2
	13	10	3
	8	5	3
	7	3	4
	1	1	0
	1	0	1
HYPOPHARYNX (148) Squamous Cell Carcinoma	28	12	16

Primary Site Table con't

SITE (1CD-0 CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
ESOPHAGUS (150) Squamous Cell Carcinoma Adenocarcinoma, NOS Carcinoma, Undifferentiated Carcinoma, NOS Malignant Neoplasm	68	40	28
	61	35	26
	4	4	0
	1	0	1
	1	1	0
STOMACH (151) Adenocarcinoma, NOS Non-Hodgkin's Lymphoma Signet Ring Cell Carcinoma Mucinous Adenocarcinoma Adenocarcinoma in Tubulovillous Adenoma Adenosquamous Carcinoma Carcinoma, NOS Linitis Plastica Carcinoma In Situ	68 31 21 6 4 1 1 2 1	45 22 13 2 2 1 1 2 1	23 9 8 4 2 0 0 0
SMALL INTESTINE (152) Non-Hodgkin's Lymphoma Adenocarcinoma, NOS Neuroendocrine Carcinoma Hodgkin's Disease	12	8	4
	6	3	3
	4	3	1
	1	1	0
	1	1	0
COLON (153) Adenocarcinoma, NOS Signet Ring Cell Carcinoma Mucinous Adenocarcinoma Mucin-Producing Adenocarcinoma	33	18	15
	28	16	12
	2	0	2
	2	1	1
	2	1	0
RECTUM/RECTOSIGMOID JUNCTION/ANUS (154) Adenocarcinoma, NOS Squamous Cell Carcinoma Mucin-Producing Adenocarcinoma Mucinous Adenocarcinoma Signet Ring Cell Carcinoma Cloacogenic Carcinoma Adenocarcinoma In Villous Adenoma Carcinoma In Situ In a Polyp	53 38 5 4 2 1 1 1	33 23 5 1 2 1 0	20 15 0 3 0 0 0
LIVER/INTRAHEPATIC BILE DUCTS (155) Hepatocellular Carcinoma Cholangiocarcinoma Neuroendocrine Carcinoma Mucin-Producing Adenocarcinoma Malignant Neoplasm	74	61	13
	69	58	11
	2	2	0
	1	0	1
	1	1	0
GALLBLADDER/EXTRAHEPATIC BILE DUCTS (156) Adenocarcinoma, NOS	19	7	12
PANCREAS (157) Adenocarcinoma, NOS Carcinoma, NOS Mucin-Producing Adenocarcinoma Tubular Adenocarcinoma Malignant Neoplasm	26	17	9
	20	12	8
	3	2	1
	1	1	0
	1	1	0
PERITONEUM (158) Mesothelioma, Biphasic Type Mucinous Adenocarcinoma	2	1	1
	1	1	0
	1	0	1

Primary Site Table con't

SITE (ICD-O CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
OTHER G.I. SITES (159) Signet Ring Cell Carcinoma Non-Hodgkin's Lymphoma	3 2 1	1 0 1	2 2 0
NASAL CAVITIES/ACCESSORY SINUSES (160) Squamous Cell Carcinoma Non-Hodgkin's Lymphoma Plasmacytoma Adenoid Cystic Carcinoma Papillary Adenocarcinoma Carcinoma, NOS	12 4 3 2 1 1	9 2 2 2 1 1 1	3 2 1 0 0 0
LARYNX (161) Squamous Cell Carcinoma	27	26	1
BRONCHUS/LUNG (162) Adenocarcinoma Squamous Cell Carcinoma Large Cell Carcinoma Small Cell Carcinoma Bronchio-Alveolar Adenocarcinoma Carcinoma, NOS Oat Cell Carcinoma Carcinoid Tumor Malignant Neoplasm Adenosquamous Carcinoma Solid Carcinoma Hodgkin's Disease PLEURA (163)	80 27 21 11 5 4 3 2 2 2 1 1 1	63 20 18 10 3 3 2 1 1 2 1	17 7 3 1 2 1 1 1 0 0 0 0 2
Mesothelioma		_	_
MEDIASTINUM (164) Malignant Fibrous Histiocytoma Malignant Neurilemmoma Non-Hodgkin's Lymphoma Hodgkin's Disease Malignant Cells	5 1 1 1 1	3 1 0 1 1 0	2 0 1 0 0
BLOOD (169) Waldenstrom's Macroglobulinemia	1	0	1
MULTIPLE MYELOMA (169) Plasma Cell Myeloma	23	18	5
BONE MARROW (169) Acute Lymphoid Leukemia Acute Myeloid Leukemia Chronic Myeloid Leukemia Chronic Lymphoid Leukemia Acute Leukemia, NOS Acute Promyelocytic Leukemia Acute Myelomonocytic Leukemia Chronic Myelomonocytic Leukemia Myeloid Leukemia, NOS Megakaryocytic Leukemia Erythroid Leukemia	138 60 24 27 12 4 3 3 2	86 35 10 18 11 2 3 3 1 1	52 25 14 9 1 2 0 0 1 0

Primary Site Table con't

SITE (ICD-O CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
ONE & CARTILAGE (170)	51	27	24
Osteosarcoma, NOS	27 15	12 9	15 6
Ewing's Sarcoma Chondrosarcoma, NOS	4	3	1
Non-Hodgkin's Lymphoma	2	2	ō
Myxoid Chondrosarcoma	1	0	1
Chondroblastic Osteosarcoma Juxtacortical Osteosarcoma	1 1	1 0	0 1
ONNECTIVE/SUBCUTANEOUS/SOFT TISSUE (171)	- 59	39	20
Myxoid Liposarcoma	7	4	3
Sarcoma, NOS	. 6	5	1
Embryonal Rhabdomyosarcoma	5	3	2
Leiomyosarcoma, NOS	5	2	3
Neuroblastoma, NOS	5 5	3 5	2 0
Malignant Fibrous Histiocytoma Rhabdomyosarcoma, NOS	4	4	Ö
Synovial Sarcoma, NOS	3	2	1
Fibrosarcoma, NOS	2	ō	2
Spindle Cell Sarcoma	2	2	0
Chordoma	2	2	0
Non-Hodgkin's Lymphoma	2	2	0
Alveolar Rhabdomyosarcoma	1	0	1
Alveolar Soft Part Sarcoma	1	0	1
Endometrial Stromal Sarcoma	1 1	0	1 1
Giant Cell Sarcoma Extra-skeletal Ewing's Sarcoma	1	1	ō
Liposarcoma, Well-Differentiated	ī	i	ŏ
Dediferentiated Liposarcoma	ī	ī	ŏ
Hemangiosarcoma		1	Ō
Neuroepithelioma, NOS	1	1	0
Peripheral Neuroectodermal Tumor	1	0	1
Malignant Neoplasm	1	0	1
KIN (MELANOMA) (173)	13	7	6
Malignant Melanoma	12 1	7 0	5 1
Acral Lentiginous Melanoma		U	_
KIN (NON-MELANOMA) (173)	60	37	23
Squamous Cell Carcinoma	24 13	14 10	10 3
Basal Cell Carcinoma	13 12	7	ے 5
Kaposi's Sarcoma Dermatofibrosarcoma Protuberans	4	3	ĭ
Mycosis Fungoides	2	ĭ	i
Non-Hodgkin's Lymphoma	2	ō	2
Malignant Blue Nevus	<u></u>	0	ī
Sweat Gland Adenocarcinoma	· 1	1	0
Adenoid Cystic Adenocarcinoma	1	1	0
REAST, FEMALE (174)	180	0	180
Duct Cell Carcinoma	148	0	148
Paget's Disease & Duct Cell Carcinoma	7	0	7
Comedocarcinoma	6	0	6
Carcinoma, NOS	5	0	5
Lobular Carcinoma	3	0	3 3
Medullary Carcinoma Cystosarcoma Phyllodes	3 2	. 0	2
	Z.	U	

Primary Site Table con't

SITE (ICD-O CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
BREAST, FEMALE (174) (Cont'd)			
Infiltrating Duct & Lobular Carcinoma	1	0	1
Adenocarcinoma, NOS	ī	0	1
Non-Hodgkin's Lymphoma	ī	ō	ī
Intraductal Carcinoma, Non-Infiltrating	1	Ō	ī
Lobular Carcinoma In Situ	ī	Ö	ī
BREAST, MALE (175)	4	4	0
Duct Cell Carcinoma	3	ā	ĭ
Paget's Disease & Duct Cell Carcinoma	ĭ	ĭ	ō
CERVIX UTERI (180)	52	0	52
Squamous Cell Carcinoma	45	ő	45
Adenocarcinoma, NOS	4	ŏ	4
Papillary Adenocarcinoma	i	ő	i
Adenosquamous Carcinoma	i	ŏ	ī
Carcinoma In Situ	i	ŏ	ī
	11	0	11
PLACENTA (181)	8	o	8
Choriocarcinoma Trophoblastic Tumor	3	0	3
	_	_	
CORPUS UTERI (182)	27 16	0 0	27 16
Adenocarcinoma, NOS		Ö	
Leiomyosarcoma, NOS	2	0	2
Mesodermal Mixed Tumor	2	_	2
Carcinosarcoma	2	0	2
Endometrial Stromal Sarcoma	1	0	1
Papillary Serous Cystadenocarcinoma	1	0	1
Adenosquamous Carcinoma	1	0	1
Carcinoma, NOS	1	0	1
Adenocarcinoma In Situ	1	0	1
OVARY (183)	46	0	46
Papillary Serous Cystadenocarcinoma	8	0	8
Malignant Teratoma	7	0	7
Adenocarcinoma, NOS	5	0	5
Serous Cystadenocarcinoma	4	0	4
Papillary Adenocarcinoma	3	0	3
Mucinous Cystadenocarcinoma	3	0	3
Papillary Serous, Borderline Malignancy	3	0	3
Dysgerminoma	2	0	2
Mesodermal Mixed Tumor	2	0	2
Carcinoma, NOS	2	0	2
Non-Hodgkin's Lymphoma	2	0	2
Endometrioid Carcinoma	1	0	1
Papillary Serous Carcinoma	1	0	1
Neuroendocrine Carcinoma	1	0	1
Endodermal Sinus Tumor	1	0	1
Malignant Granulosa Cell Tumor	1	0	1
OTHER FEMALE GENITAL ORGANS (184)	3	0	3
Squamous Cell Carcinoma	2	ō	2
Adenocarcinoma, NOS	1	· ŏ	ĩ
·	36	36	0
PROSTATE (185)	31	31	0
Adenocarcinoma, NOS	1	1	Ö
Small Cell Carcinoma, NOS	-	4	Ö
Carcinoma, NOS	4	4	U

Primary Site Table con't

SITE (ICD-O CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
ESTIS (186)	20	20	0
Seminoma, NOS	12	12	0
Mixed Germ Cell Tumor	5	5	0
Embryonal Carcinoma, NOS	2	2	0
Spermatocytic Seminoma	1	1	0
THER MALE GENITAL ORGANS (187) Kaposi's Sarcoma	1	• 1	0
RINARY BLADDER (188)	63	53	10
Papillary Transitional Carcinoma	20	16	4
Transitional Cell Carcinoma	2 9	26	3
Squamous Cell Carcinoma	10	7	3
Carcinoma, NOS	2	2	0
Transitional Cell Carcinoma, Spindle Cell		1	0
Squamous Cell Carcinoma, Spindle Cell	1	1	0
IDNEY (189)	53	34	19
Renal Cell Carcinoma	34	24	10
Nephroblastoma	13	6	7
Papillary Transitional Carcinoma	4	3	1
Squamous Cell Carcinoma	2	1	1
(E (190)	16	9	7
Retinoblastoma	8	4	4
Squamous Cell Carcinoma	4	2	2
Malignant Melanoma	1	1	0
Pleomorphic Rhabdomyosarcoma	1	1	0
Myeloid Sarcoma	1	1	0
Adenoid Cystic Carcinoma	1	0	1
RAIN (191)	104	64	40
Astrocytoma	38	22	16
Glioblastoma, NOS	28	20	8
Medulloblastoma, NOS	12	8	4
Malignant Glioma	7	3	4
Primitive Neuroectodermal Tumor	5	2	3
Ependymoma	4 2	3 1	1 1
Desmoplastic Medulloblastoma Oligodendroglioma, NOS	2	1	. 1
Gemistocytic Astrocytoma	1	ō	1
Fibrillary Astrocytoma	i	ĭ	Ō
Pilocytic Astrocytoma	ī	ō	1
Giant Cell Gliobalstoma	<u></u>	ī	Ō
Medullomyoblastoma	1	. 1	0
Germinoma	1	1	0
THER NERVOUS SYSTEM (192)	7	4	3
Astrocytoma, NOS	2	1	1
Malignant Glioma	ī	ō	1
Malignant Meningioma	ī	ī	Ō
Primitive Neuroectodermal Tumor	1	ī	Ō
Ewing's Sarcoma	1	0	1
Non-Hodgkin's Lymphoma	1	1	0

Primary Site Table con't

SITE (ICD-O CODE) HISTOLOGY	ALL CASES	MALES	FEMALES
THYROID (193) Papillary Carcinoma, NOS	143 119	34 27	109 92
Papillary & Follicular Adenocarcinoma	12	4	8
Carcinoma, Anaplastic Type	3	1	2 2
Follicular Adenocarcinoma	2 2	0 1	1
Medullary Carcinoma Oxyphilic Adenocarcinoma	2	ō	2
Non-Hodgkin's Lymphoma	2	ī	ī
Spindle Cell Carcinoma	ī	0	1
OTHER ENDOCRINE GLANDS (194)	14	12	2
Neuroblastoma	6	6	0
Adrenal Cortical Carcinoma	4	3	1
Germinoma	2	1	1
Pineoblastoma	1	1	0
Adenocarcinoma, NOS	1	1	0
LYMPH NODES, NON-HODGKIN'S LYMPHOMA (196)	89	51	38
(Excluding Extra-Nodal Lymphomas)		2.2	21
Large Cell Lymphoma	44 10	23 5	5
Immunoblastic Lymphoma	8	7	
Lymphoblastic Lymphoma	8	5	1 3 4
Small Cell Lymphoma Malignant Lymphona, NOS	5	1	4
Burkitt's Lymphoma	4	2	2
Non-Hodgkin's Lymphoma, NOS	4	3	1
Small Lymphocytic Lymphoma	2	2	0
Mixed Small Cleaved & Large Cell, Foll:	icular 2	2	0
Mixed Small & Large Cell, Diffuse	1	1	0
Centroblastic Lymphoma	1	0	1
LYMPH NODES, HODGKIN'S DISEASE (196)	67	43	24
Nodular Sclerosis	43	25	18
Mixed Cellularity	10	7	3
Hodgkin's Disease, NOS	8	7 4	1 2
Lymphocytic Predominance	6	•	
PRIMARY UNKNOWN (199)	50	26	24
Adenocarcinoma, NOS	24	13 6	11 2
Squamous Cell Carcinoma	8 4	1	3
Carcinoma, NOS	3	3	0
Neuroendocrine Carcinoma Undifferentiated Carcinoma	2	2	ŏ
Malignant Neoplasm	2	ō	2
Malignant Cell	$\overline{2}$	· 0	2 2
Small Cell Carcinoma, NOS	1	1	0
Papillary Carcinoma, NOS	1	0	1
Mucin-Producing Adenocarcinoma	1	0	1
Signet Ring Cell Carcinoma	1	0	1
Choriocarcinoma	1	0	1

TABLE 9

PATIENTS WITH MULTIPLE PRIMARIES
1 9 9 2

PRIMARY SITE HISTOLOGY 1992	OTHER PRIMARIES (PREVIOUS OR CONCURRENT)	ALL CASES	MALES	PEMALES
		35	17	18
ORAL CAVITY		3	2	1
Squamous Cell Ca-Tongue	Thyroid	ĭ	1	ō
Squamous Cell Ca-Gum	Tongue	1	1	0
Squamous Cell Ca-Mucosa	Lower Gum	1	0	1
STOMACH		2	1	1
Adenocarcinoma	Stomach - NHL	ĩ	ō	ī
Non-Hodgkin's Lymphoma	Skin, Cheek	ī	ĩ	ō
	•	5	1	4
COLON, RECTUM Adenocarcinoma-Cecum	Breast	1	0	1
Adenocarcinoma-Cecum*	Skin, Rt Ear	1	1	Ō
Adenocal Cinoma Cecum	Hepatic Flexure Colon, NOS	•	•	J
Adenocarcinoma-Appendix	Breast	1	0	1
Adenoca - Rectosigmoid	Brain	1	0	1
Adenocarcinoma - Rectum	Colon	· 1	0	1
GALLBLADDER Adenocarcinoma	Rectum	1	1	0
LARYNX		1	1	0
Squamous Cell Carcinoma	Eye	•	-	U
_	Lye	_	_	_
LUNG		2	1	1
Adenocarcinoma	Bladder	1	1	0
Squamous Cell Carcinoma	Lower Gum	1	0	1
BONE MARROW		1	1	0
Chronic Lymphoid Leukemia	Nasopharynx			
BONE		1	1	0
Osteosarcoma	Hodgkin's Disease	•	•	J
	j			_
CONNECTIVE TISSUE	Colon	1	1	0
Fibrous Histiocytoma	Colon			
SKIN		2	0	2
Non-Hodgkin's Lymphoma	Chronic Myeloid Leukemia		0	1
Kaposi's Sarcoma	Mycosis Fungoides	1	0	1
BREAST		6	0	6
Duct Cell Carcinoma	Contra. Breast	4	0	4
Comedocarcinoma	Contra. Breast	1	0	1
Comedocarcinoma	Hypopharynx	1	0	1
UTERUS		1	0	1
Adenocarcinoma	Thyroid	-	-	-
	•		•	•
PROSTATE Adenocarcinoma	Bladder	1	1	0
VOGUOCATCINOMA	DIGUUEL			

Multiple Primaries con't

PRIMARY SITE HISTOLOGY	OTHER PRIMARIES (PREVIOUS OR CONCURRENT	ALL F) CASES	MALES	FEMALES
KIDNEY		3	2	1
Renal Cell Carcinoma	Thyroid	1	Ō	ī
Renal Cell Carcinoma	Breast	1	1	0
Renal Cell Carcinoma	Contra. Kidney	1	1	0
BRAIN & CNS		1	1	o
Astrocytoma	Hodgkin's Disease			
THYROID		3	3	0
Papillary Carcinoma	Larynx	2	2	0
Papillary Carcinoma	Tongue	1	1	0
PRIMARY UNKNOWN		1	0	1
Adenocarcinoma	Cervix			

^{*} Patient has four primaries.

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. 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

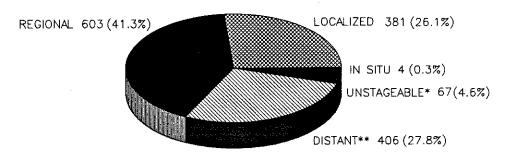
b. Discontinuous metastasis

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 1992. The 37 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 1992 analytic cases by site and stage at diagnosis.

FIGURE 11

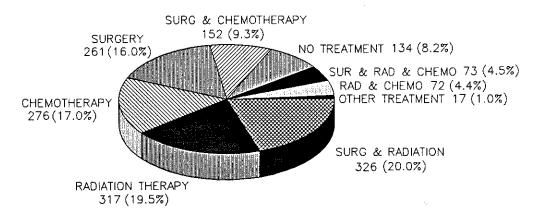
DISTRIBUTION OF ANALYTIC CASES BY STAGE AT DIAGNOSIS - 1992 (TOTAL CASES = 1,461)



- * EXCLUDES UNKNOWN PRIMARIES (37 CASES)
- ** EXCLUDES LEUKEMIA AND MULTIPLE MYELOMA (130 CASES)

FIGURE 12

DISTRIBUTION OF ANALYTIC CASES BY FIRST COURSE OF TREATMENT (SINGLY OR IN COMBINATION) 1992 (TOTAL CASES = 1,628)



APPENDIX A

1992 SPECIAL STUDY REQUESTS FROM TUMOR REGISTRY DATA *Publication **KFSH Presentation ***Outside KFSH Presentation

Tanana		
Malig Tumors of the Ear & Temporal Bone(1980-1991)*** All Pediatric Leukemia Cases (1975-1992) Histiocytosis X Cases (1975-1991)** Breast Cancer Cases, Females <40 Yrs Old (1975-1990) Patients <14 Yrs Old with Wilm's Tumor, Neuroblastoma, Rhabdomyosarcoma, Hepatoblastoma, Retinoblastoma, Germ Cell Tumor, Ewing's Sarcoma, Osteogenic Sarcoma, Acute Leukemia & Lymphoma (Jan 83-Jan 91)	Dr. I	Z. Mahasin M. Al Mahr M. Abuzeid A. Ezzat K. Sackey
Small Cell Lung Ca Cases (MR Numbers) (Jan 90-Jan 92)	Dr.	Khaila
February All Childhood Cancer By Site (1975-1992)***	Dr.	A. Ali
March Pediatric & Adult Malignant Cases By Sex for the Past 5 Yrs	Dr.	R. Sabbah
Histiocytosis X Cases (MR Numbers) (1975-1992) Malignant Ovarian Tumors with Histology & Status at Last Contact (MR Numbers)(1975-1992)		A. Martins Research Unit
Adult A.L.L. Cases with Class of Case & Status at	Cl.	Research Unit
Last Contact (MR Numbers)(1975-1992) Mesothelioma & Lung Cancer Cases By Year & Region (1975-1991)**	Dr.	H. Kassouf
April	_	
CML Patients >14 Years Old with Status at Last Contact (MR Numbers)(1975-1991)	cı.	Research Unit
Angiofibroma of Nasopharynx (MR Numbers)(1975-1992) Nasopharyngeal Cancer Cases, Patients <19 Yrs (MR Numbers)(1975-1992)		H. Abdallah H. Abdallah
May		
Brain Tumors By Site, Children Vs Total. Total Malignant Tumors By Site (1986-1992)**	Dr.	I. Kanaan
Cancer of the Colon, Rectum & Anus By Age, Sex & Stage (1980-1990)	Dr.	D. Pradhan
Ki-1 Lge Cell NHL By Age, Sex, Site, Stage, Date Dx, Tx	Dr.	A. Ezzat
& Status at Last Contact (MR Numbers)(1987-1991) Cancer of Post-Cricoid, Pyriform Fossa, Hypopharynx & Upper Esophagus (MR Numbers)(1988-1992)	Dr.	Z. Mahasin
June		
Non-Hodgkin's Lymphoma Cases (MR Numbers)(1992) Head & Neck Cancer Cases By Site & Year (1988-1991 Malignant Tumors of the Foot (Bone & Soft Tissue)	Dr.	Research Unit S. El Akkad A. Shah
(MR Numbers) (1975-1992) * Kaposi's Sarcoma Cases By Region & Total Cases in	Dr.	W. Quinibi
the Tumor Registry Database (1975-1992)* Patients with Cervical Ca, Soft Tissue Sarcoma, Osteogenic Sarcoma, Leukemia Undergoing BMT &	Ms.	J. Al-Dihan
Ped. Acute Leukemia, Last 50 Cases (MR Numbers) Malignant Tumors of the Hand (Bone & Soft Tissue) (MR Numbers)(1975-1992)*	Dr.	A Shah

July Dr. A. Al Rawaf Wilm's Tumor Patients (MR Numbers)(1987-1992)*** Pediatric A.L.L. Cases (MR Numbers) (1990-1992) Dr. Al Mahr Paraorbital/Orbital Rhabdomyosarcoma Patients <14 Dr. K. Sackey Yrs Old (MR Numbers) (1982-1992) ** August Dr. M. Ellis Kaposi's Sarcoma, Saudi & Gulf Patients (MR Numbers) MDS/AML Patients >14 Yrs Old (MR Numbers)(1991-1992) Ms. F. Skabo Dr. A. El-Warith Osteogenic Sarcoma Patients (MR Numbers) (1989-1992) Cancer of the Colon, Rectum & Stomach with Histology Dr. S. Bazarbashi & Stage (MR Numbers)(1980-1991)*** September Histiocytosis X/Eosinophilic Granuloma/Letterer-Siwe's Dr. M. Ahmed Disease with Sex & Age (MR Numbers)(1975-1992)** Cl. Research Unit Hodgkin's Lymphoma with Age, Sex, & Histology (MR Numbers (1980-1992) Retinoblastoma & Optic Nerve Glioma By Laterality, Dr. D. Pradhan Stage & Status at Last Contact (1975-1991) October Cancer of the Esophagus, 5-Year Summary By Site, Dr. S. El Akkad Histology, Age, Sex, & Region (1975-1989)*** Dr. S. El Akkad Cancer of the Lung, Oral Cavity, Stomach, Thyroid, Brain & CNS, 5-Year Summary By Site, Histology, Age, Sex & Region (1975-1989)*** Dr. M. Ahmed Thyroid Cancer Cases with Bone Metastasis At Dx or During The Course of Tx (MR Numbers)(1975-1992) Osteosarcoma Cases By Age, Sex, Site, Distant Mets, Dr. S. Lindahl Treatment & Status at Last Contact (1975-1991) *** Malignant Soft Tissue Tumors By Histology & Age Dr. Barr (1975-1990)**Dr. P. Ernst Chr Lymphocytic Leukemia Cases (MR Numbers) (1975-1992) Adult Hodgkin's Disease By Year & Stage (1989-1991) Dr. A. El-Warith Dr. Al Ahmari Carcinoid Tumors By Site, Histology & Status at Last Contact (MR Numbers) (1975-1992) * November Pediatric Patients with Kidney Ca (Wilm's Tumor, Clear Dr. K. Sackey Cell Sarcoma & Malig Rhabdoib Tumor) (MR Numbers) (1975 - 1992)Medulloblastoma Cases (MR Numbers) (1975-1992) Dr. Y. Khafaga December Non-Hodgkin's Lymphoma of the Breast (1975-1992) Dr. A. Ezzat Childhood Tumors By Site, Histology, Age & Region Dr. A. Ali (1975-1992)***

APPENDIX B

1992 Tumor Committee Members

Saleh El Akkad, M.D. M. Ashraf Ali, M.D. ** William Allard, D.M.D. Hamad Al Daig Peter Ernst, M.D.* Adnan Ezzat, M.D. Mohd Hannan, Ph.D. William Isbister, M.D. Peter McArthur, M.D. Dolores K. Michels, C.T.R. Lamia NouNou Andrew Padmos, M.D. Robin Pavillard, M.D. Sultan Al Sedairy, Ph.D. Jens O. Sieck, M.D. Jamal Al Subhi, M.D.

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

^{*} Tumor Committee Chairman

^{**} Deputy Chairman

APPENDIX C

1992 SUMMARY OF ONCOLOGY GRAND ROUNDS TOPICS

16	Feb	DNA Content Analysis As A Prognostic Factor in Patients with Solid Tumors	Dr. A. El-Naggar
23	Feb	Standardization of Treatment of GI Cancers, Part I	Dr. S. Bazarbashi
	Mar Mar	Perspectives on Childhood Leukemia Myelodysplasia	Dr. G. Dahl Drs. Clink, Musa, Al-Fiar
21	Apr	Carcinoma of Lower GI Tract: Its Treatment	Drs. Shabanah, Pradhan, Christophersen
19	May May May	Chediak Higashi Syndrome Complications & Management of Myeloma Genetics of Carcinoma	Dr. A. Al Nasser Drs. Clink & Musa Dr. N. Sakati
02	June	Angiofibroma of the Nasopharynx	Drs. Bull, Abdallah, Ali, Abuzeid, Larsson
	June June	Ki-1 Non-Hodgkin's Lymphoma Gestational Breast Cancer	Dr. R. Sabbah Dr. A. Ezzat
07	July	Accelerated Vs Conventional Fraction in the Post-Op Irradiation of Locally Advanced Head & Neck Cancer: Influence of Tumor Proliferation	Drs. Khafaga & El Akkad
	July July	A Case Report: Intracranial Tumor Mass Oral cancer: Detection & Diagnosis: Examination for Oral Cancer	Dr. A. Martins Dr. W. Allard
28	July	Biology of Early Breast Cancer	Dr. J. Berry
04	Aug	Current Management Policies In Cancer of Rectum, Prostate & Bladder in Vancouver, Canada	Dr. M. Manji
	Aug Aug	Paraorbital Rhabdomyosarcoma at KFSH Neurological Complications in Leukemic Patients	Dr. K. Sackey Drs. Clink, McLean, Coates
01	Sept	Lymphoproliferative Disease	Dr. A. Martins
08	Sept	Treatment of Metastatic Soft Tissue Sarcoma	Drs. Verweij, Raja, Wierzbicki
14	Sept	Chronic Granulocytic Leukemia: Molecular & Treatment Strategies	Dr. P. Ernst
22	Sept	Non-Operative Management of Malignant Intestinal Obstruction	Dr. A. Gray
29	Sept	Multimodality Treatment of Esophageal Cancer	Dr. Yosef
06	Oct	Assessment of Subclinical Anthracycline Cardiotoxicity	Drs. Dalmark, Al Warith, Mercer, Rifai
	Oct	Chronic Lymphocytic Leukemia	Dr. Sahovic
20	Oct	Quality of Life in Survivors of Child- hood Cancer	Dr. Barr
27	Oct	Treatment Results of Early Breast Ca	Dr. A. Rostom

03	Nov	Childhood Acute Lymphoblastic Leukemia: HSC Experience	Dr.	Η.	Solh
10	Nov	"July's Legacy" - Talking with Cancer Patients	Dr.	A.	Gray
17	Nov	Overview of the Dental Management of Chemotherapy & Radiotherapy Patients	Dr.	G.	King
24	Nov	A Challenging Case	Dr.	Bro	odtkorb
80	Dec	Complications Following Therapy for Retinoblastoma	Dr.	K.	Sackey
22	Dec	Application of Stereotactic Principle in Radiation Therapy			lakar
29	Dec	The Salvage Therapy for Hodgkin's Disease	Dr.	s.	Bazarbashi

Oncology Grand Rounds Moderator: Dr. Andrew Padmos

IV. 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 for analytic cases. For nonanalytic cases, it is reported at age first entered into the Tumor Registry.

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.

Patient: An individual who has cancer. A patient who has more than one primary will be reported as multiple cases.

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.

Unknown: Tumor is said to be unknown when the stage cannot be determined by the medical record or a medical authority.

American Joint Committee on Cancer - TNM Staging: A classification scheme based on the premise that cancers of similar histology or site of origin share similar patterns of growth and extension:

T+N+M = Stage

- (T) tumor size
- (N) regional node involvement
- (M) distant metastases

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

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