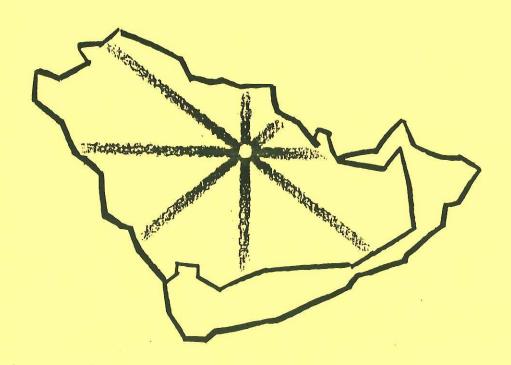
1986 TUMOR REGISTRY ANNUAL REPORT



KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTER

1986 ANNUAL REPORT OF THE TUMOR REGISTRY

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

Tumor Registry

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 basic source document is the patient's medical record from which pertinent information is abstracted for use in the Registry.

The primary responsibility of the Registrar is to assure that complete and accurate data are collected and maintained for 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 a clinic, emergency room, Polyclinic, Family Health, or other hospital facility). The Cancer Registry Abstract is the primary document on which the details of each diagnosed cancer are recorded. Included are pertinent facts such as demographic information, medical history, diagnostic findings, stage of disease, cancer therapy, and follow-up data.

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. In addition, the Registry provides a wide variety of reports at the request of physicians and researchers. The 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.

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 data base of all cancer cases diagnosed and/or treated at KFSH & RC. This database now includes more than 12,000 cases diagnosed from June 1975 through December 31, 1986. Approximately, 1,700 new cases are being added annually.

The data maintained by the registry are available for use by the medical staff for special studies, audits, and research. During 1986, the Registry participated in 40 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 1986.

Tumor Committee

The multidisciplinary Tumor Committee, which meets monthly, is the policy-making body of the Cancer Program at KFSH & RC. During 1986, the Committee provided professional guidance to the Tumor Registry, initiated the redesign of the Cancer Registry Abstract Form to bring it into conformity with other regional and national registries, and completed the conversion from ICD-9 to ICD-0 coding system. The Committee designed the letter to be used in follow-up of patients referred from other hospitals in the Kingdom. Guidelines were established for the authorship of papers utilizing tumor registry data. Please refer to Appendix B for a listing of the 1986 Tumor Committee Members.

Tumor Board

This educational conference is held 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. A total of 76 cases were presented in 1986. 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.

Tumor Conference

This didactic conference is held weekly and is attended by the Medical staff and allied health professionals. Speakers are drawn from the KFSH Medical and Research staff as well as from visiting guests. Please refer to Appendix D for listing of the topics presented at Tumor Conference in 1986.

II. DESCRIPTION OF THE PATIENT POPULATION - 1986

The total number of cancer patients accrued in the King Faisal Specialist Hospital and Research Centre Tumor Registry rose significantly in 1986. There were a total of 1749 new cases accessioned, representing a fifteen percent increase over the past years. Of these 1749, 84.6% were analytic cases (defined as cases which were first diagnosed and/or received all or part of their first course of treatment at KFSH & RC).

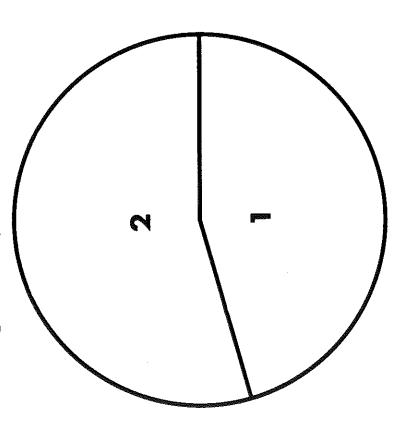
Males predominated with a total of 956 cases (54.7%); females numbered 793 (45.3%). Please refer to Figure 1 for a graphic illustration of the sex distribution of the cases.

Nationality of the patients treated in 1986 was 86.6% (1515 cases) Saudi Arabian and 13.4% (234 cases) Non-Saudi (Figure 2).

Geographically, the referral pattern is mainly from the Central Region with 27.2% (476 patients) coming from Region 1. Patients from Regions 3, 6, and 4 represent 18.6%, 16.4%, and 13.3% respectively. Please refer to Figure 3 for a summary of the geographical distribution of 1986 cases.

Age distribution of the 1986 cases is illustrated in Figure 4. The mean age is 44; the mode 60; and the median age 46. Patients under the age of 15 made up 13.6% (238 cases) and adults 86.4% (1511 cases).

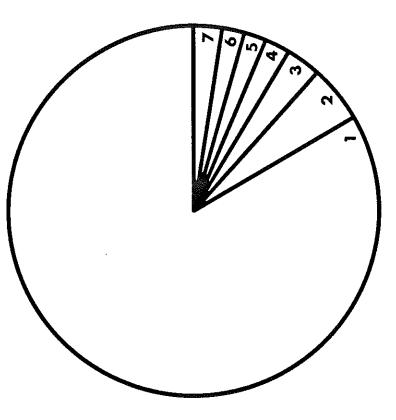
Based on 1749 Cases Referred to King Falsal Specialist Hospital Figure 1 1986 Distribution by Sex



1) Females 793 Cases (45.3%)

2) Males 956 Cases (54.7%)

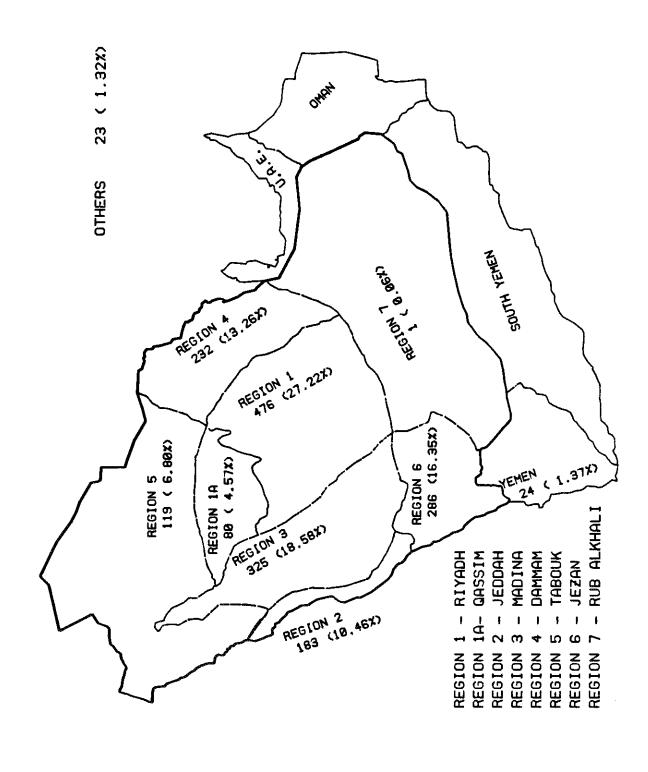
Based on 1749 Cases Referred to 1986 Distribution by Nationality King Faisal Specialist Hospital Figure 2



1) S.A 1515 Cases (86.6%)

- 2) Yemani 102 Cases (5.8%)
- 3) Leb, Syr, Pal, Jord 43 Cases (2.5%)
 - 4) Egyptlan 21 Cases (1.2%)
- 5) USA, Can, British 19 Cases (1.1%)
- 6) African 17 Cases (1.0%)
 7) All Others 32 Cases (1.8%)

DISTRIBUTION OF 1749 CASES BY GEOGRAPHIC REGION IN 1986 I ഗ ட メ REFERRED TO



85+ 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 King Faisal Specialist Hospital Age In Years Female Male \mathbf{Z} **8**-8 Š <u>.</u> Percentage of Cases

1986 Distribution by Age Based on 1749 Cases Referred to

Figure 4

III. PRIMARY ANATOMIC SITE AND HISTOLOGY SUMMARIES

Leukemias led the list of malignancies diagnosed in 1986 (representing almost 9%), followed by non-Hodgkin's lymphomas (7%), breast cancer (7%), and brain/CNS tumors (6%).

The solid tumors represented 71.9% (1257 cases), the lymphatic neoplasms 11.3% (198 cases), the leukemias 9.6% (168 cases), benign tumors 4.9% (86 cases) and the neoplasms of uncertain behavior totaled 2.3% (40 cases). For detailed statistics by primary site and histology please refer to Table 1, the Primary Site Table. Figure 5 illustrates the distribution of the 25 most common sites accessioned in 1986.

Ninety-seven percent of the cases were histologically confirmed; 2.5% were confirmed radiologically and less than 1% were diagnosed on the basis of clinical examination.

Histologically, the solid tumors were predominately squamous cell carcinoma (334 cases, 19%) and adenocarcinomas (228 cases, 13%). Other major histologies were the sarcomas (123 cases, 7%) and duct cell carcinoma (91 cases, 5%).

In 1986, there were 21 cases with second primary malignancies, and one case with a third primary malignancy.

TABLE 1 KING FAISAL SPECIALIST HOSPITAL & RESEARCH CENTRE PRIMARY SITE TABLE 1986

SITE (ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
ALL SITES ALL HISTOLOGIES	1749	956	793
LIP (140) Squamous Cell	3	2	1
TONGUE (141) Squamous Cell Mucous Producing Adenocarcinoma	21 20 1	12 11 1	9 9 0
MAJOR SALIVARY GLANDS (142) Pleomorphic Adenoma Squamous Cell Carcinoma Mucoepidermoid Carcinoma	4 2 1 1	3 1 1 1	1 1 0 0
GUM (143) Squamous Cell Carcinoma, NOS	7 6 1	4 4 0	3 2 1
FLOOR OF MOUTH (144) Squamous Cell Mucoepidermoid Carcinoma	6 4 2	2 1 1	4 3 1
BUCCAL MUCOSA (145.0) Squamous Cell	2	0	2
PALATE (145.5) Squamous Cell Adenoma Adenoid Cystic Carcinoma Malignant Lymphoma	8 4 2 1 1	5 4 0 1 0	3 0 2 0 1
RETROMOLAR TRIGONE (145.6) Squamous Cell	3	1	2
OTHER PARTS OF THE MOUTH (145) Squamous Cell	1	0	1
TONSIL (146) Squamous Cell Malignant Lymphoma	6 4 2	5 4 1	1 0 1
NASOPHARYNX (147) Squamous Cell Undifferentiated Carcinoma Malignant Lymphoma Mucoepidermoid Carcinoma Carcinoma, NOS	50 38 5 5 1 1	36 31 1 3 0	14 7 4 2 1 0

SITE (ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
HYPOPHARYNX (148) Squamous Cell	15	9	6
OTHER SITES, PHYARYNX/HYPOPHARYNX (149) Squamous Cell Carcinoma, NOS	3 2 1	3 2 1	0 0 0
ESOPHAGUS (150) Squamous Cell Adenocarcinoma Intraepithelial Carcinoma	68 65 2 1	40 38 2 0	28 27 0 1
STOMACH (151) Adenocarcinoma Malignant Lymphoma Carcinoma, NOS Mucin-Producing Adenocarcinoma Signet Ring Adenocarcinoma Leiomyosarcoma Squamous Cell Carcinoma	76 51 11 5 3 4 1	59 41 6 4 3 4 1	17 10 5 1 0 0 0
SMALL INTESTINE (152) Malignant Lymphoma Adenocarcinoma Papillary Adenocarcinoma Trabecular Carcinoid	9 4 3 1	5 3 1 1 0	4 1 2 0 1
COLON (153) Adenocarcinoma Mucin-Producing Adenocarcinoma Signet Ring Adenocarcinoma Undifferentiated Carcinoma Malignant Lymphoma Familial Polyposis Coli	25 16 4 2 1 1	15 9 2 1 1 1	10 7 2 1 0 0
RECTOSIGMOID JUNCTION (154.0) Adenocarcinoma	3	1	2
RECTUM/ANUS (154) Adenocarcinoma Squamous Cell Mucin-Producing Adenocarcinoma Carcinoid, NOS Malignant Melanoma	25 12 7 4 1	17 9 4 3 1 0	8 3 3 1 0
LIVER (155.0) Hepatocellular Carcinoma Adenocarcinoma, NOS Hemangioma	81 78 2 1	62 60 1 1	19 18 1 0
GALLBLADDER/BILE DUCTS (156) Adenocarcinoma Carcinoma, NOS Adenosquamous Cholangiocarcinoma Squamous Cell	14 10 1 1 1	5 4 1 0 0 0	9 6 0 1 1

ITE (ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
PANCREAS (157)	25	17	8
Adenocarcinoma	15	11	4
Carcinoma, NOS	9 1	6 0	3 1
Malignant Neoplasm, NOS	1	U	1
OTHER GI (159)	2	1	1
Teratoma	1	0	1
Papillary Adenocarcinoma	1	1	0
NASAL CAVITIES (160)	6	3	3
Squamous Cell	2	1	1
Adenoid Cystic Carcinoma	1	1	0
Adenocarcinoma	1	0	1
Malignant Lymphoma	1	1	0
Transitional Cell	1	0	1
LARYNX (161) Squamous Cell	16	15	1
TRACHEA (162.0)	1	1	0
Squamous Cell Carcinoma	_	_	· ·
BRONCHUS/LUNG (162)	82	67	15
Squamous Cell	35	30	5
Adenocarcinoma	26	22	4
Oat Cell (Small Cell)	8	7	1
Carcinoma, NOS	4	3	1
Large Cell Carcinoma	4	3 3 1	1
Bronchiolo-Alveolar Carcinoma	3	1	2
Giant Cell	2	1	1
PLEURA (163) Mesothelioma	1	1	0
MULTIPLE MYELOMA (169)	13	9	4
Plasma Cell Myeloma	12	8	4
Plasmacytoma	1	1	0
BONE MARROW (169)	165	106	59
Acute Lymphoid Leukemia	75	47	28
Acute Myeloid Leukemia	37	17	20
Chronic Myeloid Leukemia	29	21	8
Chronic Lymphoid Leukemia	6	5	1
Aplastic Anemia	6	6	ō
Acute Promyelocytic Leukemia	5	4	1
Hairy Cell Leukemia	2	2	ō
Polycythemia Rubra Vera	2	2	Ŏ
Myeloproliferative Disease	2		1
		1	0

SITE (ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
BONE & CARTILAGE (170) Ewing's Sarcoma Osteosarcoma Giant Cell Tumor Chondrosarcoma Ameloblastoma Osteochondroma Osteoblastoma	35 14 10 4 3 1 1	20 6 7 3 1 1 1	15 8 3 1 2 0 0
Aneurysmal Bone Cyst	1	0	1
CONNECTIVE & SOFT TISSUE (171) Hemangioma/Angiofibroma Rhabdomyosarcoma Fibrous Histiocytoma Fibrosarcoma Spindle Cell Sarcoma Sarcoma, NOS Liposarcoma Neurofibromatosis Leiomyosarcoma Schwannoma, benign Synovial Sarcoma Neuroblastoma Angiosarcoma Desmoid Tumor Malignant Schwannoma Ganglioneuroblastoma Round Cell Tumor Clear Cell Sarcoma Giant Cell Tumor Paraganglioma	73 12 11 7 6 5 4 4 4 3 3 2 2 2 1 1 1 1 1	36 6 7 4 3 2 1 2 2 2 0 0 0 0 1 2 1 1 0 1	37 6 4 3 3 3 3 2 2 1 0 0 0 0 1
SKIN (MELANOMA) (172) Malignant Melanoma	8 7	6 5	2 2
Melanoma in situ SKIN (NON-MELANOMA) (173) Squamous Cell Basal Cell Kaposi's Sarcoma Basosquamous Dermatofibrosarcoma protuberans Sweat-Gland Carcinoma Adenocarcinoma, NOS Adenoid Cystic Basal Cell Xeroderma Pigmentosum Syringoma chondroid Small Cell Undifferentiated Alveolar Soft Part Sarcoma	1 69 30 14 9 6 3 1 1 1 1 1	1 39 20 3 7 2 3 1 0 1 0	0 30 10 11 2 4 0 0 1 0 1 0

BREAST, FEMALE (174)	SITE (ICDO CODE) HISTOLO	OGY	TOTAL NO.	MALES	FEMALES
Infiltrating Duct Cell	BREAST. FEMALE (174)		122	0	122
Carcinoma, NOS				_	
Adenocarcinoma, NOS Lobular Carcinoma Soundar Carcinoma Soundar Carcinoma Cystosarcoma phyllodes Infiltrating Duct w/Paget's Disease Infiltrating Duct w/Paget's Disease Intraductal Carcinoma Intraductal Carcinoma Intraductal Carcinoma Intraductal Carcinoma Intervent Int			8	0	
Lobular Carcinoma					8
Cystosarcoma phyllodes			5		5
Infiltrating Duct w/Paget's Disease			3		3
Intraductal Carcinoma					
Scirrhous Carcinoma		get's Disease			
Medullary 1 0 1 Squamous Cell 1 0 1 Tubular Ductal Carcinoma 1 0 1 BREAST, MALE (175) 1 1 0 1 Infiltrating Duct Cell 1 0 1 0 1 CERVIX UTERI (180) 55 0 55 0 46 0 46 0 46 46 0 46 Adenocarcinoma 3 0 1 0 1 0 1 0 1 0 1 <td></td> <td></td> <td></td> <td></td> <td>1</td>					1
Squamous Cell					
Tubular Ductal Carcinoma					
Infiltrating Duct Cell		na			
CERVIX UTERI (180) 55 0 55 Squamous Cell 46 0 46 Adenocarcinoma 3 0 3 Carcinoma, NOS 3 0 3 Carcinoma in situ 2 0 2 Adenosquamous 1 0 1 PLACENTA (181) 16 0 16 Choriocarcinoma 12 0 12 Invasive Hydatidiform Mole 3 0 3 Hydatidiform Mole 1 0 1 CORPUS UTERI (182) 10 0 10 Adenocarcinoma 6 0 6 Stromal Cell Sarcoma 3 0 3 Mixed Mullerian Tumor 1 0 1 OVARY (183) 38 0 38 Papillary Cystadenocarcinoma 4 0 4 Mucinous Cystadenocarcinoma 4 0 4 Mucinous Cystadenocarcinoma 4 0 4 Mucinous Cystadenocarcinoma 2 0 2 Endometrioid Carcinoma 1 0 1 Gynandroblastoma 1 0 1 Gynandroblastoma 1 0 1 Gynandroblastoma 1 0 1 Granulosa Cell Tumor 1 0 1 FEMALE GENITAL ORGANS (184) 7 0 7 Squamous Cell 5 0 5 Embryonal rhabdomyosarcoma 1 0 1			1	1	0
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	Embryonal rhabdomyosard			0	1
	Malignant Epithelial Tu	ımor	1	0	1

SITE (ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
PROSTATE (185) Adenocarcinoma Carcinoma, NOS	15	15	0
	13	13	0
	2	2	0
TESTIS (186) Seminoma Mixed Tumor Teratoma Choriocarcinoma Embryonal Carcinoma Yolk Sac Tumor	14	14	0
	6	6	0
	3	3	0
	2	2	0
	1	1	0
	1	1	0
BLADDER (188) Transitional Cell Squamous Cell Carcinoma, NOS	49	39	10
	30	24	6
	15	11	4
	4	4	0
KIDNEY (189) Renal Cell Carcinoma (Hypernephroma) Wilms' Tumor Papillary Transitional Cell Clear Cell Adenocarcinoma Adenocarcinoma, NOS Squamous Cell Carcinoma	43	25	18
	22	10	12
	15	10	5
	3	3	0
	1	0	1
	1	1	0
EYE (190) Retinoblastoma Squamous Cell Carcinoma Malignant Melanoma Adenoid Cystic Carcinoma Carcinoma in situ	23 11 8 2 1 1	12 8 3 0 0	11 3 5 2 1 0
BRAIN (191) Astrocytoma Medulloblastoma Glioblastoma multiforme Malignant Lymphoma Neoplasm, NOS Ependymoma Glioma Oligodendroglioma Endodermal Sinus Tumor Schwannoma	72 25 18 14 4 2 2 1 1	42 9 15 11 1 3 1 0 1 1	30 16 3 3 3 1 1 2 0 0
SPINAL CORD, MENINGES (192) Meningioma Glioma Astrocytoma Chordoma Ependymoma	36 27 3 3 2	21 14 2 2 2 1	15 13 1 1 0 0

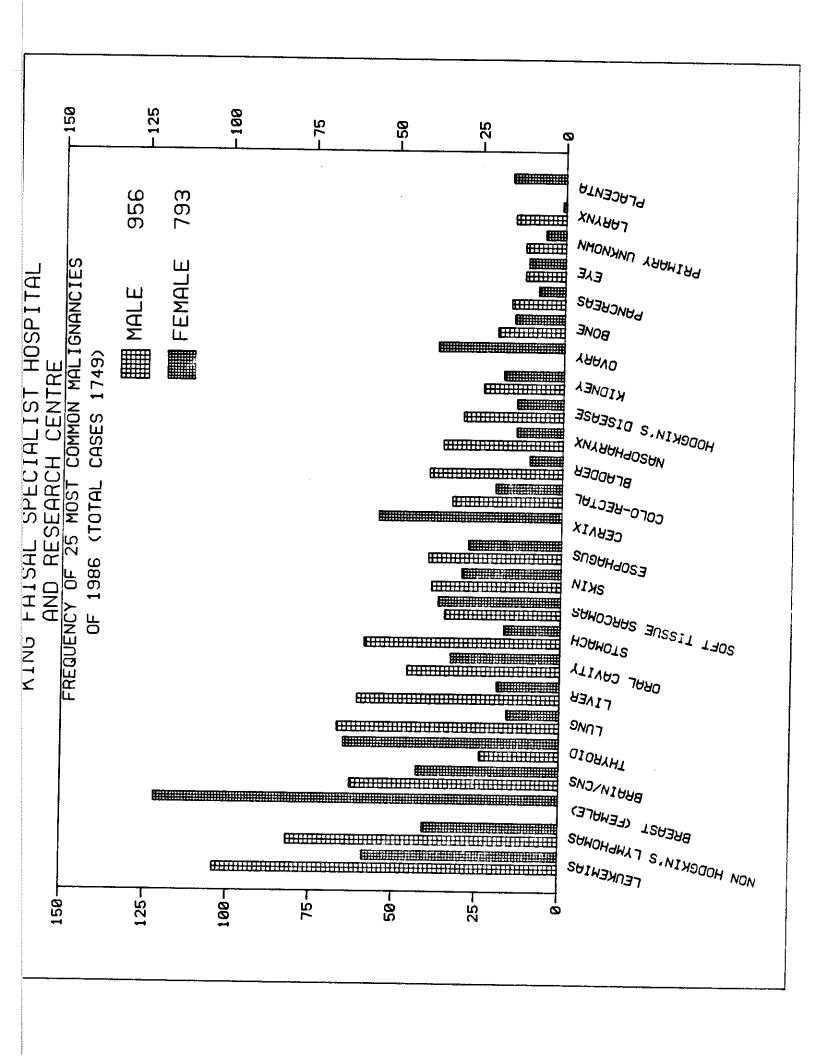
SITE (ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
THYROID (193) Papillary Carcinoma Papillary & Follicular Follicular Adenoma Follicular Adenocarcinoma Anaplastic Carcinoma Malignant Lymphoma Medullary Carcinoma Hurthle Cell Carcinoma	89 55 12 6 5 4 4 2	24 18 3 0 1 1 0 1	65 37 9 6 4 3 4
ADRENAL GLAND (194.0) Neuroblastoma Pheochromocytoma Adrenal Cortical Carcinoma Neoplasm, NOS	11 7 2 1 1	6 5 0 0	5 2 2 1 0
PITUITARY/OTHER ENDOCRINE (194) Adenoma Craniopharyngioma Tumor, NOS Yolk Sac Tumor Pineocytoma Carotid Body Tumor Paraganglioma	30 21 3 2 1 1 1	20 13 1 2 1 1 1	10 8 2 0 0 0 0
OTHER, ILL-DEFINED SITES (195) Teratoma Malignant Tumor, NOS Malignant Lymphoma Leiomyosarcoma	5 2 1 1	4 2 1 0 1	1 0 0 1 0
LYMPH NODES, NON-HODGKIN'S LYMPHOMA (196) Excluding the Extra-Nodal Lymphomas Diffuse Histiocytic Lymphoma Other Lymphomas, NOS Diffuse Lymphocytic Lymphoma Burkitt's Lymphoma Malignant Histiocytosis Mixed, Lymphocytic-Histiocytic Eosinophilic Granuloma Mycosis Fungoides Waldenstrom's Macroglobulinemia Histiocytosis X, Malignant Lymphoma, Immunoblastic Lymphoproliferative Disease	123 43 39 14 6 5 4 3 3 2 2 1	82 28 27 9 4 3 9 3 2 0 2	41 15 12 5 2 2 5 0 1 2 0
LYMPH NODES, HODGKIN'S DISEASE (196) Nodular Sclerosis Mixed Cellularity Lymphocytic Predominance Hodgkin's Disease (NOS) Lymphocytic Depletion	45 23 17 2 2 1	31 15 14 1 1 0	14 8 3 1 1

SITE	(ICDO CODE) HISTOLOGY	TOTAL NO.	MALES	FEMALES
	ARY UNKNOWN (199)	19	13	6
	Adenocarcinoma	10	9	4
	Carcinoma, NOS	3	2	7
	Squamous Cell Carcinoma	2	2	1
	Malignant Neoplasm, NOS	3	2	Ţ
	Clear Cell Carcinoma	1	1	O

LISTING OF 1986 CASES WITH MULTIPLE PRIMARIES

	OTHER PRIMARIES COUS OR CONCURRENT)	TOTAL NO.	MALES	FEMALES
ALL MULTIPLE PRIMARIES		22	10	12
LUNG		5	4	1
Squamous Cell Carcinoma	ESOPHAGUS	1	0	1
Squamous Cell Carcinoma	LARYNX	1	1	0
Squamous Cell Carcinoma	TONGUE	1	1	0
Squamous Cell Carcinoma	PITUITARY	1	1	0
Squamous Cell Carcinoma	PINEAL	1	1	0
BREAST		3	1	2
Lobular Carcinoma	CONTRALAT. BREAST		0	<u>-</u>
Infiltrating Duct Cell	BASAL CELL SKIN	1	1	0
Infiltrating Duct Cell	THYROID	ī	ō	ĺ
THYROID		3	0	3
Medullary Carcinoma	ADRENAL GLAND	1	Ö	1
Papillary Carcinoma	HYDATIDIFORM MOLE		ő	1
Papillary Carcinoma	MENINGES, BRAIN	1	0	1
OVARY		. 2	0	2
Papillary Serous Adenoca.	CORPUS UTERI	1	0	1
Papillary Serous Adenoca.	BREAST	1	0	1
TONSIL		2	2	0 *
Squamous Cell Carcinoma	EPIGLOTTIS AND PYRIFORM SINUS	2	2	0
CERVIX		1	0	1
Ca in situ	BASAL CELL FACE	_	_	_
FOOT		1	0	1
Cavernous Hemangioma	THYROID		-	
SKIN		1	1	0
Dermatofibrosarcoma protuber.	HODGKIN'S DISEASE			-
ANUS		1	0	1
Squamous Cell Carcinoma	KIDNEY, RIGHT	*	v	_
PERIORBITAL REGION		1	0	1
Rhabdomyosarcoma	RETINOBLASTOMA	•	V	♣.
BRAIN		1	1	0
Glioblastoma multiforme	COLON	1	1	U
STOMACH		1	1	^
Adenocarcinoma	SKIN	1	1	0
	~*****			

^{*} This patient presented with three primary tumors.



STAGE OF DISEASE AT DIAGNOSIS

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

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

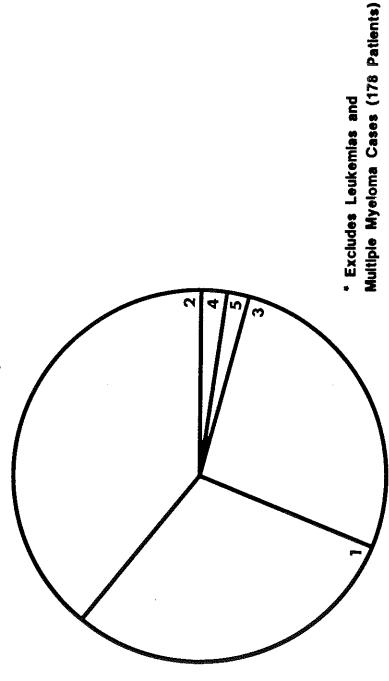
b. Discontinuous metastasis

c. To distant lymph nodes

In addition to the SEER Summary Stage, if a physician utilizes the AJCC (TNM) Staging System or a site-specific staging system (for example FIGO, Dukes, etc.) this is also recorded in the patient record.

DESCRIPTION	IN-SITU L		DIRX	REGION LN	AL BOTH	SIG	T UNSTG	TOTAL
Oral Cavity	0		13	on.	16	0		79
Nasopharynx	0	5	٣	10	4			20
Esophagus	1		6	m	9			68
Stomach	0		20	7	æ			16
Colon, Rectum	0		17	2	ø	-		53
Liver		∞	2.0	2	1	2		81
Pancreas	0		4	7	m	-		25
Other GI	0		5	4	2	-		25
Larynx	0		7	7	m			16
Lung		2	S	& 3	1	₹		84
	0		0	0	0	-		
	0		0	0	0	00		81
-7	0		0	0	0	7		
r Leukemia	0	0	0	0	0			M
,		4		0	0			
Tissue		3		0	4	7		73
A e	1	2	0	7	0			æ
Skin			9	4	гŦ	7		
Breast	-	0		49	6			
Uterus, Genital			7	0	7			33
Cervix		0	2.7	0	4			
Ovary			7	-	0			
Ф	0	2	7	0	7			15
Genita		7	7	7	0			14
		2.1	6	0	2			49
		1.1	9	-	-1			
ЕУе		0 1	٣	0	0			23
CNS		2		0	0			
		13	'n	15	13			
Other E			4	0	0			
Non Hodgkin's			4	17	m			122
's Dis			٣	£0	0			
	0	0	0	0	0			19
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	7 5	9 2	6	4	94	7.0	#	1749
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Figure 6
1986 Distribution by Stage at Diagnosis
Based on 1571 Cases Referred to
King Faisal Specialist Hospitai



1) Distant 528 Cases (33.6%) *

2) Localized 539 Cases (34.3%)
3) Regional 485 Cases (30.9%)
4) Unstaged 12 Cases (0.8%)
5) in Situ 7 Cases (0.4%)

TABLE -3-

PRIMARY CANCER CASES IN TOTAL REFERRED TO KFSH BY AGE AND SITE FOR THE YEAR 1986 FOR ALL NATIONALITIES

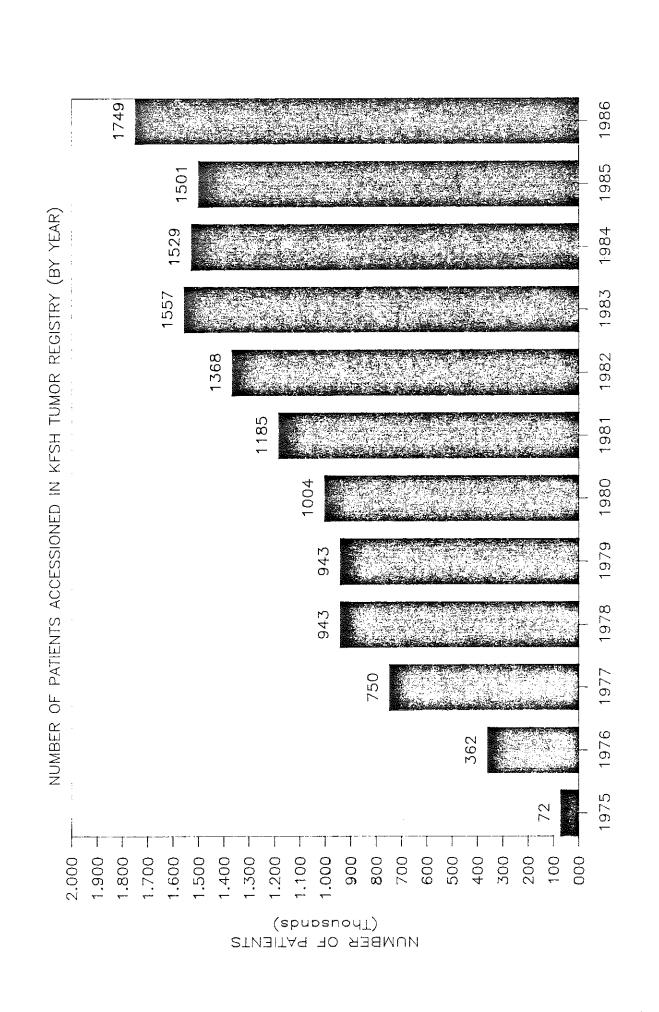
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Lung High Hydroma	1		0	0	0	0	0	0	0	-	H	О			ហ	0	-	-	-+	
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V. ADMINISTRATIVE REPORT

Total hospital patient discharges have shown a steady increase over the past three years. In 1984 total discharges were 9678, 1985 equaled 10503, and in 1986 hospital discharges were 12336. Total cancer patient discharges also showed an increase: 1984 equaled 1267 discharges (13.1%), 1985 1436 discharges (13.7%) and 1986 1796 (14.6%). Patient discharges with a diagnosis of cancer make up the largest single grouping of patients of any disease category.

Not only are the neoplastic diseases the most frequent diagnosis but the average length of stay (ALOS) for these patients is considerable. In 1986, the ALOS for patients with leukemias was 40.15 days. Other malignant diseases had an ALOS of: Esophagus - 23.44; Bladder - 22.76; Uterus/Cervix - 17.87; Lymphoma - 16.84; and Lung - 15.02 days.

Figure 7 illustrates the increase in the number of cancer cases accessioned by the Tumor Registry since the Hospital opened in 1975. In the year 1986, a significant increase in the number of new patients was seen; this represents an approximate 15% raise over the past year.



APPENDIX A

1986 SPECIAL STUDY REQUESTS FROM TUMOR REGISTRY DATA

January Colo-rectal Cancer in Young Adults Carcinoma of the Lung, 1982-Present 1976 and 1977 Cases Summaries	Dr. Bakhsh Dr. D. Booser Ms. N. Becker
February Head and Neck Cancers Total Cancer Cases 1985 Childhood Head and Neck Cancers Female Patients 20+ Years Old	Dr. B. Clubb Mr. A. Al Dublan Dr. S. Shebib Dr. M. El-Senoussi
March Bone Tumors Referred from Qassim Region Malignant Non-Hodgkin's Lymphoma Acute Lymphoblastic Leukemia Over Age 15 Multiple Myeloma Cases Number of Cervix Cases	Dr. R. Sabbah Dr. M. Amer Dr. H. Clink Dr. H. Clink Dr. J. McGill
April Oral Cavity Cancers Kaposi's Sarcoma Squamous Cell Ca of Extremities Thyroid Carcinoma	Dr. S. El-Akkad Dr. Akhtar Dr. R. Rooney Dr. P. Hearn
May Nasopharyngeal Carcinoma Lymphocytic Leukemia	Dr. B. Clubb Dr. H. Clink
June Cancer of the Corpus Uteri Tumors of the Head & Neck	Dr. H. Grundsell Dr. B. Clubb
July Patients with Retinoblastoma Brain and CNS Tumors	Dr. A. Rifai Drs. Aur & Siquiera
August Childhood Cancer in Saudi Arabia Head & Neck Tumors in Children Tumors of the Vertebral Column Pituitary Tumors	Dr. R. Aur Dr. C. Quick Dr. R. Lifeso Dr. P. Kansal
September Tumors of the Salivary Gland Hodgkin's & Non-Hodgkin's Lymphomas Wilms' Tumors Adenocarcinoma of Corpus Uteri	Dr. A. Salem Dr. S. El-Akkad Dr. K. Sackey Dr. M. El-Senoussi

APPENDIX A - con't

1986 SPECIAL STUDY REQUESTS FROM TUMOR REGISTRY DATA

October

Pattern of Cancer in Saudi Arabia by Nationality
Kaposi's Sarcoma
Number of Patients by Year/Primary Site
Hodgkin's Lymphoma
Nasopharynx Patients Rec. Radiation Therapy
Graphic Display for January Symposium

Dr. M. Amer
Dr. W. Qunibi
Mr. A. Cafege
Dr. R. Sabbah
Dr. A. Al-Marzouky
Mr. B. Faskin

November

Patients Under the Age of Two Years Carcinoma of the Tongue Female Patients Between 15 and 45 Patients from Qasseem Region with Esophageal Ca Dr. Q. Sackey Drs. Clubb & Andreasson Drs. El-Senoussi & Bakri Dr. M. Amer

December

None

APPENDIX B

1986 TUMOR COMMITTEE MEMBERS

- S. El Akkad, M.D., Radiation Oncology
 A. Ali, M.D., Pathology
 E. Aloud, Quality Assurance
- Y. Bakri, M.D., Obstetrics & Gynecology N. Becker, A.R.T., Tumor Registry
 - * A. Bedikian, M.D., Medical Oncology
- M. Hannan, Ph.D., B&MR Research Centre M. Al Jalahma, Social Services
- E. Mahboubi, M.D., B&MR Research Centre R. Phillips, Ph.D., BS&SC Research Centre R. Rooney, M.D., Surgery
 - J.O. Sieck, M.D., Medicine
 - S. Skillicorn, M.D., Quality Assurance S. Willoughby, C.T.R., Tumor Registry

^{*} Tumor Committee Chairman

APPENDIX C

SUMMARY OF CASES PRESENTED KFSH TUMOR BOARD - 1986

SITE	NO.
SARCOMA Fibrous Histiocytoma Rhabdomyosarcoma Small Cell Sarcoma Fibrosarcoma Liposarcoma Clear Cell Sarcoma All Other Sarcomas	19 3 2 2 2 2 2 2 6
NON-HODGKIN'S LYMPHOMA HODGKIN'S DISEASE	6 5
GYNECOLOGICAL Cervix Ovary Other	8 5 2 1
GENITO/URINARY SYSTEM Testis Kidney Wilms' Tumor Bladder	7 3 2 1 1
HEMATOPOIETIC & RETICULOENDO. SYSTEM Acute Lymphoid Leukemia Acute Myeloid Leukemia	6 4 2
BONE Ewing's Sarcoma Osteosarcoma	4 3 1
NEUROBLASTOMA NERVOUS SYSTEM ENDOCRINE GLANDS SALIVARY GLAND STOMACH THYMUS LIVER RETROPERITONEAL NASAL CAVITIES SKIN BREAST RETINA UNKNOWN PRIMARY	4 4 3 1 1 1 1 1 1 1 1 1 1

*Tumor Board Moderator: Dr. B. Clubb

APPENDIX D

SUMMARY OF TUMOR CONFERENCE TOPICS

19	January January January	Modern Devel. in H&N Surg. Oncology Gastric Lymphoma New Tx Cancer of the Breast	Dr.	Ram Tiwari A. Ali A. El-Madhi
16	February February February	Neutron Therapy of Cancer Dental Mgt. of Pats. Rad/ChemoRx Pain Management in Cancer Patients	Dr.	S. El-Akkad Terezhalmy K. Sami
23	March March March	Cancer of the Esophagus Psychiatric Aspects of Cancer Role of SCM in Cancer Diagnosis	Dr.	E. Mahboubi Chalaby Schnuda
27	April	FNA in Cancer	Dr.	M. Akhtar
22	June	AIDS	Dr.	H. Harfi
06	July	Case Presentations		
24	August August August	Case Presentations Case Presentations Value of Pre-Op Chemo Esophageal Ca	Dr.	A. Bedikian
28	September	Pheresis in Mgt of Malig. Desease	Dr.	S. Ballas
	October	Patterns of Blast Trans. in CML Hyperviscosity Syndrome	Dr.	G. Roberts A. Padmos
19	October	Carcinoma of Testis Introduction to Oncogenes		H. Schultz Malcolm Goyns
26	October	Small Cell Ca of Lung B-Cell Leukemia with Hypo/Iridocy.		D. Booser R. Aur
02	November	Breast Cancer Studies Choriocarcinoma		E. Mahboubi Y. Bakri
16	November	Ewing's Sarcoma	Dr.	R. Sabbah O. Almersjo
23	November	Regional Chemotherapy of Liver Ca Brain Tumor - Is it Familial	Dr.	M. El-Senoussi
30	November	Familial Thyroid Medullary Ca Carcinoma of Lip Horner's Syndrome/Paralysis	Dr.	S. Ingemansson Clubb/Quick Amer/Siqueira
07	December	Signet Cell Carcinoma		A. Bedikian
21	December	Esophageal Cancer - Which Direction Spinal Cord Tumor	Dr.	R. Lifeso F. Almhareb
28	December	Chemotherapy of Refractory Myeloma Early Breast Cancer		Claude Maylin

Tumor Conference Moderators: Dr. Y. Bakri & Dr. A. Padmos

VI. 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.

Nonanalytic Cases: Cases diagnosed elsewhere and receiving all of their first course of treatment elsewhere.

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

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 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 - TMN 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) 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.

VII. REFERENCES

- 1. "Reporting of Cancer Survival and End Results," Manual for Staging of Cancer, second edition, American Joint Committee on Cancer, Philadelphia, Lippincott, 1983.
- 2. Summary Staging Guide, SEER Program, U.S. Department of Health Services, National Institutes of Health, Publication No. (NHI)77-1448, Washington, 1977.
- 3. Cancer Patient Survival: SEER Program, 1973-1979, JNCI, Vol. 70, No. 4, April 1983.