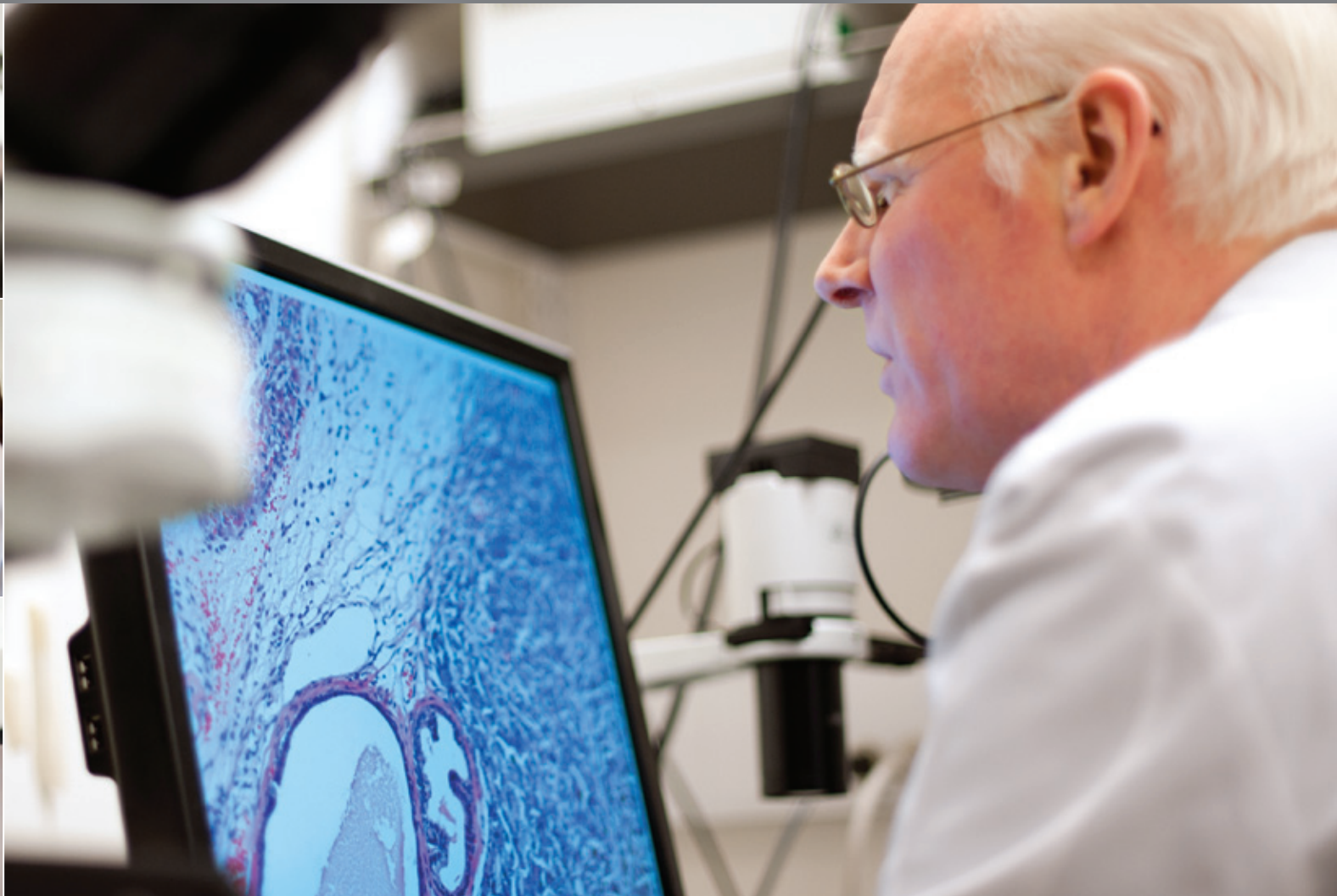
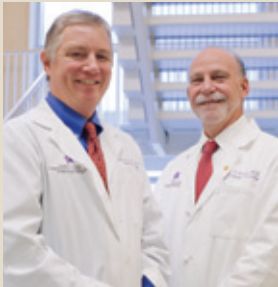


2010 CANCER ANNUAL REVIEW

The Robert H. Lurie Comprehensive Cancer Center of Northwestern University at Northwestern Memorial Hospital





William Small, Jr., MD, and
Steven T. Rosen, MD

Dear Colleagues:

We are pleased to share our 2010 Cancer Annual Review highlighting accomplishments from throughout the year at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University at Northwestern Memorial Hospital.

Recognized as a national leader in cancer treatment, the Lurie Cancer Center supports care for a broad scope of cancers through comprehensive research; distinguished and dedicated staff; a world-class teaching program; and ongoing advances in medical, surgical, radiation, interventional and supportive oncology care. More than 300 clinicians and scientists work to develop innovative approaches to the treatment and prevention of cancer through the Lurie Cancer Center and generate more than \$175 million annually in extramural cancer-related research support. Renowned researchers continue to be recruited to the program and this year included Neil Kelleher, PhD, proteomics research; Marcus Peter, PhD, genetic and genomic research; and Minesh Mehta, MD, thoracic and neuro-oncology research.

This report highlights 2009 cancer data, the most updated numbers available, and focuses specifically on advancements in the treatment of prostate cancer. In 2009, the hospital-based Tumor Registry managed 3,883 analytic and 341 non-analytic cases. In 2010, our cancer program registered 5,233 inpatient discharges and 11,790 new outpatient visits.

The Maggie Daley Center for Women's Cancer Care was dedicated in April of 2010, centralizing outpatient women's cancer care on the fourth and fifth floors of Northwestern Memorial's Prentice Women's Hospital. It brings together breast medical oncology, breast surgery and breast imaging services and provides a comprehensive range of supportive oncology services in one location. In August of 2010, the 14th floor of Prentice became the Women's Cancer Unit, adding 36 inpatient beds to Hematology/Oncology.

The Lurie Cancer Center had a productive research year that included significant grant awards. The Northwestern University Center of Cancer Nanotechnology Excellence, the only National Cancer Institute (NCI) funded center in the Midwest, received a five-year, \$12 million grant to use nanotechnology to improve the way cancer is diagnosed and treated. The grant focuses on developing nanomaterials and nanodevices primarily for application in brain, breast and pancreatic cancer diagnostics and therapeutics, with potential for use in other forms of cancer.

Northwestern's Physical Sciences-Oncology Center, one of 12 established nationwide, was awarded a five-year, \$13.6 million grant from the NCI to establish an interdisciplinary research center for the study of genes and their role in cancer. A clearer understanding could lead to better diagnostics and therapeutics and new research.

We congratulate all of our clinicians and researchers on their many accomplishments during this past year and thank them on behalf of our patients with cancer and their families.

William Small, Jr., MD
Chair of the Committee on Cancer
Northwestern Memorial Hospital

Steven T. Rosen, MD
Director of the Robert H. Lurie
Comprehensive Cancer Center
of Northwestern University

Advancing the Diagnosis and Treatment of Prostate Cancer

In 2010, more than 200,000 men were diagnosed with prostate cancer and 32,000 died from the disease, according to the National Institutes of Health. For men, it is the second most common type of cancer after skin cancer. The number of newly diagnosed cases has increased steadily due to the widespread use of prostate-specific antigen (PSA) screening that detects many early-stage prostate cancers. Risk factors include advanced age and family history.

Northwestern Memorial Hospital, Northwestern University Feinberg School of Medicine and the Robert H. Lurie Comprehensive Cancer Center of Northwestern University are working together to bring innovative treatments, scientific research and support services to men diagnosed with this disease.

The advent of early detection has brought with it a new set of challenges as to how and when to treat prostate cancer. Northwestern, as one of the country's leading academic medical centers, builds upon its strengths to bring together some of the nation's top researchers and clinicians to develop new therapies and improved diagnostics that translate into exceptional patient care. Patients are offered a holistic, comprehensive and multidisciplinary approach to the treatment of prostate cancer with a variety of options and support services.

Diagnosis and Treatment

Until recently, most men were not diagnosed with prostate cancer until it reached an advanced stage. "The only test used to be a rectal exam and many men got them too late to diagnose cancer at an early stage," says William J.

Catalona, MD, a urologist on the medical staff at Northwestern Memorial, co-leader of the Clinical Prostate Cancer Research Program at the Lurie Cancer Center and professor of Urology at Feinberg. Dr. Catalona is credited with developing the PSA test as an early detection screening agent. Late diagnosis often meant serious complications. "If men got treatment, many wound up incontinent or impotent," Dr. Catalona says. "But in recent years, surgery and radiation therapy have improved and we've developed better chemotherapy and new types of hormonal therapies."



Robert Nadler, MD

Patients with localized prostate cancer may be candidates for surgical removal of the prostate, called a radical prostatectomy. There are two options at Northwestern Memorial: open surgery or minimally invasive laparoscopic robotic surgery. Robert Nadler, MD, a surgeon on the medical staff at Northwestern Memorial and professor of Urology at Feinberg, performs the robotic procedure, an increasingly popular choice among patients.

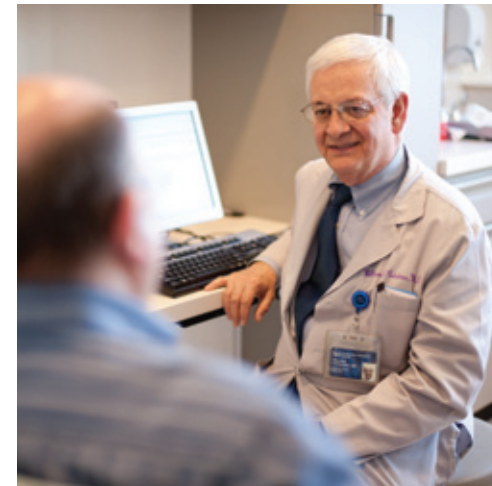
During robotic surgery, the robotic device works through tiny abdominal incisions. Patients undergoing this procedure typically experience shorter hospital stays, fewer blood transfusions and lower risk of other surgical complications. Early data suggest that post-surgical incontinence and impotency rates are comparable to those experienced with the open procedure.

But robotic surgery may not be the right choice for everyone. Many patients choose an open procedure, long considered the gold standard. Dr. Catalona was one of the first surgeons to perform nerve-sparing surgery in open radical prostatectomy operations, which has shown a high success rate of preserving potency over the long term.

Each diagnosis raises the same question: "To treat or not to treat?" says Jeffrey Cilley, MD, a hematologist/oncologist on the medical staff at Northwestern Memorial and a clinical instructor of Medicine at Feinberg. Watchful waiting is one option because treatment of prostate cancers that are not life threatening can lead to unnecessary side effects. "Prostate cancer generally grows relatively slowly. If the patient is older, and it is an early-stage cancer, therapy may not be needed," Dr. Cilley says. "If the patient is younger and relatively healthy, we have more options."

Radiotherapy

Highly targeted, image-guided radiation therapy also is an option for patients with localized prostate cancer. The treatment typically causes less damage to healthy tissue and fewer side effects. "The use of daily CT-scan-based image guidance and the delivery of image-guided radiation are among the main advances in the field of prostate radiation therapy," says John Kalapurakal, MD, a radiation oncologist on the medical staff at Northwestern Memorial and professor of Radiation Oncology at Feinberg. "We can deliver a higher dose of radiation more safely and hopefully get a better cure rate." Patients may receive external radiation therapy or internal through the implantation of radioactive seeds that are placed into or near the cancer. "Seed implantation delivers a high



William J. Catalona, MD



John Kalapurakal, MD



Gary MacVicar, MD

dose of radiation directly into the prostate gland,” Dr. Kalapurakal says. This spares the bladder, rectum and nerves from excessive radiation and results in fewer side effects.

Advanced Stage Disease

Northwestern Memorial offers various options for advanced-stage prostate cancer patients—from hormonal therapy and chemotherapy to ongoing clinical trials through the Lurie Cancer Center. The standard of care is androgen ablation therapy, a hormonal therapy that lowers the male hormone, testosterone, which prostate cancer needs to survive, says Gary MacVicar, MD, a hematologist/oncologist on the medical staff at Northwestern Memorial and assistant professor of Hematology/Oncology at Feinberg. Dr. MacVicar is leading two clinical trials for patients with metastatic prostate cancer. One examines whether the addition of chemotherapy to hormonal therapy, using the drugs docetaxel and prednisone, is better than hormonal therapy alone as initial treatment. “In the early stages of the study, it’s showing encouraging results,” he says. Another clinical trial explores whether adding the drug dutasteride (Avodart®) to androgen ablation therapy can improve treatment for prostate cancer. Dutasteride is FDA-approved for treating an enlarged prostate gland.

Supportive Services

Coping with the physical, emotional and practical challenges of prostate cancer can be overwhelming. The Supportive Oncology Program at the Lurie Cancer Center provides psychosocial care for patients and their families.

Men with prostate cancer can suffer from depression and a condition known as “PSA anxiety,” a constant worry over the results of follow-up PSA tests, says Lynne Wagner, PhD, of the Supportive Oncology Program for the Lurie Cancer Center and associate professor in the Department of Medical Social Sciences at Feinberg. “A lot of men are watching and waiting. But the results may or may not have any diagnostic significance.”

Clinical psychologists are available to consult with patients to help ease those fears. In addition, men can receive referrals for counseling about sexual dysfunction, something many traditionally have been reluctant to discuss. Help also is available to men who may suffer from cognitive dysfunction following chemotherapy.

The program also refers patients to the cancer rehabilitation program at Rehabilitation Institute of Chicago. “Men who have been treated for prostate cancer can feel extreme fatigue,” Dr. Wagner says. “We have a wonderful



Jeffrey Cilley, MD

cancer rehabilitation program with specialists who help men who have survived prostate cancer to regain their physical stamina.”

Research

Northwestern is involved in a number of research studies examining many aspects of prostate cancer. Last year, the Lurie Cancer Center’s Specialized Programs of Research Excellence (SPORE) in prostate cancer received a five-year, \$11.5 million grant from the National Cancer Institute to continue four research projects. The Lurie Cancer Center is one of 11 centers in the country involved in this research, which brings together a multidisciplinary team of scientists, epidemiologists, urologists, oncologists, pathologists and statisticians. SPORE is a consortium of investigators from Feinberg, University of Chicago and NorthShore University HealthSystem.

“The SPORE offers us the opportunity to investigate prostate cancer in terms of prevention, early diagnosis, novel treatment and quality of life of the patient,” says Chung Lee, PhD, principal investigator for SPORE and the John T. Grayhack Professor of Urology at Feinberg. Additionally, Dr. Lee says the grant has helped to recruit promising young investigators for prostate cancer research leading to a rich pool of talent and expertise.

“The goal is to find better ways to treat prostate cancer, broadly based,” says Timothy Kuzel, MD, a hematologist/oncologist on the medical staff at Northwestern Memorial, professor of Hematology/Oncology at Feinberg and leader of the Clinical Research Core of the prostate cancer SPORE for the Lurie Cancer Center.

The four SPORE research studies include: an examination of intermittent hormone deprivation therapies (androgen ablation); the use of radiation sensitizing agents to radiotherapy; an epidemiologic study of obesity and risk of advanced prostate cancer; and chemoprevention of prostate cancer metastasis from soy protein (see related story on page 5).

In the area of diagnostics, Dr. Catalona has been working with an Icelandic genetics company to identify genetic risks for prostate cancer. The team recently identified genetic markers to indicate a patient’s PSA secretion level. Comparing PSA secretion levels to prostate cancer predisposition offers a more accurate diagnostic tool. Additionally, Dr. Catalona led a team of researchers that discovered



Shilajit Kundu, MD

a new way to screen for prostate cancer that helps to differentiate between aggressive cancers and slow-growing ones that would not be life-threatening.

Shilajit Kundu, MD, a urologist on the medical staff at Northwestern Memorial, chief of Urologic Oncology at the Lurie Cancer Center and assistant professor of Urology at Feinberg, is researching the use of partial wave spectroscopy to delineate the aggressiveness of prostate cancer. It works by providing information about the health of cells by measuring their structural variations using the signal generated by light waves striking the structure of the cell. "We are looking at normal cells in people both with and without known cancer to see if spectroscopy can help distinguish those patients accurately."

Dr. Kundu says the goal is to be able to distinguish which patients have prostate cancer that is aggressive enough to warrant treatment from those patients who have prostate cancer that would not spread or be the cause of death.

Detecting recurrence of prostate cancer in men who have undergone treatment has proved challenging. Researchers at Northwestern are using nanotechnology to develop a revolutionary PSA test that | can detect the protein at levels far below what is currently available. Follow-up PSA tests often show low levels, thus leading patients to falsely believe they are cancer free.



C. Shad Thaxton, MD, PhD

Researchers at Northwestern's Center of Cancer Nanotechnology Excellence developed a PSA test using tiny gold particles that allow detection of PSA at levels 300 times lower than what is now possible. The project is a collaboration between C. Shad Thaxton, MD, PhD, assistant professor of Urology at Feinberg and Chad A. Mirkin, PhD, the George B. Rathmann Professor of Chemistry in the Weinberg College of Arts and Sciences, professor of Medicine and director of the International Institute for Nanotechnology at Northwestern University. "We've taken it from the bench to the clinical setting where we are looking to detect recurrence," Dr. Thaxton says. "If you can detect the rising PSA earlier, you can diagnose recurrence earlier and you can treat the patient earlier so they can potentially have a better outcome."

Research Shows Soy May Help Stop Prostate Cancer's Spread

Northwestern researchers have found that a new, nontoxic drug made from a chemical in soy may prevent the movement of cancer cells from the prostate to the rest of the body.

Raymond Bergan, MD, director of Experimental Therapeutics at the Lurie Cancer Center, led a team that found genistein, a natural chemical in soy, appears to inhibit prostate cancer cells from becoming metastatic and spreading to other parts of the body.

The drug has worked in animal studies and now shows benefits in humans with prostate cancer. Dr. Bergan, who also is a medical oncologist on the medical staff at Northwestern Memorial and professor in the Departments of Medicine and Preventive Medicine at Feinberg, worked with Dr. Catalona and his patients in a clinical trial involving the study of 38 men with localized prostate cancer. It found that genistein, when given once a day as a pill, one month prior to surgery, increased the expression of genes that suppress the invasion of cancer cells and decreased the expression of genes that enhance invasion.

"It's a wonderful example of how bench research moved into the clinic," Dr. Catalona says.

The therapy is appealing because it does not focus on killing cancer cells. "For years, everyone has been trying to kill cancer cells, but those drugs are toxic to the rest of the body. That's been the big limitation to our therapies," Dr. Bergan says. "Our drug basically inhibits the cells from moving. Prostate cancer doesn't kill you because you get it in the prostate gland, it kills because it metastasizes."

Coming up with this novel approach "was a mix of intelligence and a healthy dose of luck," Dr. Bergan says. Epidemiological studies have shown that Asian men tend not to get metastatic prostate cancers. "The first thing we looked at was soy."



Li Xu and Juno Kim, researchers



Raymond Bergan, MD

Dr. Bergan and his team of researchers discovered that a chemical in soy inhibited cell movement. The next phase of the study aims to answer a key question: "Will it actually inhibit the movement of prostate cancer outside of the prostate gland?"

It is important to keep in mind that the drug is experimental, Dr. Bergan says. "Should men eat more soy? There is certainly nothing wrong with increasing the soy in your diet," Dr. Bergan says. "But I would caution not to go overboard."

Cancer Review Highlights | Fiscal Year 2010

- Cancer Program facilities at Northwestern expanded with the April 2010 dedication of the Maggie Daley Center for Women's Cancer Care on the fourth and fifth floors of Prentice Women's Hospital. The 24,000-square-foot expansion included the relocation of breast medical oncology, which was integrated with breast surgery and breast imaging services through the Lynn Sage Comprehensive Breast Center. Gynecologic oncology services also have relocated to Prentice. Like Lurie Cancer Center facilities on the 21st floor of the Galter Pavilion, the space in Prentice provides a comprehensive range of supportive oncology services including psychiatry, psychology, social work, nutrition, rehabilitation and integrative medicine. The state-of-the-art facility supports multidisciplinary care for patients with women's cancers in a single location. Additionally, the expansion opened space on the 21st floor of Galter now available to accommodate growth in other multidisciplinary groups, notably the Northwestern Brain Tumor Institute, which was established in fiscal year 2008.
- Regular multidisciplinary conferences provided prospective treatment planning for patients in the following areas:
 - Breast cancer
 - Gynecologic oncology
 - Genitourinary cancers
 - Hematologic diseases
 - Head and neck cancers
 - Neurological oncology
 - Melanoma
 - Sarcoma
 - Thoracic oncology
 - Hematopoietic stem cell transplant
 - Gastrointestinal oncology
 - Palliative care
- Education, support and outreach programs were offered, including:
 - Professional education programs provided through the Lurie Cancer Center, such as the 11th annual Lynn Sage Breast Cancer Symposium and the 12th annual Oncology Nursing Conference, as well as annual programs in basic sciences, pain and palliative care, lymphoma and ASCO and ASH reviews. The Lurie Cancer Center also hosted the First World Congress of Cutaneous Lymphomas, the Joint Meeting of the International Cytokine Society (ICS) and the International Society for Interferon and Cytokine Research (ISICR) and coordinated the inaugural Regional Symposium on Minorities, the Medically Underserved & Cancer on behalf of the Intercultural Cancer Council. Intramural programs included monthly Schwartz Center Rounds for clinical faculty and staff, weekly Cancer Center Grand Rounds and a weekly Cancer Biology Seminar Series for research faculty.
 - A full complement of patient education and support services included support groups, inpatient case management and an

outpatient supportive oncology team providing psychiatry, psychology, social work, nutrition, rehabilitation and integrative medicine. The supportive oncology team is complemented by two full-time American Cancer Society patient navigators and a full-time health educator. A late effects clinic (STAR Program), providing specialty services to adult survivors of pediatric cancer, has been in place for several years and a program addressing the special survivorship needs of breast cancer patients (SUCCEED Program) was enhanced and expanded.

- A range of community education and outreach programs was offered, including numerous disease-oriented presentations, the Breast Cancer Town Hall Meeting with nearly 400 in attendance, and cancer survivorship initiatives including the 17th Annual Cancer Survivors' Celebration and Walk on the Chicago lakefront with nearly 4,000 in attendance. Special health disparities programs also were offered.
- Multiple new faculty recruitments to multidisciplinary care and research teams included:
 - **Malcolm M. DeCamp, MD**, was recruited in December of 2009, from Brigham And Women's Hospital, the teaching affiliate of Harvard Medical School, as Chief of the Division of Thoracic Surgery in the Department of Surgery. Dr. DeCamp subsequently recruited **Shari Meyerson, MD**, from University of Arizona, who joined the division in fall of 2010 and whose clinical and research focus is minimally invasive lung surgery.
 - **Kalliopi Siziopikou, MD, PhD**, was recruited to the Department of Pathology from Rush University Medical Center in the fall of 2009. Dr. Siziopikou's clinical focus is breast cancer and her research interest is prognostic markers.
 - **Jonathan Cotliar, MD**, was recruited from University of California, Los Angeles, to the Department of Dermatology in March of 2010. Dr. Cotliar's clinical and research interests are focused on the side effects of cancer treatment related to skin and the oral cavity as well as muco-cutaneous effects of graph vs. host disease (GVHD).
 - **Maxwell Vergo, MD**, was recruited to the Division of Hematology/Oncology in August of 2010 following completion of his clinical fellowship at Northwestern. His clinical and research focus is gastrointestinal oncology and palliative care.
 - **Melissa Johnson, MD**, was recruited to the Division of Hematology/Oncology from Memorial Sloan-Kettering Cancer Center following her clinical fellowship. Dr. Johnson joined Northwestern in August of 2010 and her clinical and research focus is thoracic oncology.

- **Brady Stein, MD**, was recruited to the Division of Hematology/Oncology in August of 2010 from Johns Hopkins Medicine following completion of his fellowship. His clinical interests are benign hematology and myeloproliferative disorders, with the latter representing his primary research interest.
- **Minesh Mehta, MD**, an internationally recognized leader in radiation oncology, was recruited from University of Wisconsin in October of 2010 to the Department of Radiation Oncology. Dr. Mehta's clinical care and research focus is thoracic and neuro-oncology.

- The Lurie Cancer Center was awarded phase II funding of a Center for Cancer Nanotechnology Excellence (CCNE) grant from the National Cancer Institute (NCI). The five-year, \$12 million award is one of nine nationally, and, along with the Physical Sciences and Oncology Center (PSOC) grant from the NCI awarded in 2009, reflects the unique research strength of the Lurie Cancer Center in bringing together investigators from biological sciences, chemistry and engineering. The Lurie Cancer Center also sustained its NCI funding for the highly competitive SPORE (Specialized Program of Research Excellence) in Prostate Cancer as well as a Chemoprevention Contract.
- The Lurie Cancer Center maintained its position as the only Illinois member of the National Comprehensive Cancer Network (NCCN), a consortium of 21 of the nation's leading cancer centers committed to the development of cancer treatment guidelines and enhancing access to the most advanced treatment options for patients.
- Through the Clinical Research Office (CRO) of the Lurie Cancer Center, a comprehensive clinical trials program is available to patients. Under the direction of Timothy Kuzel, MD, hematologist/oncologist on the medical staff at Northwestern Memorial and professor of Medicine, Hematology/Oncology at Feinberg, the CRO is staffed by 62 full-time employees. Phase I through Phase III clinical trials are coordinated through the CRO that are sponsored by federally funded national cooperative groups and the pharmaceutical industry as well as investigator-initiated institutional trials developed by faculty members at Feinberg. Physicians affiliated with Northwestern Memorial and the Lurie Cancer Center regularly are leaders in national cooperative group studies and in working to develop, test and accelerate access to new treatments. In fiscal year 2010, 693 patients were enrolled in 249 interventional therapeutic and non-therapeutic clinical trials.

2009 Registry Report

The Northwestern Memorial Hospital Cancer Program is a collaboration among physicians, clinicians and administration. The tumor registry is an integral component of the Cancer Program that collects and maintains pertinent patient data required for reporting to the Illinois State Registry, the National Cancer Database and the American Cancer Society. This data guides patient care by helping to determine the effectiveness of current therapeutic interventions and providing direction for future therapies.

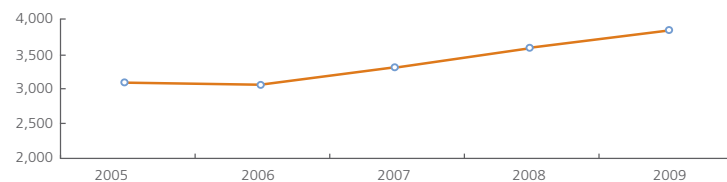
In 2009, the Cancer Program received a three-year accreditation with a commendation award, and received one of the 2009 Outstanding Achievement Awards by the American College of Surgeons Commission on Cancer.

Top 10 Sites for 2009

MALE AND FEMALE	Northwestern Memorial Hospital (n=3,178)	United States* (n=1,078,380)
Breast	31%	18%
Prostate	19%	18%
Lung	8%	20%
Lymphoma	7%	7%
Melanoma	7%	6%
Blood and Bone Marrow	7%	4%
Colon/Rectum	7%	14%
Corpus Uteri	5%	4%
Thyroid	5%	4%
Kidney/Renal	4%	5%

*American Cancer Society Facts and Figures 2009

Total Analytic Cases 2005 to 2009



Since 2005, there has been a 26 percent increase in the number of analytic cases seen at Northwestern Memorial, from 3,070 cases in 2005 to 3,883 in 2009.

2009 Registry Activities and Accomplishments

- Added 3,883 new cases to the registry
- Achieved 92 percent follow-up for cases diagnosed within the past five years
- Completed 44 requests for data to monitor, improve and evaluate patient care and survival trends

PRIMARY SITE	TOTAL	CLASS A'	N/A**	SEX Male	SEX Female	% of Cases	PRIMARY SITE	TOTAL	CLASS A'	N/A**	SEX Male	SEX Female	% of Cases
Oral Cavity	81	74	7	51	30	1.9	Female Genital	269	248	21	0	269	6.4
Digestive System	550	510	40	294	256	13	Cervix Uteri	21	19	2	0	21	
Esophagus	34	34	0	25	9		Corpus Uteri	147	140	7	0	147	
Stomach	53	48	5	25	28		Ovary	66	58	8	0	66	
Colon	143	130	13	68	75		Vulva	13	11	2	0	13	
Rectum	64	58	6	32	32		Other	22	20	2	0	22	
Anus/Anal Canal	7	7	0	5	2		Male Genital	630	604	26	630	0	14.9
Liver	103	96	7	72	31		Prostate	608	583	25	608	0	
Pancreas	82	78	4	38	44		Testis	21	20	1	21	0	
Other	64	59	5	29	35		Other	1	1	0	1	0	
Respiratory System	280	253	27	118	162	6.6	Urinary System	273	253	20	176	97	6.5
Nasal/Sinus	4	4	0	2	2		Bladder	132	123	9	91	41	
Larynx	13	10	3	10	3		Kidney/Renal	133	122	11	79	54	
Lung/Bronchus	256	234	22	100	156		Other	8	8	0	6	2	
Other	7	5	2	6	1		Brain and CNS	189	173	16	84	105	4.5
Blood and Bone Marrow	217	156	61	115	102	5.1	Brain (Benign)	25	24	1	12	13	
Leukemia	117	87	30	58	59		Brain (Malignant)	99	87	12	48	51	
Multiple Myeloma	83	63	20	49	34		Other	65	62	3	24	41	
Other	17	6	11	8	9		Endocrine	152	143	9	37	115	3.6
Bone	16	14	2	13	3	0.4	Thyroid	145	137	8	33	112	
Connect/Soft Tissue	35	31	4	16	19	0.9	Other	7	6	1	4	3	
Skin	250	241	9	120	130	5.9	Lymphatic System	238	180	58	138	100	5.6
Melanoma	236	227	9	112	124		Hodgkin's Disease	41	30	11	28	13	
Other	14	14	0	8	6		Non-Hodgkin's	197	150	47	110	87	
Breast	991	956	35	5	986	23.5	Unknown Primary	35	30	5	8	27	0.8
							Other/III-Defined	18	17	1	7	11	0.4
							ALL SITES	4,224	3,883	341	1,812	2,412	100

Number of cases excluded: 34

This report excludes carcinoma in-situ cervix cases, squamous and basal cell skin cases and intraepithelial neoplasia cases.

* Analytic (A) are newly diagnosed cases that have received all or part of first course of treatment at Northwestern Memorial.

** Non-analytic (N/A) are cases that received all first course of treatment elsewhere and came to Northwestern Memorial for subsequent treatment.

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Prentice Women's Hospital
250 E. Superior St., Lower Concourse
Chicago, IL 60611

SCHEDULING NUMBER
312-926-2520

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

Northwestern Memorial is committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care and access to treatment and programs in a non-discriminatory manner, and eliminating healthcare disparities. For questions, please call the Patient Representative department at 312-926-3112, TDD/TTY number 312-944-2358.

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