

MERCY AND UNITY HOSPITALS
ONCOLOGY PROGRAM

LYMPHOMA CARE AT
MERCY AND UNITY

BY

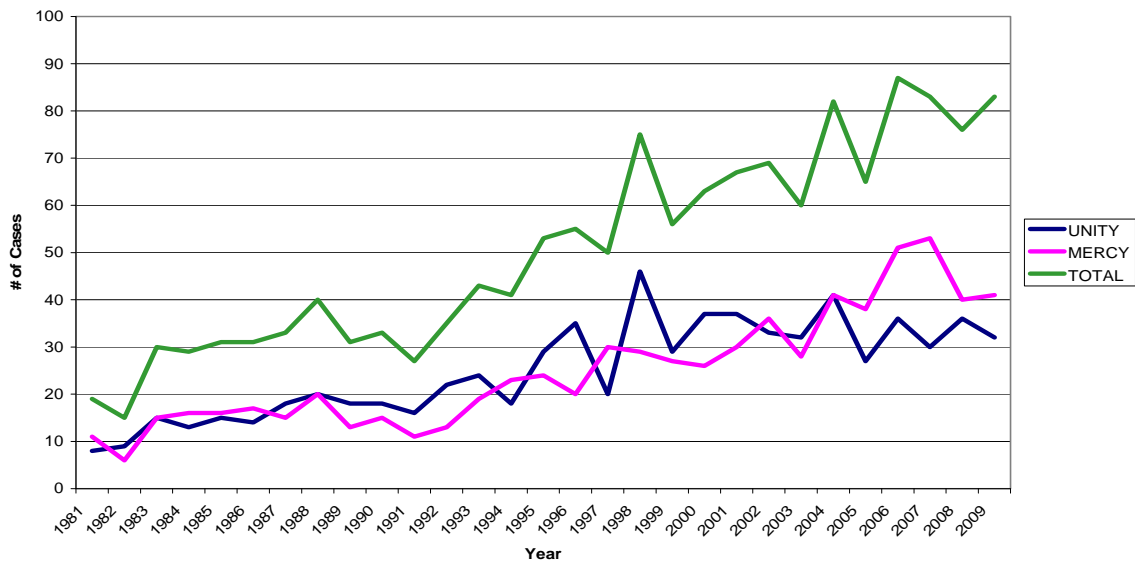
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Cancer Committee meeting

Incidence:

This report will review lymphoma diagnosis and treatment results from the Mercy and Unity Cancer program. Figure 1 shows the number of lymphomas in the last 28 years at Mercy and Unity Hospitals. Nationally, the incidence of lymphomas has increased, nearly doubling since the 1970s, recent trends as shown below. The increase over this period at Mercy and Unity reflects this national trend as well as the increasing utilization

1981 TO 2009 LYMPHOMA VOLUME
Figure 1



of our cancer program.

Figure 2 lists all of the different lymphoma types diagnosed at Mercy and Unity during the target period (2001-2005). There are many different lymphoma subtypes. Our list is inclusive, presenting all subtypes of lymphoproliferative malignancies except acute leukemia.

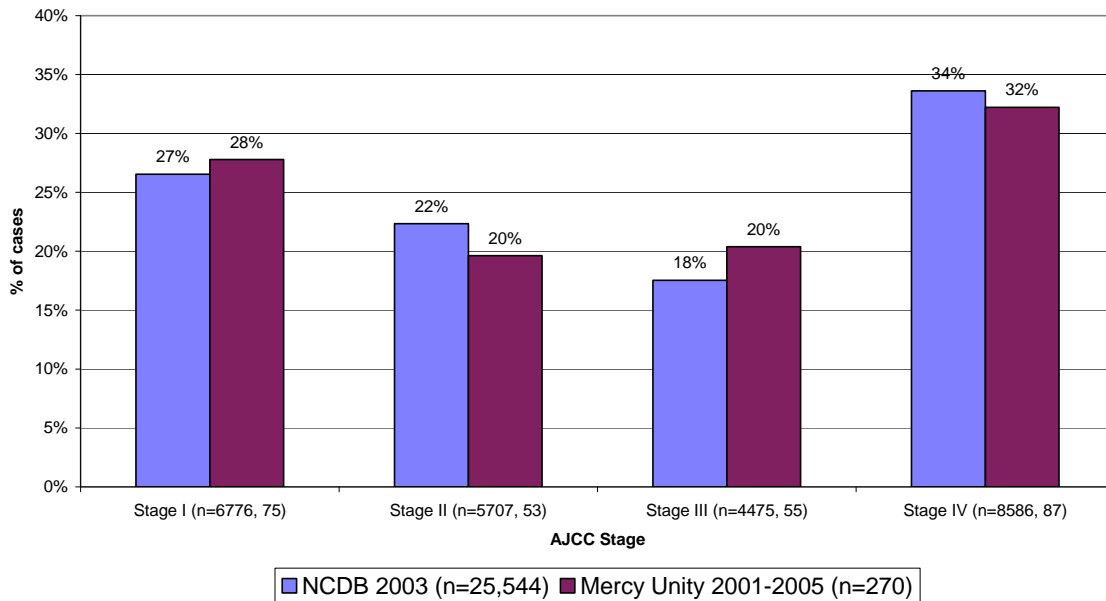
2001 - 2005 LYMPHOMA HISTOLOGIES
Figure 2

	NUMBER OF CASES	PERCENT
Malignant lymphoma large cell diffuse NOS	105	31%
Hodgkin's disease nodular sclerosis NOS	35	10%
Chronic lymphocytic leukemia	28	8%
Malignant lymphoma small cleaved cell follicular	24	7%
Malignant lymphoma mixed small cleaved and large cell follicular	22	6%
Marginal zone B-cell lymphoma NOS	17	5%
Malignant lymphoma small lymphocytic NOS	15	4%
Malignant lymphoma non-Hodgkin's NOS	14	4%
Malignant lymphoma lymphoplasmacytic	12	3%
Malignant lymphoma lymphocytic intermediate differentiation diffuse	12	3%
Hodgkin's disease mixed cellularity NOS	7	2%
Malignant lymphoma follicular NOS	7	2%
Large cell (Ki-1+) lymphoma	7	2%
Peripheral T-cell lymphoma NOS	6	2%
Hodgkin's disease NOS	5	1%
Burkitt's lymphoma NOS	5	1%
Malignant lymphoma NOS	4	1%
Follicular lymphoma grade 3	3	1%
Hodgkin's disease lymphocytic predominance nodular	2	1%
Splenic marginal zone B-cell lymphoma (C42.2)	2	1%
Adult T-cell leukemia/lymphoma	2	1%
Other lymphomas	9	3%
OVERALL TOTALS	343	100%

Stage at Diagnosis:

Figure 3 shows stage distribution at diagnosis for Mercy and Unity compared with national data. Stages 1 and 2 designate a disease that is localized or limited to one side of the diaphragm. While it is true that survival improves when lymphoma is diagnosed at an earlier stage, even stage 4 disease (particularly in DLBCL) can be cured. There are no nationally recognized screening tests for lymphoma. The public should be kept aware of general cancer warning signs, such as weight loss or feeling a lump, and should be encouraged to comply with the recommended schedule for general physical exams.

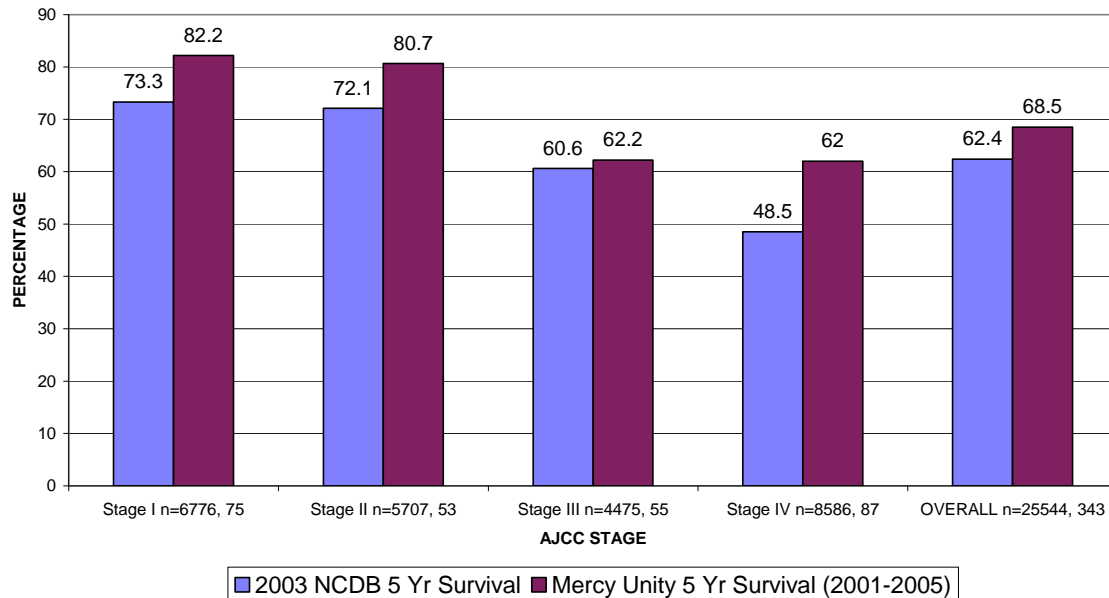
**NCDB 2003 Stage Distribution Percentage
vs Mercy Unity 2001-2005
Figure 3**



Outcomes:

Treatment for lymphoma involves radiation therapy as an option for Stage 1 and 2 disease and systemic (drug) therapy potentially for all stages. Figure 4 summarizes 5-year survivals for our lymphomas compared with national results.

**LYMPHOMA 5 YEAR OBSERVED SURVIVAL
NCDB VS MERCY AND UNITY
Figure 4**



The overall survival data shows that Mercy and Unity exceeds national results in all stages of lymphoma. When the results are broken down by stage, the findings are consistent with the overall picture.

Conclusions:

Research advances have greatly improved treatment and the number of lymphoma-related deaths is decreasing. Our five-year survivals for each stage of lymphoma exceed the national outcomes. This result reflects favorably on the management of lymphoma patients cared for at Mercy and Unity Hospitals.