EVANSTON NORTHWESTERN HEALTHCARE
ONCOLOGY PROGRAM
2006 ANNUAL REPORT

25Y

carevolution

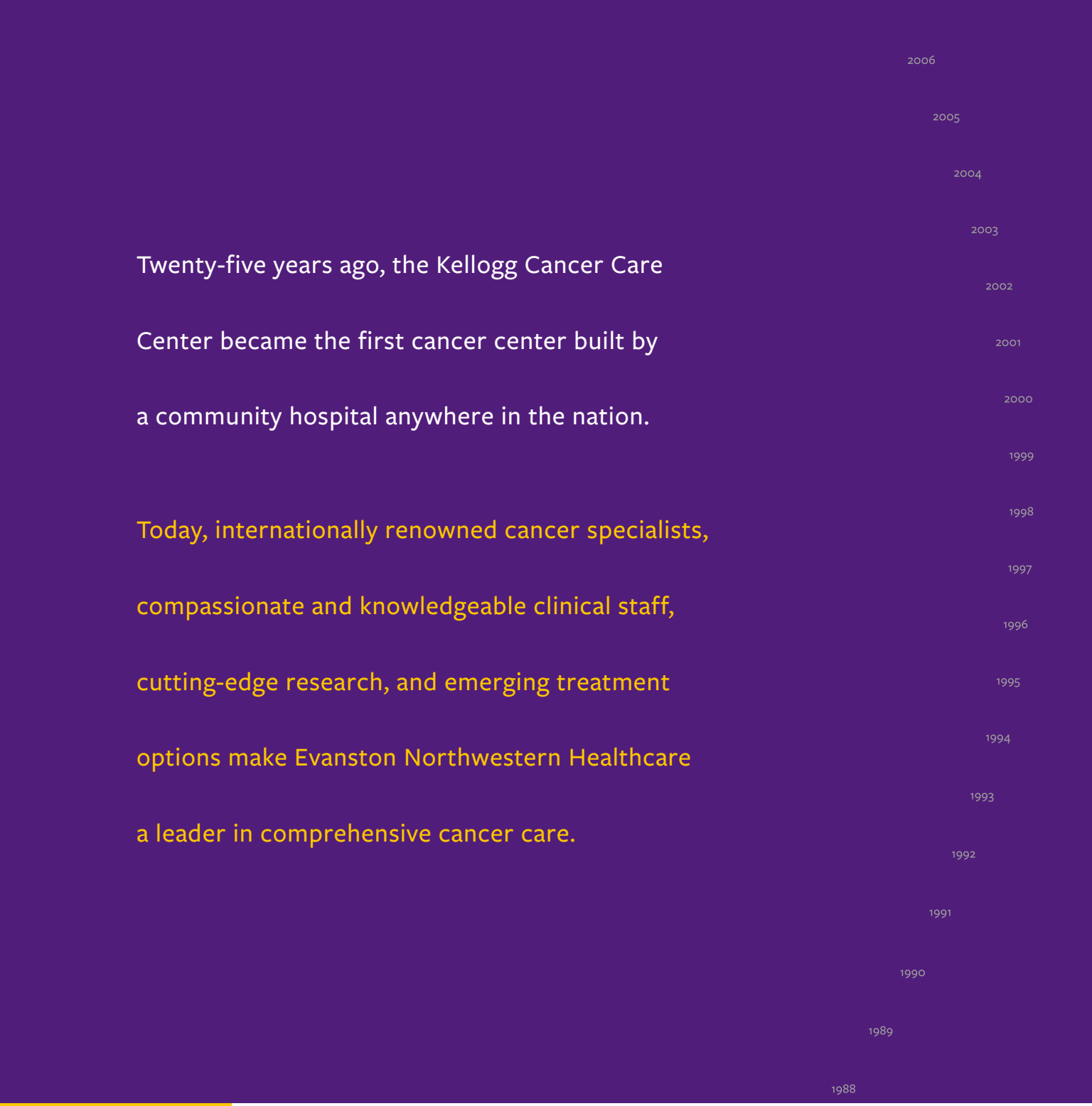
transforming cancer care for twenty-five years

EVANSTON NORTHWESTERN HEALTHCARE

Established in 1981, the Kellogg Cancer Care Center created a national model for a patient-centered, multidisciplinary team approach.

Twenty-five years ago, the Kellogg Cancer Care Center became the first cancer center built by a community hospital anywhere in the nation.

Today, internationally renowned cancer specialists, compassionate and knowledgeable clinical staff, cutting-edge research, and emerging treatment options make Evanston Northwestern Healthcare a leader in comprehensive cancer care.



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meeting of the minds

one patient, an entire team of doctors

A team of doctors convenes on behalf of the patient to design and support an individualized treatment plan. Not just a second opinion, but a third, fourth, and fifth...

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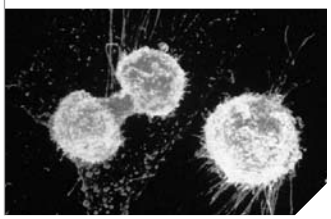
1980: In the early 1980's, Cisplatinum was developed as an active chemotherapeutic agent for treating ovarian cancer.



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Late 1990's—Discovery that combination of Taxol and platinum results in improved outcomes for ovarian cancer patients.

1987

1986

1994/1995—BRCA1 and BRCA2 genes were discovered, leading to effective surgical strategy for prevention of ovarian cancer.

1985

1984

2006: The National Cancer Institute announced that a regimen including intrapertoneal chemotherapy improves outcomes for ovarian cancer patients. ENH played a role in this groundbreaking research trial.

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1981

THE GYNECOLOGIC ONCOLOGY PROGRAM

by Gustavo Rodriguez, MD

Effective, timely, and compassionate care of women with gynecologic cancers can make the difference between mere prolongation of life, versus a return to good health, the capacity to fully function and contribute to family and community, and a cure. A multidisciplinary team of physicians closely oversees the continuum of care for each patient, which may include genetic counseling and screening, as well as medical treatments including chemotherapy, radiation therapy and surgery. Weekly Gynecologic Oncology Tumor Board meetings encourage involvement from multiple disciplines and provide numerous voices and perspectives when discussing a patient's treatment regimen. This approach is the cornerstone of Evanston Northwestern Healthcare's Kellogg Cancer Care Center and has been replicated by cancer centers worldwide. The program also is able to provide the unique expertise of Dr. Carolyn Kirschner in the surgical repair of fistulas, one of the most complex and debilitating complications of advanced gynecological cancers and their treatment.

Evanston Northwestern Healthcare's Gynecologic Oncology Program provides a full spectrum of care for women with precancerous and cancerous conditions of the gynecologic tract. This includes evaluation and treatment of women with abnormal pap smears; surgical and chemotherapeutic treatment of women with ovarian, uterine, cervical, vulvar and vaginal cancers; and gestational trophoblastic disease. Our nationally renowned gynecologic oncologists are on faculty at Northwestern University's Feinberg School of Medicine and are board-certified in gynecologic oncology and obstetrics and gynecology.

The clinical and academic mission of the program is to:

- Provide compassionate, comprehensive oncology care for women with gynecologic cancers.
- Perform research in the laboratory and the clinic that will yield discoveries with the potential to improve the quality of life for women with these same diagnoses and in generations to come.
- Train future leaders in the field.

In partnership with the Division of Gynecologic Oncology at Northwestern Memorial Hospital, the Gynecologic Division at ENH has been awarded a Fellowship Training Program for Gynecologic Oncology from the American Board of Obstetrics and Gynecology. This new training program is one of only about 30 programs in the country that have been given this privilege.

Remarkable Medicine. Close to Home.

Among the many advantages of an academic healthcare organization is the opportunity to participate in leading-edge research and provide patient access to treatments or interventions not available elsewhere. The Gynecologic Oncology Division is an active participant in the Gynecologic Oncology Group (GOG); a National Cancer Institute funded cooperative clinical trials group evaluating novel strategies for the screening, prevention and treatment of gynecologic malignancy. The Division participated in the recently published clinical trial demonstrating

Appointed this year, Jean Hurteau, MD, bolsters cancer program with clinical translational research experience.

(continued)

a significant survival advantage with the administration of chemotherapy directly into the abdominal cavity in women with ovarian cancer, and was among the first to implement this new strategy in the Chicago area.

Division members hold leadership positions in the Gynecologic Oncology Group, where they also are the lead investigators on important trials. Dr. Jean A. Hurteau is currently head of a national GOG trial investigating the anti-angiogenic agent thalidomide for the treatment of recurrent ovarian cancer. Other clinical trials currently open at ENH include a study evaluating the antiangiogenic agent Avastin, which targets the blood vessels feeding tumors, in women with newly diagnosed with ovarian cancer.

The early detection and prevention of malignancy are the most exciting frontiers in cancer research. The success of both of these approaches has made a dramatic impact on cervical cancer, where the implementation of Pap smear surveillance has dramatically lessened cervical cancer incidence and morality. Recent advances in the understanding of the disease led to development of the HPV vaccine, which has great promise for cervical cancer prevention. Similarly, there is great potential to eradicate ovarian cancer through early detection and prevention.

The Division of Gynecologic Oncology offers a multidisciplinary screening and prevention program for women at risk for ovarian cancer. The program consists of a genetic assessment to determine family-related cancer risk; a clinic visit that includes a physical exam, an ultrasound and blood testing; and leading-edge ovarian cancer research studies that may prolong or improve life. Accrual to these trials has been excellent, and Evanston is the leading site in the world for accrual to an important study sponsored by the Gynecologic Oncology Group that is evaluating novel methods of early detection as well as surgical prevention of ovarian cancer. Overall, outcomes compare favorably with national benchmarks, as shown in the ovarian cancer survival graph to the right, which compares survival outcomes for ovarian cancer for women treated in the ENH program.

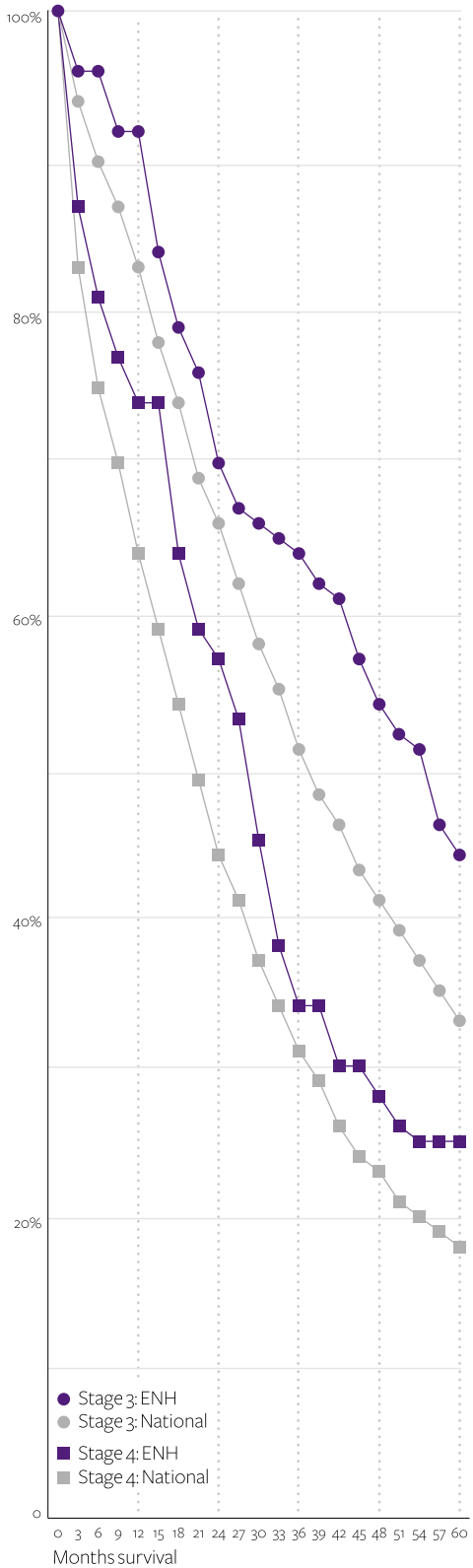
This ultrasound image shows a complex cystic ovarian mass, an early cancer.

Ovarian Cancer Prevention

The Division's federally funded ovarian cancer research laboratory is making significant progress towards the ultimate goal of developing a pharmacologic agent for the prevention of ovarian cancer. Research spearheaded by Gustavo Rodriguez, MD, Director of the Division, has uncovered the biologic mechanism underlying the well known dramatic cancer preventive effect of routine use of the birth control pill, which lowers ovarian cancer risk by 50%. The biologic mechanism involves the activation of molecular programs in the ovary that lead to the efficient elimination of cells that are genetically damaged.

A team of researchers is evaluating a number of agents that have great potential to activate cancer preventive programs in the ovary including progestins, Vitamin D, and Omega-3 fatty acids. The hope is that implementation of pharmacologic strategies using one or more of these agents will lead to even more effective ovarian cancer prevention therapies than routine use of the birth control pill, with the potential to prevent most ovarian cancers from ever occurring.

OVARIAN CANCER SURVIVAL: 5 YEAR COMPARISON
ENH AND CIRF 1995-2000



Source: Cancer Information Reference File and Evanston Northwestern Healthcare

Evanston Northwestern Healthcare offers patients convenience, comfort and world-class care. Pictured here, Sheila Cook-Yankee, an endometrial cancer patient, meets with Clinical Supervisor Sherri Nettnin, RN, during chemotherapy treatment.

ENH RANKED AMONG TOP 50 HOSPITALS IN CANCER CARE

U.S. News & World Report released their annual "America's Best Hospitals" list. ENH is ranked among the Top 50 of the 5,189 hospitals that were evaluated in cancer care.

The rankings were based on a total score comprised of 16 specialties. 11 of those 16 are based on quantifiable data, while the other five are based on the reputation of the hospital among specialist physicians.

KELLOGG CANCER CARE CENTER'S 25TH ANNIVERSARY FUND

The Kellogg Cancer Care Center at Evanston Northwestern Healthcare (ENH) was established at Evanston Hospital in 1981 with a $3.1 million gift from the J.L. and Helen Kellogg Foundation. Two centers at Glenbrook and Highland Park Hospitals were subsequently added. Since its opening in 1981, the Center's staff has served more than 41,000 patients—and their families.

The Kellogg Cancer Care Center has established a 25th Anniversary Fund with a goal to raise $2 million in celebration of its history and to strengthen its commitment to providing the highest quality comprehensive and holistic cancer care. Charitable donations to the fund will support the Psychosocial Oncology Program that promotes quality of life and helps patients and families manage their emotional and practical needs. In addition, the fund will provide resources to enhance treatment room amenities, educational opportunities and Integrative Medicine programs.

To make a gift to the Kellogg Cancer Care 25th Anniversary Fund, contact Allyson Regnier, Director of Development, ENH Foundation, (224) 364-7207, aregnier@enh.org or visit www.enh.org/foundation to make a gift on line.

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research ranked #10 nationwide

celebrating 10 years of excellence

Patients not only receive a team that guides their care, but a "behind-the-scenes" team of researchers who are working to improve their treatment options.

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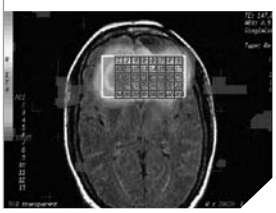
1981: The J.L. and Helen Kellogg Cancer Care Center opened as the first cancer center to be built by a community hospital anywhere in the nation. President Gerald Ford and Betty Ford attended the dedication ceremony.

Evanston Hospital was one of a few brain tumor research centers established in the country.



1987: Evanston Hospital was one of three Chicago area hospitals with magnetic resonance spectroscopy capabilities and the only hospital conducting MRS clinical studies to help improve cancer diagnosis and treatment.

ENH RESEARCH INSTITUTE

As the Evanston Northwestern Healthcare Research Institute embarked on its 10th anniversary, it earned the distinction of being ranked #10 in the nation among Comprehensive or Multispecialty Independent Research Hospitals in funding from the National Institutes of Health. When one looks at Independent Research Hospitals, ENH is ranked #20 in the country. At the state level, ENH is again the #1 ranked Independent Research Hospital in the entire State of Illinois. More than 3,000 institutions receive NIH funding, and ENH is in the top 5.5 percent of all institutions receiving NIH funds. The ENH Research Institute, founded in 1996, serves as the research arm of Evanston Northwestern Healthcare, a fully integrated, multi-hospital healthcare system serving northern metropolitan Chicago.

Targeted therapies/clinical trials

ENH is one of the longest continually funded sites for the Community Clinical Oncology Program.

Without the program, North Shore patients would have a more limited access to clinical trials including one of the most promising areas of research—targeted cancer therapies. ENH has many clinical trials available studying the effectiveness of targeted therapies which focus on molecular and cellular changes that are specific to cancer. Targeted cancer therapies may be more effective than current treatments and less harmful to normal cells.

ENH is offering several of these drugs to its patients. Among them are:

- Lapatinib for advanced metastatic breast cancer is available through an expanded access trial. ENH is the only site on the North Shore participating in the trial.
- Bevacizumab, approved for metastatic colon cancer, is being studied at ENH as part of a CCOP group trial for breast cancer patients in combination with Taxol.

Vimla Band, PhD, has identified a gene marker that predicts the potential of breast cancer to spread. Hamid Band, MD, PhD, discovered a novel protein that may improve treatment for breast cancer.

- Sutent is being studied in the treatment of patients with advanced renal cell carcinoma. The standard therapy used to be kidney resection and watchful waiting.

For information on clinical trials call (847) 570-2109.

BREAST

LIFE

Evanston Northwestern Healthcare has been awarded a $50,000 grant from the Lance Armstrong Foundation to implement the Living in the Future (LIFE) program at Highland Park Hospital.

LIFE is a unique cancer survivorship program designed to create a bridge for continued care of post-treatment cancer survivors. It is a customized survivorship care plan that will facilitate a partnership among the patient, the oncologist and the primary care physician.

"LIFE will bridge the gap between the post treatment cancer survivor, facilitating a smoother transition from the oncology specialty care environment back to the community, family and primary care setting," said Carol A. Rosenberg, MD, LIFE Program Director and Director of Preventive Health Initiatives for Evanston Northwestern Healthcare.

The program will benefit patients like Helen Hackett of Deerfield, Illinois. Hackett was diagnosed with breast cancer in March 2006. Immediately following her

(continued)

BREAST (CONTINUED)

diagnosis, she began treatment with surgery, chemotherapy and radiation. With the end of her treatment in sight, Hackett now looks to the future with help from LIFE.

"I am looking for a post-treatment network that will help to manage my nutritional dietary needs and monitor any possible recurrence," she says. "I think LIFE will provide me with those tools."

The first year of the program will focus on breast cancer survivors and expand to include all types of cancer in the following years.

China Mission

In April 2005, mobile mammography buses—specially outfitted with the most advanced digital equipment—began traveling to factories, stores and other places of employment in China. The buses will screen one million Chinese women about every 12 months over the next five years. The study is the brainchild of Stephen Sener, MD, ENH Vice Chairman of Surgery who led a team of Evanston Northwestern Healthcare physicians and nurses to China this year as part of a historic joint project with the American Cancer Society.

During Chinese American Surgical Oncology Week, the team trained surgeons from 76 hospitals in the country on the protocols and techniques associated with lumpectomies and sentinel node procedures. During the visit, Dr. Sener, the past president of the ACS, and partner Ermilo Barrera, MD, ACS' Illinois Division immediate past president and head of surgery at Glenbrook Hospital, led a joint team of Chinese and American surgeons who performed additional cancer surgeries on patients with breast, liver, colon, and stomach cancers.

While in China, ENH physicians demonstrated a variety of surgical techniques. Here, Drs. Malcolm Bilimoria and Ermilo Barrera perform a gastrectomy while a Chinese surgeon observes.

The 5-year project is also intended to serve as a clinical trial, providing global researchers with data to learn whether ultrasound is of value in screening younger women for breast cancer; whether computed radiography offers distinct advantages over other breast imaging technologies; how often women should be screened; and why breast cancer tends to strike at a younger age among women in China.

LYMPHOMA

Triangle of care

"The internist spends a long time looking for the needle in the haystack," according to Todd Newberger, MD. The benefit of being affiliated with a system like Evanston Northwestern Healthcare is that the internist has a lot of allies. "If you don't have good subspecialists to refer your patients to, you're not going to be successful," he said.

Dr. Newberger relies on good communication with his patients to make successful diagnoses; those same skills are important for cultivating relationships with specialists. A free flow of information among the primary care physician, specialist and patient results in what Dr. Newberger calls "the perfect triangle of care," as Virginia Cozad's experience shows.

Cozad came to see Dr. Newberger for a routine physical. Upon completing his exam, he asked her if there was anything else she wanted to discuss. Cozad brought up what she referred to as a "vanity statement" about her stomach that she thought he would dismiss. Dr. Newberger ordered an ultrasound. He subsequently referred her for surgery, which led to her diagnosis for non-Hodgkin's lymphoma, and she was placed under the care of hematologist Lynne Kaminer, MD.

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Mid 1990's—ENH was one of the first institutions to utilize sentinel lymph node biopsy which is now a standard surgical treatment of breast cancer.

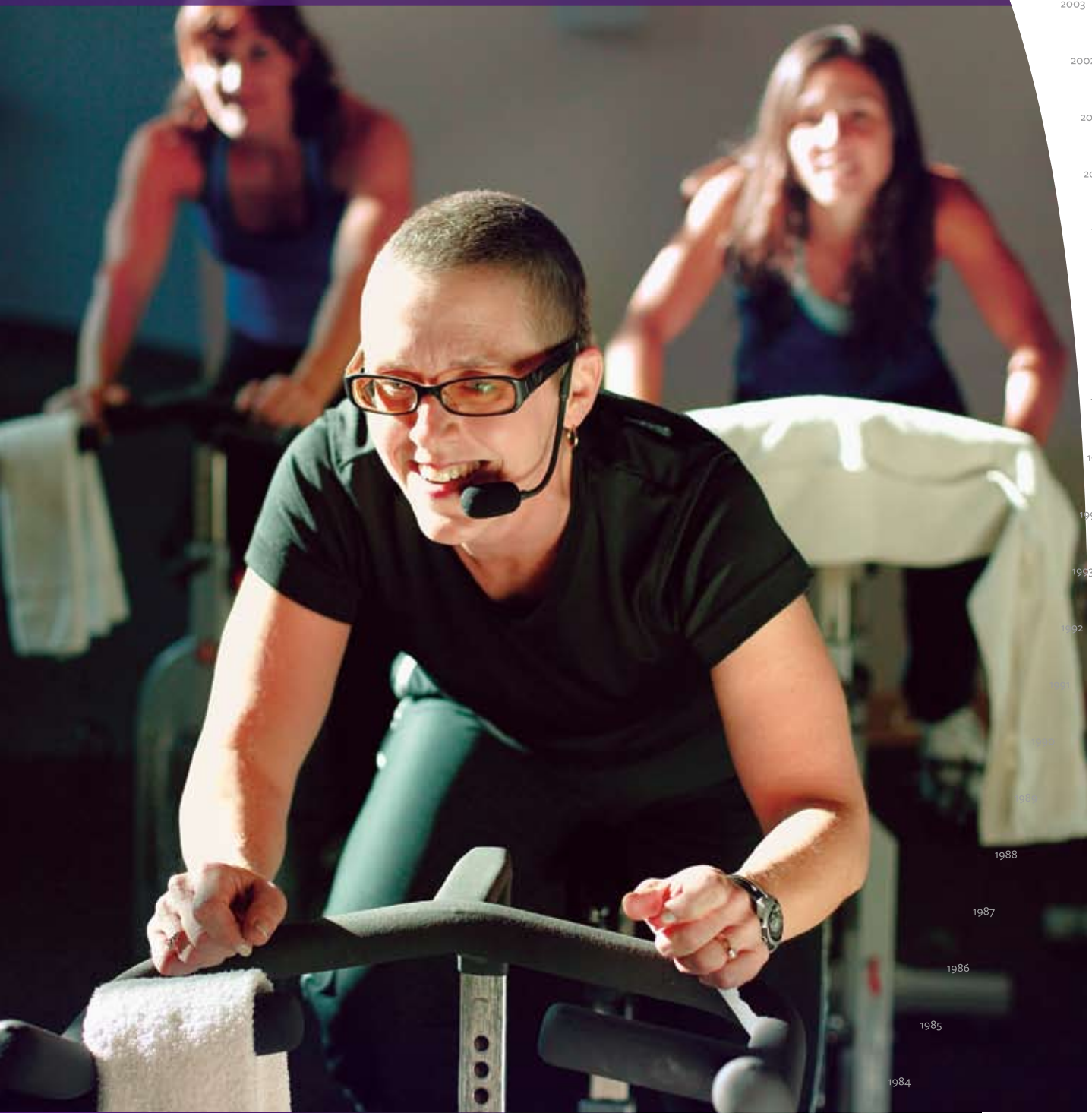
2006: Director of the Breast Cancer Translational Research Program Dr. Ruth Lupu, discovers Herceptin is effective in breast cancer cells with low Her-2 levels. The study was published in the Journal of Clinical Oncology.

BRCA1 microarray gene chip created to diagnose hereditary breast cancer using tumor tissue.

Breast MRI: first study to report on psychological outcomes of high-risk women undergoing screening.

LIFE: living in the future

customized care for survivors



Helen Hackett, seen here in the final stage of her treatment, is relying on LIFE for a smooth transition into the primary care setting of breast cancer survivorship.

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taming cancer with technology

procedure gives hope to more patients

Collaboration between radiation oncologist Ranjeev K. Nanda, MD, (left) and neurosurgeon Issam A. Awad, MD, is critical to the delivery of a precise dose of radiation to the tumor.

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1980's: Before the Oncology Nursing Society had a program, the nursing and pharmacy staff taught the oncology chemotherapy course for the hospital.

1981: Evanston Hospital was one of a few brain tumor research centers established in the country.

1986: ENH developed the first Investigational Drug Data Management System recognized by the National Cancer Institute.

LYMPHOMA (CONTINUED)

"I have always felt it was a miracle that my cancer was found," Cozad said. "Without Dr. Newberger, I may never have known Dr. Kaminer."

"We've found that the physicians and nurses at Evanston Northwestern Healthcare have been excellent," added James Cozad. "It's a caring institution that impressed us greatly."

Lynne Kaminer, MD, says she takes time to get to know her patients personally rather than just knowing about their medical problems.

This care inspired Cozad and her husband to make a $1.5 million gift to ENH to establish the Virginia and James Cozad Chair of Hematology/Oncology, which is held by Dr. Kaminer.

"I have fulfilling relationships with my patients, and the Cozads' gift is an affirmation of that," Dr. Kaminer said. "I also respect the expertise of the primary care physician—we're working together to provide the best care."

NEURO

ENH took the lead in introducing the Chicago area to one of the most advanced radiation treatment options available for tumors and other lesions.

The new shaped beam surgery platform delivers a precise dose of high-energy radiation to shrink or control the growth of a tumor while minimizing harm to surrounding tissue. The procedure is virtually painless and in most cases performed as an outpatient procedure.

"It offers a minimally invasive treatment alternative for patients who would not benefit from traditional surgery because of another underlying illness, an inoperable location of a tumor or the increased risk of harming critical structures near a tumor," said Issam Awad, MD, Co-Director of the ENH Stereotactic Radiosurgery Program.

The technology continuously shapes a high-energy beam to match the size and shape of a patient's tumor from all angles, ensuring that a patient's tumor receives the full prescription dose while protecting healthy tissue. Patients remain awake through the procedure and typically return to their routines the same day.

PROSTATE

Evanston Hospital became the first facility in Illinois to perform surgery using Intuitive Surgical's da Vinci® S™ Surgical System. da Vinci is a state-of-the-art robotic system designed to expand the surgeon's capabilities, providing patients with a minimally invasive option for many complex procedures.

The da Vinci System allows surgeons to perform complex procedures—including prostate, heart and gynecological surgery—using dime-sized incisions. For most patients, this minimally invasive approach results in significantly less pain, less blood loss, shorter recovery periods and a quicker return to normal daily activities.

At Evanston Hospital, prostate cancer patients were among the first to undergo da Vinci Surgery with William K. Johnston III, MD, Director of Laparoscopy and Minimally Invasive Urology.

Brendler joins ENH as Vice Chairman of Surgery

World-renowned surgeon Charles B. Brendler, MD, joined Evanston Northwestern Healthcare this year as Vice Chairman of Surgery for clinical and academic development. Dr. Brendler's goals are to help ENH further grow its clinical programs, expand research in prostate cancer and other diseases, and develop educational programs and

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PROSTATE (CONTINUED)

promote philanthropy. He hopes to enhance ENH's reputation as one of the top clinical and research medical centers in the United States. Dr. Brendler served as Professor and Chief of Urology at University of Chicago for 13 years.

World-renowned prostate surgeon Charles B. Brendler, MD, named this year to Vice Chairman of Surgery for Clinical and Academic Development.

GI

Gershon Locker, MD, Senior Attending in Medical Oncology and a member of The American Clinical Oncology Tumor Marker Guidelines Committee has helped author new practice guidelines for the use of tumor markers in gastrointestinal cancers.

In developing the updated guideline, an ASCO expert committee, including Locker, reviewed the use of tumor markers in gastrointestinal cancers and made recommendations based on their effectiveness for screening, staging and post-surgery surveillance.

The new recommendations include using the carcinoembryonic antigen (CEA) in post-surgery surveillance and in monitoring patient response to systemic therapy. CEA is a tumor marker found in many types of cells, but its level may be elevated in people with colorectal cancer and certain other types of cancers.

Gershon Locker, MD, authored new guidelines for use of tumor markers in gastrointestinal cancers.

The guidelines recommend that physicians test for CEA after surgery, every three months for three years after initial treatment of colorectal cancer, if the patient is a candidate for surgery or chemotherapy upon disease recurrence. In addition, CEA should be used as the tumor marker of choice for monitoring systemic therapy in patients with metastatic colorectal cancer.

MEDICAL GENETICS

The Center for Medical Genetics has created MyGenerations, a unique computer program whereby patients receive a personalized cancer risk assessment based on their family medical history in order to develop an individualized plan for early cancer detection and prevention with their physicians. The program creator, Suzanne O'Neill, PhD, has recently updated MyGenerations to include a comprehensive list of cancers and algorithms for the major hereditary cancer syndromes. MyGenerations is now available on the Internet (www.enh.org/mygenerations) and four touchscreen kiosks at locations throughout ENH.

Creator of MyGenerations, a computerized program assessing individualized cancer risk, Suzanne O'Neill (left) with Wendy Rubinstein, MD, PhD, Medical Director of the Center for Medical Genetics.

MyGenerations was made possible through generous donations from the late Susan Willis Heiberger's family and friends, who created a memorial fund after she lost her battle with breast cancer. The program takes 10-20 minutes to complete, provides a family tree and basic recommendations for patients to discuss with their physician, and suggests genetics referral where indicated.

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1983: Evanston Hospital was one of the first community based hospitals nationwide chosen to participate in a large-scale Community Clinical Oncology Program.

1997: The Center for Medical Genetics was started.

1998: ENH participated in a study that concluded Tamoxifen cut the risk of getting breast cancer by 45%.

more precision, less pain

ENH first to use latest robotic system

Urologist William K. Johnston, III, MD, who was formally trained in robotic surgery at University of Michigan, and Abby Dryer, RN.

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2005 cancer data

Summary

INCIDENCE OF CANCER 2005

In 2005, 2,576 new cancer cases were accessioned into the Evanston Northwestern Healthcare Cancer Registry. Of those 2,391 cases (93 percent) were analytic. By definition, analytic cases are those patients newly diagnosed with malignant neoplasm and/or have received all or part of their first course of treatment at one of our hospitals. The remaining 185 cases (7 percent) were non-analytic. Non- analytic cases are patients initially diagnosed and treated at another facility, who now are receiving treatment for progression or recurrence of their disease here. Details by site are provided in Table 1.

CLASS OF CASE 2005

Class 0, 1 and 2 are considered analytic cases, class 3, 4, 5 and 6 are non-analytic.

Class 0 and Class 1, which account for 1,951 cases, were those malignancies diagnosed at one of our three hospitals. Once diagnosed with cancer, 1,892 (97%) of our patients remained at Evanston Northwestern Healthcare for their treatment. Class 2, totaling 443 cases were diagnosed elsewhere and referred here for treatment. Class 3, a total of 175 cases were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease.

COMPARISON OF TOP 5 SITES

Breast cancer continues to be our top site representing a striking 24 percent of the total analytic cases seen at Evanston Northwestern Healthcare. The next-most frequent cancers seen were: lung (10 percent), prostate (8 percent), colorectal (8 percent) and melanoma at 5 percent. These top five sites represent 56 percent of all newly diagnosed cases. Graph 1 shows how our top 5 sites compare with national figures.

CANCER INCIDENCE COMPARISON SITE AND SEX

Table 2 compares Evanston Northwestern Healthcare 2005 data to national statistics provided by the American Cancer Society: Facts and Figures 2005, by site and gender for the national top 5 leading sites. These figures exclude in situ carcinomas except urinary bladder.

The most common primary sites for men are prostate, lung, colorectal, bladder and melanoma. These five sites represent 68 percent of all male invasive cancers nationally and 55 percent seen at Evanston Northwestern Healthcare.

The most common primary sites for women are breast, lung, genital, colorectal and lymphoma. These five sites represent 72 percent of all female invasive cancers nationally and 73 percent here.

GRAPH 1: TOP 5 SITES

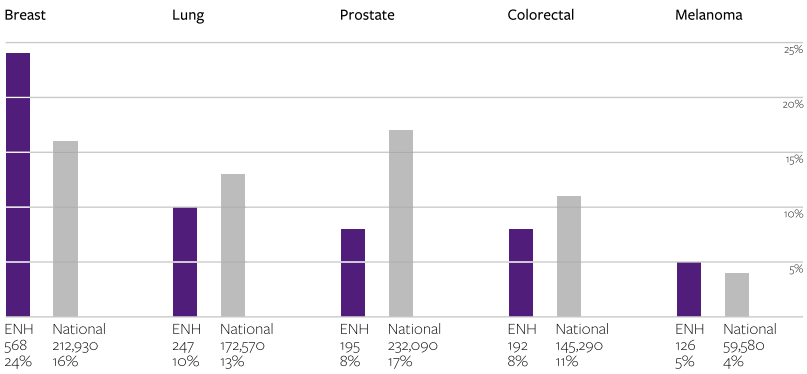

TABLE 1: INCIDENCE OF CANCER—2005 DATA SUMMARY

Primary Site	Analytic	Non Analytic	Total	Percent
Tongue	21	2	23	0.9%
Salivary Glands	4	1	5	0.2%
Floor of Mouth	4	0	4	0.2%
Gum and Oth Mouth	7	2	9	0.3%
Nasopharynx	3	0	3	0.1%
Tonsil	5	1	6	0.2%
Oropharynx	3	0	3	0.1%
Hypopharynx	9	0	9	0.3%
Oral Cavity	**56**	**6**	**62**	**2.4%**
Esophagus	27	0	27	1.0%
Stomach	31	4	35	1.4%
Small Intestine	10	1	11	0.4%
Colon	138	3	141	5.5%
Rectosigmoid Junction	16	3	19	0.7%
Rectum	38	2	40	1.6%
Anus	8	0	8	0.3%
Liver	4	0	4	0.2%
Gallbladder	6	0	6	0.2%
Unspec Digestive Orgs & Pts of Biliary	12	0	12	0.5%
Pancreas	68	4	72	2.8%
Retroperitoneum	2	0	2	0.1%
Peritoneum, Omentum & Mesentery	0	2	2	0.1%
Digestive System	**360**	**19**	**379**	**14.7%**
Nasal Cav, Middle Ear & Accessory Sinus	2	1	3	0.1%
Larynx	10	0	10	0.4%
Lung & Bronchus	247	10	257	10.0%
Respiratory System	**259**	**11**	**270**	**10.5%**
Bones and Joints	**2**	**1**	**3**	**0.1%**
Soft Tissue—incl Heart	**14**	**4**	**18**	**0.7%**
Melanoma—Skin	126	12	138	5.4%
Oth Non-epith Skin	9	0	9	0.3%
Skin	**135**	**12**	**147**	**5.7%**
Breast	**568**	**27**	**595**	**23.1%**
Cervix Uteri	14	2	16	0.6%
Corpus Uteri	65	2	67	2.6%
Ovary	43	4	47	1.8%
Vagina	2	0	2	0.1%
Vulva	6	1	7	0.3%
Oth Female Genital	4	0	4	0.2%
Female Genital System	**134**	**9**	**143**	**5.6%**
Prostate	195	19	214	8.3%
Testis	10	0	10	0.4%
Oth Male Genital	1	0	1	0.0%
Male Genital System	**206**	**19**	**225**	**8.7%**
Bladder	103	7	110	4.3%
Kidney	66	3	69	2.7%
Ureter	4	0	4	0.2%
Oth Urinary Organs	1	0	1	0.0%
Urinary System	**174**	**10**	**184**	**7.1%**
Eye & Orbit	**15**	**2**	**17**	**0.7%**
Brain	55	31	86	3.3%
Cranial Nerves Oth Nerves	52	9	61	2.4%
Brain & Other Nervous System	**107**	**40**	**147**	**5.7%**
Thyroid	55	6	61	2.4%
Oth Endocrine, incl Thymus	44	5	49	1.9%
Endocrine System	**99**	**11**	**110**	**4.3%**
Nodal	81	6	87	3.4%
Extranodal	34	2	36	1.4%
Lymphomas	**115**	**8**	**123**	**4.8%**
Multiple Myeloma	**17**	**1**	**18**	**0.7%**
Leukemias	**63**	**2**	**65**	**2.5%**
Mesothelioma	**5**	**0**	**5**	**0.2%**
Ill-defined & Unspecified	**62**	**3**	**65**	**2.5%**
Total	**2,391**	**185**	**2,576**	**100.0%**

2005 cancer data

Summary (continued)

DISTRIBUTION BY AJCC STAGE FOR THE TOP FIVE SITES SEEN AT ENH

Ninety percent of our breast cancers were diagnosed at an early stage (stages 0, 1 and 2), reflecting the national (87 percent) trend toward early detection. Eighty-two percent of our prostate cancers (national: 82 percent), fifty-seven percent of our colorectal cancers (national: 53 percent) and eighty-two percent of our melanoma cancers (national: 74 percent) were also diagnosed with early stage disease. Thirty-four percent of lung cancers were diagnosed at an early stage, significantly higher than is seen nationally (26 percent). Symptoms of lung cancer often do not appear until the disease is advanced. Twenty percent of the national lung cases are found in the early stages, before it has spread to nearby lymph nodes or elsewhere. In each of the top five sites seen at ENH, detection at an early stage compares favorably to that seen nationally. National data supplied by the NCDB, Commission on Cancer, ACoS Benchmark Reports, v7.0. (2000-2003 data)

AGE AND STAGE AT DIAGNOSES BY GENDER

Table 3 shows that females are diagnosed at a younger age than males. Forty-two percent of our female and 33 percent of our male patients are diagnosed before the age of 60. Sixty-seven percent of our male patients are diagnosed after the age of 60, emphasizing the need for cancer-directed checkups starting at an earlier age. Females were more often diagnosed with early stage disease than the males in all age groups.

TABLE 2: TOP 5 SITES COMPARISON BY GENDER—2005 DATA

	ACS		ENH	
Female	**Incidence***	**Percent**	**Incidence***	**Percent**
Breast	211,240	32%	431	36%
Lung	79,560	12%	157	13%
Female Genital	79,480	12%	132	11%
Colorectal	73,470	11%	95	8%
Lymphoma	30,690	5%	58	5%
Total All Sites	**662,870**	**72%**	**1,200**	**73%**

	ACS		ENH	
Male	**Incidence***	**Percent**	**Incidence***	**Percent**
Prostate	232,090	33%	195	22%
Lung	93,010	13%	90	10%
Colorectal	71,820	10%	84	9%
Bladder	47,010	7%	82	9%
Melanoma	33,580	5%	49	5%
Total All Sites	**710,040**	**68%**	**896**	**55%**

Source: American Cancer Society: Facts and Figures 2005
* Analytic Cases only, excludes in situ except bladder

TABLE 3: AGE AND STAGE AT DIAGNOSIS BY GENDER—2005 ANALYTIC DATA

Male = 964	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unk	N|A	Total	Percent*
0 - 29	1	2	4	1	1	0	7	16	1.7%
30 - 39	2	11	9	1	4	0	12	39	4.0%
40 - 49	3	18	16	10	13	3	14	77	8.0%
50 - 59	17	30	54	25	22	8	30	186	19.3%
60- 69	18	23	72	35	45	9	29	231	24.0%
70 - 79	29	43	53	23	36	7	37	228	23.7%
80 - 89	19	27	35	20	35	7	27	170	17.6%
90 +	1	1	1	3	5	0	6	17	1.8%
Total	90	155	244	118	161	34	162	964	100.0%
Percent*	9.3%	16.1%	25.3%	12.2%	16.7%	3.5%	16.8%	100%	

Female = 1,427	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unk	N|A	Total	Percent*
0 - 29	1	8	1	0	3	0	13	26	1.8%
30 - 39	5	24	13	8	6	0	18	74	5.2%
40 - 49	47	55	45	16	20	7	25	215	15.1%
50 - 59	53	107	38	22	35	7	26	288	20.2%
60- 69	36	108	45	42	36	2	30	299	21.0%
70 - 79	20	100	55	36	46	10	43	310	21.7%
80 - 89	13	55	30	24	30	13	15	180	12.6%
90 +	5	7	5	5	2	5	6	35	2.5%
Total	180	464	232	153	178	44	176	1,427	100.0%
Percent*	12.6%	32.5%	16.3%	10.7%	12.5%	3.1%	12.3%	100.0%	

* May not add up to 100% due to rounding

Evanston Northwestern Healthcare

cancer committee 2006

The Cancer Committee, a standing committee defined by the bylaws of Evanston Northwestern Healthcare, coordinates all oncology related activities. This multidisciplinary committee meets bi-monthly and has the responsibility to ensure full compliance with all the Standards established by the American College of Surgeons Commission on Cancer for accreditation of the Cancer Program. All academic appointments are to Northwestern University's Feinberg School of Medicine.

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