According to the National Comprehensive Cancer Network (NCCN), more than 222,000 new cases of lung cancer will be diagnosed in 2017, making it the second most common cancer in both men and women. Unfortunately, it is also the leading cause of cancer death in both populations. Each year, lung cancer accounts for approximately 27 percent of all cancer deaths, which is more than colon, breast and prostate cancers combined. Although death rates for lung cancer have decreased since 2005, resulting in more than 415,000 lung cancer survivors in the United States, the five-year survival rate of 17.7 percent is significantly lower than other leading cancer sites. The prognosis improves when the diagnosed disease is still within the lungs; however, most tumors are found after the disease has spread to other organs. More than half of people with lung cancer will die within one year of diagnosis. However, there has been recent progress in regard to screening, minimally invasive techniques for diagnosis and treatment, and advances in therapies.

The World Health Organization (WHO) divides lung cancer into two major classes based on its biology, therapy and prognosis.

Non-Small Cell Lung Cancer (NSCLC) is the most common type representing approximately 85 percent of lung cancer cases. Subtypes of non-small cell lung cancer are squamous cell carcinoma and non-squamous cell (including adenocarcinoma, large cell carcinoma and other subtypes). Adenocarcinoma is the most common subtype of lung cancer seen in the United States and is the most frequently occurring type in nonsmokers.

Small Cell Lung Cancer (SCLC), sometimes called " oat cell cancer," represents 10-15 percent of lung cancer cases. This type of lung cancer is aggressive and tends to spread rapidly.

Diagnosis and Staging

A lung cancer diagnosis is determined by using a combination of signs and symptoms, medical history, diagnostic imaging tests and pathology. Once the diagnosis is made, the cancer is staged using the American Joint Committee on Cancer (AJCC) TNM system.

'T' designates the size of the main tumor and whether or not it has grown into nearby areas.

'N' denotes whether the cancer has spread to nearby lymph nodes.

'M' indicates whether the cancer has metastasized to other organs such as the brain, bones, adrenal glands, liver, kidneys or the other lung.

The TNM staging is further assigned to an overall stage of 0, I, II, III or IV. The stage grouping helps to align cancers into categories that have similar treatment regimens and outcome expectations. Identifying a localized stage lung cancer (I, II, III) is better in terms of prognosis and outcomes. If a lung cancer is identified in the regionally advanced (II) or distantly advanced stages (III, IV), the disease may be more difficult to treat.

Additionally, small cell lung cancer (SCLC) is further defined using both the AJCC TNM staging system and the older Veterans Administration (VA) scheme. Staging for SCLC is based on the extent of disease: 1) limited-stage disease is confined to one side of the chest and can be safely encompassed within a radiation field and 2) extensive-stage disease is beyond one side of the chest, including plural or pericardial effusion. These definitions are often used for clinical decision-making.

Treatment Guidelines

The NCCN has established treatment guidelines for lung cancer (NSCLC and SCLC) based on the AJCC staging code. Surgery, radiation therapy and systemic (chemo) therapy are the three modalities most commonly used for curative (elimination of the tumor) or palliative (relief of symptoms) treatment. The NCCN guidelines can include surgery, systemic/chemotherapy or radiation therapy used alone or in combination.

The purpose of the following analysis is to evaluate treatment patterns based on WHO classes and subtypes and AJCC staging in lung cancer patients treated at Baylor Scott & White – Carrollton from 2014–2016.
Lung Cancer Surgery

NCCN recommends surgery with curative intent for AJCC Stage I-II NSCLC or for symptom management in Stage IV disease. According to these recommendations, Baylor Scott & White – Carrollton encountered 14 primary surgeries in patients with NSCLC. Of these, 71.4% were stage I-II and received surgical exploration and resection with mediastinal lymph node dissection or systematic lymph node sampling as their first course of treatment with curative intent. These surgeries included wedge resection (six; 54.5 percent), segmental resection (two; 18.2 percent) and lobectomy (three; 27.3 percent). Three of the five patients with stage IV NSCLC presented with symptomatic brain lesions and received palliative craniotomy for symptom management.

Systemic Therapy

According to NCCN guidelines, systemic therapy is indicated for patients presenting with Stage IV NSCLC and extensive stage SCLC. Of the 20 patients encountered at Baylor Scott & White – Carrollton, six patients received systemic treatment as initial therapy. In accordance with these guidelines, four patients with extensive stage SCLC and two of the five patients with stage IV adenocarcinoma NSCLC received chemotherapy as their first course of treatment.

Discussion

The first course of treatment for patients diagnosed with lung cancer is determined according to the staging on diagnosis, as well as the WHO class and subtype of the disease. Patients diagnosed with limited stage (I, II) or regionally advanced (III) NSCLC receive initial treatment with curative intent through surgical exploration and resection. Following surgery, adjuvant treatment may be administered according to the patient’s disease classification and subtype and his or her performance status. Patients with AJCC stage IV NSCLC may receive systemic therapy with or without palliative surgery. Patients presenting with SCLC receive chemotherapy with or without radiation or palliative surgery.

Overall, it appears that these patients diagnosed with lung cancer received the initial treatment regimen according to the NCCN guidelines.

References


INNOVATION IN CARE  |  2017 ANNUAL REPORT  |  BAYLOR SCOTT & WHITE MEDICAL CENTER – CARROLLTON 4

INNOVATION IN CARE  |  2017 ANNUAL REPORT  |  BAYLOR SCOTT & WHITE MEDICAL CENTER – CARROLLTON 5

Methods

Using the Baylor Scott & White Health – North Texas Cancer Registry data, all lung cancer patients who received primary treatment for lung cancer at Baylor Scott & White – Carrollton from 2014-2016 were compared to the evaluation and treatment guidelines published by the NCCN.

The following results provide data for primary treatment type by AJCC stage code. In addition to descriptive data, the following 2016 NCCN guidelines act as the framework for the analysis:

1. NSCLC, stages I-II: Surgery is the preferred initial treatment.

2. NSCLC, stage IV limited metastases confirmed: Stereotactic radiosurgery should be given.

3. NSCLC, stage IV disseminated metastases, adenocarcinoma subtype: Combination systemic therapy. The regimen with the highest likelihood of benefit with toxicity deemed acceptable to both the physician and the patient should be given.

4. SCLC, extensive stage without localized symptomatic sites: Stereotactic radiosurgery alone or surgical resection if symptomatic.

5. SCLC, extensive stage with localized symptomatic sites: Administer combination systemic therapy.

Results

Twenty patients with lung cancer received all or part of their first course of treatment at Baylor Scott & White – Carrollton. Four of these patients were small cell lung cancer and 16 were non-small cell lung cancer. Divided by AJCC stage, 43.8 percent (seven) of the patients with NCSLC were stage I; 12.5 percent (two) were stage II, 12.5 percent (two) were stage III, and 31.25 percent (five) were stage IV. Of the patients with NSCLC, 11 (78.6 percent) were stage I-III and received surgical exploration and resection with mediastinal lymph node dissection or systematic lymph node sampling as their first course of treatment with curative intent. These surgeries included wedge resection (six; 54.5 percent), segmental resection (two; 18.2 percent) and lobectomy (three; 27.3 percent). Three of the five patients with stage IV NSCLC presented with symptomatic brain lesions and received palliative craniotomy for symptom management.

Systemic Therapy

According to NCCN guidelines, systemic therapy is indicated for patients presenting with stage IV NSCLC and extensive stage SCLC. Of the 20 patients encountered at Baylor Scott & White – Carrollton, six patients received systemic treatment as initial therapy. In accordance with these guidelines, four patients with extensive stage SCLC and two of the five patients with stage IV adenocarcinoma NSCLC received chemotherapy as their first course of treatment.
Lung Cancer Prevention Program

Bayor Scott & White – Carrollton has received the Commission on Cancer (CoC) accreditation for a Community Cancer Program. This designation demonstrates a commitment to providing high-quality, multidisciplinary, patient-centered cancer care. As part of this commitment, Bayor Scott & White – Carrollton completes a Community Needs Assessment (CNA) every three years. The results of the Community Needs Assessment help direct the cancer program’s efforts for cancer prevention and screening with a goal of conducting these programs to address the identified needs in the community.

Community Needs Assessment – 2016

The Community Needs Assessment evaluates population demographic information and cancer rates at the state, county and local level.

Demographic Information

According to the 2017 County Health Rankings, Denton County ranks third out of 243 Texas counties for Health Outcomes and fifth for Health Factors. However, there are still areas of opportunity regarding risk factors for cancer. Obesity has risks and consequences and/or early detection through appropriate screening.

The later the diagnosis for this type of cancer, the poorer the prognosis for the patient. Community education’s goal is prevention through education regarding cancer prevention and screening with a goal of conducting these programs to address the identified needs in the community.

In 2016, 50 percent of the lung cancer cases diagnosed and treated at Baylor Scott & White – Carrollton follow this same pattern.

Incidence of Cancer

The top cancer sites identified in 2014, for both Texas and Denton County, are female breast, prostate and lung/bronchus cancers. The cancer cases diagnosed and treated at Bayor Scott & White – Carrollton follow this same pattern. As shown on the following graph, there is great opportunity for community benefit in the area of lung/bronchus cancer cases. In 2016, 50 percent of the lung cancer cases diagnosed at Bayor Scott & White – Carrollton were late stage (III or IV). The later the diagnosis for this type of cancer, the poorer the prognosis for the patient. Community education’s goal is prevention through education regarding risks and consequences and/or early detection through appropriate screening.

Prevention Program

The goal of the Lung Cancer Prevention Program was to change tobacco product behaviors of adolescents and teens. A group of 80 ninth-graders (ages 14-16) attended an event that focused on the consequences associated with tobacco use and secondhand smoke. The education included hands-on demonstrations from the following departments:

- Respiratory Therapy: pulmonary function screening, a pig-lung demonstration to visualize the effects of smoking on lung tissue
- Cardiology: discussion of risks, including the link between smoking and heart disease, as well as the causes and symptoms of a heart attack, and a demonstration of the equipment used in the cardiac catheterization lab
- Laboratory/Pathology: looked at a variety of pathology specimens, looked at images of lung tumors
- Radiology: reviewed examples of X-rays, CTs, MRIs and ultrasounds, including images of lung tumors
- Emergency: watched a CPR (cardiopulmonary resuscitation) demonstration, examined wounds and sutures in life, addressed the link between smoking and vascular disease
- Laboratory/Pathology: looked at a variety of pathology specimens, looked at tissue sections, including lung tissue, under a microscope

Each department connected the information provided to the use of tobacco products, promoted smoking cessation and avoidance of tobacco products all together. The results of a pre- and post-survey helped determine whether the program was effective in changing perceptions about the use of tobacco products and whether this education could influence changes in behavior.

Results:

The results from the pre- and post-survey revealed:

- Seven percent of the ninth graders had already tried some sort of tobacco product.
- Forty-five percent of the ninth graders had close family or friends who used tobacco products.
- After the prevention program, the students were able to recognize more of the negative consequences from the use of tobacco products.
- Of those students who had never tried tobacco products, 98 percent said they would never try in the future.
- Of the students who had already tried some sort of tobacco product, 100 percent said they would not continue this practice.

The results from the post-survey showed that the program was effective in educating the students about the risks and consequences of tobacco product use. In addition, there was evidence of a change in perception regarding tobacco products and a potential change in behavior.

Emergency: watched a CPR (cardiopulmonary resuscitation) demonstration, examined wounds and sutures in life, addressed the link between smoking and vascular disease

Laboratory/Pathology: looked at a variety of pathology specimens, looked at tissue sections, including lung tissue, under a microscope

Each department connected the information provided to the use of tobacco products, promoted smoking cessation and avoidance of tobacco products all together. The results of a pre- and post-survey helped determine whether the program was effective in changing perceptions about the use of tobacco products and whether this education could influence changes in behavior.

Results:

The results from the pre- and post-survey revealed:

- Seven percent of the ninth graders had already tried some sort of tobacco product.
- Forty-five percent of the ninth graders had close family or friends who used tobacco products.
- After the prevention program, the students were able to recognize more of the negative consequences from the use of tobacco products.
- Of those students who had never tried tobacco products, 98 percent said they would never try in the future.
- Of the students who had already tried some sort of tobacco product, 100 percent said they would not continue this practice.

The results from the post-survey showed that the program was effective in educating the students about the risks and consequences of tobacco product use. In addition, there was evidence of a change in perception regarding tobacco products and a potential change in behavior.

What Are the Consequences of Using Tobacco Products?

<table>
<thead>
<tr>
<th>Percent of Perceived Negative Consequences</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prevention Program:

- Respiratory Therapy: pulmonary function screening, a pig-lung demonstration to visualize the effects of smoking on lung tissue
- Cardiology: discussion of risks, including the link between smoking and heart disease, as well as the causes and symptoms of a heart attack, and a demonstration of the equipment used in the cardiac catheterization lab
- Laboratory/Pathology: looked at a variety of pathology specimens, looked at images of lung tumors
- Radiology: reviewed examples of X-rays, CTs, MRIs and ultrasounds, including images of lung tumors
- Emergency: watched a CPR (cardiopulmonary resuscitation) demonstration, examined wounds and sutures in life, addressed the link between smoking and vascular disease
- Laboratory/Pathology: looked at a variety of pathology specimens, looked at tissue sections, including lung tissue, under a microscope

Each department connected the information provided to the use of tobacco products, promoted smoking cessation and avoidance of tobacco products all together. The results of a pre- and post-survey helped determine whether the program was effective in changing perceptions about the use of tobacco products and whether this education could influence changes in behavior.

Results:

The results from the pre- and post-survey revealed:

- Seven percent of the ninth graders had already tried some sort of tobacco product.
- Forty-five percent of the ninth graders had close family or friends who used tobacco products.
- After the prevention program, the students were able to recognize more of the negative consequences from the use of tobacco products.
- Of those students who had never tried tobacco products, 98 percent said they would never try in the future.
- Of the students who had already tried some sort of tobacco product, 100 percent said they would not continue this practice.

The results from the post-survey showed that the program was effective in educating the students about the risks and consequences of tobacco product use. In addition, there was evidence of a change in perception regarding tobacco products and a potential change in behavior.

What Are the Consequences of Using Tobacco Products?

<table>
<thead>
<tr>
<th>Percent of Perceived Negative Consequences</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prevention Program:

- Respiratory Therapy: pulmonary function screening, a pig-lung demonstration to visualize the effects of smoking on lung tissue
- Cardiology: discussion of risks, including the link between smoking and heart disease, as well as the causes and symptoms of a heart attack, and a demonstration of the equipment used in the cardiac catheterization lab
- Laboratory/Pathology: looked at a variety of pathology specimens, looked at images of lung tumors
- Radiology: reviewed examples of X-rays, CTs, MRIs and ultrasounds, including images of lung tumors
- Emergency: watched a CPR (cardiopulmonary resuscitation) demonstration, examined wounds and sutures in life, addressed the link between smoking and vascular disease
- Laboratory/Pathology: looked at a variety of pathology specimens, looked at tissue sections, including lung tissue, under a microscope

Each department connected the information provided to the use of tobacco products, promoted smoking cessation and avoidance of tobacco products all together. The results of a pre- and post-survey helped determine whether the program was effective in changing perceptions about the use of tobacco products and whether this education could influence changes in behavior.

Results:

The results from the pre- and post-survey revealed:

- Seven percent of the ninth graders had already tried some sort of tobacco product.
- Forty-five percent of the ninth graders had close family or friends who used tobacco products.
- After the prevention program, the students were able to recognize more of the negative consequences from the use of tobacco products.
- Of those students who had never tried tobacco products, 98 percent said they would never try in the future.
- Of the students who had already tried some sort of tobacco product, 100 percent said they would not continue this practice.

The results from the post-survey showed that the program was effective in educating the students about the risks and consequences of tobacco product use. In addition, there was evidence of a change in perception regarding tobacco products and a potential change in behavior.
Cancer Registry

Breast Cancer

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Gastric

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.3%</td>
</tr>
</tbody>
</table>

Rectal Cancer

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Colorectal Cancer

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Non-Smoke Cell Lung

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Endometrium

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Bladder

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Ovary

<table>
<thead>
<tr>
<th>My CoC Benchmark</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
<th>My CoC Performance Rate</th>
<th>My CoC Middle 50th Percentile Rate</th>
<th>My CoC Center 50th Percentile Rate</th>
<th>My CoC Average Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>91.3%</td>
<td>91.8%</td>
<td>91.8%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>