

Maryland 2000
Hospital Discharge Data from General Hospitals
For Maryland Residents with Cancer Diagnoses

Center for Cancer Surveillance and Control
Maryland Department of Health and Mental Hygiene
October 2001

Eugene Small
Carmela Groves
Frank Ackers
Diane M. Dwyer

Highlights of the 2000 Maryland hospital discharge data:

- 3.4% of all Maryland hospital discharges in 2000 had a primary diagnosis of cancer. Of the 602,310 Maryland hospital discharges in 2000, 33,084, or 5.5% had cancer listed in any one of the 15 discharge diagnostic categories. Of these 33,084 discharges 20,198 (3.4% of all discharges) had cancer as the primary diagnostic category (Figure 1).
- 8,970 of 20,198 (44.4%) of hospital discharges for cancer as a primary diagnosis in Maryland have one of the Cigarette Restitution Fund (CRF) targeted cancers as the primary diagnosis, i.e., lung or bronchus, colon or rectum, prostate, breast, oral, melanoma, and cervical (Table 1).
- The total hospital charges for Maryland residents in whom the primary diagnosis on discharge was any type of cancer was \$260,826,366 (Table 3). See caveats in Methods as to why this is an underestimate of the total cost (page 4).
- Among the targeted cancers, total hospital-specific costs (not including physician fees and laboratory fees) in 2000 had a median cost of \$8,226 per hospitalization for all targeted cancers together (Table 3).
- At the top of the cost list is colon and rectum cancer, having a median total hospital charge of \$11,222; the second highest cost was lung and bronchus with a median cost of \$10,277, followed by oral cancer with a median of cost of \$10,028 (Table 3).

Background

The Cigarette Restitution Fund (CRF) in Maryland required that funding be provided to local health departments in Maryland's 23 counties and to Johns Hopkins Medical Institutions and the University of Maryland Medical Group in Baltimore City after the jurisdictions submitted plans for Cancer Prevention, Education, Screening, and Treatment. The CRF law requires that DHMH determine "targeted cancers," The targeted cancers selected were lung, colorectal, breast, prostate, oral, cervical, and melanoma.

The CRF law also requires that the local screening programs either pay for treatment of clients or link clients to treatment if they are diagnosed with a targeted or non-targeted cancer identified through the screening. Because of this requirement, determining the costs of cancer care is important for CRF planning in Maryland.

Maryland's hospital rates are regulated by the Health Services Cost Review Commission (HSCRC). Among other data, the HSCRC collects data from hospitals in Maryland about each hospital discharge and uses these data

to determine the rates allowed for that facility. Because costs of hospitalization account for a major portion of the cost of cancer treatment, we sought to determine the number of hospitalizations and the cost of those hospitalizations among the residents of Maryland who have been discharged from reporting Maryland hospitals with a diagnosis of cancer.

Our analysis may help planners at DHMH and the local programs allocate their funds among cancer prevention, education, screening, and treatment.

Methods

General hospitals in Maryland report a standard set of information to the Health Services Cost Review Commission (HSCRC) on each hospital discharge. The HSCRC maintains a database, by year, of this information and makes available a database containing non-confidential (unidentified) discharge information for analysis.

DHMH staff analyzed the calendar year 2000 discharge file using the Statistical Package for the Social Sciences, Version 12 (SPSS-X) mounted on the PC's within the Maryland Center for Cancer Surveillance and Control.

Definitions and Notes

"General hospital" means any of Maryland's 66 general hospitals. These exclude specialty hospitals such as chronic care, rehabilitation, psychiatric, Veterans, or orthopedic hospitals.

"ICD-9" codes mean codes from the International Classification of Disease 9th Revision, Clinical Modification 2001 code book (AMA Press, July, 2000).

"Any cancer" means having an International Classification of Disease (ICD-9) code denoting cancer in the hospital discharge dataset. ICD-9 codes that denote primary or secondary cancer are found in Attachment 1.

"Targeted cancer" means one of seven cancers selected as "targeted" under the Cigarette Restitution Fund program. These include lung, colorectal, breast, prostate, cervical, oral, and melanoma, and their ICD-9 codes are found in Attachment 1. **Note:** for these analyses in 2000, "colorectal cancer" includes anal cancer (154.2-154.3: 15 admissions as primary diagnosis; 154.8:31 admissions) and unspecified intestinal tract cancer (159.0:3 admissions); "breast" includes male breast cancer (175.0-.9:14 admissions).

“All other cancers” or “Non-targeted cancers” mean all other cancers found in the list in Attachment 1 other than the targeted cancers—and do include secondary cancers.

“Secondary cancer” means having an ICD-9 code of 197.0—198.99 that denotes secondary cancer in various sites

“Diagnostic position” or “diagnosis category.” Upon discharge from a hospital, the hospital codes each individual discharge by up to 15 diagnostic ICD-9 codes that reflect the diagnoses the patient has. The coding instructions to the hospital state that the *primary diagnosis* is the “condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital.”

When an ICD-9 code appears in a “secondary,” “tertiary,” or subsequent diagnostic category, it is less certain the patient was admitted *because of* that diagnosis or whether this is another diagnosis the patient has that is *unrelated to* this hospitalization. For example, a patient admitted for a heart attack will have “myocardial infarction” coded as the primary diagnosis; if the patient *also* has colorectal (CRC) cancer, colorectal cancer may be coded in one of the subsequent diagnostic categories. Having a diagnosis in a secondary, tertiary, or subsequent diagnostic category may or may not indicate that the hospitalization was *due to* the cancer for purposes of attributing the reason for or the costs of the hospitalization to that cancer.

Attachment 2 illustrates this counting problem associated with diagnostic category or position. When data are analyzed using “cancer as primary diagnosis,” the hospitalization is highly likely to be due to that cancer. If “cancer in any diagnostic category” is used for analysis or tally, it *overestimates* the number of hospitalizations *due to* the cancer by attributing the reason for the hospitalization to cancer when, in fact, there were other diagnoses more likely to have occasioned the hospitalization in a patient with cancer.

When only “cancer as primary diagnosis” is used for analysis, however, it *underestimates* the total number of hospitalizations due to that cancer. For example, we have analyzed the hospitalizations where CRC is the *second* diagnosis (and therefore not included when we look at hospitalizations where CRC is the primary diagnosis), and checked to see what the primary diagnosis was. Many of the diagnoses were related to CRC, such as “liver metastases” “colostomy closure,” “volume depletion,” etc.

We have chosen to use “cancer as the primary diagnosis” in most of the tables and figures because we were certain that those represented a hospitalization *due to* that cancer. We recognize that these data are

an *underestimate* of the total number of hospitalizations due to that cancer. Ideally, we would include the cancer-related causes of hospitalization but the exact number of these is difficult or impossible to determine.

“Hospital discharge” versus “patient discharge.” In one year of HSCRC hospital discharge data, each hospital discharge is listed as a separate record. The analyses contained in this document looked at *hospital discharges*. Some patients may have been hospitalized more than once during the period and are thus counted more than once in our analysis. Because the HSCRC database does not have identifiers, it is not possible to determine whether a patient had one or multiple hospital discharges within that year and we could *not* analyze based on the number of *patients* discharged from Maryland hospitals in that period.

“Jurisdiction of residence” is the Maryland location where the hospitalized patient was noted to reside when admitted to the hospital. These include Maryland’s 23 counties and Baltimore City.

“Total charges” are the total charges billed for the hospitalization, such as room, pharmacy, radiology, laboratory, operating room, and central supply charges, but excluding charges that are not part of the hospital bill, such as the physician, internist, oncologist, or surgeon, or laboratory. Hospitalizations for which the Total Charges were zero dollars were removed from the dataset for this analysis because they likely reflected patients who were not actually admitted. The amount paid for the services will be the entire amount or 94%-96% of the amount if the insurer receives a discounted rate; Medicare and Medical Assistance receive the 6% reduction in the rate.

“Primary source of payment” and “secondary source of payment” mean the first and second sources of payment for the hospitalization as declared by the patient at the time of admission. Because this is declared on admission, it may not accurately reflect who actually is billed for the hospitalization after discharge. For example, a patient may lose insurance coverage, or may have said “self pay” but be found eligible for Medical Assistance and therefore not be billed for the hospitalization.

Number of hospital discharges—confidentiality considerations. Because of confidentiality restrictions on the use of the non-confidential dataset, all cells in the tables that had a non-zero number below 6 (i.e., 1-5) were suppressed and denoted with an asterisk. If the number could be calculated by subtraction from the data shown, adjustment was made to suppress another cell as well.

Results

Figure 1 compares the number and percent of discharges of Maryland residents from General Hospitals in Maryland where any cancer is listed in any of 15 diagnosis positions, with the number of discharges where cancer was not among any of the listed diagnoses. Of the hospital discharges in 2000, 33,084 of 602,310, or 5.5%, had a cancer listed in one or more of the diagnostic categories; 20,198 discharges, or 3.4%, had cancer listed as the primary diagnosis.

Figure 2 plots the total number of hospital discharges where cancer was listed as the primary diagnosis by the jurisdiction of residence of the patient. Figure 3 depicts the rate of hospital discharges where cancer was listed as the primary diagnosis per 10,000 population for the jurisdiction, showing a range of 23.4 hospitalizations with a primary diagnosis of cancer in Prince George's County to a high of 63.4 per 10,000 population in Talbot County.

Table 1 analyzes each of the 15 diagnostic positions separately and asks whether any type of cancer was coded in that diagnostic position. Those listed in the primary diagnostic position (20,198 discharges) were most likely people hospitalized for that diagnosis. For discharges where cancer is listed in a 2nd through 15th position, the discharge may have already been counted in that same cancer under the primary diagnosis, under another cancer, or under an entirely different diagnosis. Therefore, one cannot add the columns to get a total number of hospitalizations for that cancer. In a percentage of the hospitalizations where cancer is listed in 2nd through 15th diagnostic category, the reason for the hospitalization will be because of that cancer; however, determining that percentage is difficult. Additionally, the next to the last column in Table 1 lists the number of hospitalizations for which "metastatic cancer" is listed as the primary or other diagnostic position.

About half (44.4%) of hospital discharges in Maryland where primary or metastatic cancer is listed as the primary diagnosis have one of the targeted cancers as the primary diagnosis. Examining the row of Primary Diagnosis, of Table 1 reveals targeted cancers (lung, colorectal, prostate, breast, oral, melanoma, and cervical) contribute a total of 8,970 of 20,198, or 44.4%, of total discharges where cancer is listed as the primary diagnosis. By way of comparison, metastatic cancers are listed as the primary diagnosis 4,063 of 20,198, or 20.1, of these discharges.

Table 2 gives a breakdown of discharges in Maryland, where cancer was listed as the primary diagnosis by type of cancer and jurisdiction among the 20,198 discharges where cancer was the primary diagnosis.

The total cost of hospital charges for patients where cancer was the primary diagnosis is shown in Table 3. The HSCRC data gives the sum of the

total hospital charges. For each cancer, the number of discharges, the mean, median, minimum, and maximum charges, and the total hospital charges for that cancer. Hospital charges do *not* reflect physician and other charges that are billed separately. The total hospital charges for Maryland residents in whom the primary diagnosis on discharge was any type of cancer was \$260,826,366 (see caveats in Methods as to why this is an underestimate, page 4).

Besides providing data about hospital charges for all cancer types, Table 3 further reveals information about the relative cost burden or cost of treatment among the seven targeted cancers. Median costs were used for comparing and ranking hospital charges. Total hospital charges (not including physician fees and some laboratory fees) in 2000 for all targeted cancers together had a median total charge of \$8,226 per hospitalization. Based on median hospital cost, the three targeted cancers with the highest hospital cost burden are, in order of cost: 1) colon and rectum (\$11,222), 2) lung and bronchus (\$10,277), and 3) oral (\$10,828).

Tables 4, 5, and 6, display the data on the number of hospital discharges and hospital charges by type of cancer for three different age groups: those 49 and under, 50-64 year olds, and for those residents 65 years and over. Tables 4, 5, and 6 further show that the median total hospital charges due to the seven targeted cancers increased with age. For the 49 and under age category, median total costs in 2000 were \$7,601; for discharges of persons ages 50 to 64, the median was \$7,745; for the 65 and over grouping, the median cost at discharge was \$8,779.

Table 7 gives the actual number of discharges by various cost categories. These data are plotted in Figures 5 through 13. Examining Table 7 data reveals that among the targeted cancers, lung and colorectal are the most expensive to treat. Not only is the median cost of hospitalization higher, but also the number of hospitalizations having charges of \$100,000 or more is high. Fourteen lung and bronchus cancer patients had costs of \$100,000 or more compared to 13 for the next highest cancer type, colorectal cancer. Oral cancer had two patients in the same cost category.

**Total General Hospital Discharges among Maryland Residents for Calendar Year 2000
(N=602,310)**

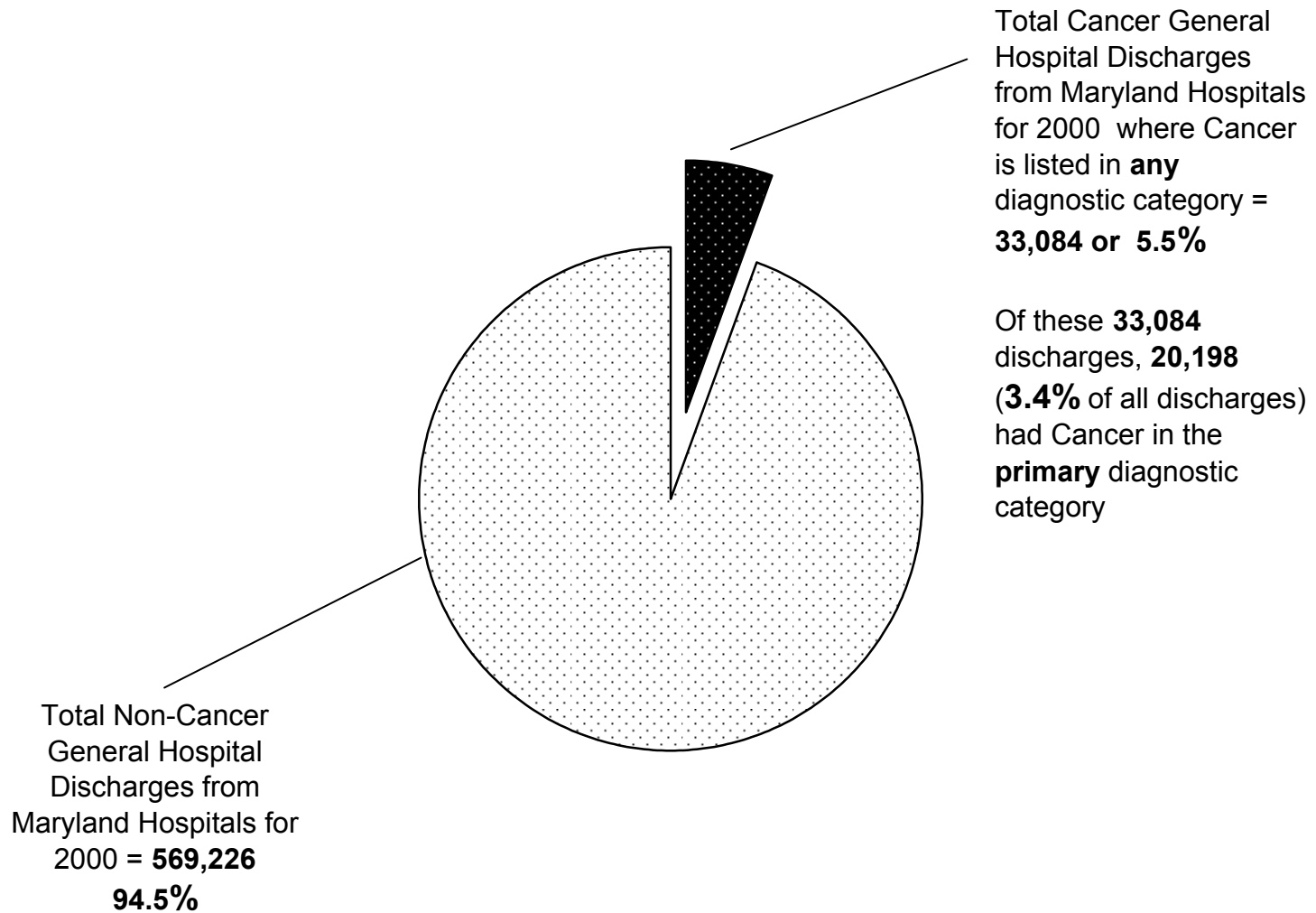


Figure 1

Frequency of General Hospital Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis* and Subsequent Diagnoses*, among Maryland Residents

Hospital diagnosis position where cancer is listed	Type of Cancer										
	Lung and Bronchus	Colon and Rectum	Breast	Prostate	Oral	Melanoma	Cervix	Total Targeted Cancer	Non-Targeted Cancer	Metastatic Cancer	Total Cancer
as Primary Dx	2,491	2,594	1,675	1,553	358	80	219	8,970	7,165	4,063	20,198
as 2nd Dx	481	145	67	52	19	11	12	787	550	4,950	6,287
as 3rd Dx	161	43	58	60	10	12	5	349	318	2,278	2,945
as 4th Dx	56	23	40	41	17	4	7	188	213	1,140	1,541
as 5th Dx	33	11	23	35	7	5	2	116	152	578	846
as 6th Dx	5	5	22	26	3	8	3	72	97	296	465
as 7th Dx	7	5	26	12	3	6	1	60	85	164	309
as 8th Dx	1	0	8	9	5	4	3	30	60	89	179
as 9th Dx	1	0	7	19	2	2	1	32	39	40	111
as 10th Dx	0	0	9	8	2	2	0	21	36	27	84
as 11th Dx	1	0	7	2	2	0	0	12	20	18	50
as 12th Dx	1	1	2	2	0	0	0	6	13	9	28
as 13th Dx	0	1	0	1	0	0	0	2	5	8	15
as 14th Dx	0	0	0	2	0	0	0	2	10	7	19
as 15th Dx	0	0	0	0	0	0	0	0	3	4	7

*International Classification of Diseases, Version 9 (Attachment1)

Table 1

Number of General Hospital Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis Among Maryland Residents, by Jurisdiction of Residence

Jurisdiction or County	Type of Cancer									
	Lung & Bronchus	Colon & Rectum	Breast	Prostate	Oral	Melanoma	Cervix	Other Cancer	Metastatic	Total
Allegany	47	50	17	15	6	0	1	144	98	378
Anne Arundel	222	229	177	154	42	5	18	611	355	1,813
Baltimore County	492	526	292	329	71	16	34	1,403	827	3,990
Baltimore City	436	412	223	228	104	16	55	1,190	777	3,441
Calvert	23	41	22	10	5	1	1	54	55	212
Caroline	19	22	17	14	1	0	2	39	25	139
Carroll	75	86	57	40	7	2	4	257	161	689
Cecil	46	39	24	22	4	1	3	84	56	279
Charles	50	40	29	30	7	1	1	74	63	295
Dorchester	15	25	18	18	4	0	0	68	31	179
Frederick	74	89	71	51	9	7	5	249	110	665
Garrett	7	15	9	9	0	0	1	26	27	94
Harford	122	123	70	73	14	3	3	306	180	894
Howard	89	81	77	42	5	1	5	279	115	694
Kent	26	13	9	14	0	1	0	41	14	118
Montgomery	252	288	230	210	29	15	32	984	460	2,500
Prince Georges	240	237	169	156	25	1	33	671	345	1,877
Queen Annes	33	30	8	12	6	0	0	65	28	182
St. Marys	19	41	24	21	4	0	1	60	34	204
Somerset	22	15	2	6	1	0	0	33	22	101
Talbot	25	36	21	19	4	1	4	56	49	215
Washington	49	78	83	36	4	6	4	217	99	576
Wicomico	51	35	14	27	3	2	3	146	70	351
Worcester	48	33	8	14	2	1	5	82	47	240
Maryland, Unspecified	9	10	4	3	1	0	4	26	15	72
Total	2,491	2,594	1,675	1,553	358	80	219	7,165	4,063	20,198

Total of General Hospital Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis By Jurisdiction of Residence

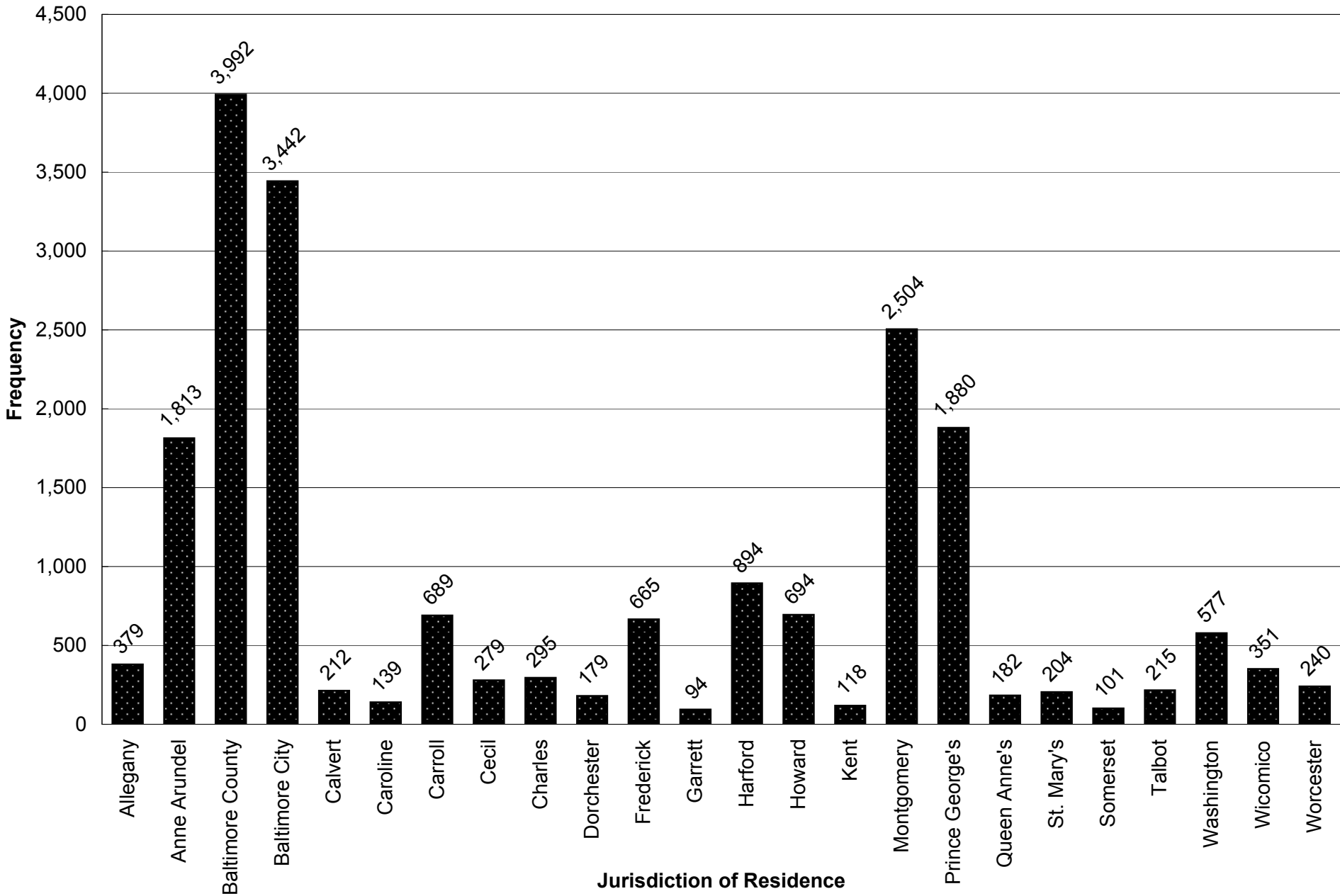


Figure 2

Rate Of General Hospital Discharges per 10,000 Jurisdiction Population in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence

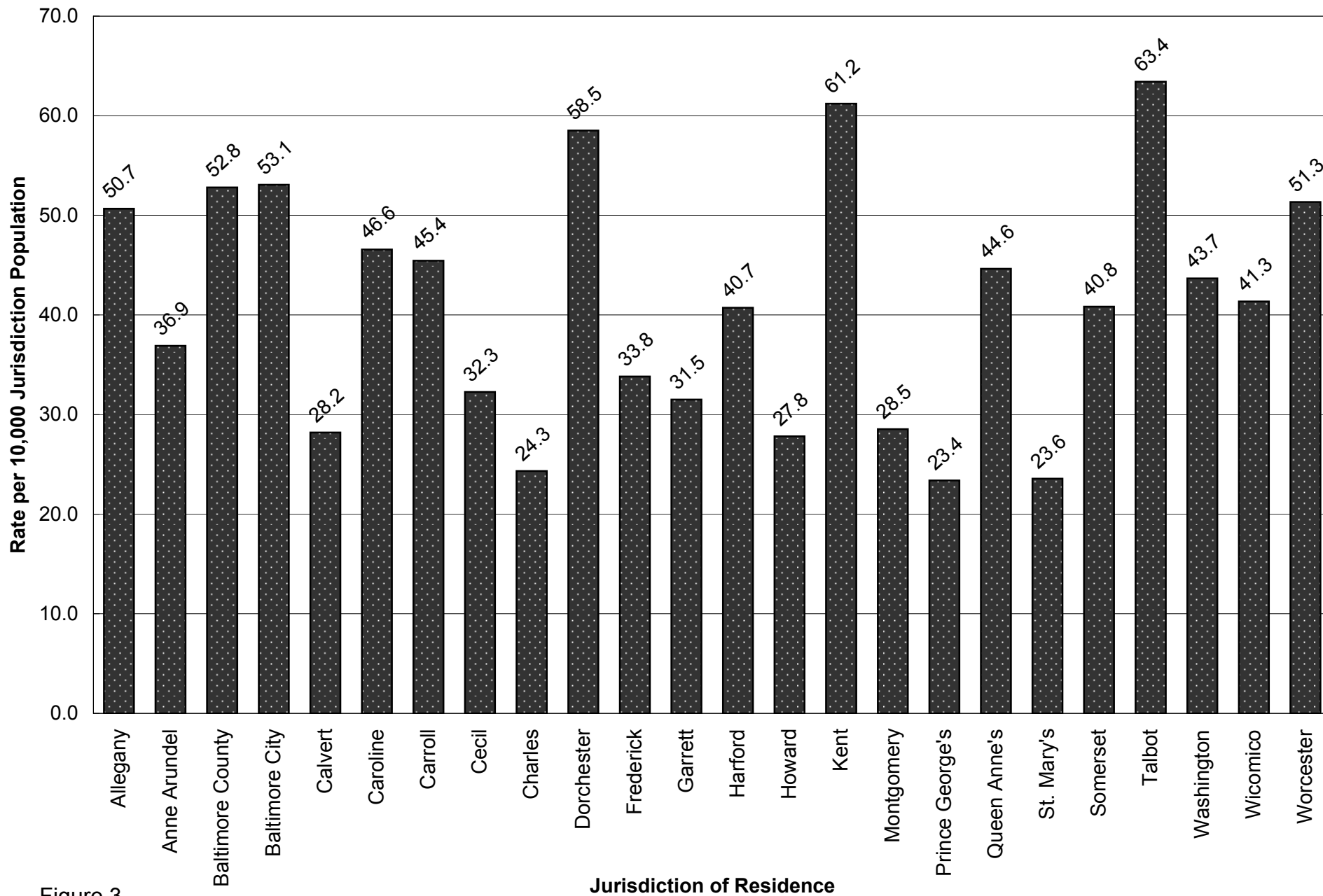
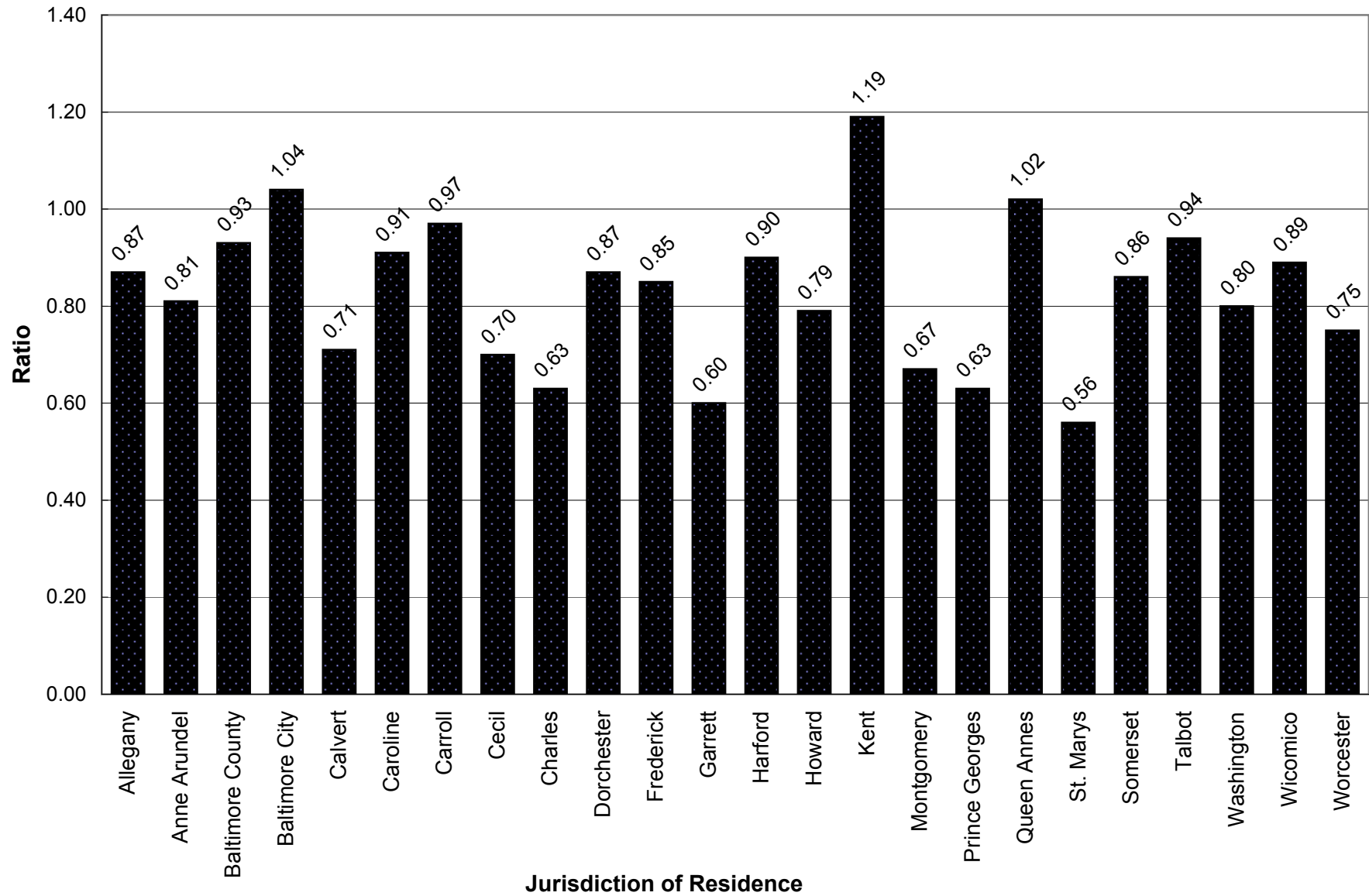


Figure 3

Ratio of General Hospital Cancer Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis to the Number of All New Cancer Cases Reported,* by Jurisdiction of Residence



*Total cancer Cases reported to the Maryland Cancer Registry for 2000 for residents of that jurisdiction

Figure 4

**General Hospital Discharges in Maryland in 2000:
Charges by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for All Ages**

Cancer	Total Discharges	Total Charge for Hospitalization				Total
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	2,491	\$13,430	\$10,277	\$325	\$222,885	\$33,453,744
Colon and Rectum	2,594	\$14,583	\$11,222	\$850	\$223,658	\$37,827,422
Breast	1,687	\$6,248	\$4,843	\$653	\$96,723	\$10,541,018
Prostate	1,553	\$7,409	\$6,631	\$465	\$54,440	\$11,506,645
Oral	358	\$16,527	\$10,028	\$601	\$155,675	\$5,916,532
Melanoma	80	\$7,998	\$5,279	\$833	\$39,140	\$639,825
Cervix	219	\$9,197	\$6,501	\$807	\$103,194	\$2,014,189
Total of Targeted Cancers	8,982	\$11,345	\$8,226	\$325	\$223,658	\$101,899,377
Total Other Cancers	11,228	\$14,155	\$8,461	\$398	\$375,618	\$158,926,989
Total of All Cancers	20,210	\$12,906	\$8,343	\$325	\$375,618	\$260,826,366

**General Hospital Discharges in Maryland in 2000:
Charges by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 49 and Under**

Cancer	Total Discharges	Total Charge for Hospitalization				Total Dollars
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	183	\$12,195	\$10,767	\$977	\$77,012	\$2,231,744
Colon and Rectum	220	\$12,244	\$10,024	\$1,111	\$77,796	\$2,693,749
Breast	406	\$7,582	\$6,166	\$806	\$54,965	\$3,078,125
Prostate	78	\$6,981	\$6,421	\$1,661	\$31,066	\$544,550
Oral	72	\$14,449	\$9,900	\$2,761	\$55,109	\$1,040,296
Melanoma	16	\$5,447	\$5,080	\$833	\$11,342	\$87,154
Cervix	100	\$9,502	\$6,351	\$807	\$94,407	\$950,174
Total of Targeted Cancers	1,075	\$9,884	\$7,601	\$806	\$94,407	\$10,625,793
Total Other Cancers	2,253	\$17,597	\$8,887	\$481	\$375,618	\$39,646,172
Total of All Cancers	3,328	\$15,106	\$8,317	\$481	\$375,618	\$50,271,965

**General Hospital Discharges in Maryland in 2000:
Total Charges by Targeted Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 50 to 64**

Cancer	Total Discharges	Total Charge for Hospitalization				Total Dollars
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	734	\$12,935	\$9,888	\$325	\$169,873	\$9,494,121
Colon and Rectum	652	\$13,865	\$10,736	\$892	\$197,692	\$9,039,687
Breast	576	\$6,724	\$5,097	\$653	\$96,723	\$3,872,990
Prostate	759	\$7,651	\$6,869	\$1,085	\$39,551	\$5,807,145
Oral	138	\$18,139	\$10,313	\$622	\$155,675	\$2,503,177
Melanoma	24	\$11,268	\$7,716	\$2,090	\$37,293	\$270,434
Cervix	80	\$9,671	\$7,040	\$1,193	\$103,194	\$773,674
Total of Targeted Cancers	2,963	\$10,719	\$7,745	\$325	\$197,692	\$31,761,227
Total Other Cancers	3,236	\$14,632	\$8,586	\$398	\$345,564	\$47,350,301
Total of All Cancers	6,199	\$12,762	\$8,080	\$325	\$345,564	\$79,111,528

**General Hospital Discharges in Maryland in 2000:
Charges by Type Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 65 and Over**

Targeted Cancer	Total Discharges	Total Charge for Hospitalization				Total Dollars
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	1,574	\$13,804	\$10,328	\$554	\$222,885	\$21,727,879
Colon and Rectum	1,722	\$15,153	\$11,734	\$850	\$223,658	\$26,093,987
Breast	705	\$5,092	\$4,293	\$688	\$47,050	\$3,589,903
Prostate	716	\$7,200	\$6,200	\$465	\$54,440	\$5,154,950
Oral	148	\$16,034	\$9,763	\$601	\$109,065	\$2,373,058
Melanoma	40	\$7,056	\$5,129	\$1,486	\$39,140	\$282,238
Cervix	39	\$7,445	\$6,518	\$1,231	\$28,375	\$290,342
Total of Targeted Cancers	4,944	\$12,307	\$8,779	\$465	\$223,658	\$59,512,357
Total Other Cancers	5,739	\$12,534	\$8,293	\$610	\$249,307	\$71,930,516
Total of All Cancers	10,683	\$12,304	\$8,524	\$465	\$249,307	\$131,442,873

Number of General Hospital Discharges in 2000 by Category of Total Hospital Charges Where Targeted and all Other Cancers are Listed as the Primary Diagnosis among Maryland Residents

Total Hospital Charges	Type of Cancer									
	Lung & Bronchus	Colon & Rectum	Female Breast	Prostate	Oral	Melanoma	Cervix	Other Cancer	Metastatic	Total
Less than \$2,500	180	41	149	78	12	4	9	539	337	1,349
\$2,500 TO \$4,999	357	155	723	305	64	29	64	1,397	833	3,927
\$5,000 TO \$7,499	333	383	426	599	53	22	51	1,177	759	3,803
\$7,500 TO \$9,999	343	504	167	302	50	9	38	805	512	2,730
\$10,000 TO \$12,499	315	431	92	136	27	5	21	582	380	1,989
\$12,500 TO \$14,999	258	293	38	71	25	3	15	513	318	1,534
\$15,000 TO \$17,499	185	206	35	28	21	2	5	404	222	1,108
\$17,500 TO \$19,999	123	131	13	12	13	1	4	288	146	731
\$20,000 TO \$22,499	104	107	5	2	11	0	3	202	115	549
\$22,500 TO \$24,999	61	81	5	6	11	1	1	189	86	441
\$25,000 TO \$27,499	51	55	2	3	11	1	1	140	85	349
\$27,500 TO \$29,999	36	37	2	1	6	0	1	115	55	253
\$30,000 TO \$32,499	30	31	4	4	5	1	1	107	37	220
\$32,500 TO \$34,999	16	20	3	1	2	0	0	82	28	152
\$35,000 TO \$37,499	10	17	2	0	6	1	0	46	23	105
\$37,500 TO \$39,999	11	19	0	3	7	1	0	63	20	124
\$40,000 TO \$42,499	5	6	1	0	5	0	0	33	15	65
\$42,500 TO \$44,999	4	7	2	0	4	0	0	39	14	70
\$45,000 TO \$47,499	6	10	1	0	3	0	2	50	5	77
\$47,500 TO \$49,999	4	6	0	0	6	0	0	28	8	52
\$50,000 TO \$59,999	20	19	2	2	6	0	1	100	26	176
\$60,000 TO \$69,999	5	11	2	0	3	0	0	45	11	77
\$70,000 TO \$79,999	5	7	0	0	3	0	0	42	10	67
\$80,000 TO \$89,999	6	3	0	0	2	0	0	37	5	53
\$90,000 TO \$99,999	9	1	1	0	0	0	1	33	3	48
\$100,000 TO \$124,999	4	4	0	0	1	0	1	57	3	70
\$125,000 TO \$149,999	4	3	0	0	0	0	0	16	3	26
\$150,000 TO \$174,999	2	3	0	0	1	0	0	10	1	17
\$175,000 TO \$199,999	3	2	0	0	0	0	0	13	1	19
Over \$200,000	1	1	0	0	0	0	0	13	2	17
Unknown	0	0	0	0	0	0	0	0	0	0
TOTAL	2,491	2,594	1,675	1,553	358	80	219	7,165	4,063	20,198

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Lung and Bronchus Cancer is Listed as the Primary Diagnosis**

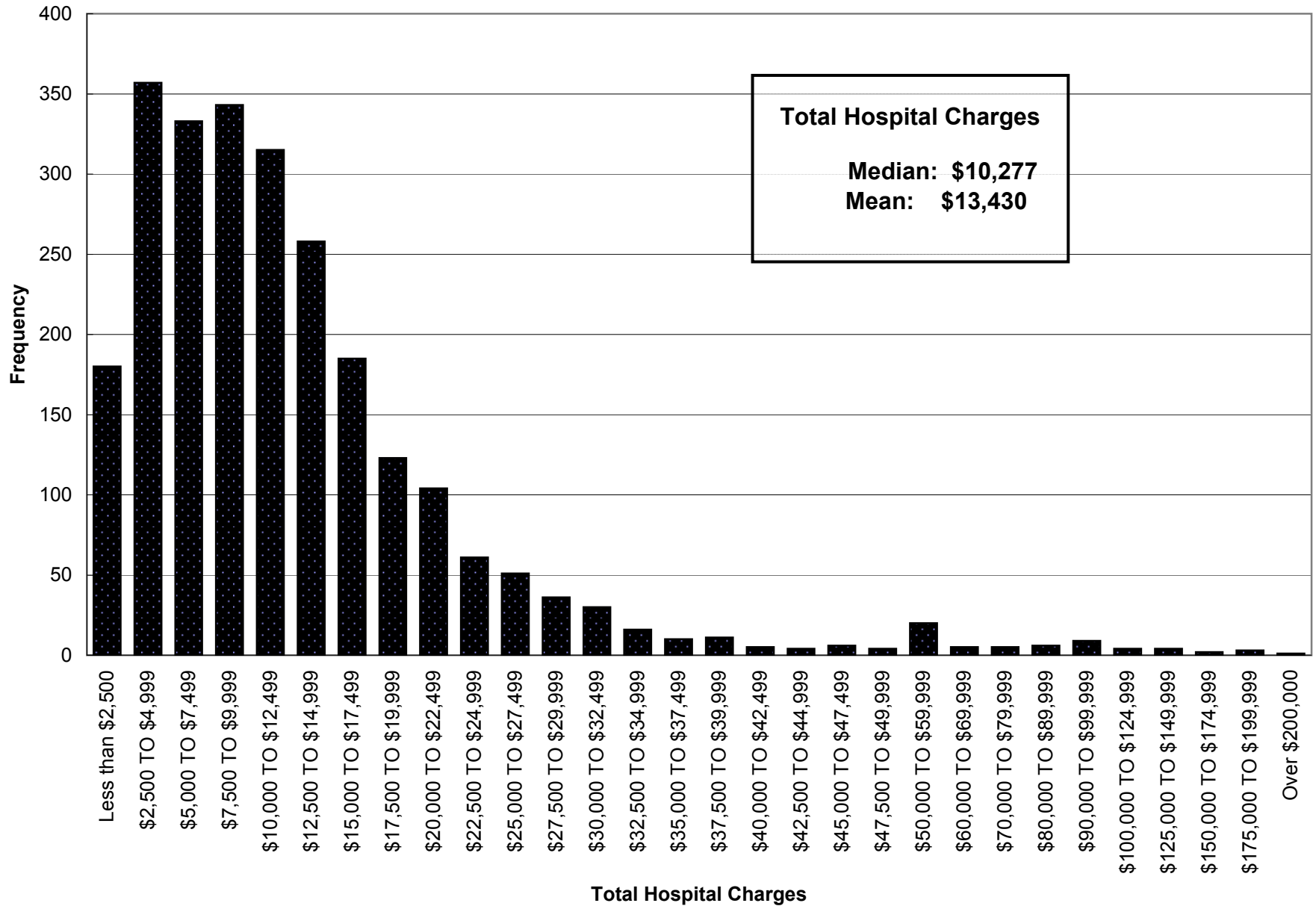


Figure 5

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Colon and Rectum Cancer is Listed as the Primary Diagnosis**

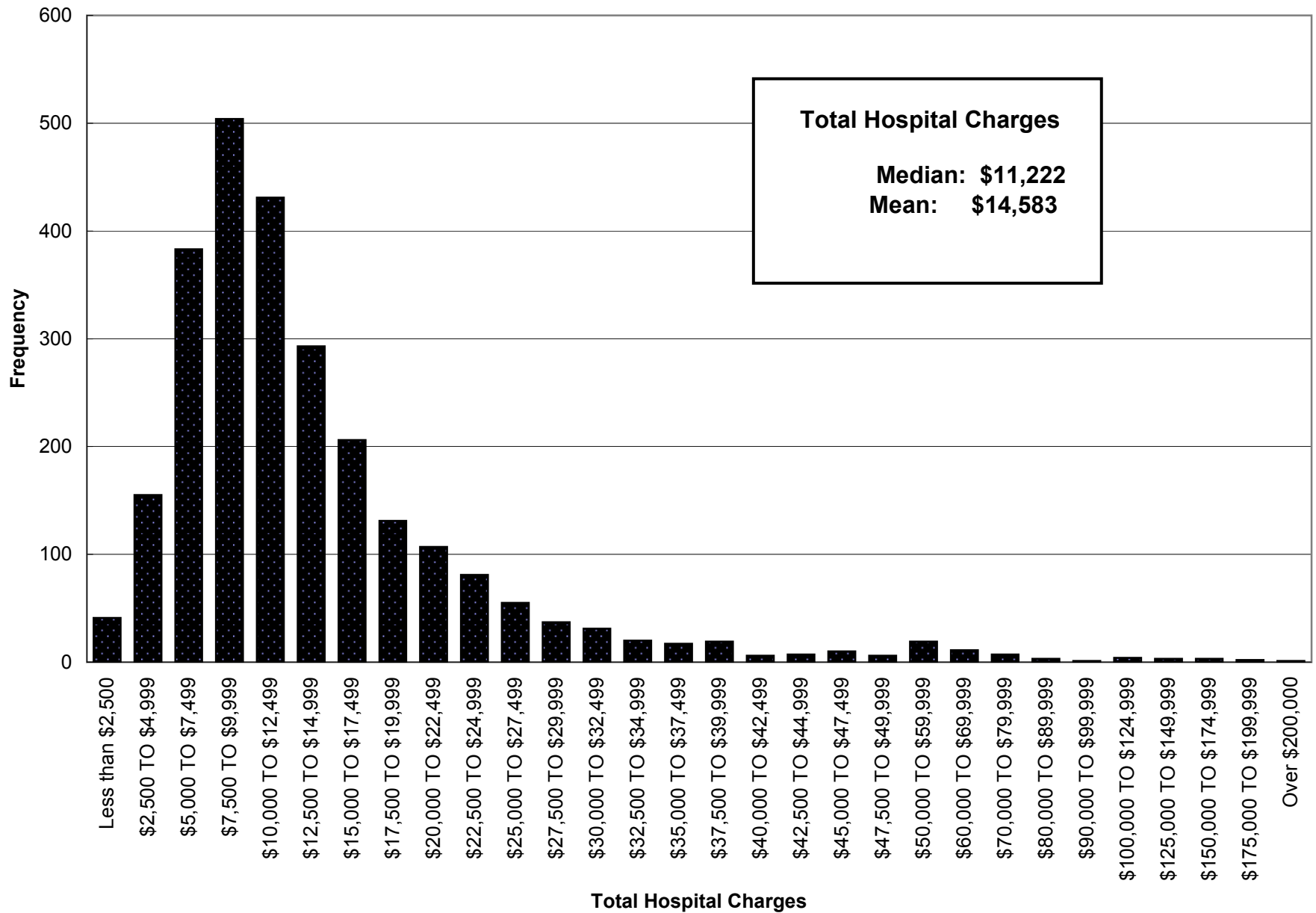


Figure 6

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Breast Cancer is Listed as the Primary Diagnosis**

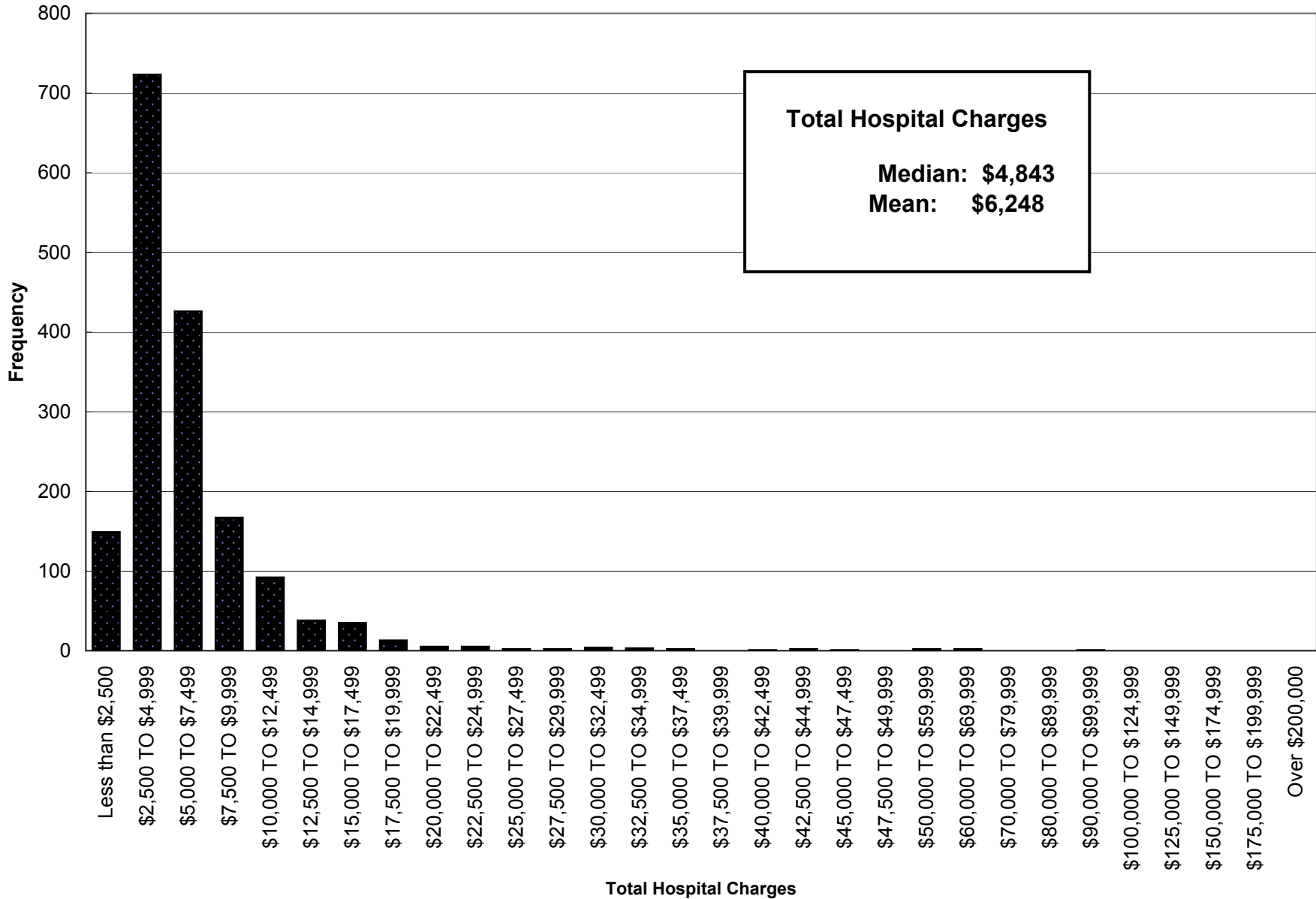


Figure 7

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Prostate Cancer is Listed as the Primary Diagnosis**

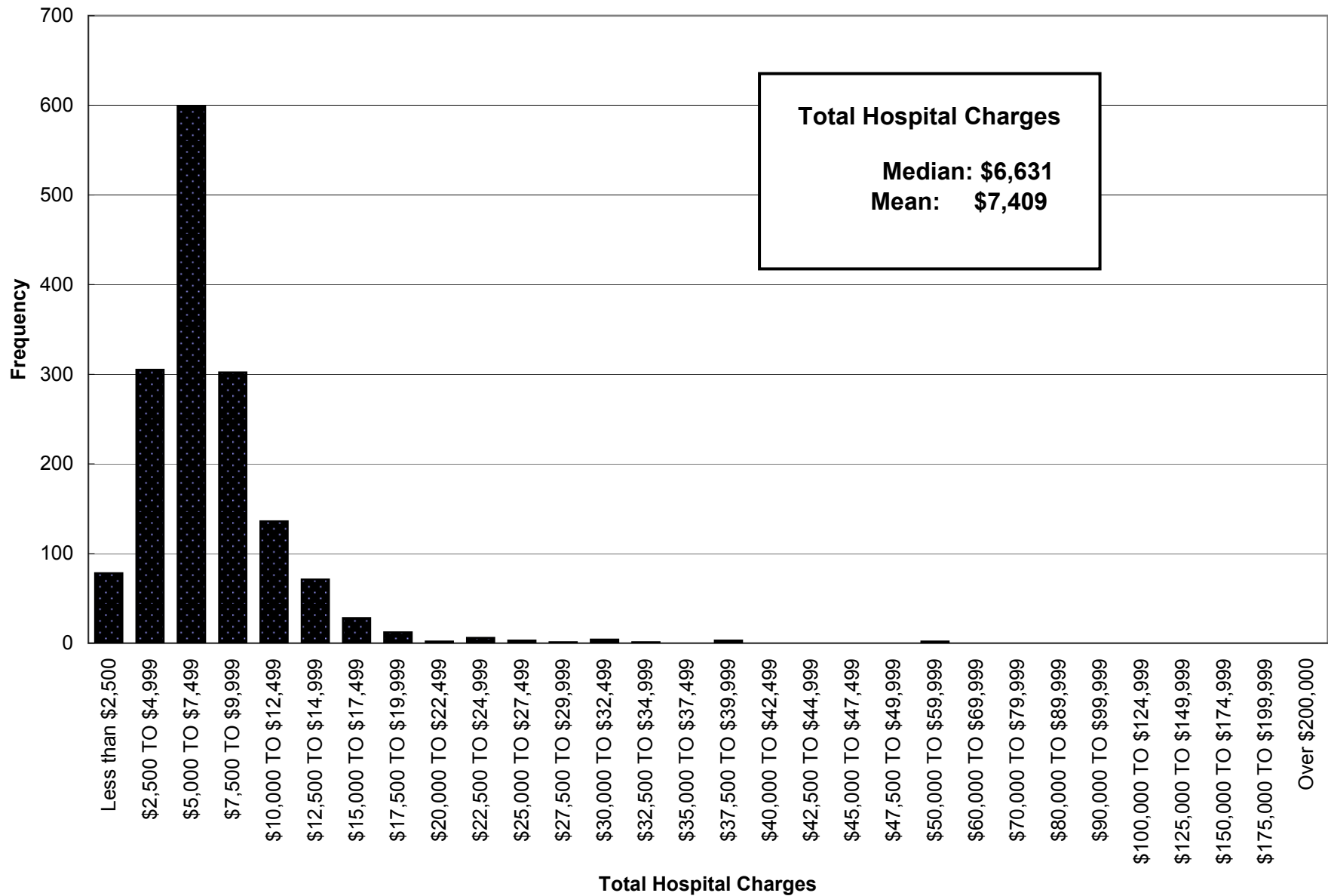


Figure 8

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Oral Cancer is Listed as the Primary Diagnosis**

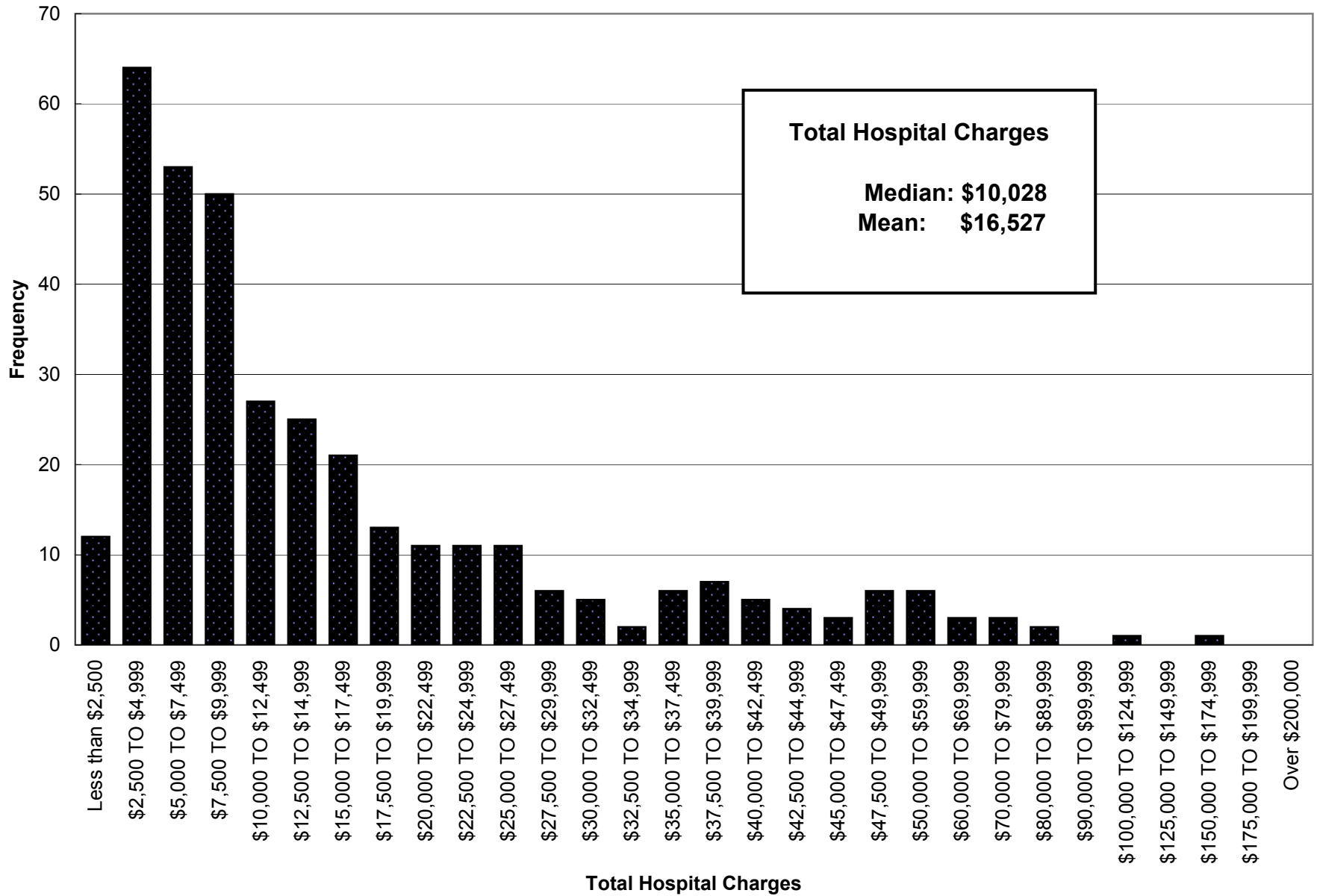


Figure 9

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Melanoma is Listed as the Primary Diagnosis**

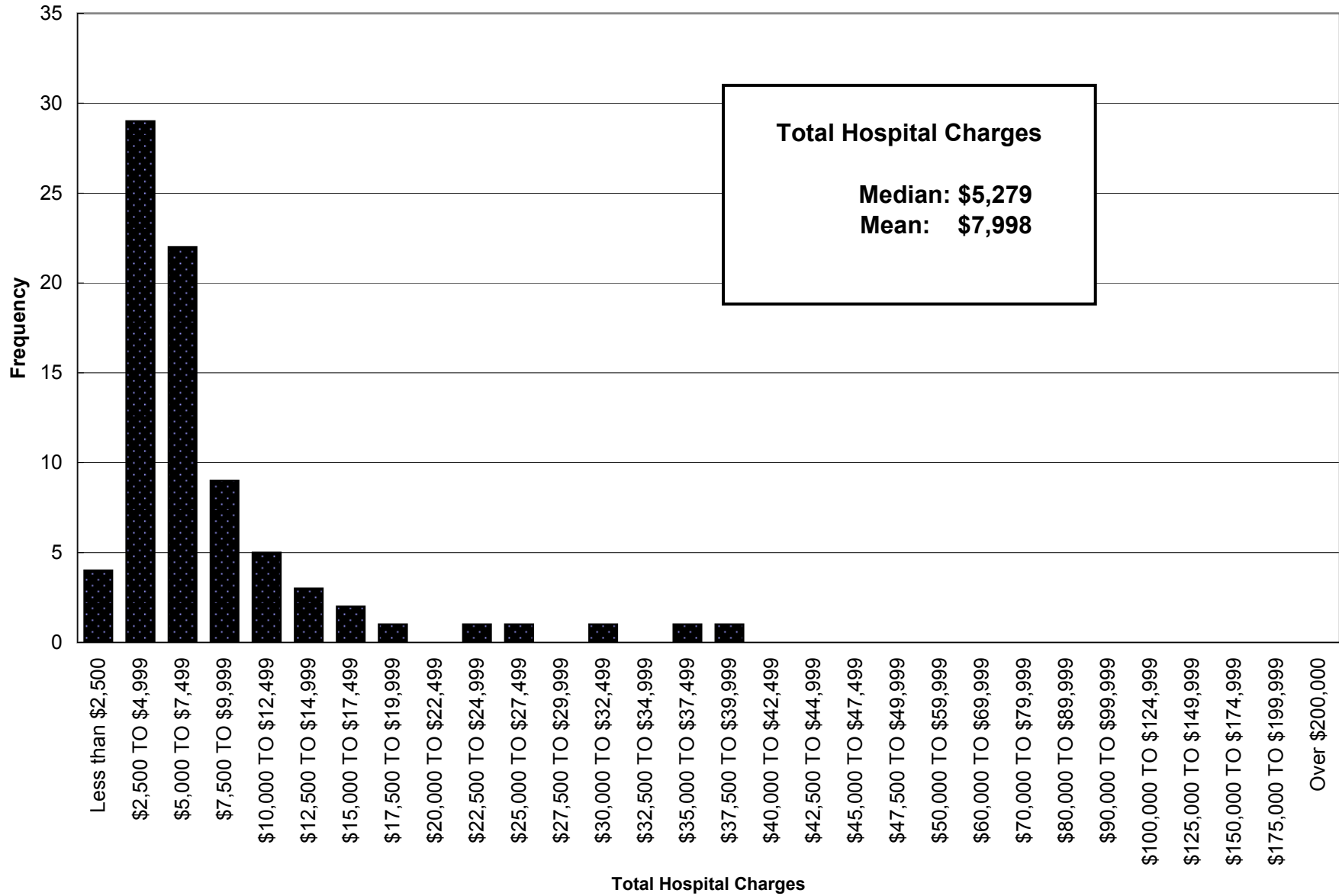


Figure 10

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Cervix Cancer is Listed as the Primary Diagnosis**

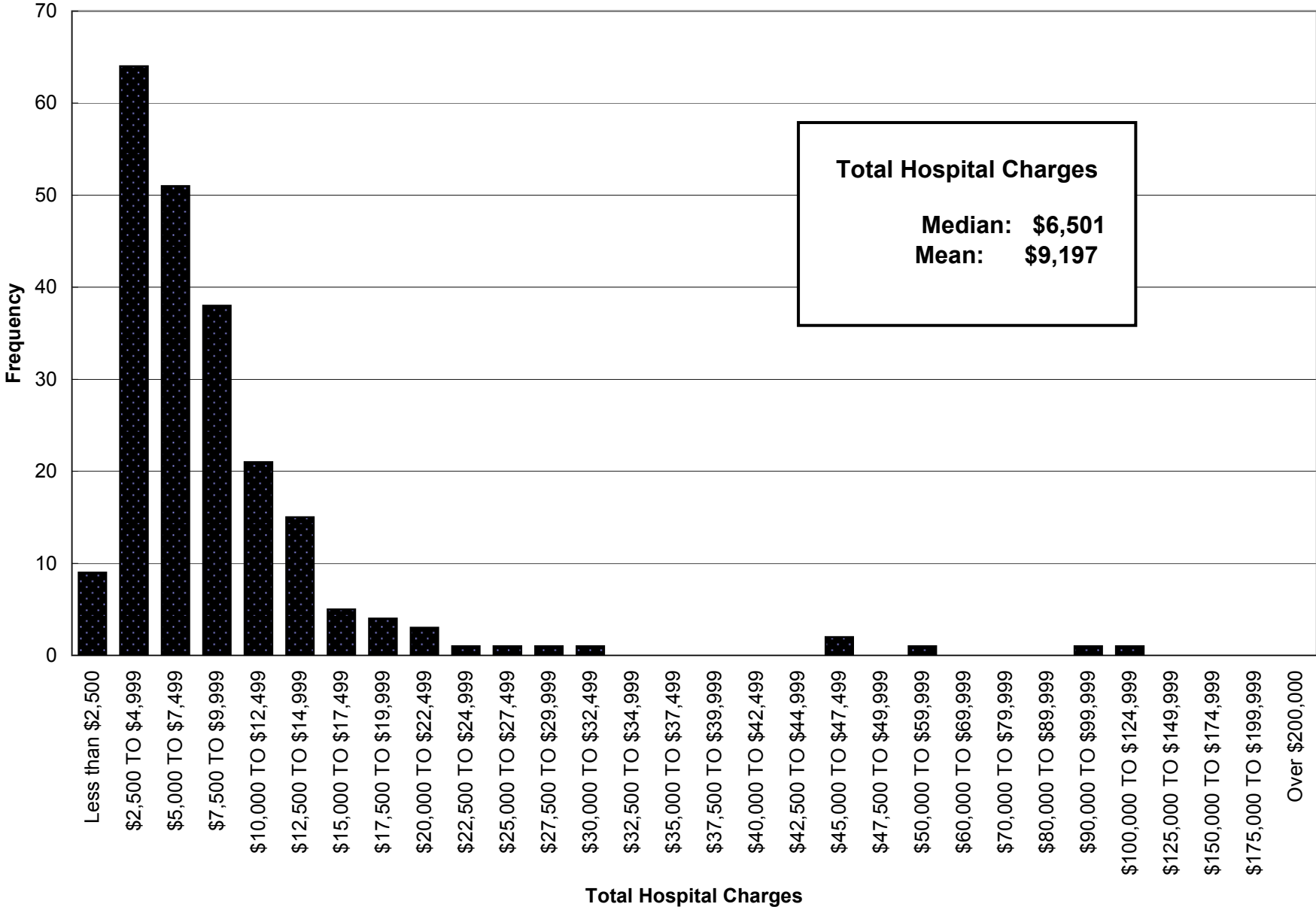


Figure 11

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Other Non-Targeted Cancer is Listed as the Primary Diagnosis**

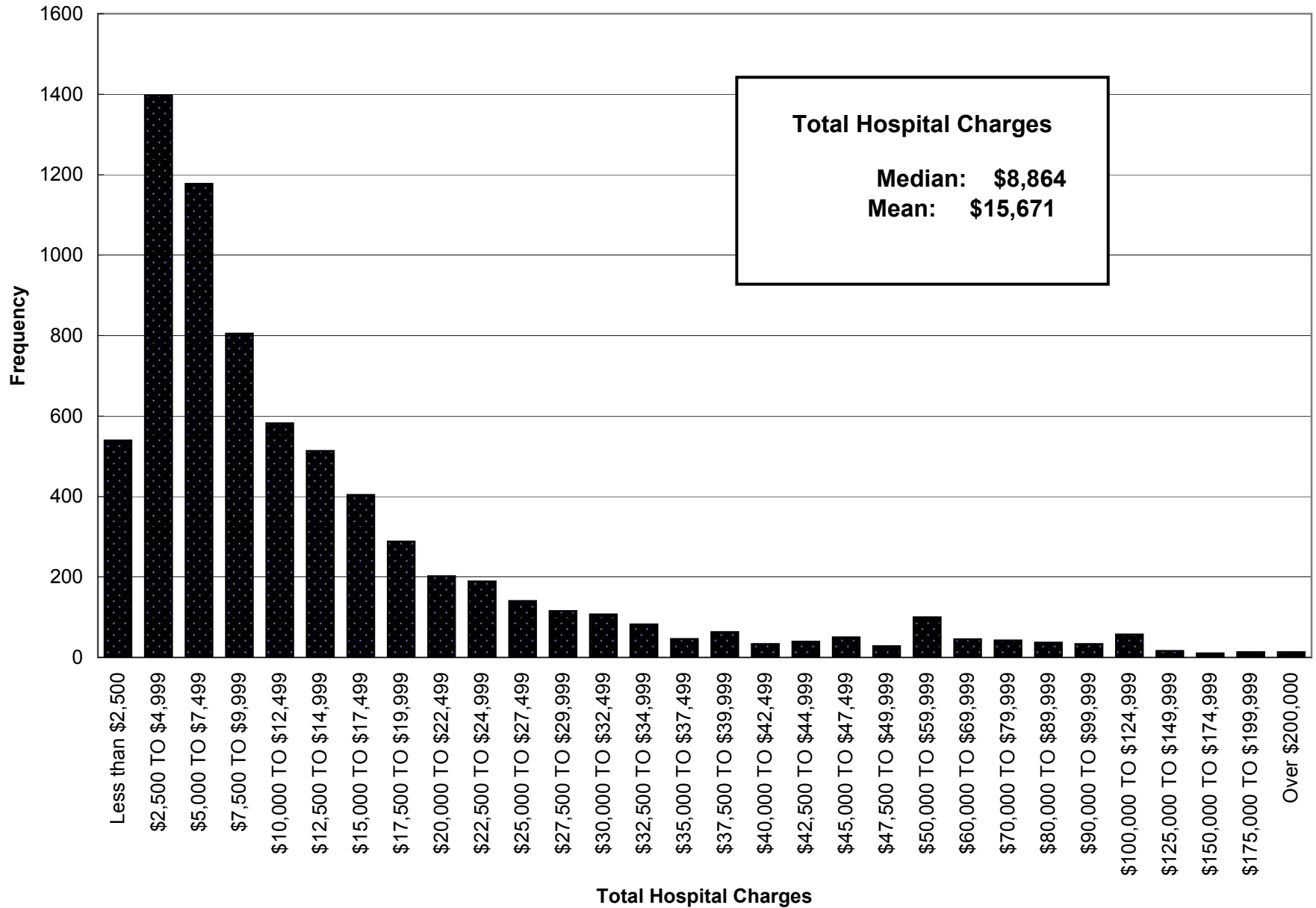


Figure 12

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Metastatic Cancer is Listed as the Primary Diagnosis**

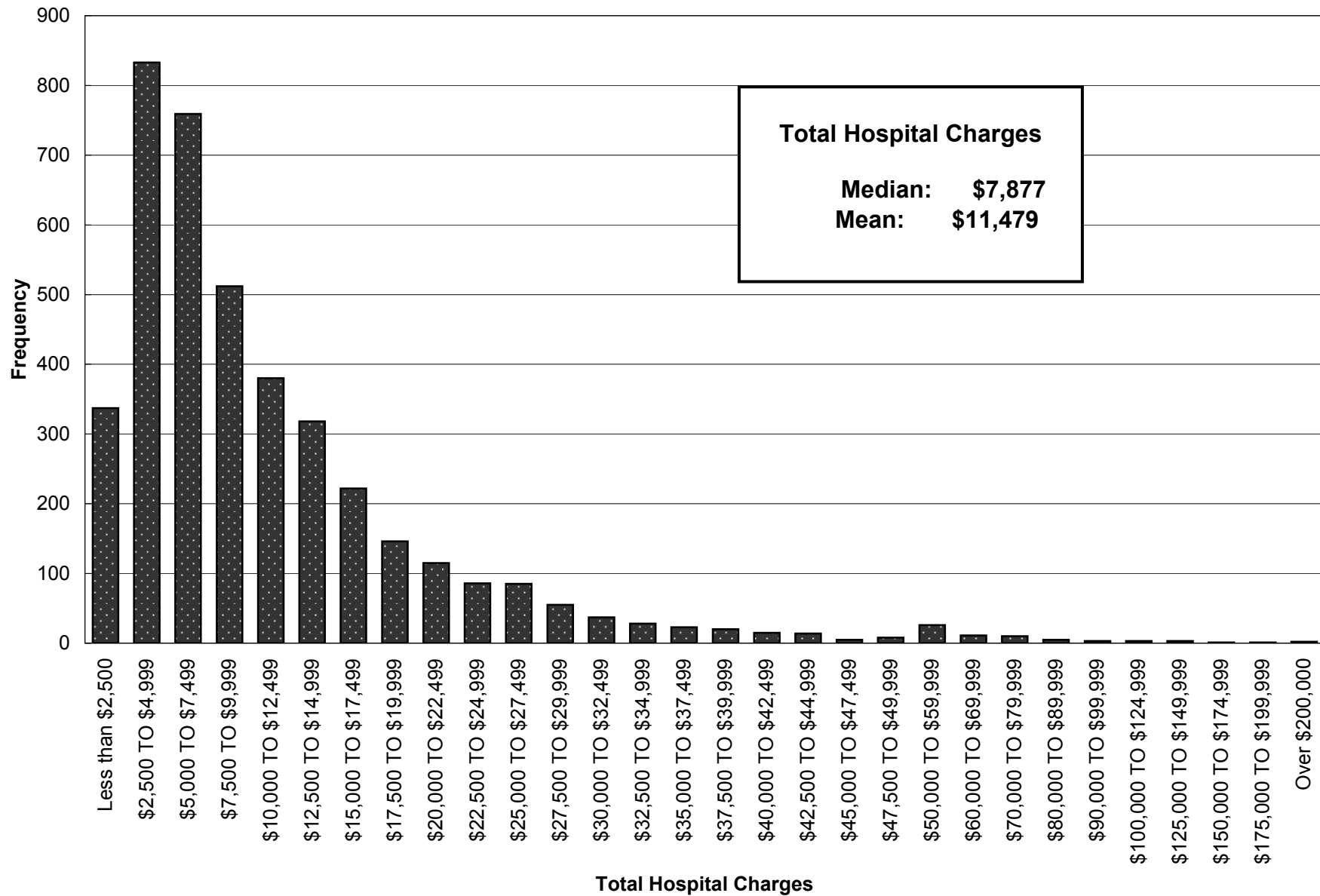


Figure 13

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2000
Where Any Type of Cancer is Listed as the Primary Diagnosis**

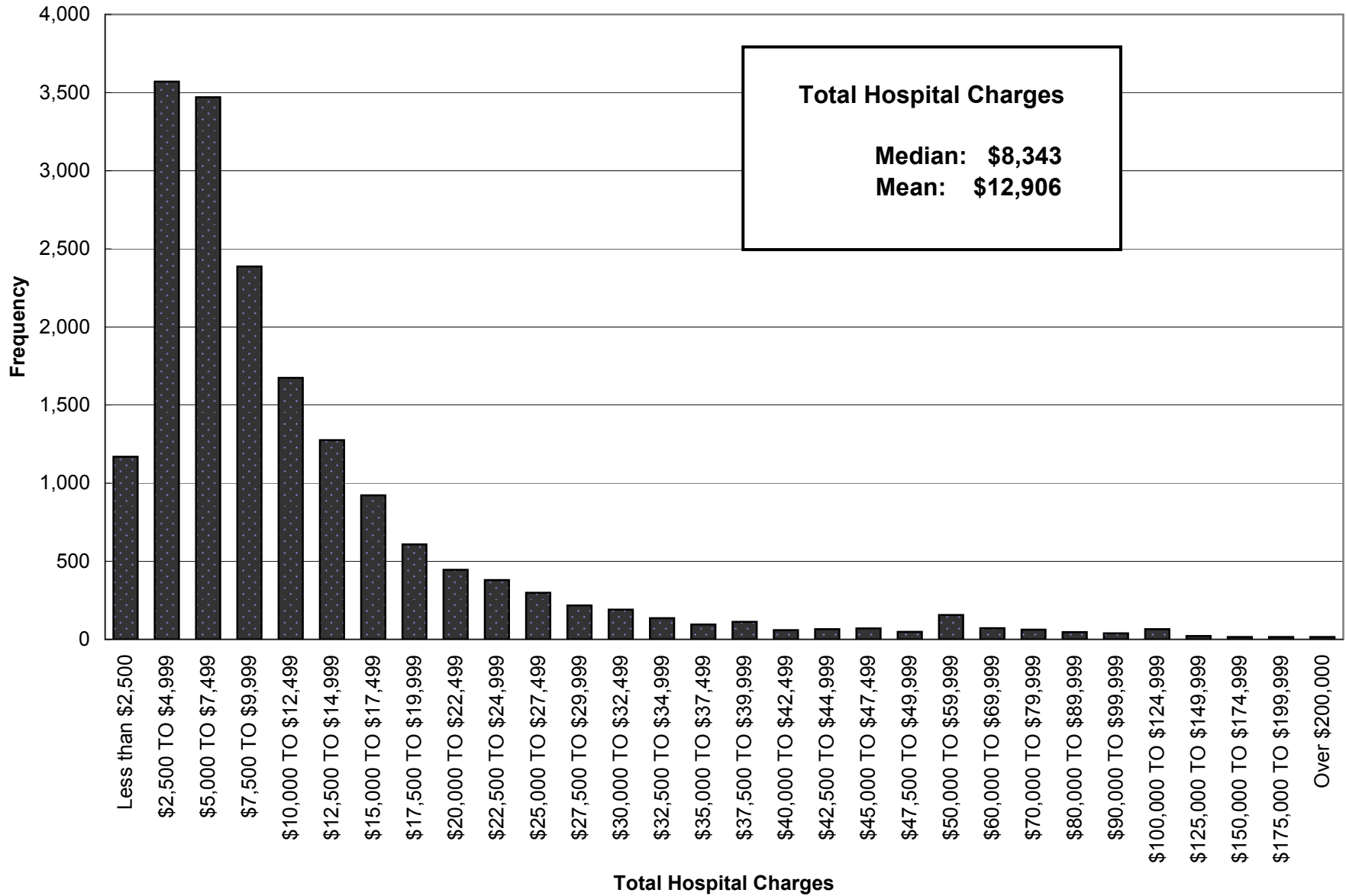


Figure 14

Attachment 1: International Classification of Diseases, Version 9 (ICD-9) Diagnostic Codes Used to Define "Targeted Cancers" in the Preparation of this Report

Targeted Cancer	ICD-9 Codes Included
Breast (female)	174.00 - 174.99
Cervix, Invasive	180.00 - 180.99
Colon and Rectum	153.00 - 154.19, 154.40 - 154.89
Lung and Bronchus	162.20 - 162.99
Melanoma	172.00 - 172.99
Oral	140.00 - 149.99
Prostate	185.00 - 185.99
All Other (Primary)	150.00 - 152.99, 154.20 - 154.39, 154.90 - 162.19, 163.00 - 171.99, 173.00 - 173.99, 175.00 - 179.99, 181.00 - 184.99, 186.00 - 195.99, 199.00 - 208.99
Metastatic (Secondary)	196.00 - 198.99
Total	140.00 - 208.99