

Maryland 2003
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
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Highlights of the 2003 Maryland hospital discharge data:

- 3.1% of all Maryland hospital discharges in 2003 had a primary diagnosis of cancer. Of the 655,298 Maryland hospital discharges in 2003, 34,817, or 5.3% had cancer listed in any one of the 15 discharge diagnostic categories. Of these 34,817 discharges 20,454 (3.1% of all discharges) had cancer as the primary diagnostic category (Figure 1).
- 8,658 of 20,454 (42.3%) 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 \$310,277,876 (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 2003 had a median cost of \$9,633 per hospitalization for all targeted cancers together (Table 3).
- At the top of the cost list is oral cancer, having a median total hospital charge of \$13,202; the second highest cost was colon and rectum cancer with a median cost of \$12,744, followed by cancer of the lung and bronchus with a median cost of \$11,601 (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 2003 discharge file using the Statistical Package for the Social Sciences, Version 13.0 mounted on the PCs 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 2003 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 2003, "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 2003, 34,817 of 655,298, or 5.3%, had a cancer listed in one or more of the diagnostic categories; 20,454 discharges, or 3.1%, 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 21.5 hospitalizations with a primary diagnosis of cancer in Prince Georges County to a high of 63.5 per 10,000 population in Kent 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 (20,454 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 (42.3%) 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 8,658 of 20,454, or 42.3%, of total discharges where cancer is listed as the primary diagnosis. By way of comparison, metastatic cancers are listed as the primary diagnosis 4,365 of 20,454, or 21.3%, 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 20,454 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 are listed 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 \$310,277,876 (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 2003 for all targeted cancers together had a median total charge of \$9,633 per hospitalization. Based on median hospital cost, the three targeted cancers with the highest hospital cost burden are, in order of cost: 1) oral (\$13,202), 2) colon and rectum (\$12,744), and 3) lung and bronchus (\$11,601).

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 2003 were \$9,395; for discharges of persons ages 50 to 64, the median was \$9,169; for the 65 and over grouping, the median cost at discharge was \$10,180.

Table 7 gives the actual number of discharges by various cost categories. These data are plotted in Figures 5 through 13. Examining Table 7 reveals that among the targeted cancers, lung, colorectal, and oral are the most expensive to treat. Table 7 generally confirms cost rankings in Table 3. Although median cost data in Table 3 suggests a slightly different ranking than corresponding data in Table 7, lung, colorectal, and oral cancers occupy the top three rankings in both tables. Fifteen lung and bronchus cancer patients had costs of \$100,000 or more compared to 11 for the next highest cancer type, colon and rectum, followed by seven for oral.

**Total General Hospital Discharges among Maryland Residents for Calendar Year 2003
(655,298)**

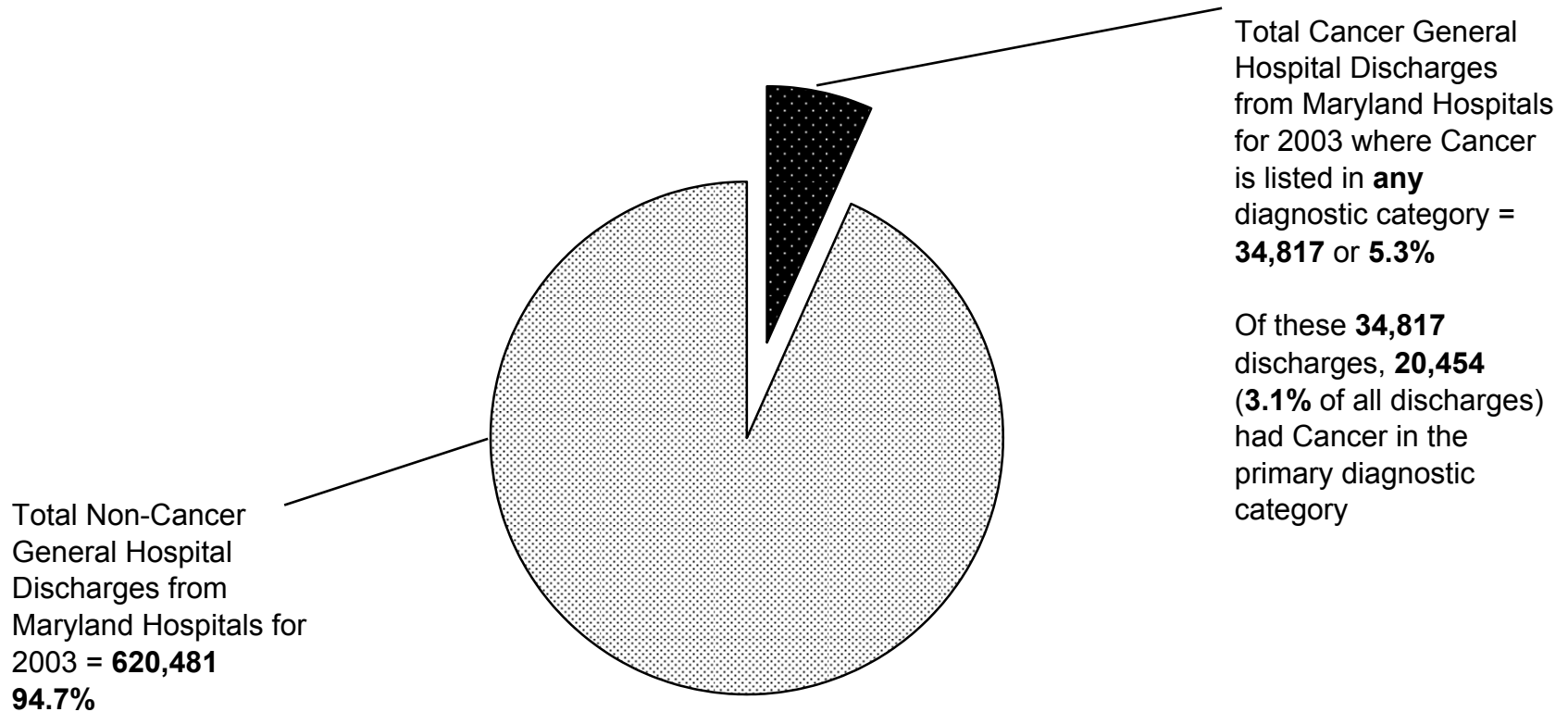


Figure 1

Frequency of General Hospital Discharges in 2003 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	Prostate	Breast	Oral	Melanoma	Cervix	Total Targeted Cancer	Non-Targeted Cancer	Metastatic Cancer	Total Cancer
as Primary Dx	2,686	2,583	1,376	1,380	343	99	191	8,658	7,431	4,365	20,454
as 2nd Dx	593	143	47	57	18	17	5	880	570	4,924	6,374
as 3rd Dx	202	54	46	52	12	10	7	383	319	2,496	3,198
as 4th Dx	78	32	46	68	4	12	1	241	247	1,350	1,838
as 5th Dx	25	16	33	49	14	10	5	152	187	712	1,051
as 6th Dx	13	7	38	38	7	5	3	111	117	408	636
as 7th Dx	0	2	23	25	6	10	6	72	116	226	414
as 8th Dx	9	0	9	24	2	5	5	54	75	134	263
as 9th Dx	2	3	22	8	3	3	2	43	59	102	204
as 10th Dx	1	1	10	10	1	2	0	25	47	47	119
as 11th Dx	3	0	14	6	0	0	0	23	36	45	104
as 12th Dx	0	0	6	9	1	1	0	17	28	28	73
as 13th Dx	0	0	2	2	0	0	2	6	19	17	42
as 14th Dx	0	2	5	4	0	0	0	11	9	9	29
as 15th Dx	0	0	1	1	0	0	0	2	7	9	18

*International Classification of Diseases, Version 9 Attachment 1

Table 1

Number of General Hospital Discharges in 2003 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	74	65	17	12	9	1	2	137	129	446
Anne Arundel	242	218	144	155	29	5	19	718	332	1,862
Baltimore County	519	497	259	265	66	22	25	1,441	890	3,984
Baltimore City	557	405	190	183	75	15	64	1,211	816	3,516
Calvert	19	45	11	18	6	0	0	76	36	211
Caroline	16	16	14	9	1	0	2	44	30	132
Carroll	93	86	63	39	13	5	8	285	165	757
Cecil	32	37	10	24	13	0	2	100	80	298
Charles	57	62	27	21	4	2	1	91	69	334
Dorchester	27	31	16	12	0	1	3	65	28	183
Frederick	64	97	34	39	10	1	5	266	134	650
Garrett	7	9	13	6	1	1	0	27	21	85
Harford	123	106	64	72	15	7	3	338	220	948
Howard	70	88	75	55	11	6	4	292	152	753
Kent	17	19	15	10	2	1	0	37	24	125
Montgomery	267	299	168	182	30	13	19	1,023	502	2,503
Prince George's	244	251	160	132	23	9	20	606	357	1,802
Queen Anne's	18	27	10	14	6	2	1	59	45	182
St. Mary's	27	26	20	21	4	5	3	69	32	207
Somerset	27	13	4	8	1	0	3	37	28	121
Talbot	16	24	20	17	1	0	0	68	41	187
Washington	65	74	15	48	11	2	3	204	102	524
Wicomico	57	44	13	21	6	0	2	130	60	333
Worcester	46	41	15	9	6	1	1	85	63	267
Maryland, Unspecified	2	3	3	4	0	0	1	22	9	44
Total	2,686	2,583	1,380	1,376	343	99	191	7,431	4,365	20,454

Total of General Hospital Discharges in 2003 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence

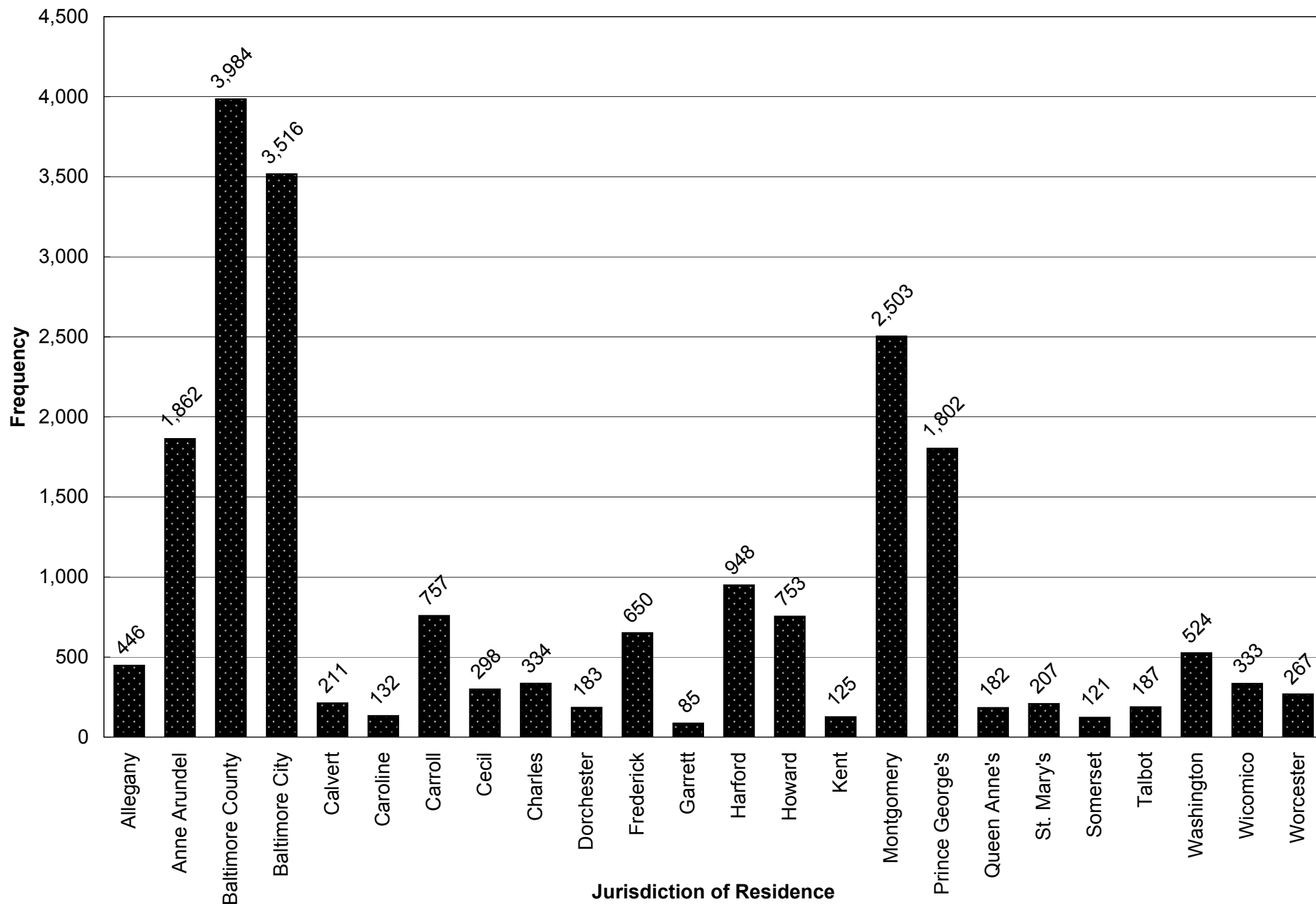


Figure 2

**Rate of General Hospital Discharges per 10,000 Jurisdiction Population With Targeted and All Other Cancers Listed
As the Primary Diagnosis, by Jurisdiction of Residence in 2003**

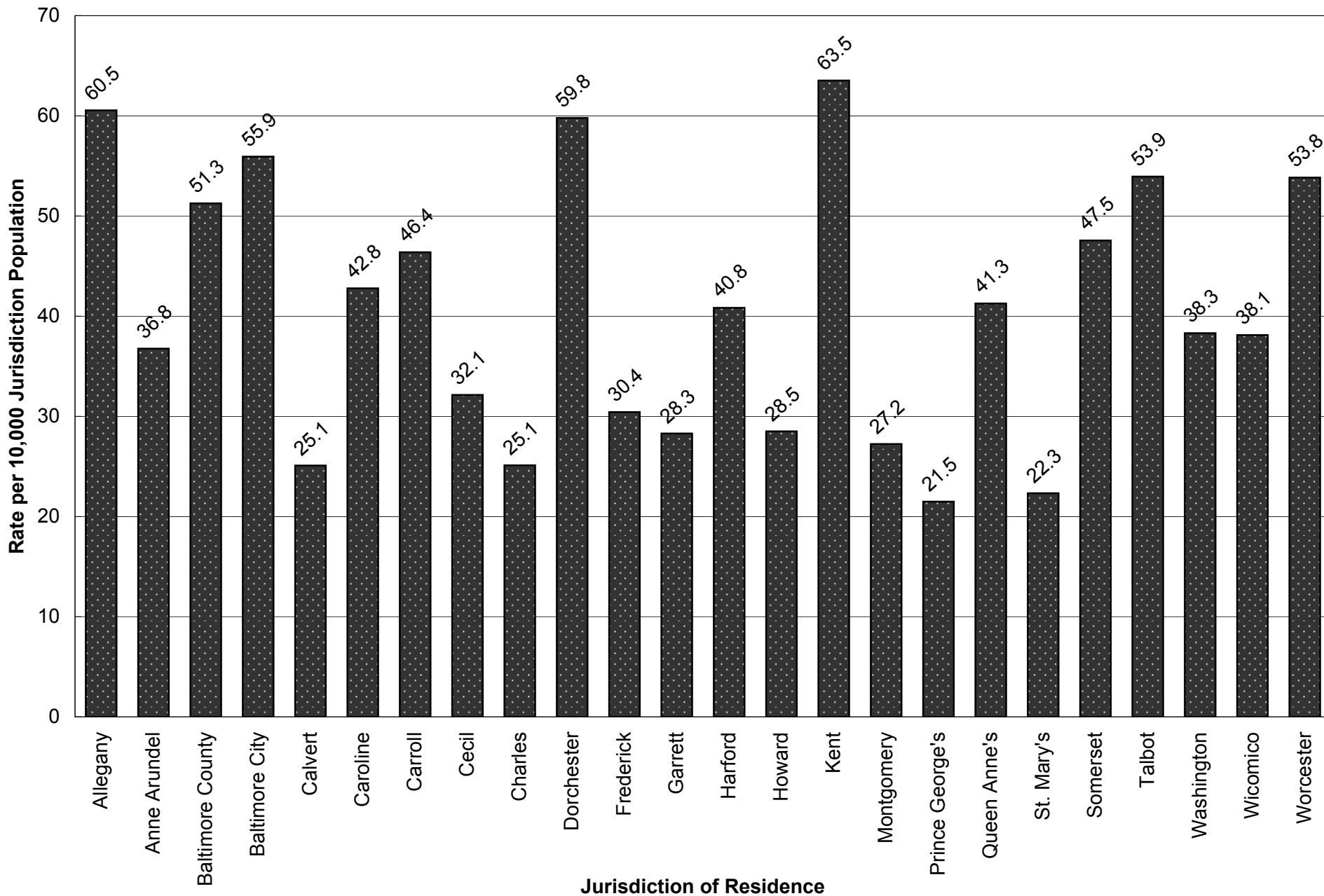
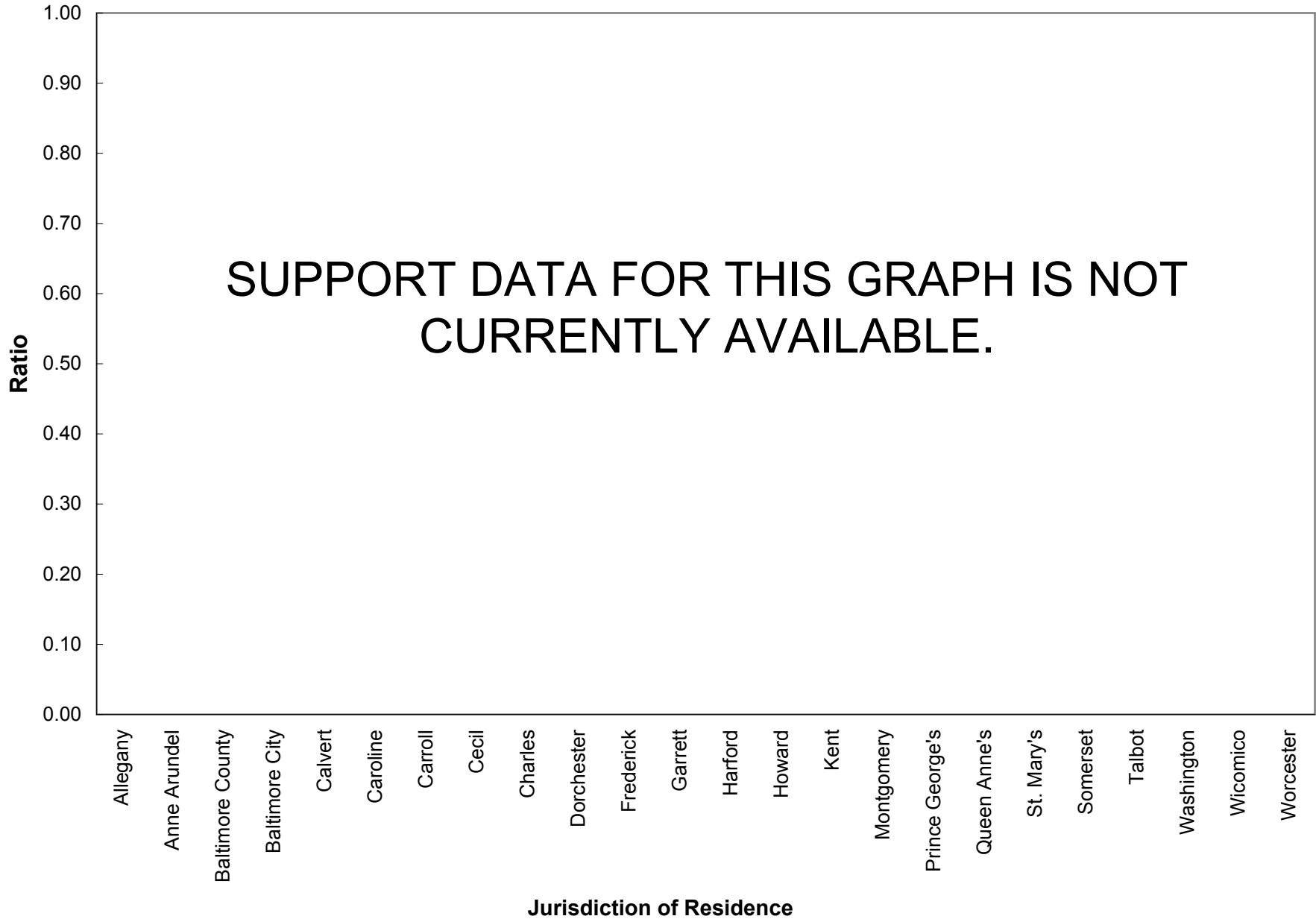


Figure 3

Ratio of General Hospital Cancer Discharges in 2003 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 2003 for residents of that jurisdiction

Figure 4

**General Hospital Discharges in Maryland in 2003:
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	2,686	\$15,309	\$11,601	\$158	\$238,661	\$41,120,181
Colon and Rectum	2,583	\$16,534	\$12,744	\$674	\$258,114	\$42,707,930
Breast	1,380	\$7,491	\$5,785	\$648	\$85,233	\$10,337,559
Prostate	1,376	\$8,397	\$8,038	\$712	\$59,638	\$11,553,981
Oral	343	\$20,960	\$13,202	\$834	\$203,799	\$7,189,404
Melanoma	99	\$9,873	\$7,240	\$1,379	\$53,040	\$977,391
Cervix	191	\$11,323	\$8,701	\$1,022	\$68,802	\$2,162,748
Total of Targeted Cancers	8,658	\$13,404	\$9,633	\$158	\$258,114	\$116,049,194
Total Other Cancers	11,796	\$16,466	\$9,819	\$64	\$386,165	\$194,228,683
Total of All Cancers	20,454	\$15,170	\$9,727	\$64	\$386,165	\$310,277,876

**General Hospital Discharges in Maryland in 2003:
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				
		Mean	Median	Minimum	Maximum	Total
Lung and Bronchus	200	\$15,464	\$12,442	\$1,073	\$159,362	\$3,092,843
Colon and Rectum	255	\$15,024	\$12,867	\$1,737	\$125,761	\$3,831,184
Breast	371	\$9,207	\$7,629	\$648	\$38,281	\$3,415,680
Prostate	70	\$8,686	\$8,339	\$4,630	\$29,501	\$608,051
Oral	62	\$19,250	\$11,701	\$834	\$123,198	\$1,193,496
Melanoma	26	\$12,648	\$7,663	\$1,379	\$53,040	\$328,853
Cervix	104	\$10,912	\$8,254	\$1,022	\$68,802	\$1,134,824
Total of Targeted Cancers	1,088	\$12,505	\$9,395	\$648	\$159,362	\$13,604,930
Total Other Cancers	2,322	\$20,861	\$10,742	\$513	\$386,165	\$48,439,190
Total of All Cancers	3,410	\$18,195	\$10,131	\$513	\$386,165	\$62,044,120

**General Hospital Discharges in Maryland in 2003:
Charges by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 50 to 64**

Cancer	Total Discharges	Total Charge for Hospitalization				
		Mean	Median	Minimum	Maximum	Total
Lung and Bronchus	818	\$16,034	\$11,581	\$158	\$238,661	\$13,115,826
Colon and Rectum	709	\$15,098	\$11,817	\$1,084	\$206,970	\$10,704,632
Breast	494	\$7,628	\$5,923	\$1,008	\$80,896	\$3,767,994
Prostate	750	\$8,659	\$8,397	\$1,676	\$51,376	\$6,494,283
Oral	139	\$22,729	\$14,444	\$1,764	\$164,133	\$3,159,325
Melanoma	31	\$10,554	\$8,243	\$2,653	\$28,192	\$327,186
Cervix	52	\$11,217	\$8,574	\$3,116	\$65,088	\$583,309
Total of Targeted Cancers	2,993	\$12,747	\$9,169	\$158	\$238,661	\$38,152,555
Total Other Cancers	3,769	\$16,220	\$9,986	\$724	\$265,526	\$61,133,445
Total of All Cancers	6,762	\$14,683	\$9,519	\$158	\$265,526	\$99,286,000

**General Hospital Discharges in Maryland in 2003:
Charges by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 65 and Over**

Cancer	Total Discharges	Total Charge for Hospitalization				
		Mean	Median	Minimum	Maximum	Total
Lung and Bronchus	1,668	\$14,935	\$11,549	\$703	\$210,724	\$24,911,512
Colon and Rectum	1,619	\$17,401	\$13,237	\$674	\$258,114	\$28,172,114
Breast	515	\$6,124	\$5,002	\$1,170	\$85,233	\$3,153,885
Prostate	556	\$8,007	\$6,921	\$712	\$59,638	\$4,451,647
Oral	142	\$19,976	\$11,944	\$2,160	\$203,799	\$2,836,584
Melanoma	42	\$7,651	\$6,514	\$2,222	\$24,853	\$321,352
Cervix	35	\$12,703	\$9,952	\$3,042	\$39,703	\$444,615
Total of Targeted Cancers	4,577	\$14,047	\$10,180	\$674	\$258,114	\$64,291,708
Total Other Cancers	5,705	\$14,839	\$9,398	\$64	\$330,872	\$84,656,048
Total of All Cancers	10,282	\$14,486	\$9,755	\$64	\$330,872	\$148,947,756

Number of General Hospital Discharges in 2003 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	111	48	33	51	10	4	3	343	255	858
\$2,500 TO \$4,999	380	116	483	201	39	14	43	1,265	734	3,275
\$5,000 TO \$7,499	347	244	395	332	50	33	34	1,197	757	3,389
\$7,500 TO \$9,999	306	455	203	498	41	20	35	875	572	3,005
\$10,000 TO \$12,499	308	389	101	155	29	9	26	648	445	2,110
\$12,500 TO \$14,999	259	305	65	63	20	6	15	504	340	1,577
\$15,000 TO \$17,499	240	234	32	28	22	2	5	433	253	1,249
\$17,500 TO \$19,999	160	179	18	17	23	1	6	301	208	913
\$20,000 TO \$22,499	122	148	14	11	13	1	3	280	142	734
\$22,500 TO \$24,999	78	87	12	5	15	3	4	224	123	551
\$25,000 TO \$27,499	62	78	8	5	8	1	3	165	82	412
\$27,500 TO \$29,999	56	49	5	1	10	1	4	143	89	358
\$30,000 TO \$32,499	52	34	4	2	0	1	1	107	49	250
\$32,500 TO \$34,999	36	32	2	2	6	0	4	99	50	231
\$35,000 TO \$37,499	23	37	1	1	6	1	0	96	33	198
\$37,500 TO \$39,999	16	34	2	0	9	0	1	62	32	156
\$40,000 TO \$42,499	13	16	0	0	2	0	0	56	27	114
\$42,500 TO \$44,999	18	13	0	2	2	0	1	60	15	111
\$45,000 TO \$47,499	9	12	0	0	2	0	1	45	14	83
\$47,500 TO \$49,999	11	8	0	0	3	1	0	36	18	77
\$50,000 TO \$59,999	23	22	0	2	15	1	0	124	39	226
\$60,000 TO \$69,999	15	15	0	0	1	0	2	85	28	146
\$70,000 TO \$79,999	11	8	0	0	3	0	0	61	14	97
\$80,000 TO \$89,999	9	7	2	0	4	0	0	33	16	71
\$90,000 TO \$99,999	6	2	0	0	3	0	0	34	11	56
\$100,000 TO \$124,999	7	2	0	0	4	0	0	67	11	91
\$125,000 TO \$149,999	3	3	0	0	1	0	0	35	4	46
\$150,000 TO \$174,999	2	1	0	0	1	0	0	20	3	27
\$175,000 TO \$199,999	0	2	0	0	0	0	0	11	1	14
Over \$200,000	3	3	0	0	1	0	0	22	0	29
Unknown	0	0	0	0	0	0	0	0	0	0
TOTAL	2,686	2,583	1,380	1,376	343	99	191	7,431	4,365	20,454

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Lung and Bronchus Cancer is Listed as the Primary Diagnosis**

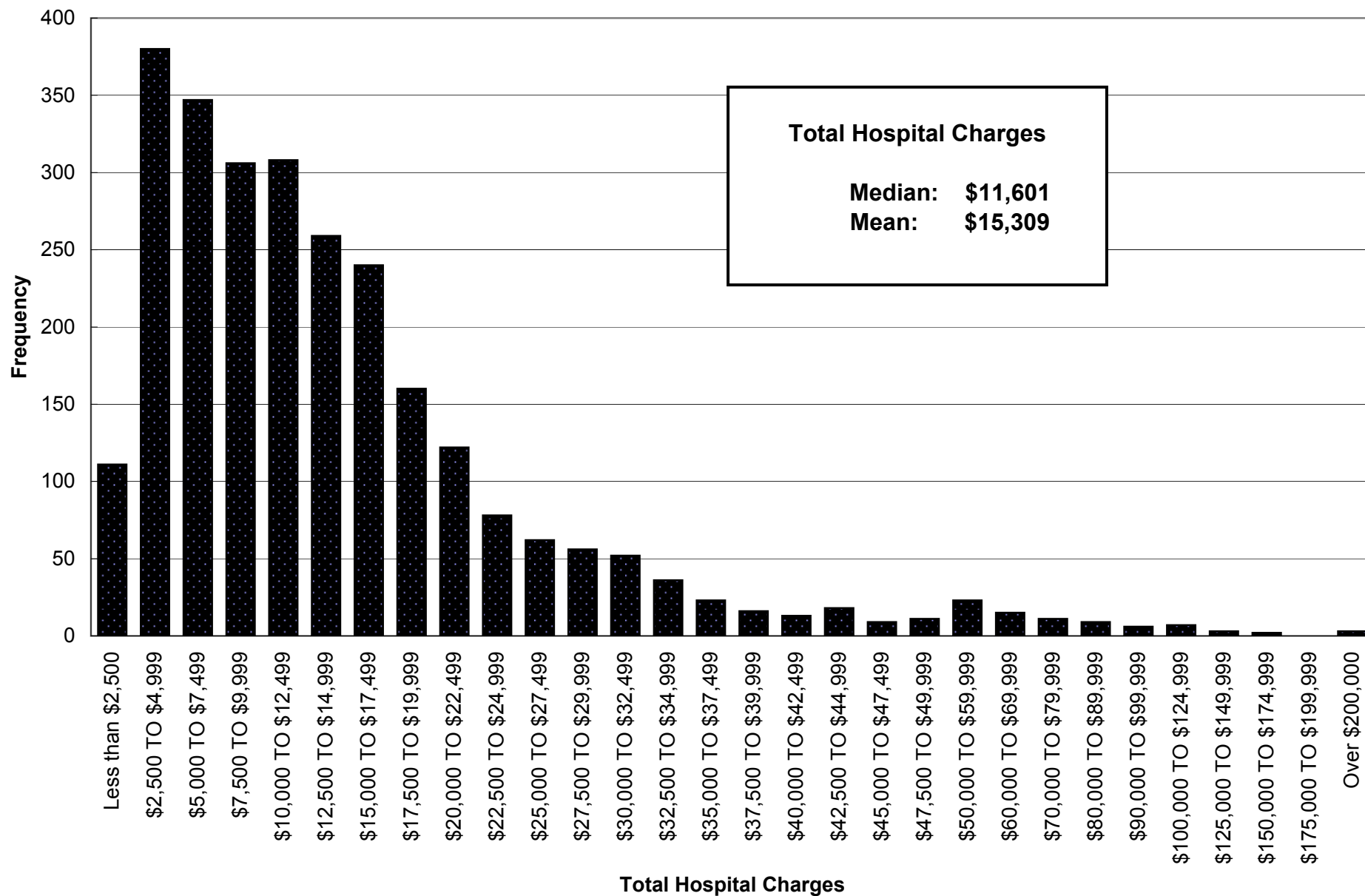


Figure 5

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Colon and Rectum Cancer is Listed as the Primary Diagnosis**

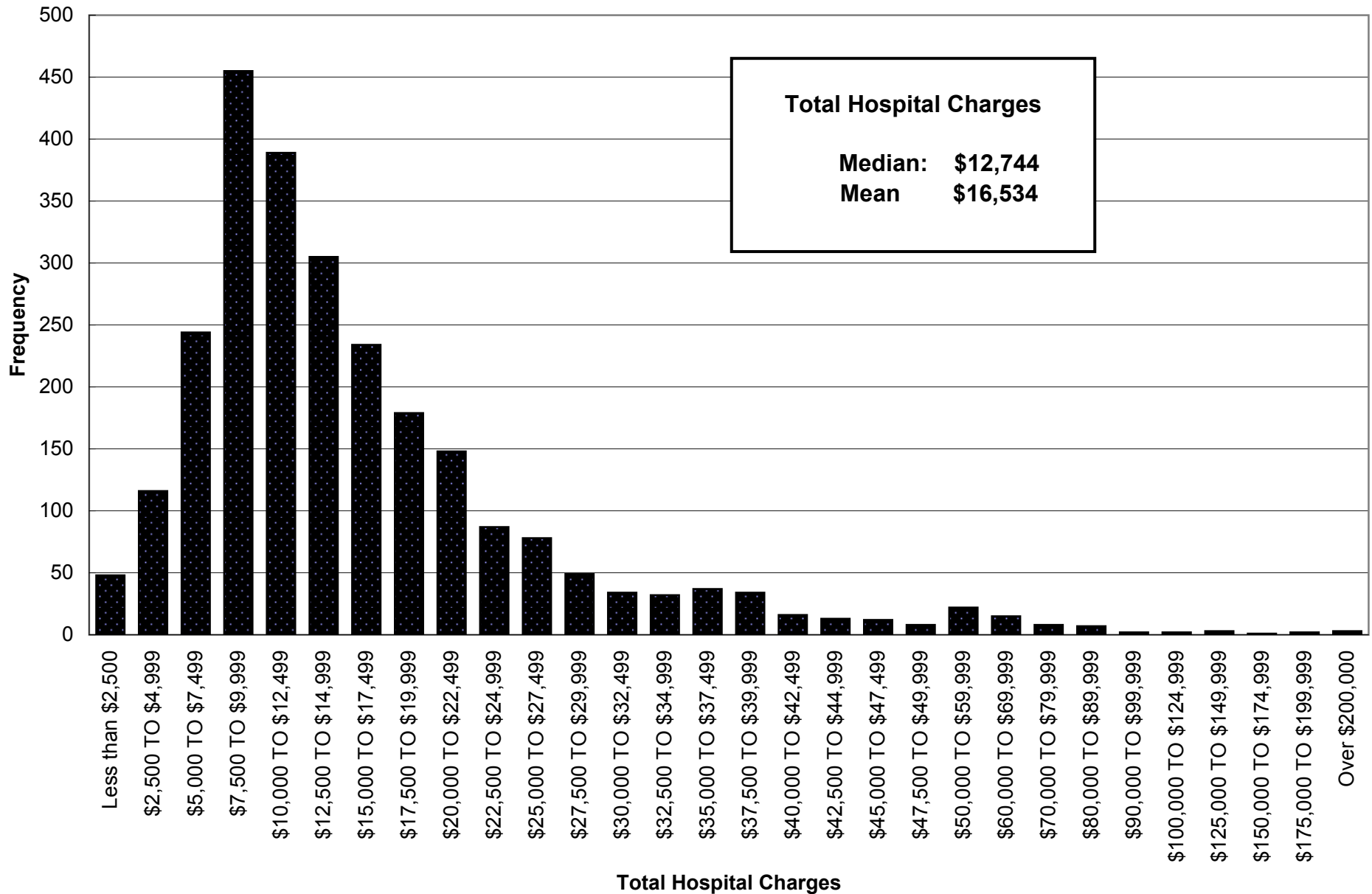


Figure 6

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Breast Cancer is Listed as the Primary Diagnosis**

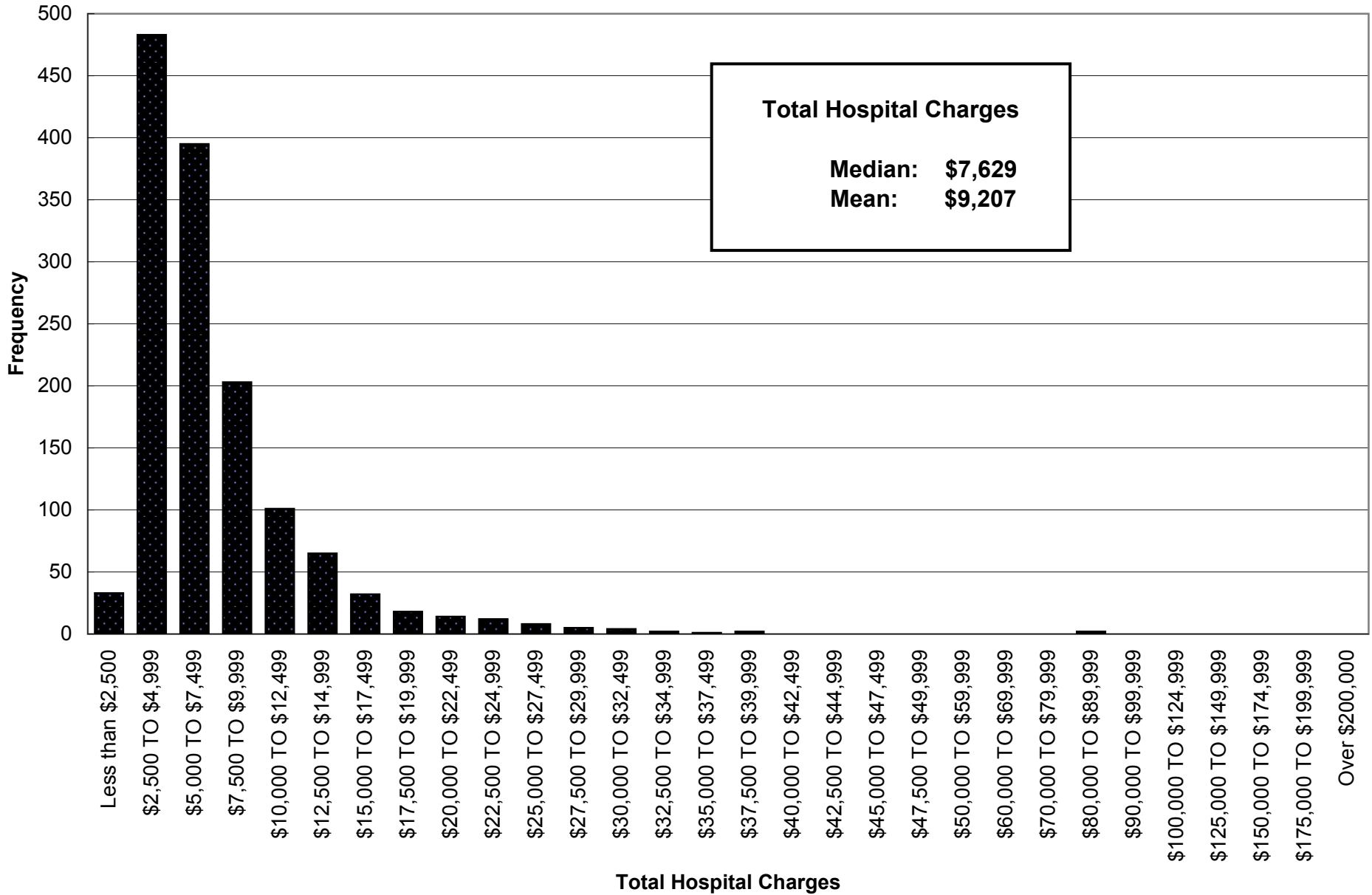


Figure 7

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Prostate Cancer is Listed as the Primary Diagnosis**

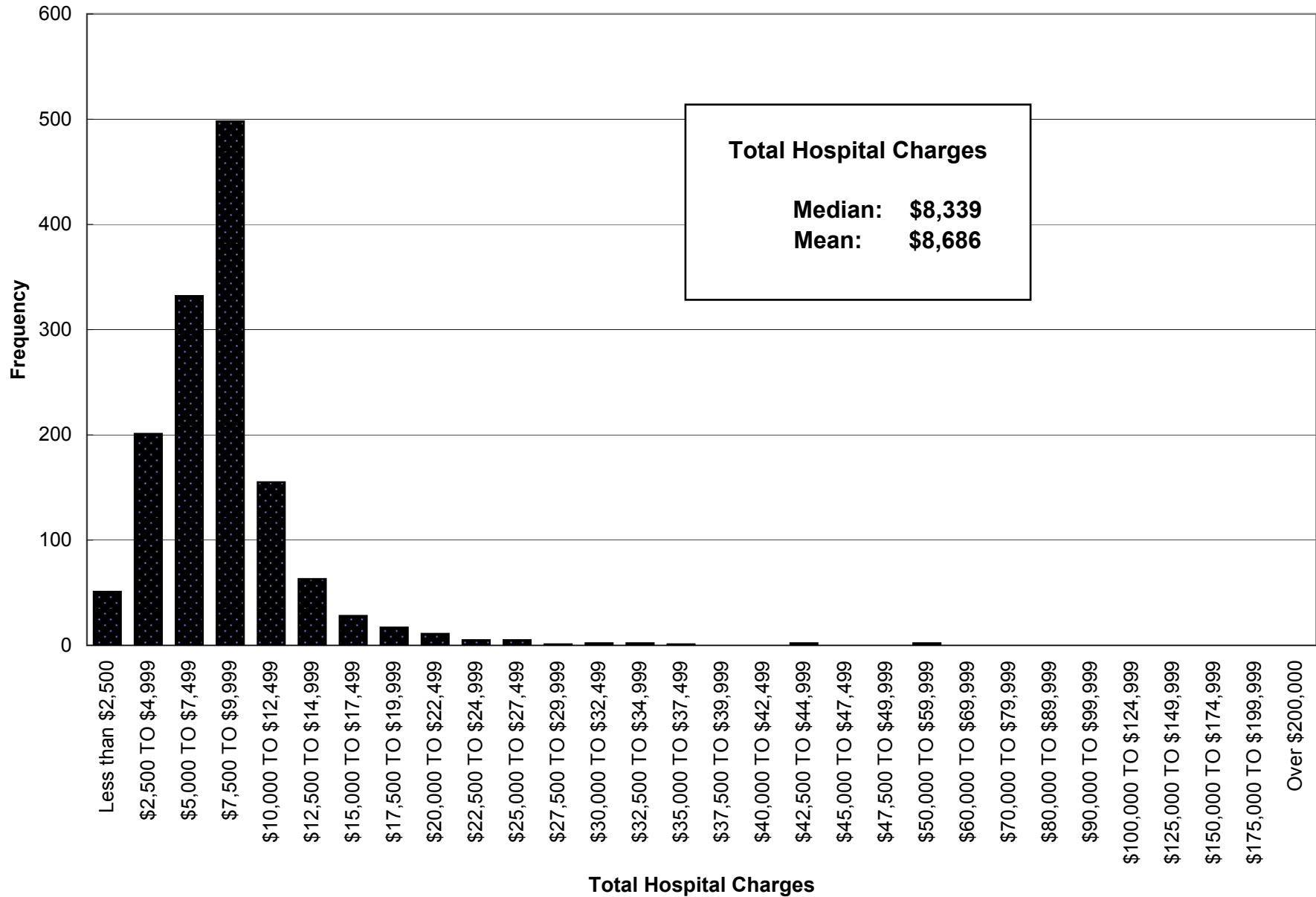


Figure 8

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Oral Cancer is Listed as the Primary Diagnosis**

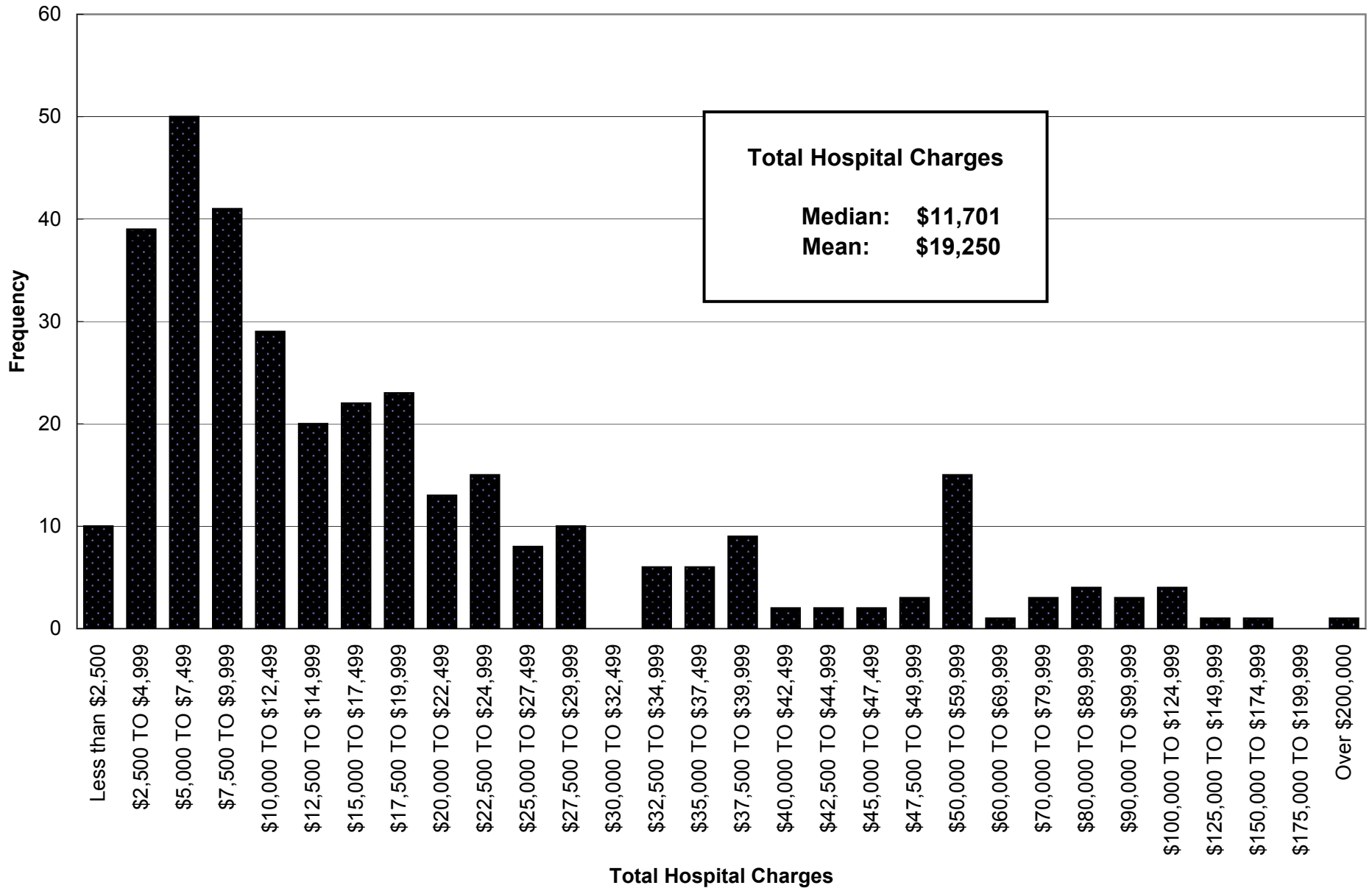


Figure 9

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Melanoma is Listed as the Primary Diagnosis**

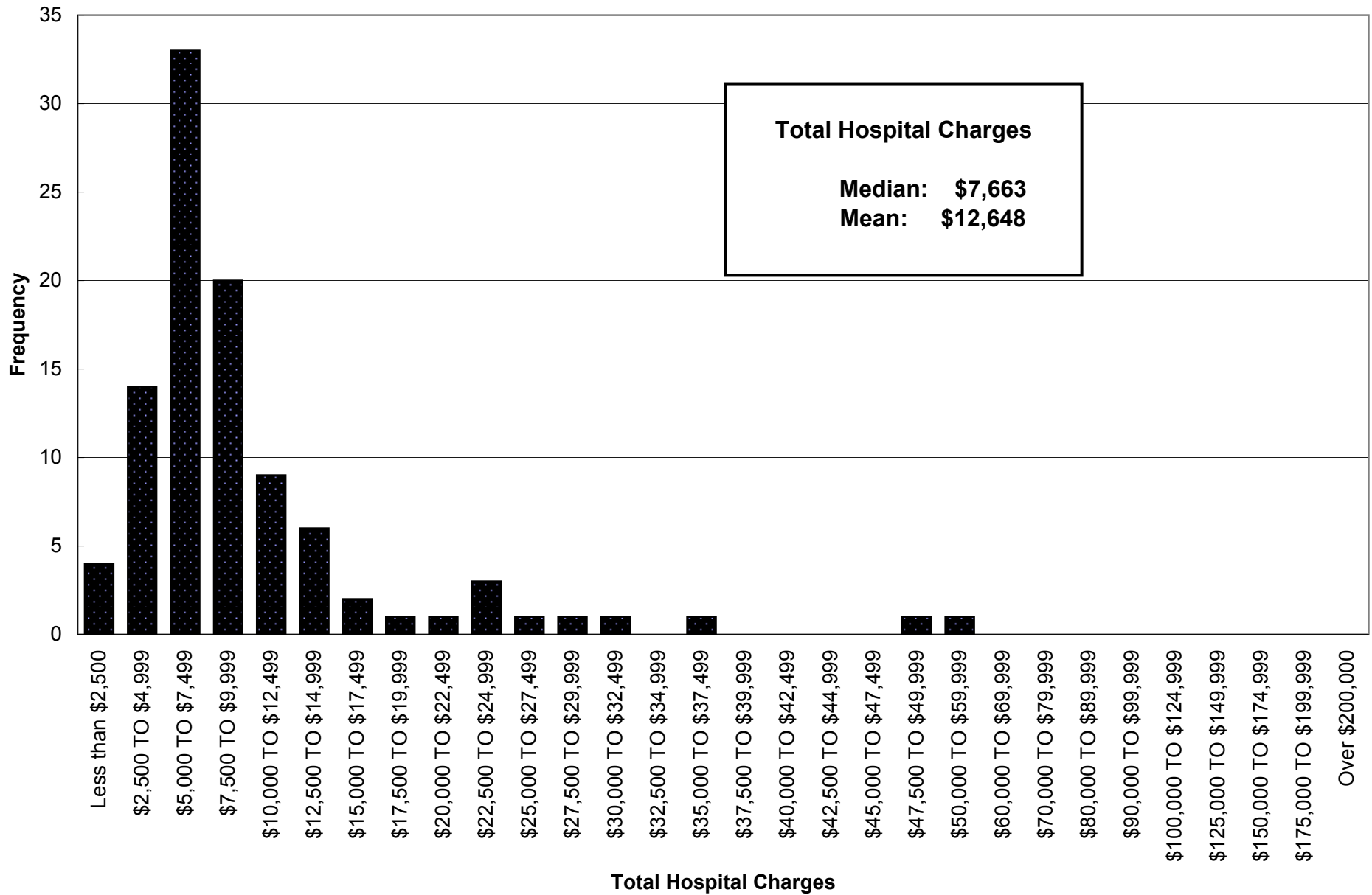


Figure 10

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Cervix Cancer is Listed as the Primary Diagnosis**

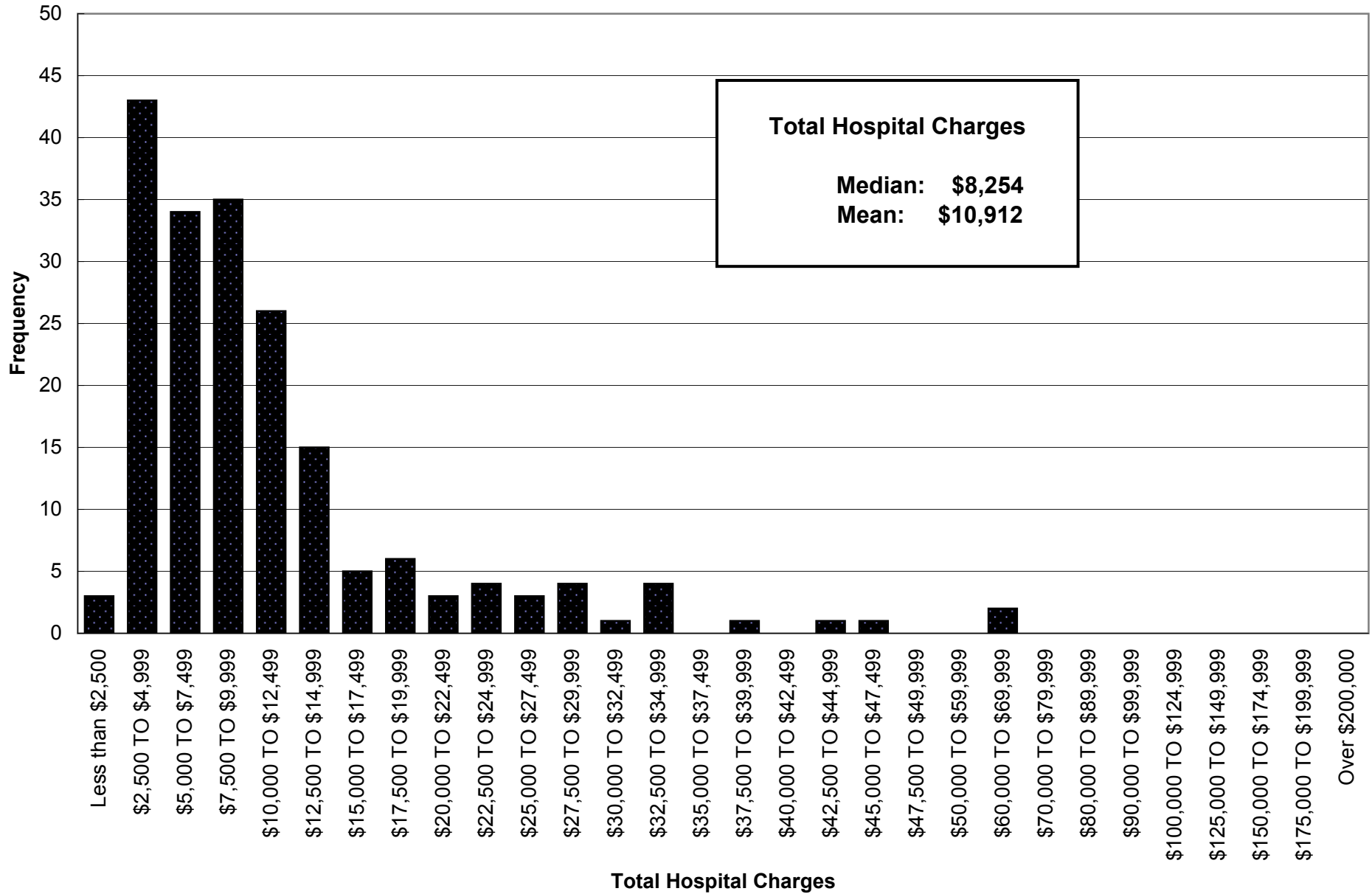


Figure 11

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Other Non-Targeted Cancer is Listed as the Primary Diagnosis**

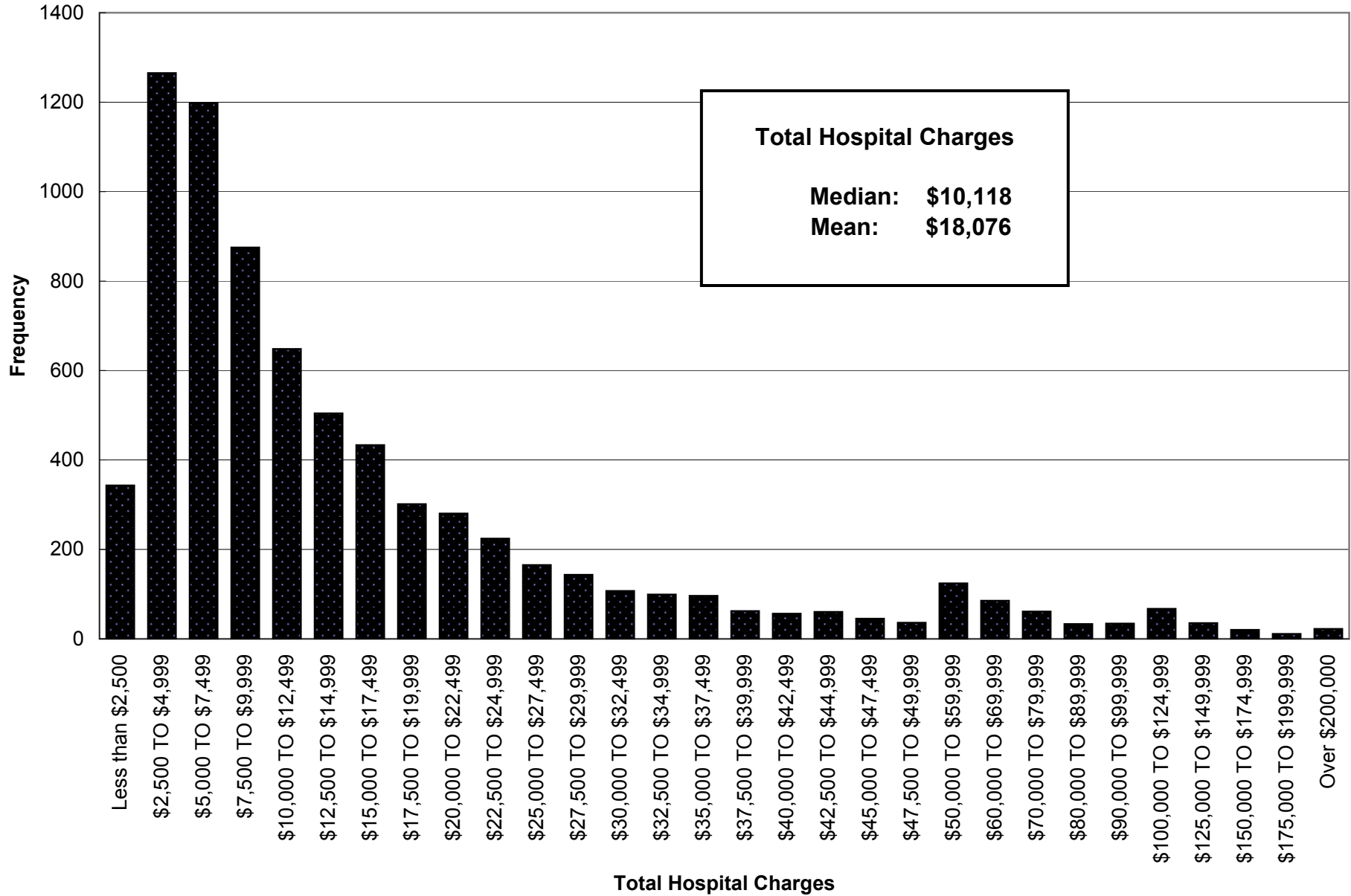


Figure 12

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Metastatic Cancer is Listed as the Primary Diagnosis**

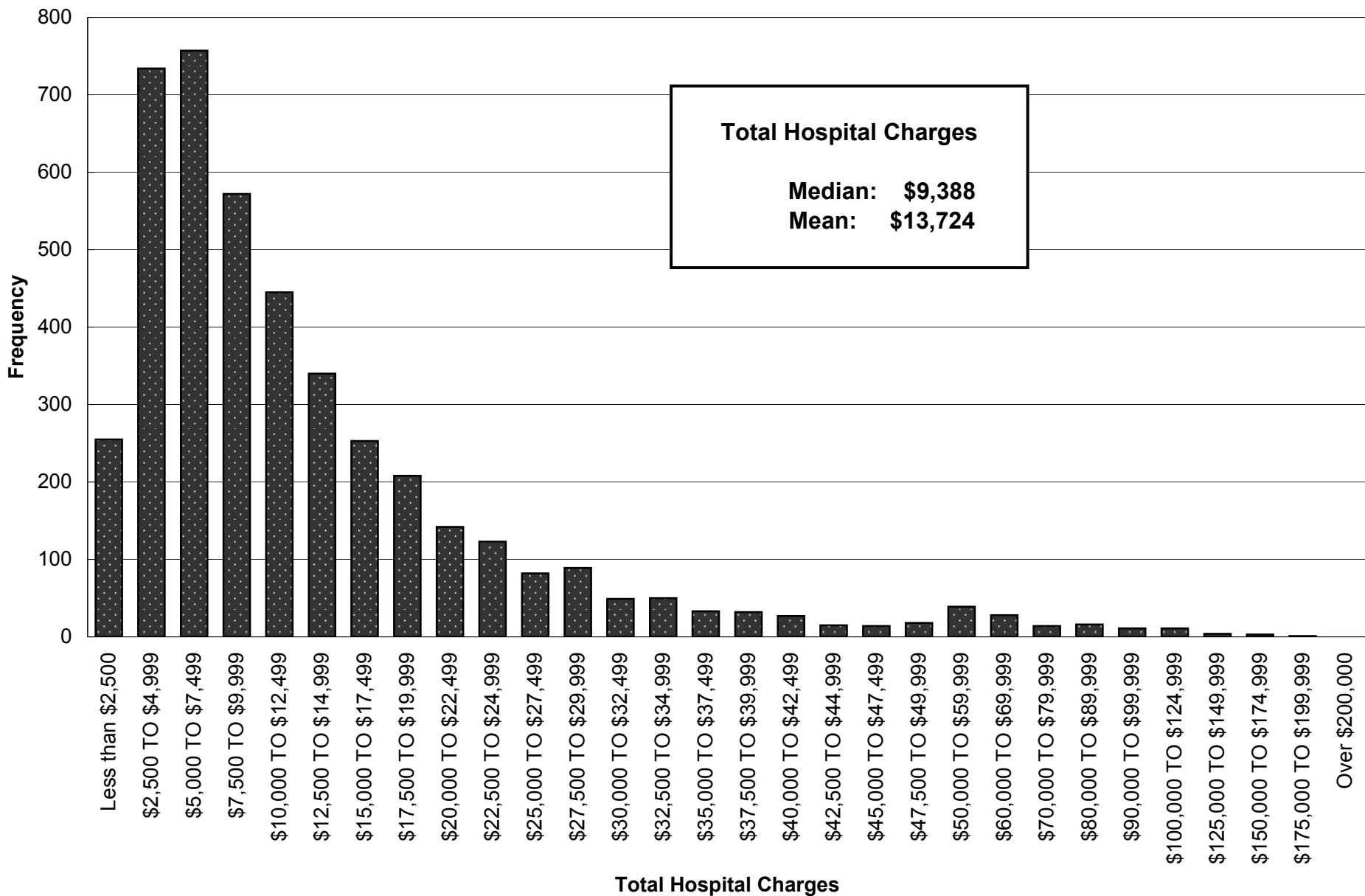


Figure 13

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2003
Where Any Type of Cancer is Listed as the Primary Diagnosis**

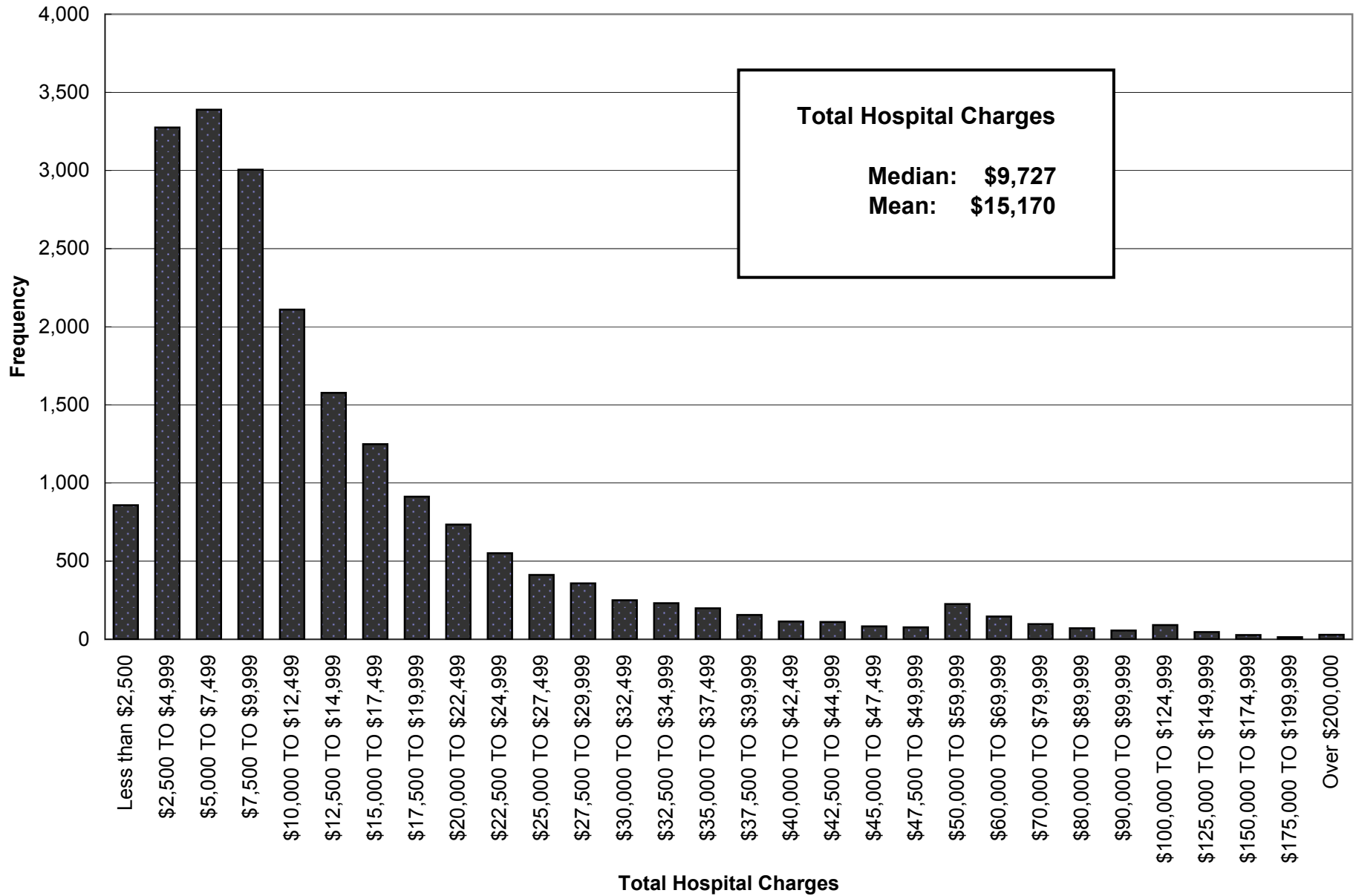


Figure 14

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