

Maryland 2004
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 2004 Maryland hospital discharge data:

- 5.1% of all Maryland hospital discharges in 2004 had a primary diagnosis of cancer. Of the 653,840 Maryland hospital discharges in 2004, 33,666, or 5.1% had cancer listed in any one of the 15 discharge diagnostic categories. Of these 33,666 discharges 19,586 (3.0% of all discharges) had cancer as the primary diagnostic category (Figure 1).
- 8,026 of 19,586 (41.0%) 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 \$323,804,094 (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 2004 had a median cost of \$10,456 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 \$13,784; the second highest cost was lung and bronchus cancer with a median cost of \$12,851, followed by cancer of the oral with a median cost of \$12,199 (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 2004 discharge file using the Statistical Package for the Social Sciences, Version 14.0 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 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 2004, "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 2004, 33,666 of 653,840, or 5.1%, had a cancer listed in one or more of the diagnostic categories; 19,586 discharges, or 3.0%, 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 20.4 hospitalizations with a primary diagnosis of cancer in Prince Georges County to a high of 71.5 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 (19,586 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 (41.0%) of hospital discharges in Maryland where metastatic-stage 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 8,026 of 19,586, or 41.0%, of total discharges where cancer is listed as the primary diagnosis. By way of comparison, metastatic cancers are listed as the primary diagnosis 4,225 of 19,586, or 21.6%, 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 19,586 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 \$323,804,094 (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 2004 for all targeted cancers together had a median total charge of \$10,456 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 (\$13,784), 2) lung and bronchus (\$12,851), and 3) oral (\$12,199).

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 2004 were \$10,379; for discharges of persons ages 50 to 64, the median was \$10,684; for the 65 and over grouping, the median cost at discharge was \$11,006.

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, colorectal, lung, and oral cancers occupy the top three rankings in both tables. Twenty colon and rectum cancer patients had costs of \$100,000 or more compared to 15 for the next highest cancer type, lung and bronchus, followed by two for oral.

**Total General Hospital Discharges Among Maryland Residents for Calendar Year 2004
(653,840)**

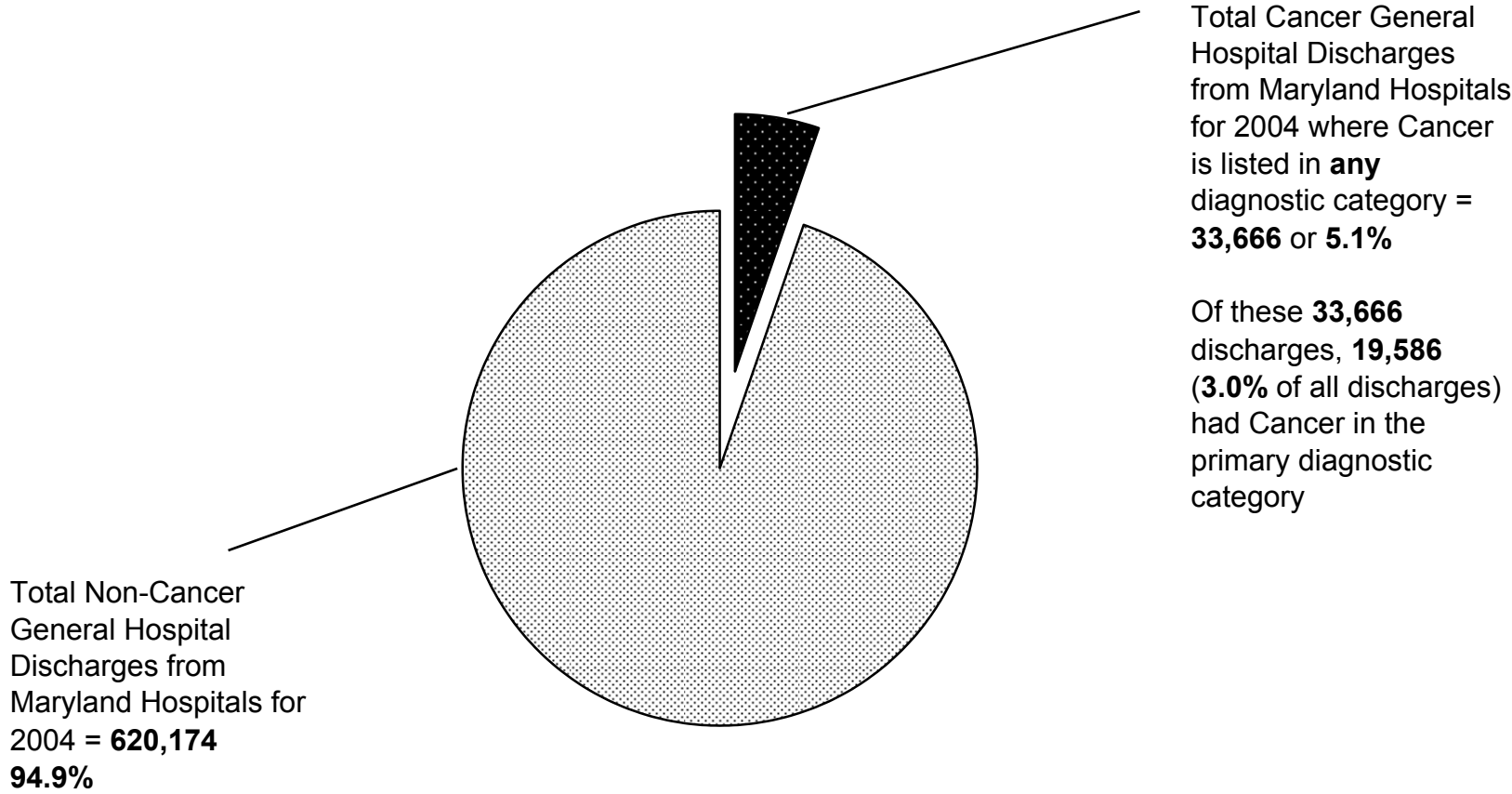


Figure 1

Frequency of General Hospital Discharges in 2004 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	2,465	2,419	1,356	1,237	289	72	188	8,026	7,335	4,225	19,586
as 2nd Dx	533	121	53	34	18	8	4	771	489	4,746	6,006
as 3rd Dx	186	55	62	41	18	14	9	385	345	2,421	3,151
as 4th Dx	72	26	60	42	14	5	3	222	223	1,369	1,814
as 5th Dx	35	9	41	38	7	4	4	138	191	746	1,075
as 6th Dx	14	5	40	37	6	5	2	109	125	437	671
as 7th Dx	4	5	31	26	5	4	1	76	118	250	444
as 8th Dx	10	2	22	17	7	5	3	66	84	166	316
as 9th Dx	6	2	17	14	5	0	2	46	62	106	214
as 10th Dx	3	0	10	14	0	1	3	31	30	66	127
as 11th Dx	1	0	4	6	1	0	0	12	33	46	91
as 12th Dx	0	0	2	6	1	2	1	12	19	26	57
as 13th Dx	1	0	6	4	2	1	0	14	22	19	55
as 14th Dx	0	0	2	3	1	0	1	7	11	13	31
as 15th Dx	0	0	2	5	0	0	1	8	15	5	28

*International Classification of Diseases, Version 9 Attachment 1

Number of General Hospital Discharges in 2004 With Targeted and All Other Cancers Listed as the Primary Diagnosis Among Maryland Residents, by Jurisdiction of Residence

Jurisdiction or County	Type of Cancer									Total
	Lung & Bronchus	Colon & Rectum	Breast	Prostate	Oral	Melanoma	Cervix	Other Cancer	Metastatic	
Allegany	57	55	11	14	3	0	1	137	81	359
Anne Arundel	238	211	150	155	47	8	17	711	406	1,943
Baltimore County	480	456	264	203	39	24	36	1,404	818	3,724
Baltimore City	471	396	194	163	57	10	57	1,182	694	3,224
Calvert	27	34	20	17	7	0	1	87	51	244
Caroline	20	23	6	6	1	0	1	44	33	134
Carroll	82	82	39	37	8	3	6	298	167	722
Cecil	37	47	24	20	5	0	1	91	81	306
Charles	55	52	28	21	5	4	3	97	46	311
Dorchester	22	31	5	10	3	0	2	65	31	169
Frederick	60	78	25	40	9	0	10	253	131	606
Garrett	12	22	8	6	4	0	0	26	14	92
Harford	134	81	62	57	3	1	5	298	208	849
Howard	66	90	64	57	7	4	4	299	134	725
Kent	24	20	8	8	8	5	0	42	25	140
Montgomery	237	251	182	185	33	3	25	1,028	547	2,491
Prince George's	196	243	169	113	27	4	14	584	370	1,720
Queen Anne's	33	35	8	20	1	2	0	59	39	197
St. Mary's	31	21	26	13	4	1	0	76	35	207
Somerset	19	12	4	4	1	0	1	34	16	91
Talbot	21	30	9	16	4	0	0	96	38	214
Washington	46	65	9	30	4	2	1	189	126	472
Wicomico	56	45	16	28	5	0	1	107	69	327
Worcester	37	30	13	12	4	1	1	88	51	237
Maryland, Unspecified	4	9	12	2	0	0	1	40	14	82
Total	2,465	2,419	1,356	1,237	289	72	188	7,335	4,225	19,586

Total of General Hospital Discharges in 2004 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence

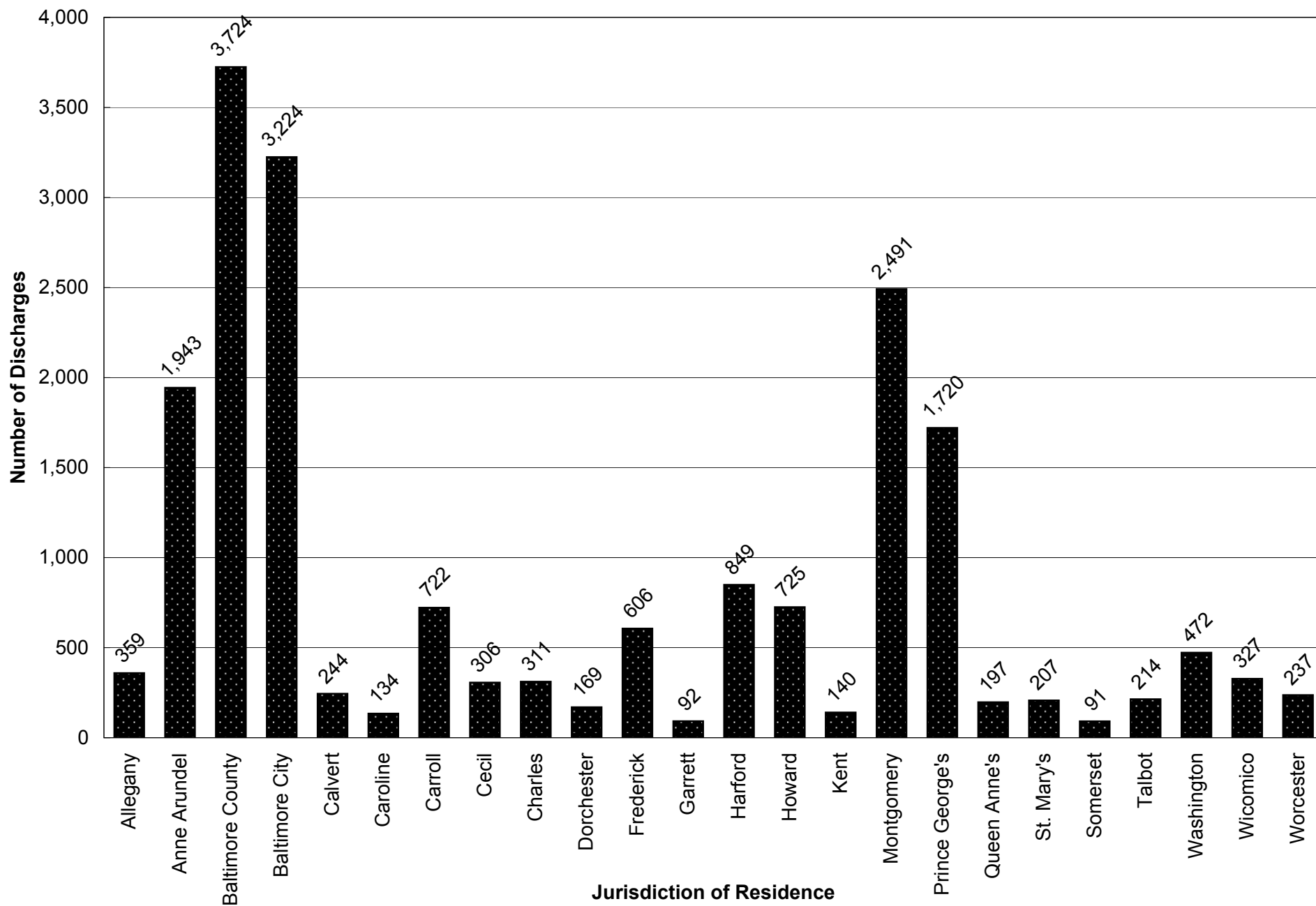


Figure 2

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 2004

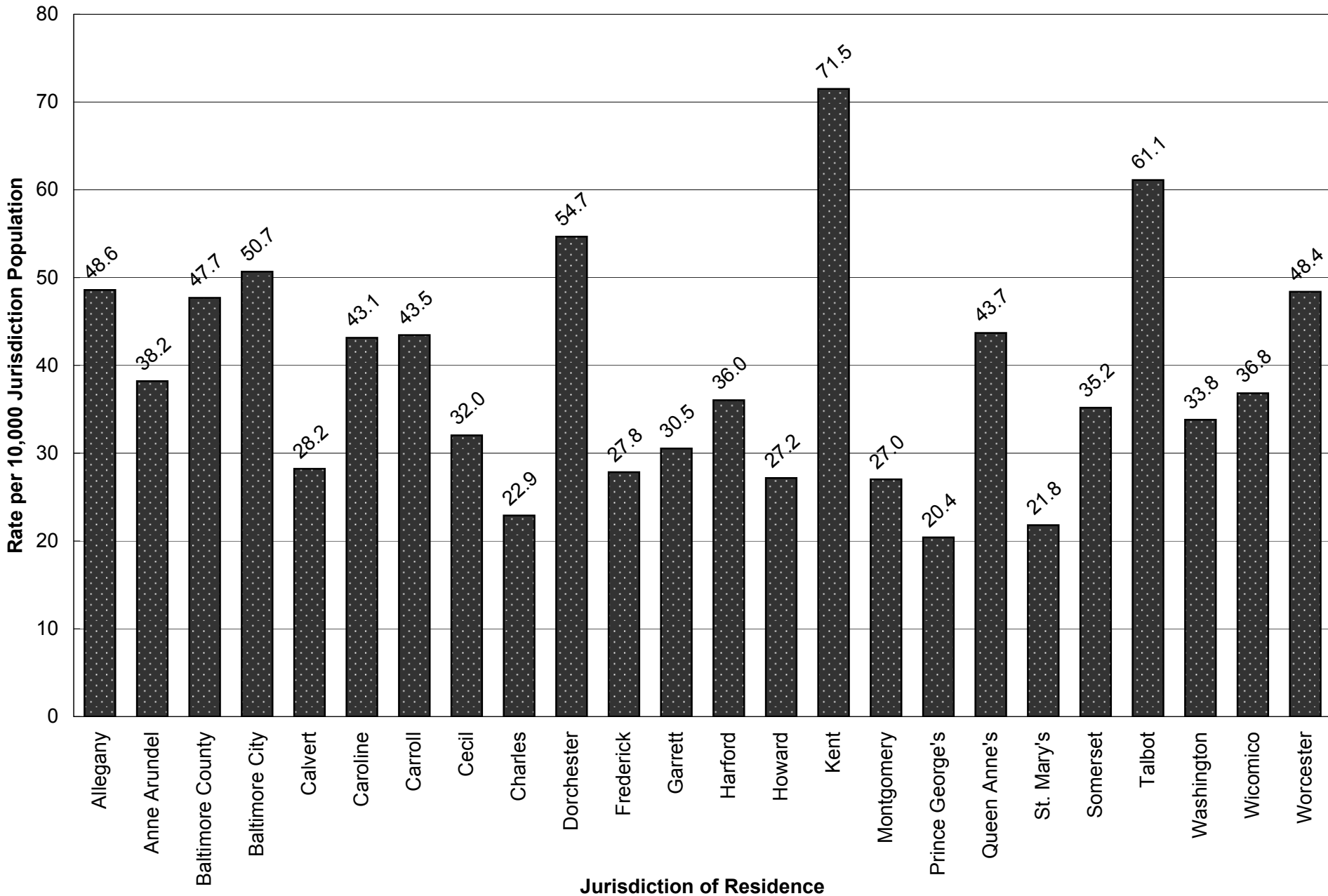
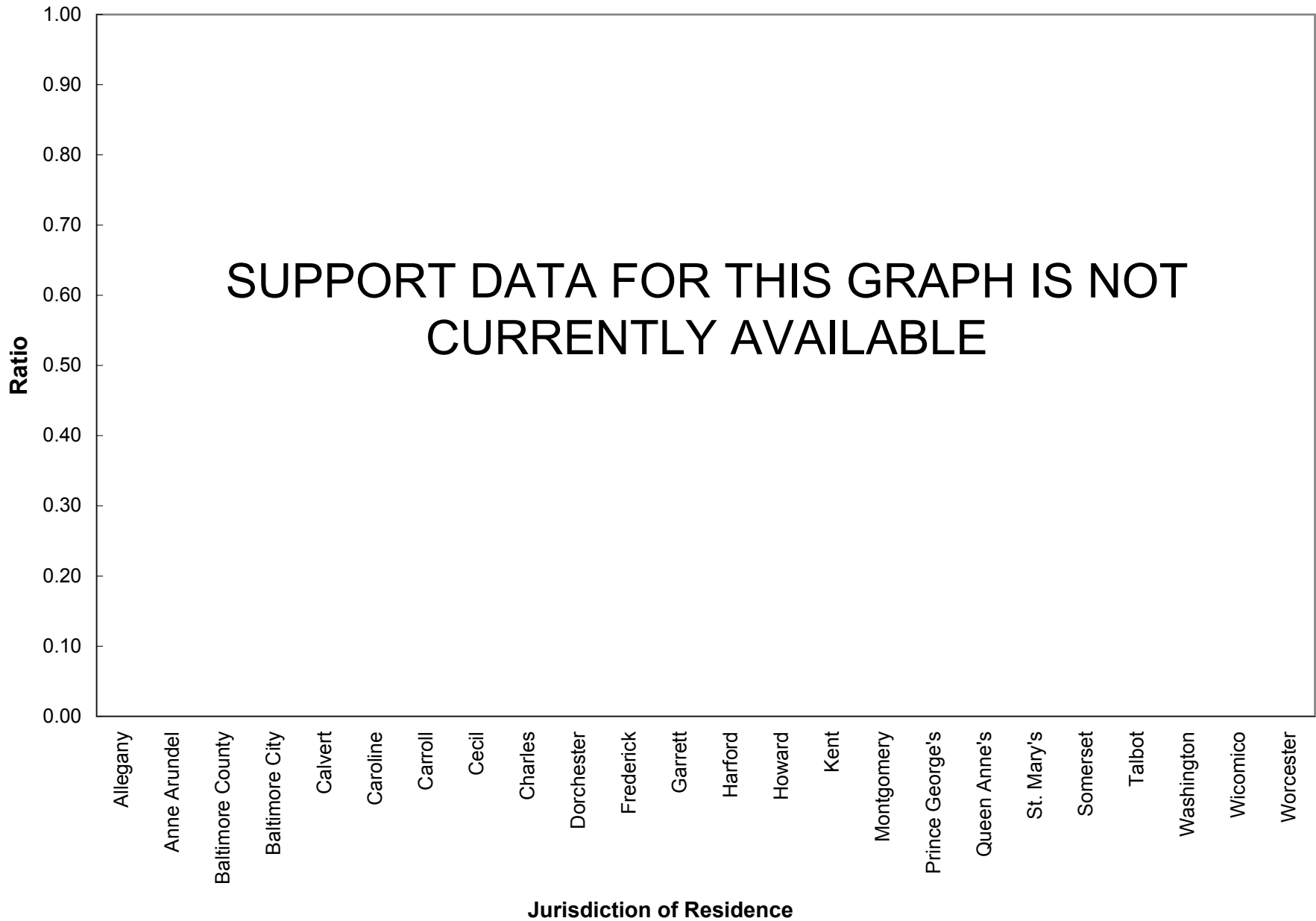


Figure 3

Ratio of General Hospital Cancer Discharges in 2004 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 2004 for residents of that jurisdiction

Figure 4

**General Hospital Discharges in Maryland in 2004:
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	2,465	\$16,519	\$12,851	\$10	\$298,370	\$40,720,466
Colon and Rectum	2,419	\$18,161	\$13,784	\$611	\$225,118	\$43,931,925
Breast	1,356	\$8,230	\$6,474	\$761	\$46,399	\$11,159,631
Prostate	1,237	\$9,017	\$8,534	\$99	\$55,966	\$11,153,564
Oral	289	\$19,700	\$12,199	\$938	\$128,360	\$5,693,195
Melanoma	72	\$10,158	\$7,584	\$1,932	\$48,780	\$731,376
Cervix	188	\$11,603	\$9,273	\$1,207	\$85,529	\$2,181,380
Total of Targeted Cancers	8,026	\$14,400	\$10,456	\$10	\$298,370	\$115,571,536
Total Other Cancers	11,560	\$18,013	\$10,453	\$4	\$724,109	\$208,232,558
Total of All Cancers	19,586	\$16,562	\$10,454	\$4	\$724,109	\$323,804,094

**General Hospital Discharges in Maryland in 2004:
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	194	\$19,179	\$14,522	\$811	\$226,587	\$3,720,816
Colon and Rectum	245	\$16,289	\$12,903	\$1,266	\$94,886	\$3,990,820
Breast	373	\$9,818	\$8,150	\$900	\$46,399	\$3,662,234
Prostate	55	\$9,743	\$9,099	\$99	\$29,077	\$535,892
Oral	67	\$21,708	\$14,587	\$2,652	\$122,604	\$1,454,443
Melanoma	17	\$10,677	\$7,611	\$1,932	\$31,779	\$181,513
Cervix	107	\$11,421	\$9,046	\$1,207	\$85,529	\$1,222,011
Total of Targeted Cancers	1,058	\$13,958	\$10,379	\$99	\$226,587	\$14,767,729
Total Other Cancers	2,288	\$23,188	\$11,336	\$4	\$724,109	\$53,053,725
Total of All Cancers	3,346	\$20,269	\$10,950	\$4	\$724,109	\$67,821,453

**General Hospital Discharges in Maryland in 2004:
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				Total
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	761	\$16,499	\$13,032	\$10	\$237,713	\$12,555,908
Colon and Rectum	647	\$16,351	\$12,356	\$806	\$189,817	\$10,579,191
Breast	488	\$8,595	\$7,042	\$1,520	\$38,353	\$4,194,359
Prostate	664	\$9,077	\$8,801	\$99	\$55,966	\$6,027,343
Oral	122	\$20,972	\$13,610	\$1,713	\$128,360	\$2,558,581
Melanoma	18	\$12,831	\$7,870	\$2,780	\$48,780	\$230,950
Cervix	39	\$11,550	\$10,511	\$3,037	\$29,037	\$450,466
Total of Targeted Cancers	2,739	\$13,361	\$9,846	\$10	\$237,713	\$36,596,798
Total Other Cancers	3,736	\$17,888	\$10,684	\$57	\$462,919	\$66,829,765
Total of All Cancers	6,475	\$15,973	\$10,164	\$10	\$462,919	\$103,426,563

**General Hospital Discharges in Maryland in 2004:
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	1,510	\$16,188	\$12,587	\$853	\$298,370	\$24,443,743
Colon and Rectum	1,527	\$19,228	\$14,397	\$611	\$225,118	\$29,361,914
Breast	495	\$6,673	\$5,371	\$761	\$43,712	\$3,303,038
Prostate	518	\$8,862	\$7,659	\$1,048	\$52,588	\$4,590,329
Oral	100	\$16,802	\$10,039	\$938	\$87,469	\$1,680,171
Melanoma	37	\$8,619	\$7,258	\$3,833	\$22,101	\$318,912
Cervix	42	\$12,117	\$9,282	\$1,579	\$44,488	\$508,903
Total of Targeted Cancers	4,229	\$15,183	\$11,006	\$611	\$298,370	\$64,207,009
Total Other Cancers	5,536	\$15,959	\$9,970	\$727	\$490,819	\$88,349,068
Total of All Cancers	9,765	\$15,623	\$10,499	\$611	\$490,819	\$152,556,077

Number of General Hospital Discharges in 2004 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	95	45	22	38	10	1	8	252	206	677
\$2,500 TO \$4,999	273	121	381	175	28	13	25	1,138	678	2,832
\$5,000 TO \$7,499	313	175	408	250	35	20	31	1,145	727	3,104
\$7,500 TO \$9,999	262	379	221	389	41	19	40	881	551	2,783
\$10,000 TO \$12,499	250	339	115	225	34	5	30	660	423	2,081
\$12,500 TO \$14,999	257	291	72	76	24	1	15	508	361	1,605
\$15,000 TO \$17,499	218	229	44	32	15	4	14	417	262	1,235
\$17,500 TO \$19,999	156	169	32	15	14	2	7	331	228	954
\$20,000 TO \$22,499	140	135	19	13	10	2	4	255	155	733
\$22,500 TO \$24,999	99	106	12	5	6	1	2	222	108	561
\$25,000 TO \$27,499	79	82	11	4	7	1	1	194	90	469
\$27,500 TO \$29,999	57	58	6	4	5	0	3	173	60	366
\$30,000 TO \$32,499	35	43	5	3	4	1	2	120	63	276
\$32,500 TO \$34,999	37	38	3	0	7	0	0	103	54	242
\$35,000 TO \$37,499	30	36	0	0	4	0	1	78	30	179
\$37,500 TO \$39,999	27	20	2	4	6	0	0	79	26	164
\$40,000 TO \$42,499	22	17	0	0	4	0	0	61	26	130
\$42,500 TO \$44,999	15	19	2	0	3	1	2	61	17	120
\$45,000 TO \$47,499	11	12	1	2	4	0	0	45	23	98
\$47,500 TO \$49,999	15	11	0	0	4	1	0	41	14	86
\$50,000 TO \$59,999	28	31	0	2	10	0	1	122	50	244
\$60,000 TO \$69,999	13	13	0	0	6	0	1	96	23	152
\$70,000 TO \$79,999	13	15	0	0	2	0	0	59	12	101
\$80,000 TO \$89,999	5	11	0	0	2	0	1	60	11	90
\$90,000 TO \$99,999	0	4	0	0	2	0	0	44	7	57
\$100,000 TO \$124,999	4	7	0	0	1	0	0	57	6	75
\$125,000 TO \$149,999	5	9	0	0	1	0	0	49	7	71
\$150,000 TO \$174,999	1	1	0	0	0	0	0	26	4	32
\$175,000 TO \$199,999	1	1	0	0	0	0	0	19	0	21
Over \$200,000	4	2	0	0	0	0	0	39	3	48
Unknown	0	0	0	0	0	0	0	0	0	0
TOTAL	2,465	2,419	1,356	1,237	289	72	188	7,335	4,225	19,586

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Lung and Bronchus Cancer is Listed as the Primary Diagnosis**

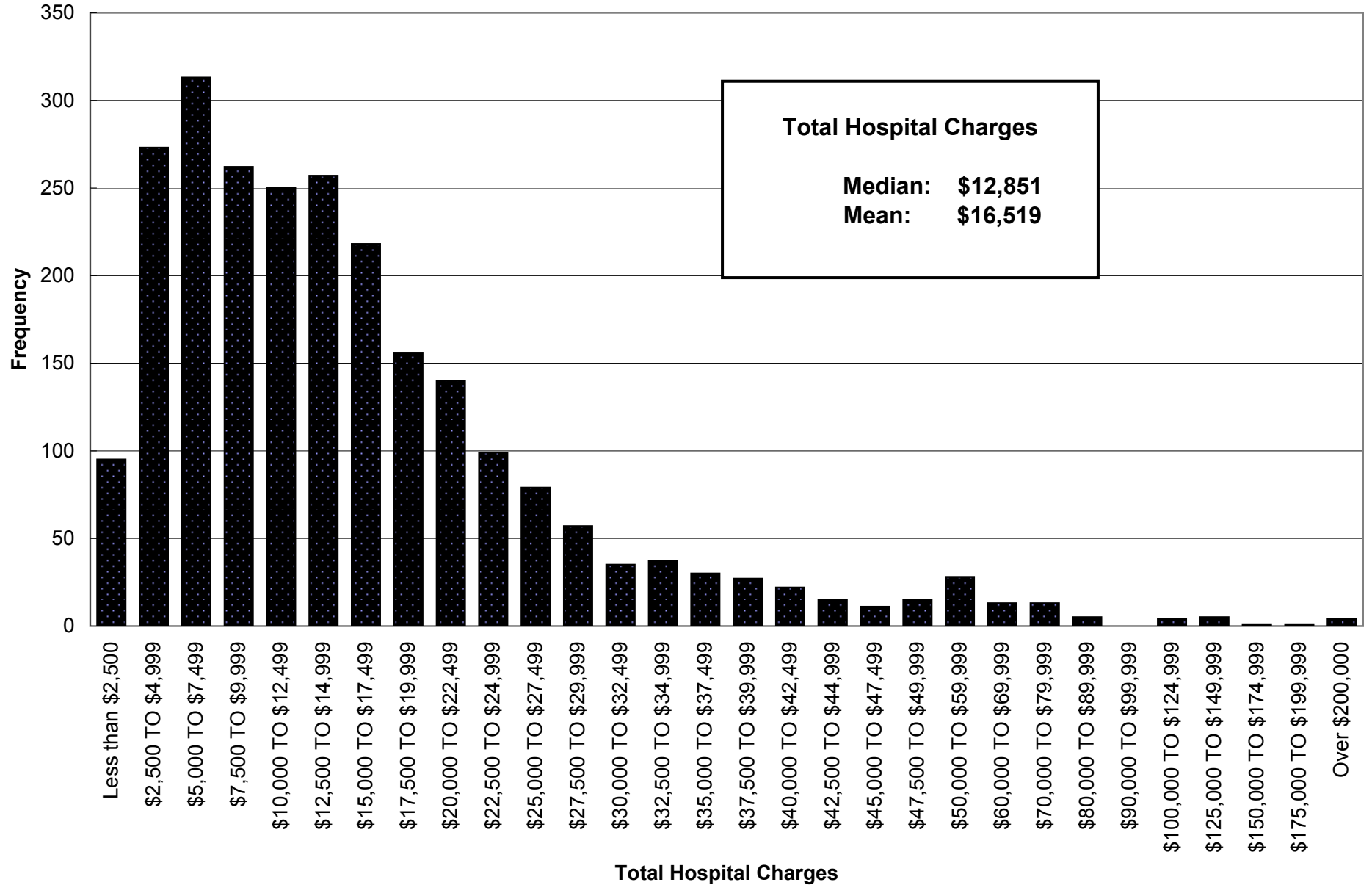


Figure 5

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Colon and Rectum Cancer is Listed as the Primary Diagnosis**

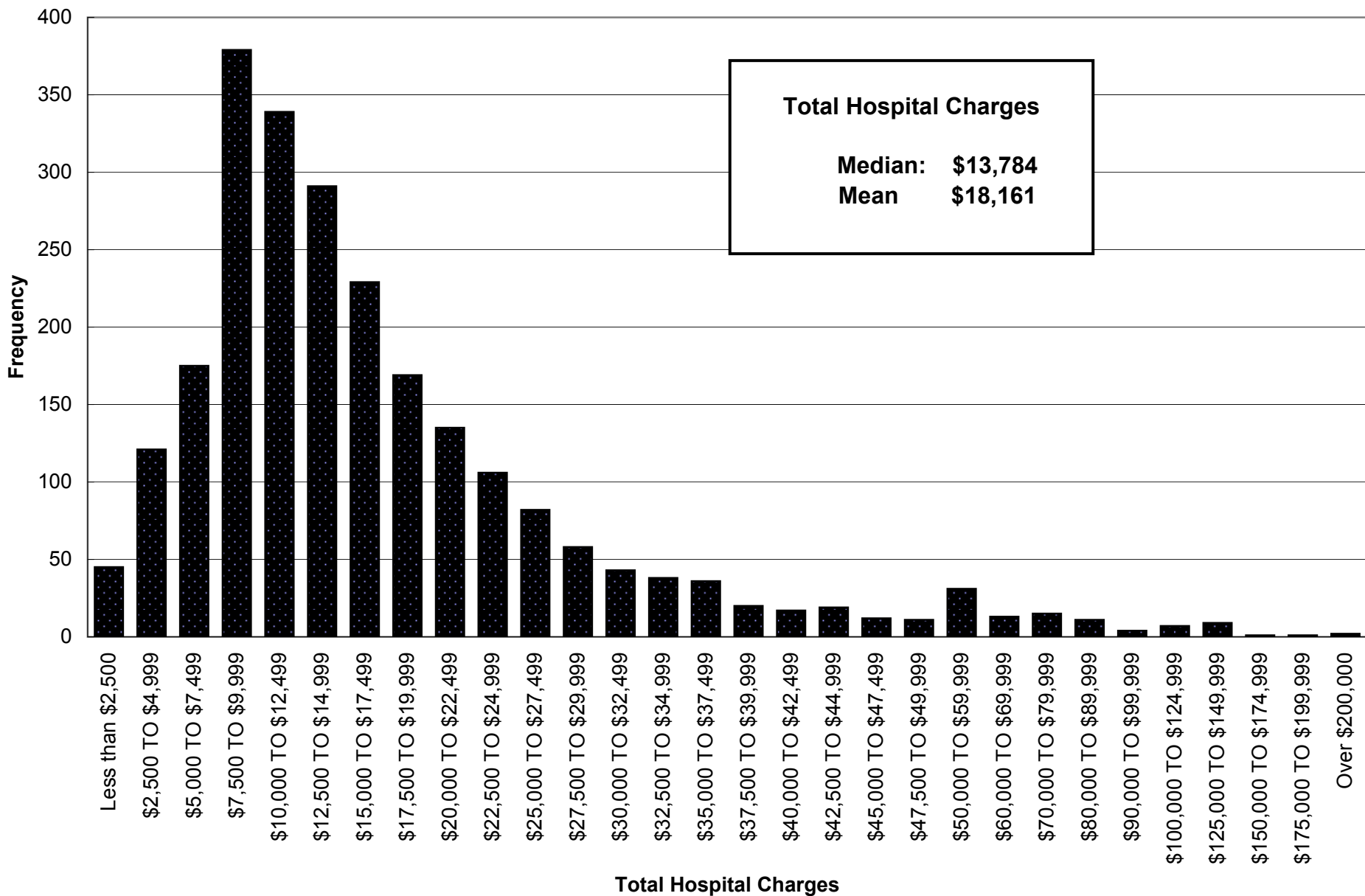


Figure 6

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Breast Cancer is Listed as the Primary Diagnosis**

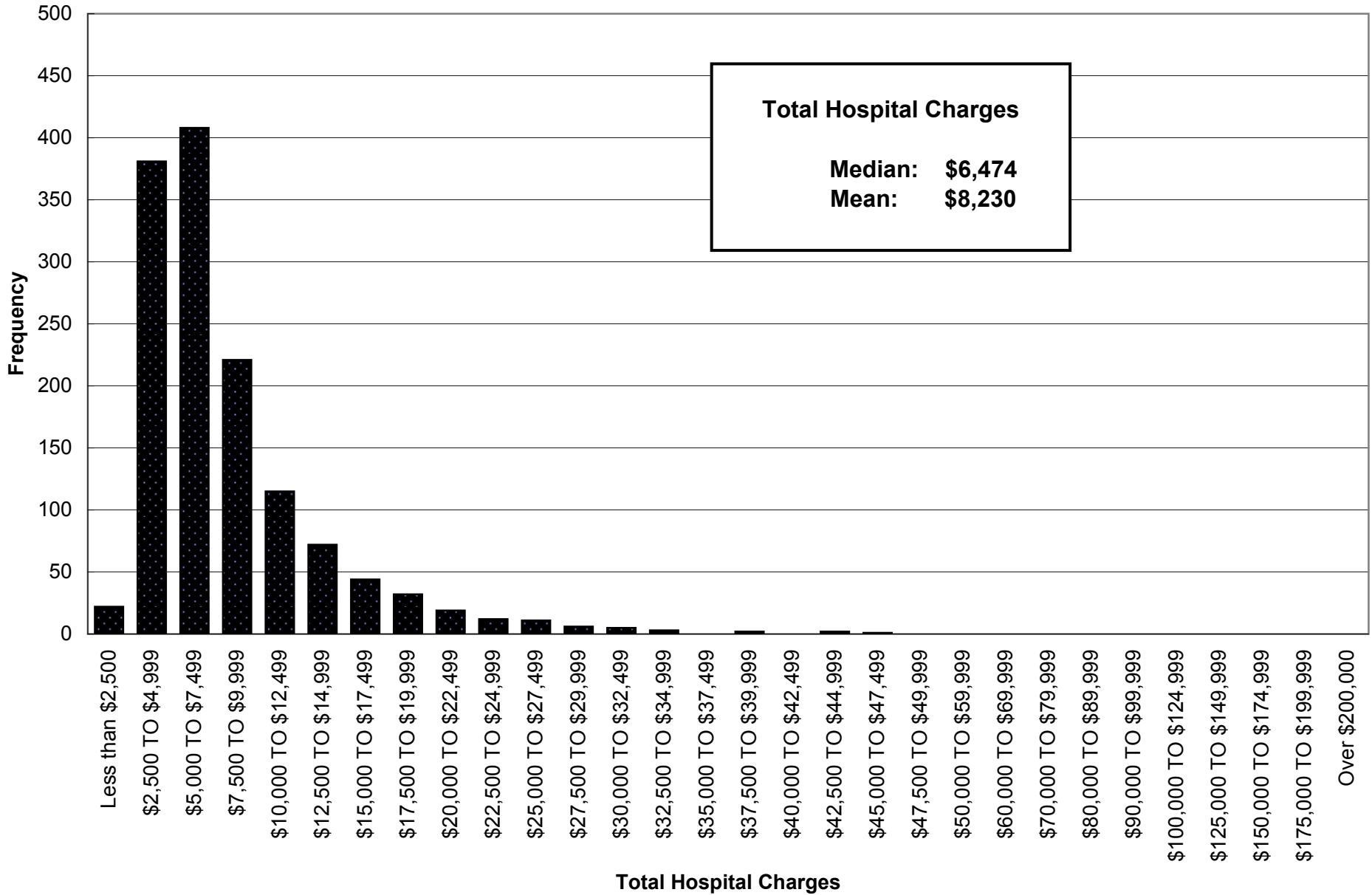


Figure 7

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Prostate Cancer is Listed as the Primary Diagnosis**

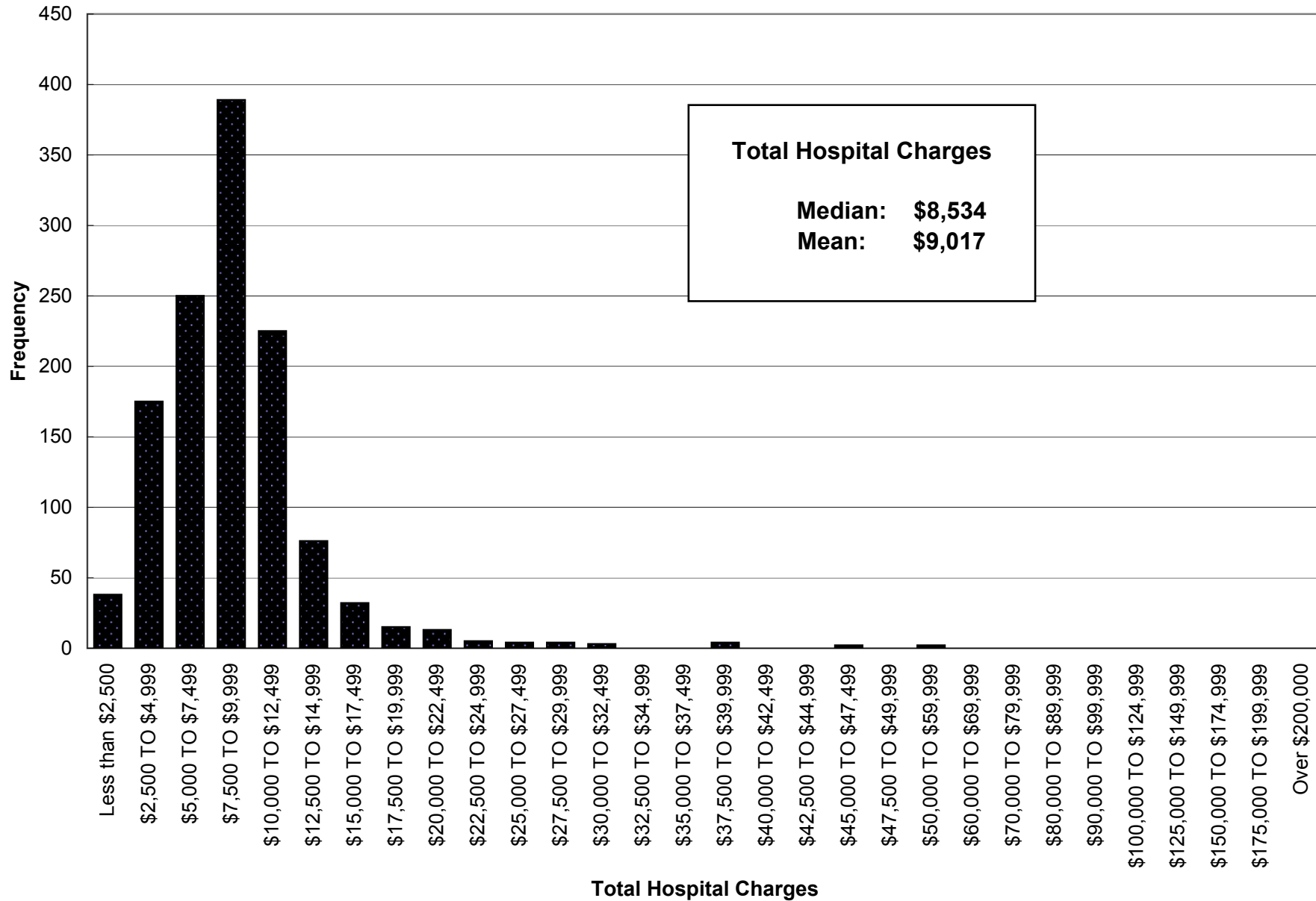


Figure 8

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Oral Cancer is Listed as the Primary Diagnosis**

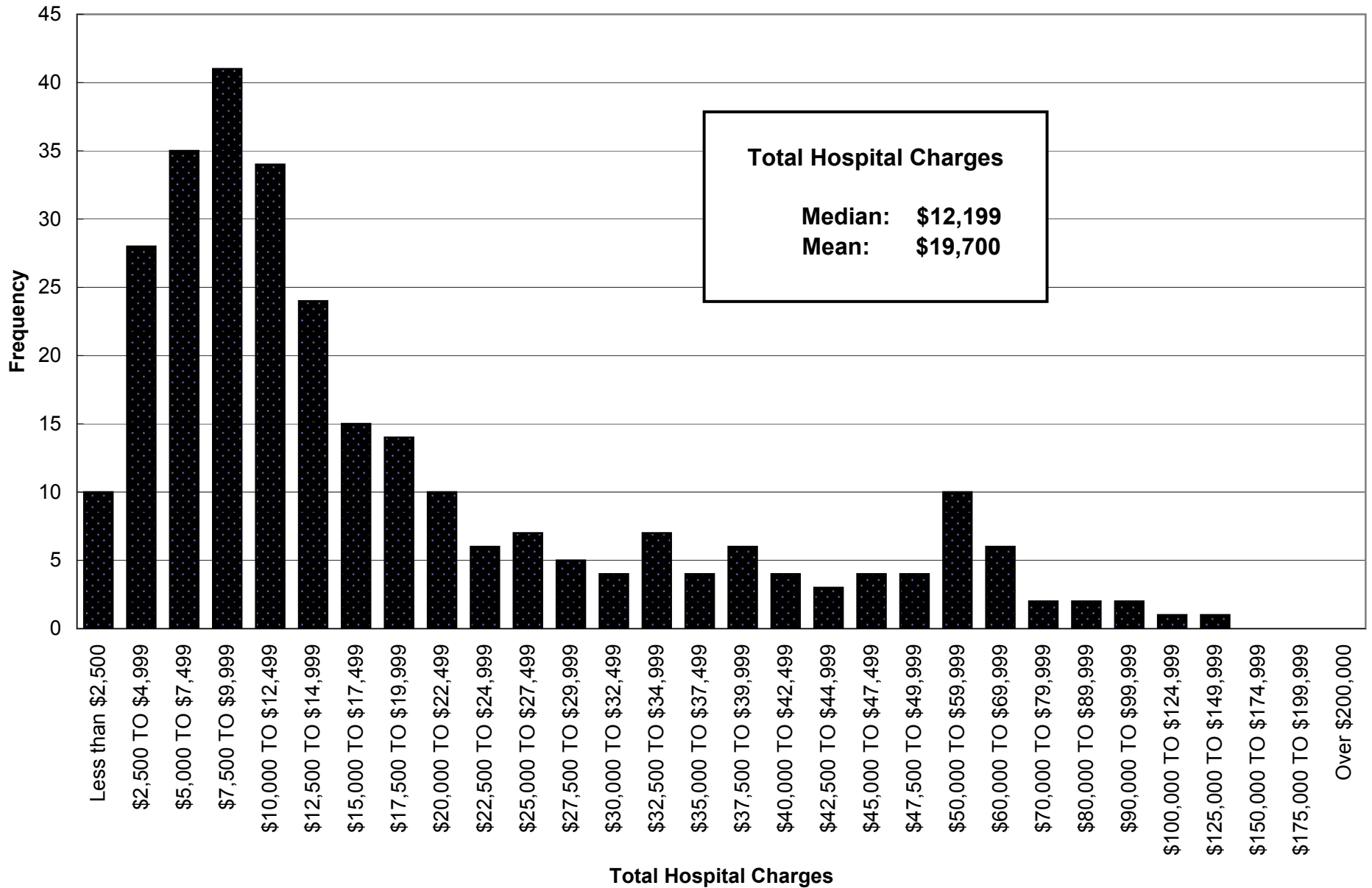


Figure 9

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Melanoma is Listed as the Primary Diagnosis**

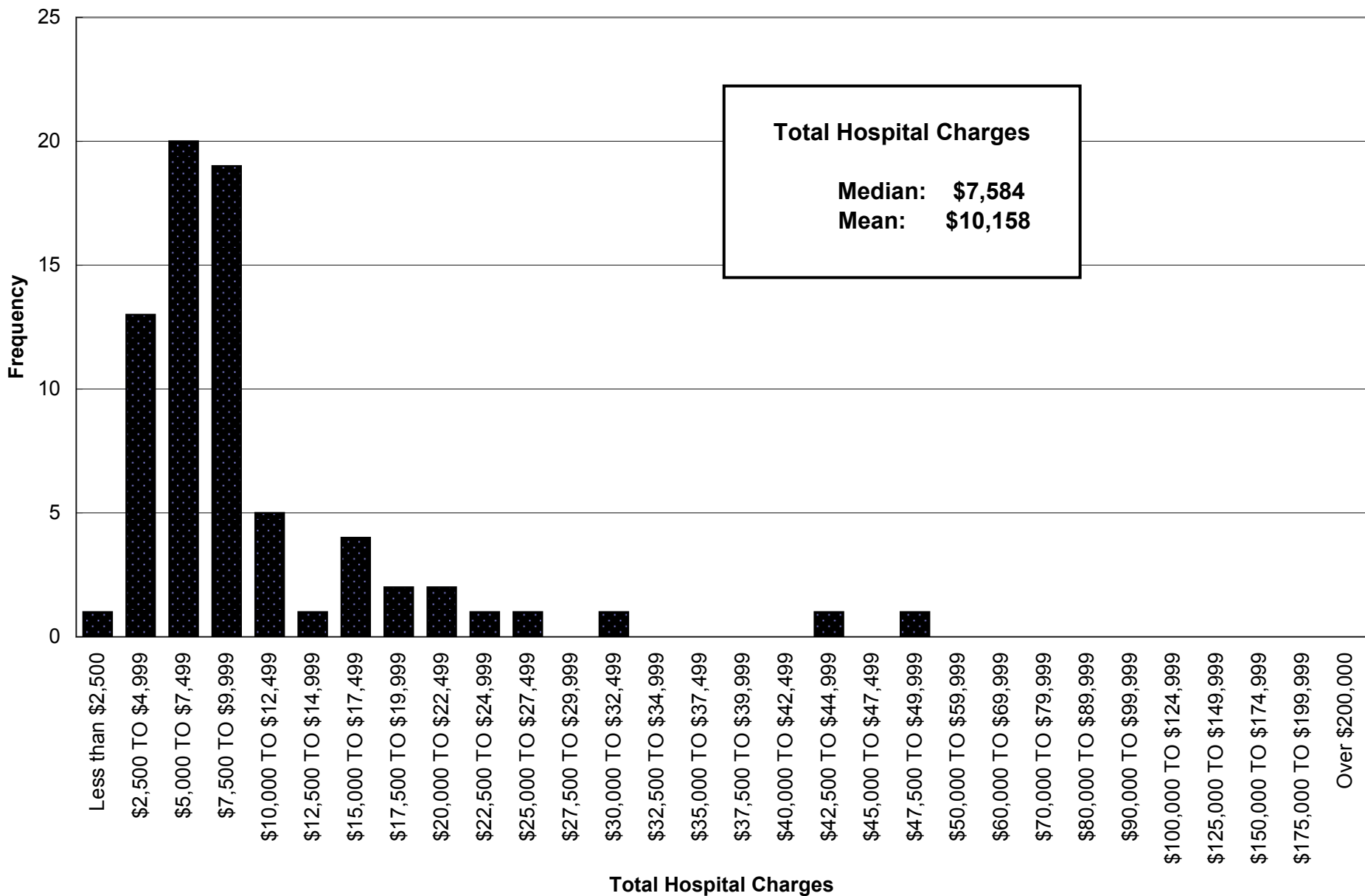


Figure 10

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Cervix Cancer is Listed as the Primary Diagnosis**

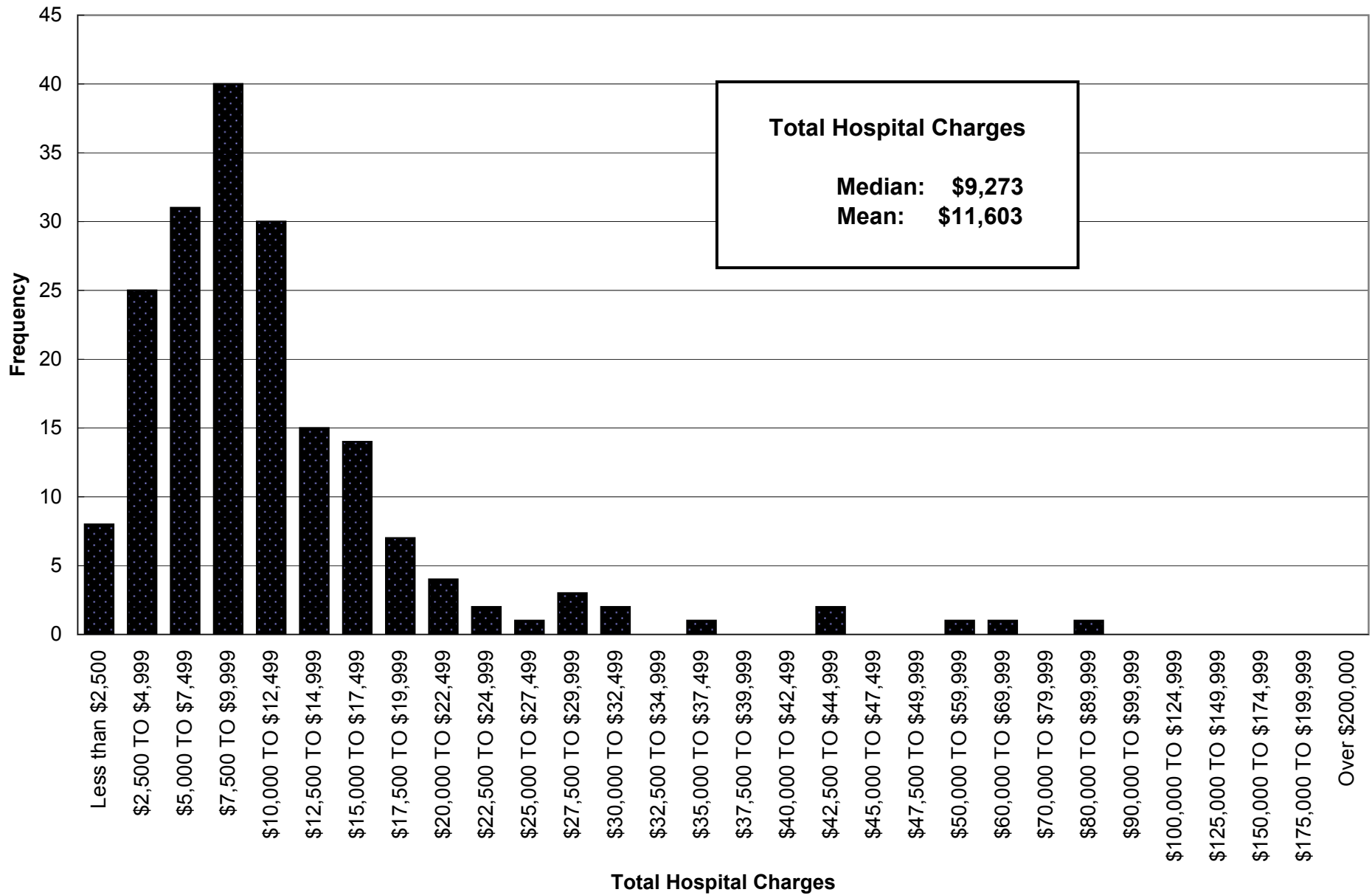


Figure 11

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Other Non-Targeted Cancer is Listed as the Primary Diagnosis**

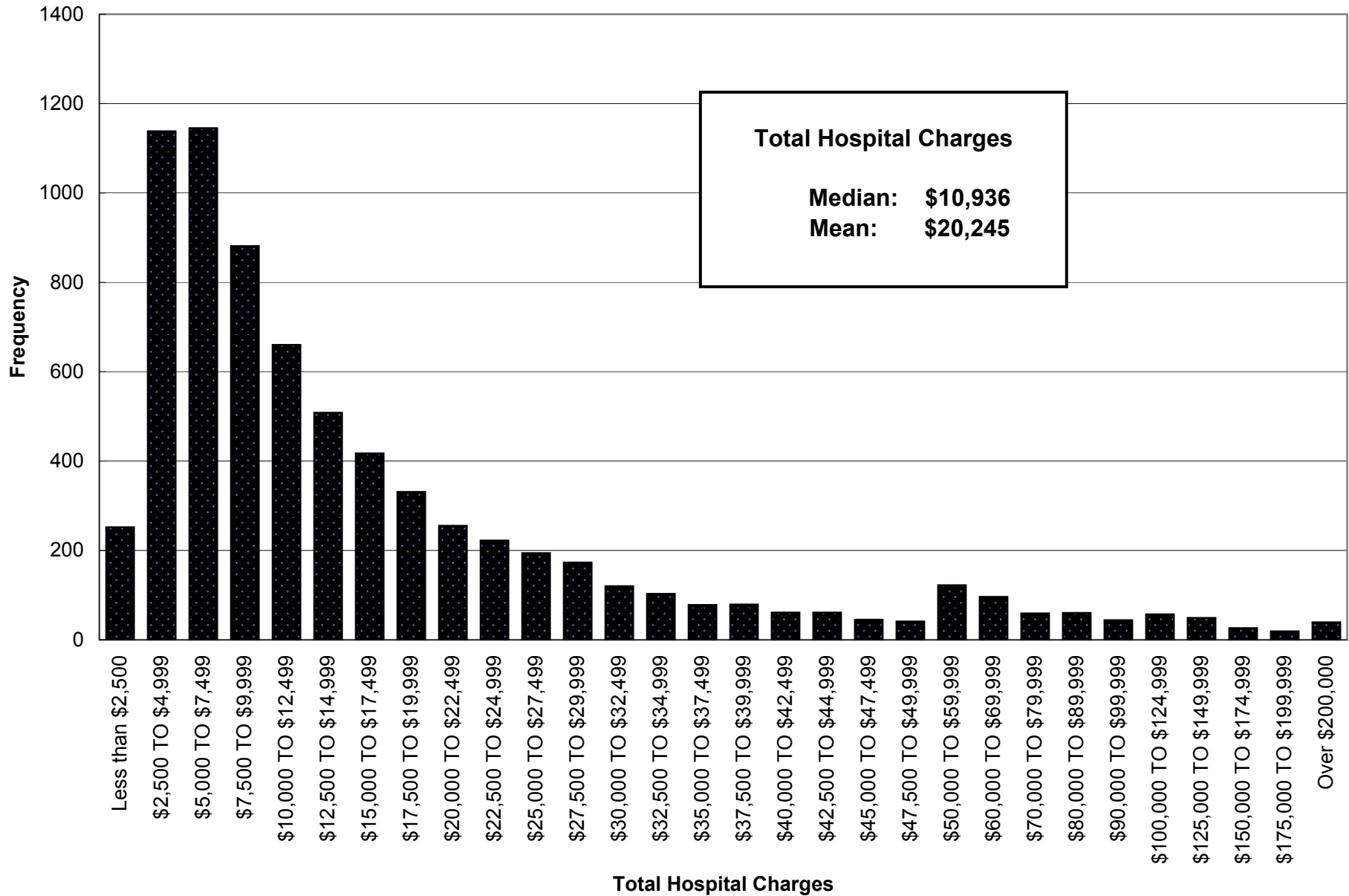


Figure 12

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Metastatic Cancer is Listed as the Primary Diagnosis**

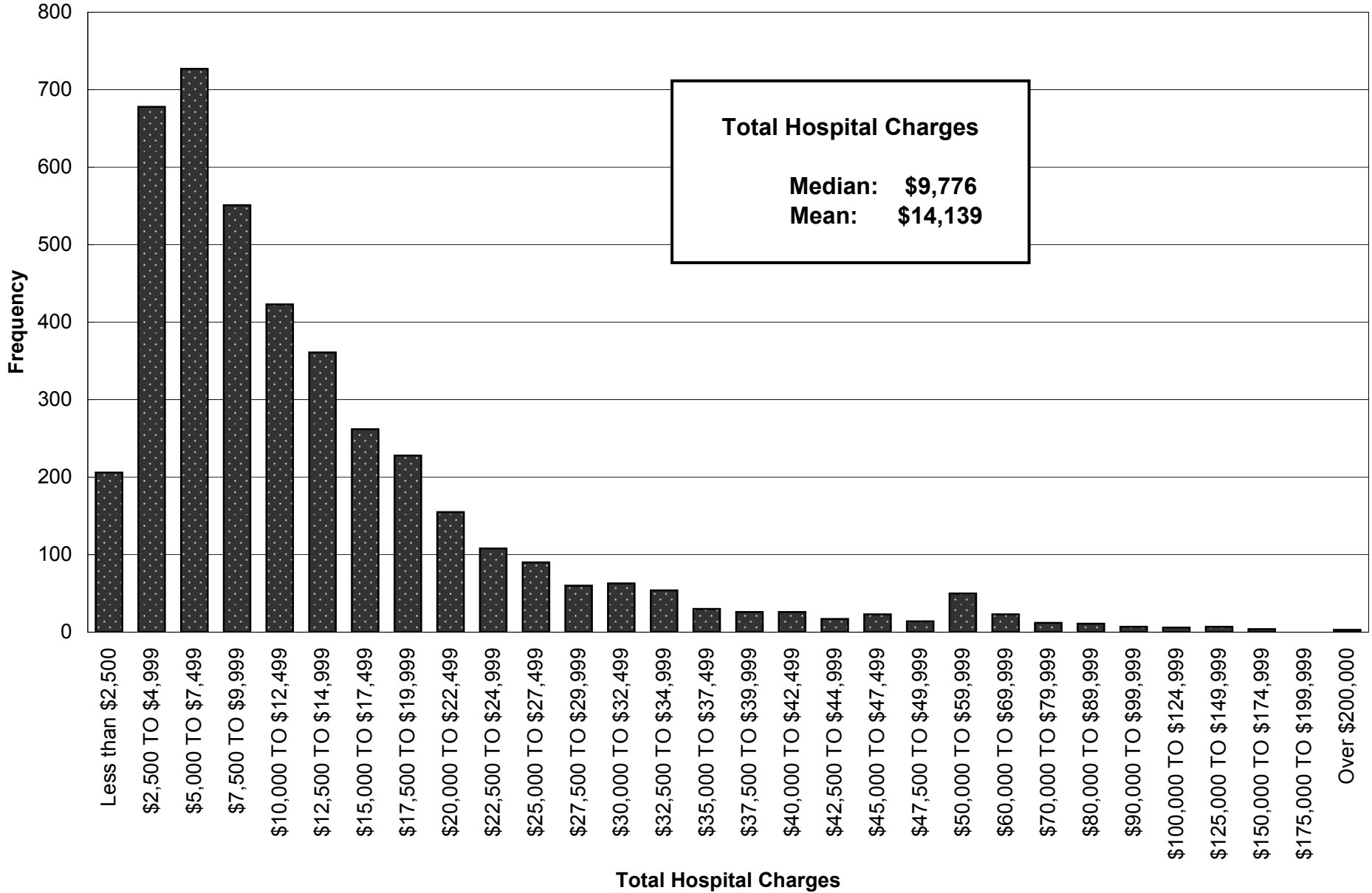


Figure 13

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2004
Where Any Type of Cancer is Listed as the Primary Diagnosis**

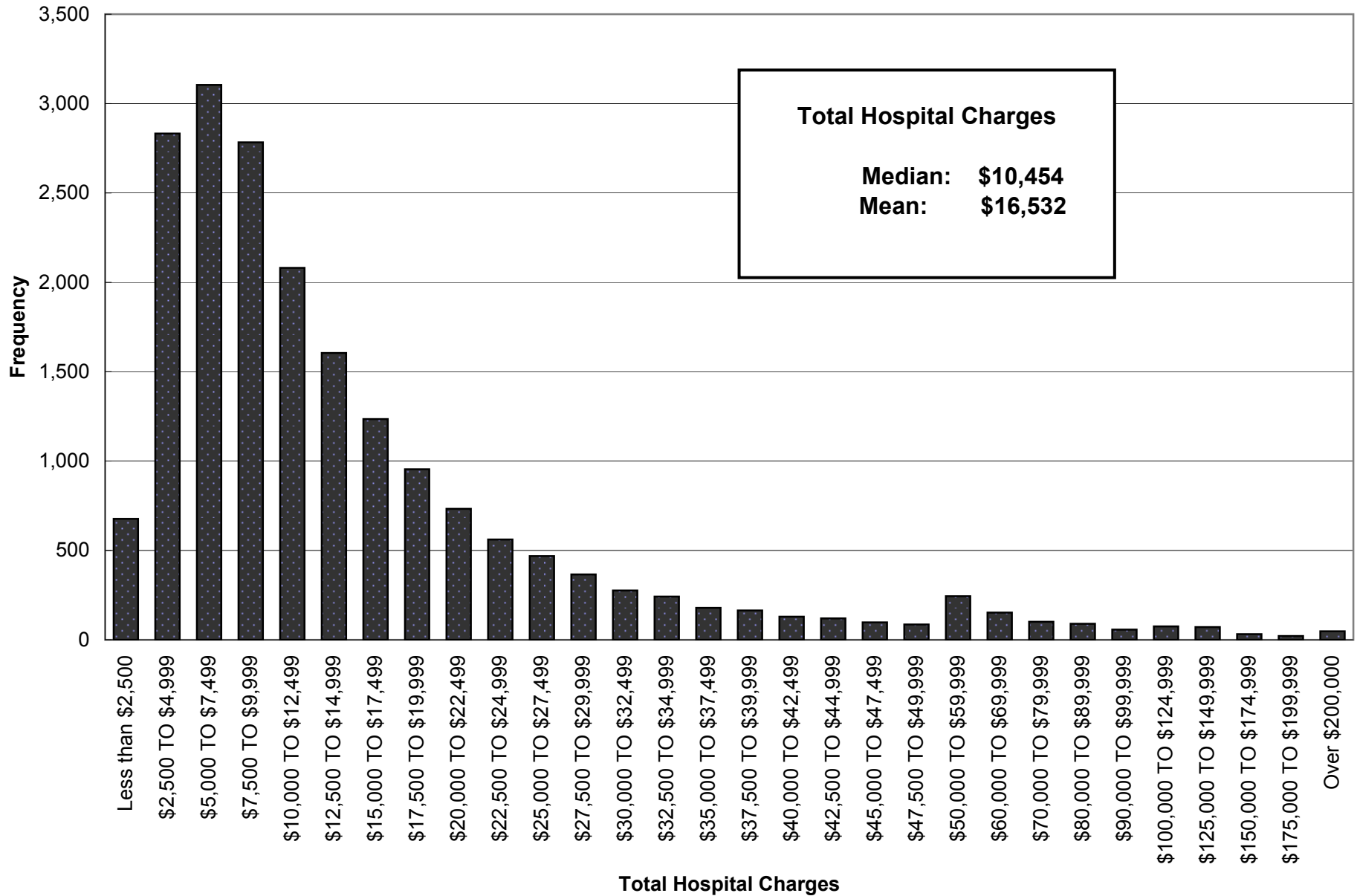


Figure 14

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