

Maryland 2006
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 2006 Maryland hospital discharge data:

- 2.9% of all Maryland hospital discharges in 2006 had a primary diagnosis of cancer. Of the 700,080 Maryland hospital discharges in 2006, 35,822, or 5.1% had cancer listed in any one of the 15 discharge diagnostic categories. Of these 35,822 discharges 20,248 (2.9% of all discharges) had cancer as the primary diagnostic category (Figure 1).
- 8,103 of 20,248 (40.0%) 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 \$374,880,863 (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 2006 had a median cost of \$12,073 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 \$16,159; the second highest cost was oral cancer with a median cost of \$14,586, followed by lung and bronchus with a median cost of \$13,698 (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 2006 discharge file using the Statistical Package for the Social Sciences, Version 14.0, using personal computers 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 2006, “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.

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 2006, 35,822 of 700,080, or 5.1%, had a cancer listed in one or more of the diagnostic categories; 20,248 discharges, or 2.9%, 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 18.8 hospitalizations with a primary diagnosis of cancer in Charles County to a high of 67.1 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 (20,248 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 (40.0%) 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 8,103 of 20,248, or 40.0%, of total discharges where cancer is listed as the primary diagnosis. By way of comparison, metastatic cancers are listed as the primary diagnosis 4,397 of 20,248, or 21.7%, 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 20,248 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 \$374,880,863 (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 2006 for all targeted cancers together had a median total charge of \$12,073 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 (\$16,159), 2) oral (\$14,586), and 3) lung and bronchus (\$13,698).

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 2006 were \$12,145; for discharges of persons ages 50 to 64, the median was \$11,339; for the 65 and over grouping, the median cost at discharge was \$12,629.

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, colorectal, lung, 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-one colon and rectum cancer patients had costs of \$100,000 or more compared to 14 for the next highest cancer type, lung and bronchus, followed by seven for oral.

**Total General Hospital Discharges Among Maryland Residents for Calendar Year 2006
(700,080)**

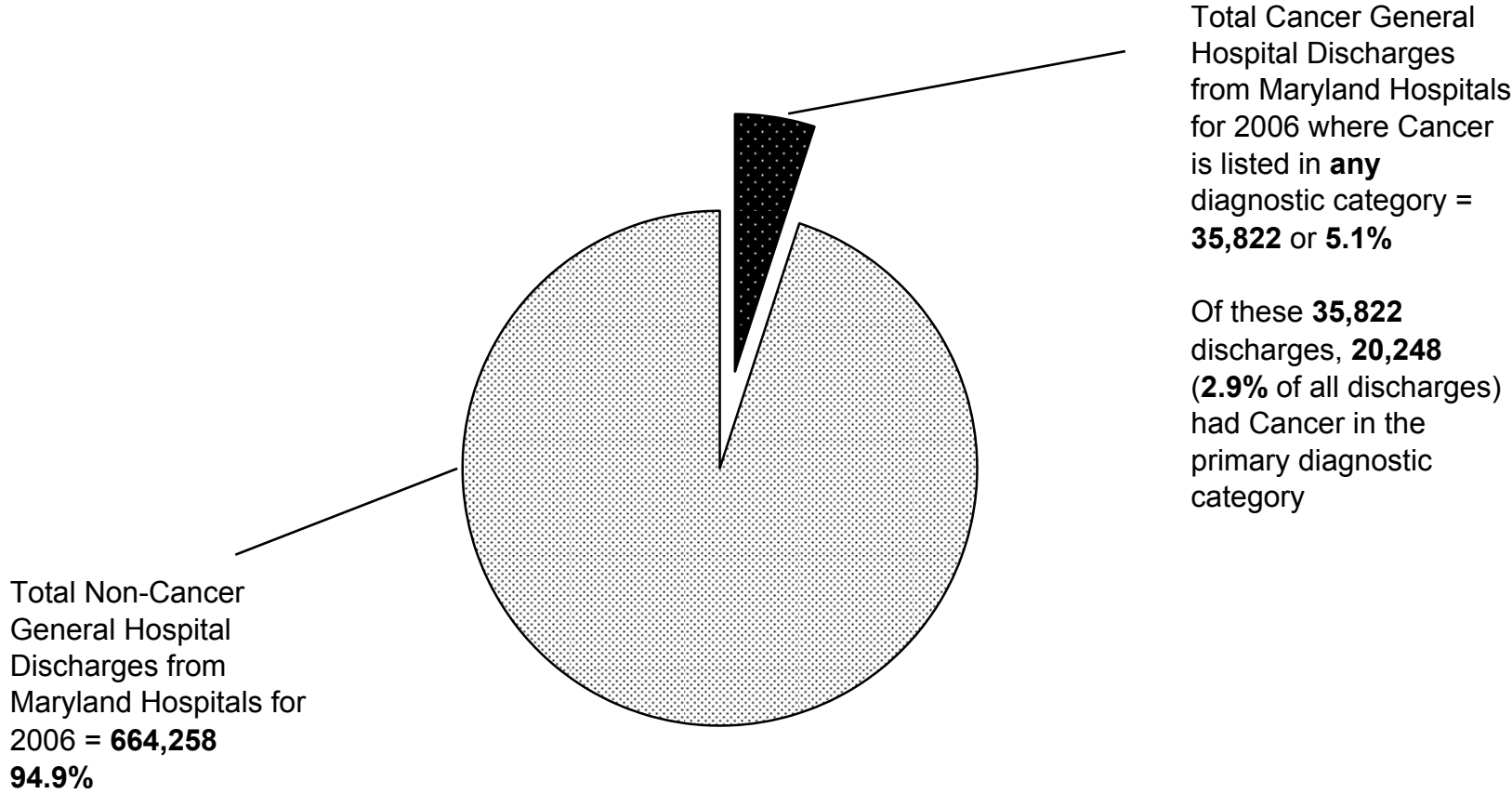


Figure 1

Frequency of General Hospital Discharges in 2006 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	2,627	2,446	1,251	1,193	337	81	168	8,103	7,748	4,397	20,248
as 2nd Dx	393	107	67	29	23	14	2	635	422	3,779	4,836
as 3rd Dx	166	34	70	44	11	23	4	352	310	2,331	2,993
as 4th Dx	156	51	55	54	11	8	4	339	260	1,624	2,223
as 5th Dx	143	31	35	23	6	4	2	244	208	1,190	1,642
as 6th Dx	75	28	24	31	7	5	5	175	140	912	1,227
as 7th Dx	44	14	18	20	8	2	2	108	125	586	819
as 8th Dx	18	4	11	18	7	2	0	60	91	416	567
as 9th Dx	17	4	14	15	2	0	2	54	63	262	379
as 10th Dx	11	4	16	12	4	0	0	47	68	196	311
as 11th Dx	5	0	10	5	2	1	2	25	45	117	187
as 12th Dx	1	0	8	9	3	0	2	23	43	71	137
as 13th Dx	4	3	8	7	1	1	1	25	37	55	117
as 14th Dx	3	1	4	3	1	0	2	14	26	37	77
as 15th Dx	2	0	6	8	2	1	0	19	18	22	59

*International Classification of Diseases, Version 9 Attachment 1

Table 1

Number of General Hospital Discharges in 2006 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	52	48	12	17	3	2	2	122	66	324
Anne Arundel	301	235	172	141	29	11	19	699	445	2,052
Baltimore County	471	450	237	237	48	28	27	1,516	861	3,875
Baltimore City	508	375	174	142	63	5	30	1,197	805	3,299
Calvert	39	31	13	9	6	0	1	91	45	235
Caroline	21	15	6	8	3	1	0	66	36	156
Carroll	97	82	31	38	10	2	5	288	143	696
Cecil	48	28	13	15	7	1	1	111	52	276
Charles	28	40	31	28	3	0	3	86	45	264
Dorchester	27	28	7	12	2	1	0	71	27	175
Frederick	82	84	26	25	6	0	5	249	154	631
Garrett	4	9	7	8	1	0	1	30	10	70
Harford	109	94	56	55	12	3	9	377	195	910
Howard	58	92	61	49	16	8	6	286	134	710
Kent	11	16	8	13	5	2	1	34	15	105
Montgomery	252	307	176	130	28	8	21	961	487	2,370
Prince George's	218	241	140	126	33	0	16	648	386	1,808
Queen Anne's	32	21	17	18	2	1	0	59	37	187
St. Mary's	34	31	20	12	4	2	4	72	32	211
Somerset	20	8	2	5	3	0	1	51	23	113
Talbot	32	28	3	16	4	0	2	97	60	242
Washington	45	61	10	33	6	0	4	191	127	477
Wicomico	65	60	11	24	5	2	4	117	88	376
Worcester	47	40	6	25	3	2	3	99	52	277
Maryland, Unspecified	26	22	12	7	35	2	3	230	72	409
Total	2,627	2,446	1,251	1,193	337	81	168	7,748	4,397	20,248

Table 2

Total of General Hospital Discharges in 2006 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence

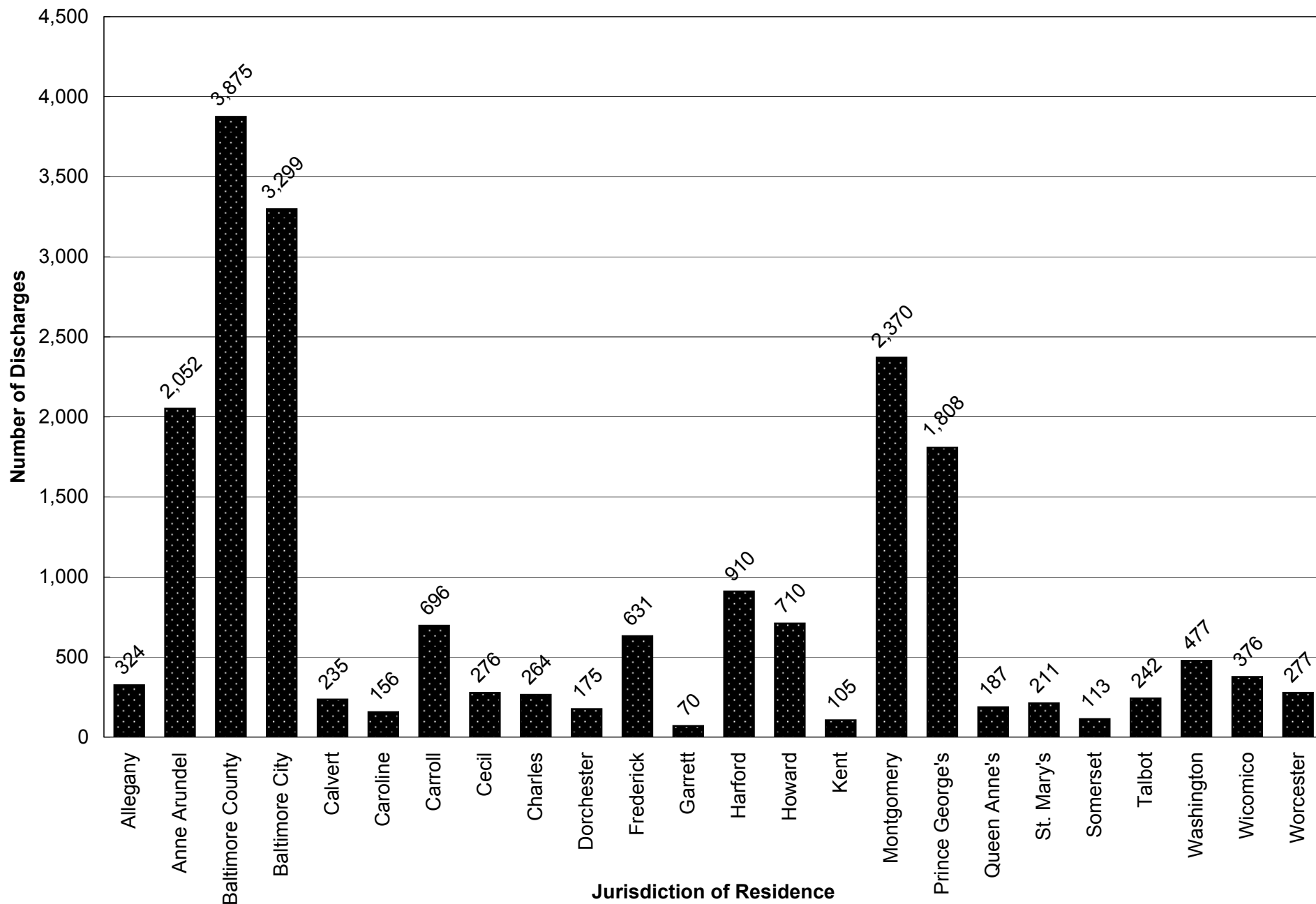


Figure 2

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 2006

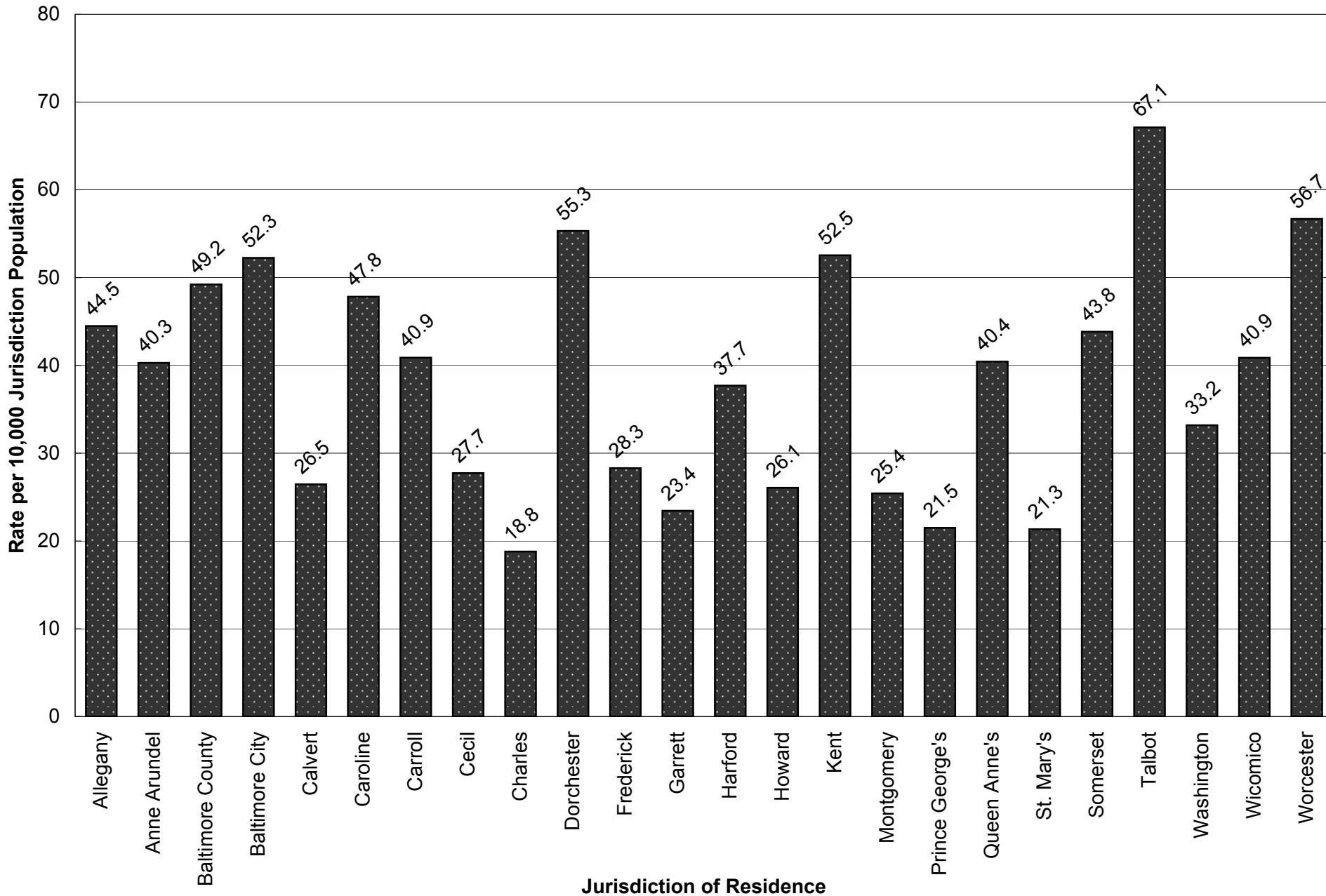
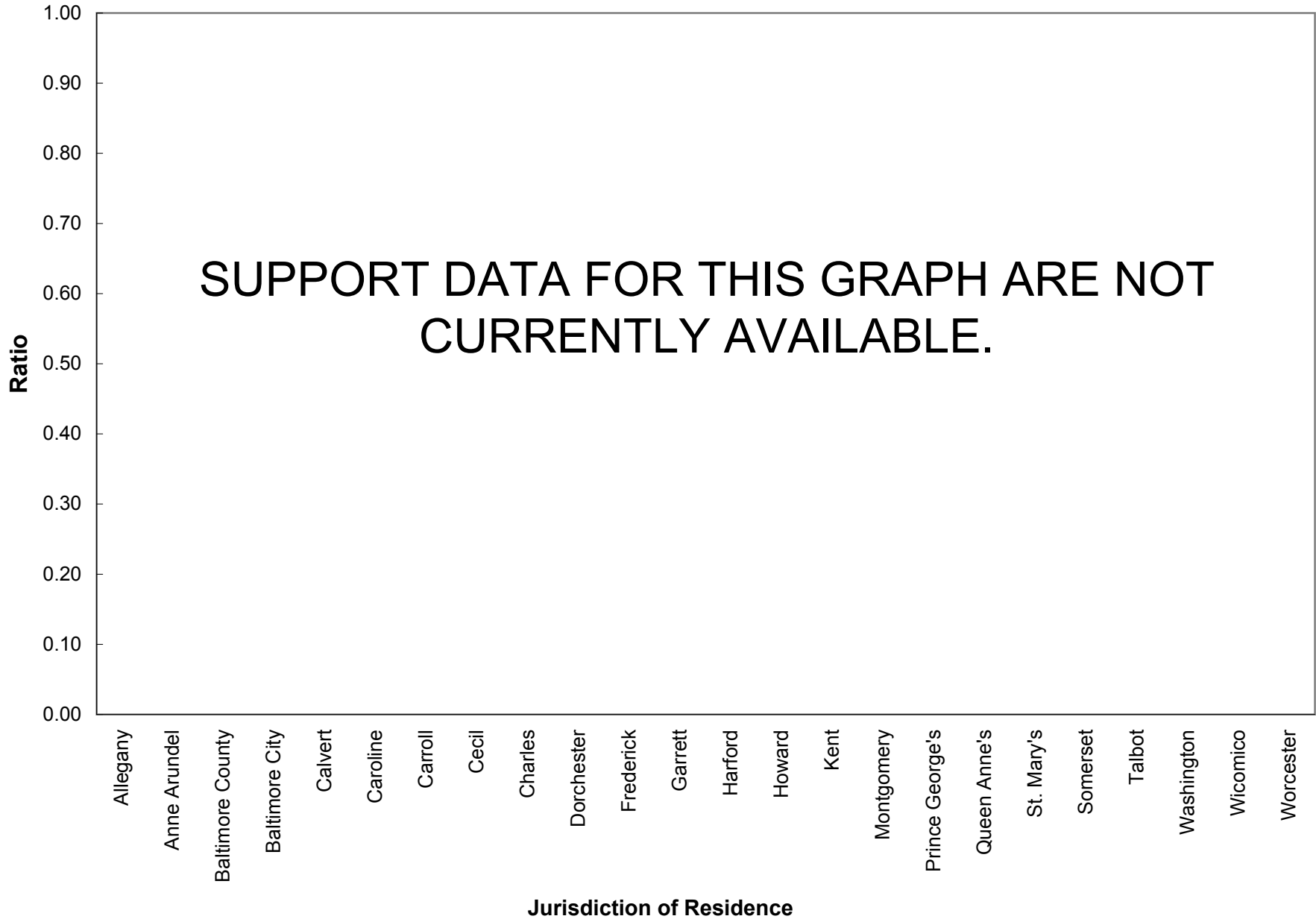


Figure 3

Ratio of General Hospital Cancer Discharges in 2006 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 2006 for residents of that jurisdiction

Figure 4

**General Hospital Discharges in Maryland in 2006:
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	2,627	\$17,341	\$13,698	\$24	\$255,670	\$45,555,823
Colorectal	2,446	\$21,018	\$16,159	\$888	\$377,142	\$51,408,885
Female Breast	1,251	\$10,203	\$7,849	\$1,006	\$85,939	\$12,763,469
Prostate	1,193	\$10,642	\$9,431	\$99	\$113,763	\$12,696,248
Oral	337	\$23,694	\$14,586	\$1,513	\$305,944	\$7,984,969
Melanoma	81	\$8,396	\$7,046	\$876	\$35,186	\$680,094
Cervix	168	\$12,039	\$9,904	\$1,336	\$103,932	\$2,022,589
Total of Targeted Cancers	8,103	\$16,428	\$12,073	\$24	\$377,142	\$133,112,077
Total Other Cancers	12,145	\$19,907	\$11,971	\$99	\$847,230	\$241,768,787
Total of All Cancers	20,248	\$18,514	\$12,023	\$24	\$847,230	\$374,880,863

Table 3

**General Hospital Discharges in Maryland in 2006:
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	211	\$17,141	\$13,977	\$824	\$99,482	\$3,616,657
Colon and Rectum	284	\$20,258	\$15,894	\$1,206	\$108,087	\$5,753,315
Breast	377	\$12,566	\$10,334	\$1,006	\$85,939	\$4,737,198
Prostate	63	\$11,923	\$9,663	\$5,184	\$80,307	\$751,139
Oral	61	\$23,600	\$16,080	\$1,513	\$108,545	\$1,439,608
Melanoma	15	\$9,337	\$8,304	\$4,400	\$20,567	\$140,057
Cervix	84	\$12,748	\$10,307	\$1,826	\$103,932	\$1,070,816
Total of Targeted Cancers	1,095	\$15,990	\$12,145	\$824	\$108,545	\$17,508,790
Total Other Cancers	2,335	\$24,016	\$12,467	\$1,094	\$847,230	\$56,078,395
Total of All Cancers	3,430	\$21,454	\$12,304	\$824	\$847,230	\$73,587,185

Table 4

**General Hospital Discharges in Maryland in 2006:
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	830	\$16,592	\$13,572	\$24	\$209,082	\$13,771,363
Colon and Rectum	700	\$20,931	\$15,292	\$1,341	\$377,142	\$14,651,524
Breast	426	\$10,416	\$8,061	\$1,240	\$58,593	\$4,437,424
Prostate	669	\$10,680	\$9,610	\$99	\$63,559	\$7,144,702
Oral	148	\$24,341	\$14,425	\$1,743	\$153,559	\$3,602,436
Melanoma	11	\$10,838	\$9,006	\$3,434	\$35,186	\$119,219
Cervix	51	\$11,386	\$9,344	\$1,472	\$35,847	\$580,676
Total of Targeted Cancers	2,835	\$15,629	\$11,339	\$24	\$377,142	\$44,307,344
Total Other Cancers	3,990	\$20,277	\$12,149	\$99	\$612,920	\$80,904,603
Total of All Cancers	6,825	\$18,346	\$11,725	\$24	\$612,920	\$125,211,947

Table 5

**General Hospital Discharges in Maryland in 2006:
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	1,586	\$17,760	\$13,729	\$737	\$255,670	\$28,167,803
Colon and Rectum	1,462	\$21,207	\$16,685	\$888	\$280,426	\$31,004,046
Breast	448	\$8,011	\$6,334	\$1,381	\$72,729	\$3,588,847
Prostate	461	\$10,413	\$8,823	\$1,197	\$113,763	\$4,800,406
Oral	128	\$22,992	\$14,571	\$2,231	\$305,944	\$2,942,925
Melanoma	55	\$7,651	\$6,818	\$876	\$34,587	\$420,818
Cervix	33	\$11,245	\$9,599	\$1,336	\$31,328	\$371,098
Total of Targeted Cancers	4,173	\$17,085	\$12,629	\$737	\$305,944	\$71,295,943
Total Other Cancers	5,820	\$18,004	\$11,770	\$550	\$383,629	\$104,785,789
Total of All Cancers	9,993	\$17,621	\$12,162	\$550	\$383,629	\$176,081,731

Table 6

Number of General Hospital Discharges in 2006 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	115	25	19	17	12	6	7	185	136	522
\$2,500 TO \$4,999	264	99	210	90	23	12	21	922	552	2,193
\$5,000 TO \$7,499	293	129	362	200	36	26	30	1,112	668	2,856
\$7,500 TO \$9,999	263	257	222	372	44	18	26	946	548	2,696
\$10,000 TO \$12,499	270	317	139	227	30	9	28	766	457	2,243
\$12,500 TO \$14,999	242	289	80	125	27	4	23	546	411	1,747
\$15,000 TO \$17,499	202	260	60	74	15	2	8	495	295	1,411
\$17,500 TO \$19,999	202	199	54	37	17	0	4	369	233	1,115
\$20,000 TO \$22,499	154	164	30	15	16	1	6	309	235	930
\$22,500 TO \$24,999	121	125	23	7	11	0	6	282	141	716
\$25,000 TO \$27,499	115	95	10	3	16	0	0	216	108	563
\$27,500 TO \$29,999	63	84	13	5	8	1	1	169	101	445
\$30,000 TO \$32,499	48	79	9	3	12	0	1	148	74	374
\$32,500 TO \$34,999	45	42	4	2	8	1	1	121	64	288
\$35,000 TO \$37,499	33	41	2	2	3	1	3	107	45	237
\$37,500 TO \$39,999	24	34	1	3	5	0	0	93	48	208
\$40,000 TO \$42,499	29	27	2	1	8	0	1	85	29	182
\$42,500 TO \$44,999	15	19	1	3	2	0	0	73	22	135
\$45,000 TO \$47,499	19	16	2	0	2	0	0	64	25	128
\$47,500 TO \$49,999	16	14	0	2	5	0	0	66	25	128
\$50,000 TO \$59,999	42	50	4	2	15	0	0	153	49	315
\$60,000 TO \$69,999	22	28	1	1	6	0	1	120	35	214
\$70,000 TO \$79,999	7	12	1	0	4	0	0	77	21	122
\$80,000 TO \$89,999	5	6	2	1	1	0	0	66	24	105
\$90,000 TO \$99,999	4	4	0	0	4	0	0	43	15	70
\$100,000 TO \$124,999	4	15	0	1	4	0	1	83	14	122
\$125,000 TO \$149,999	2	7	0	0	1	0	0	55	10	75
\$150,000 TO \$174,999	4	4	0	0	1	0	0	24	8	41
\$175,000 TO \$199,999	0	0	0	0	0	0	0	15	3	18
Over \$200,000	4	5	0	0	1	0	0	38	1	49
Unknown	0	0	0	0	0	0	0	0	0	0
TOTAL	2,627	2,446	1,251	1,193	337	81	168	7,748	4,397	20,248

Table 7

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Lung and Bronchus Cancer is Listed as the Primary Diagnosis**

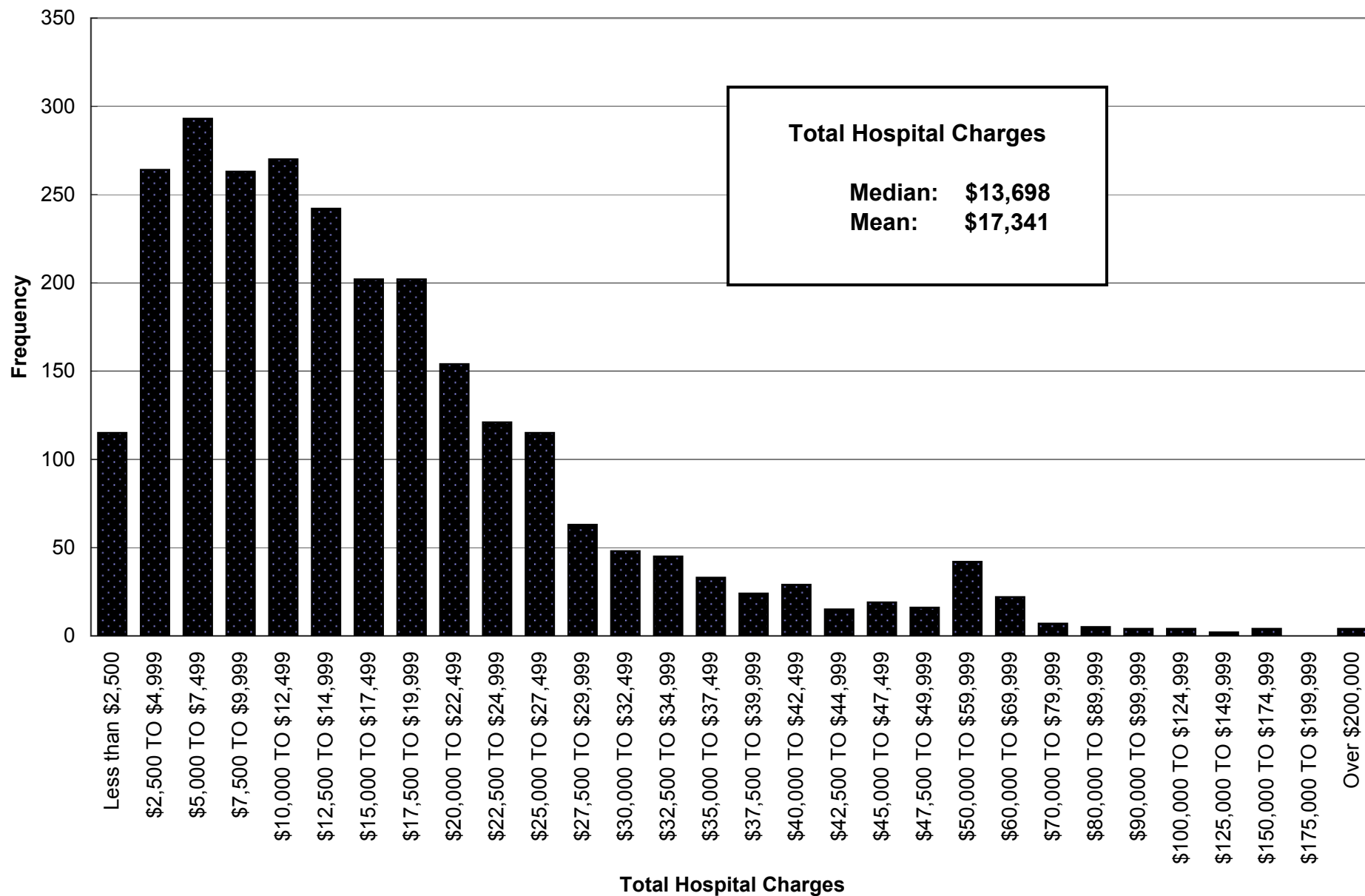


Figure 5

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Colon and Rectum Cancer is Listed as the Primary Diagnosis**

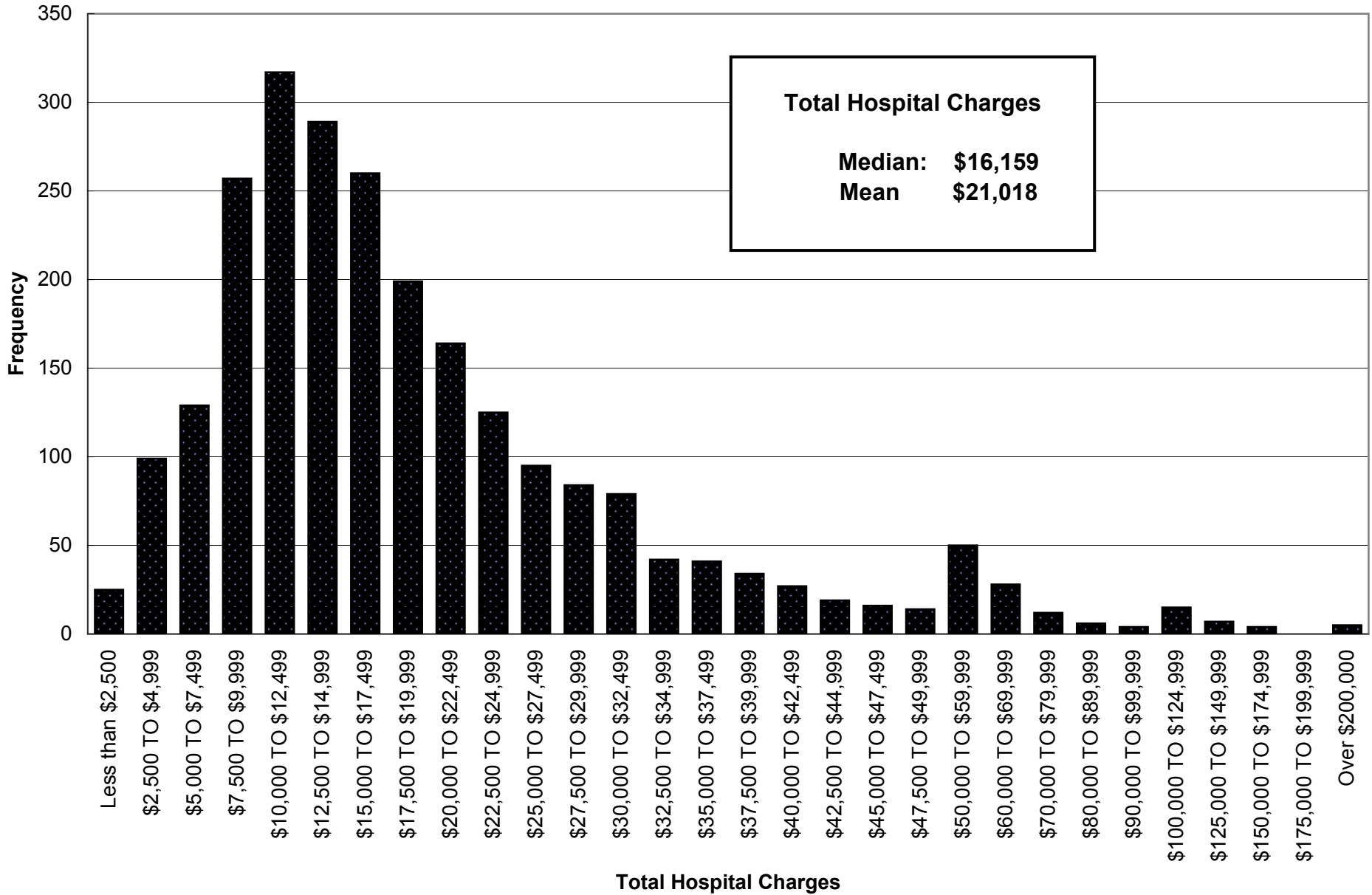


Figure 6

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Breast Cancer is Listed as the Primary Diagnosis**

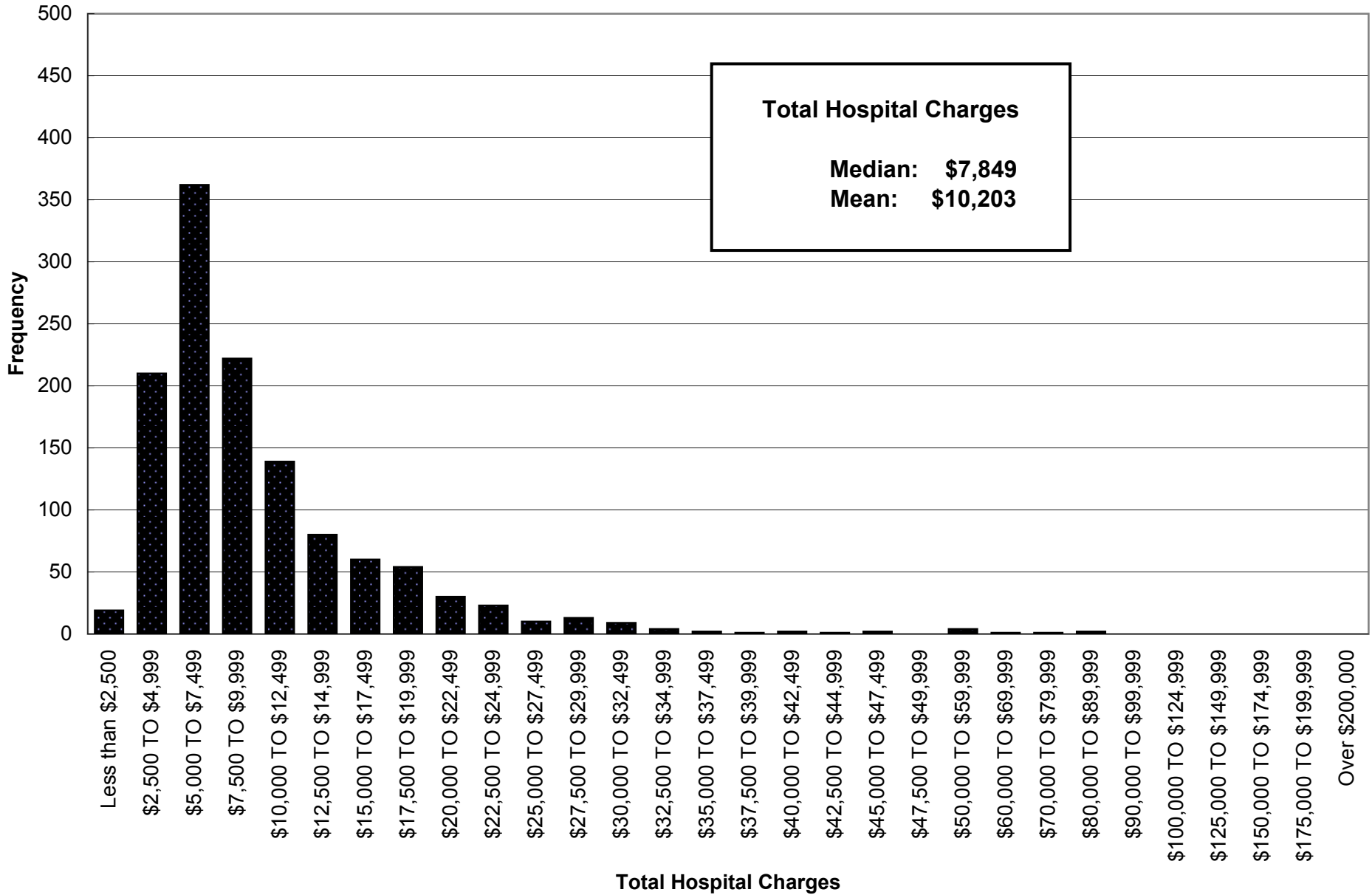


Figure 7

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Prostate Cancer is Listed as the Primary Diagnosis**

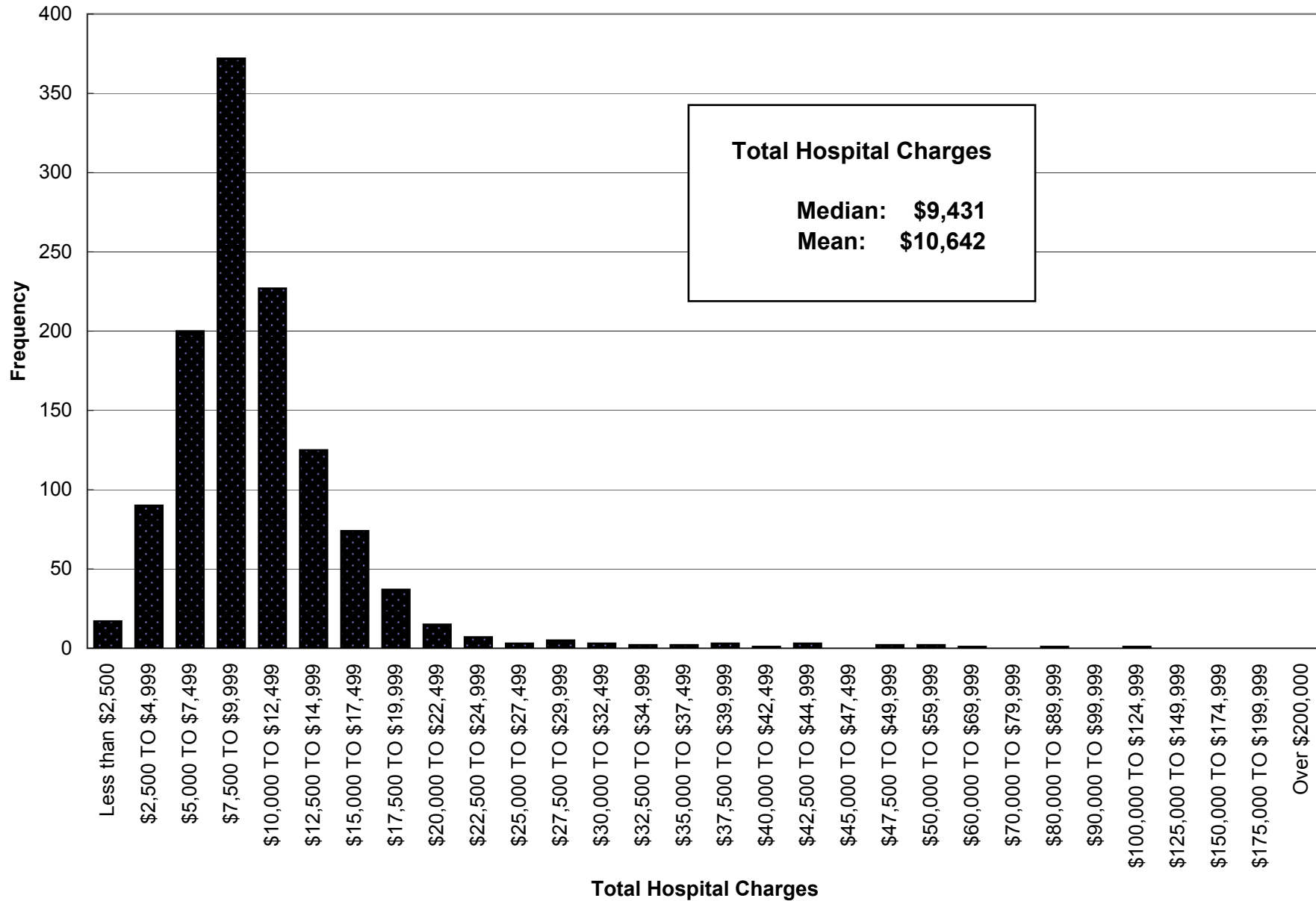


Figure 8

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Oral Cancer is Listed as the Primary Diagnosis**

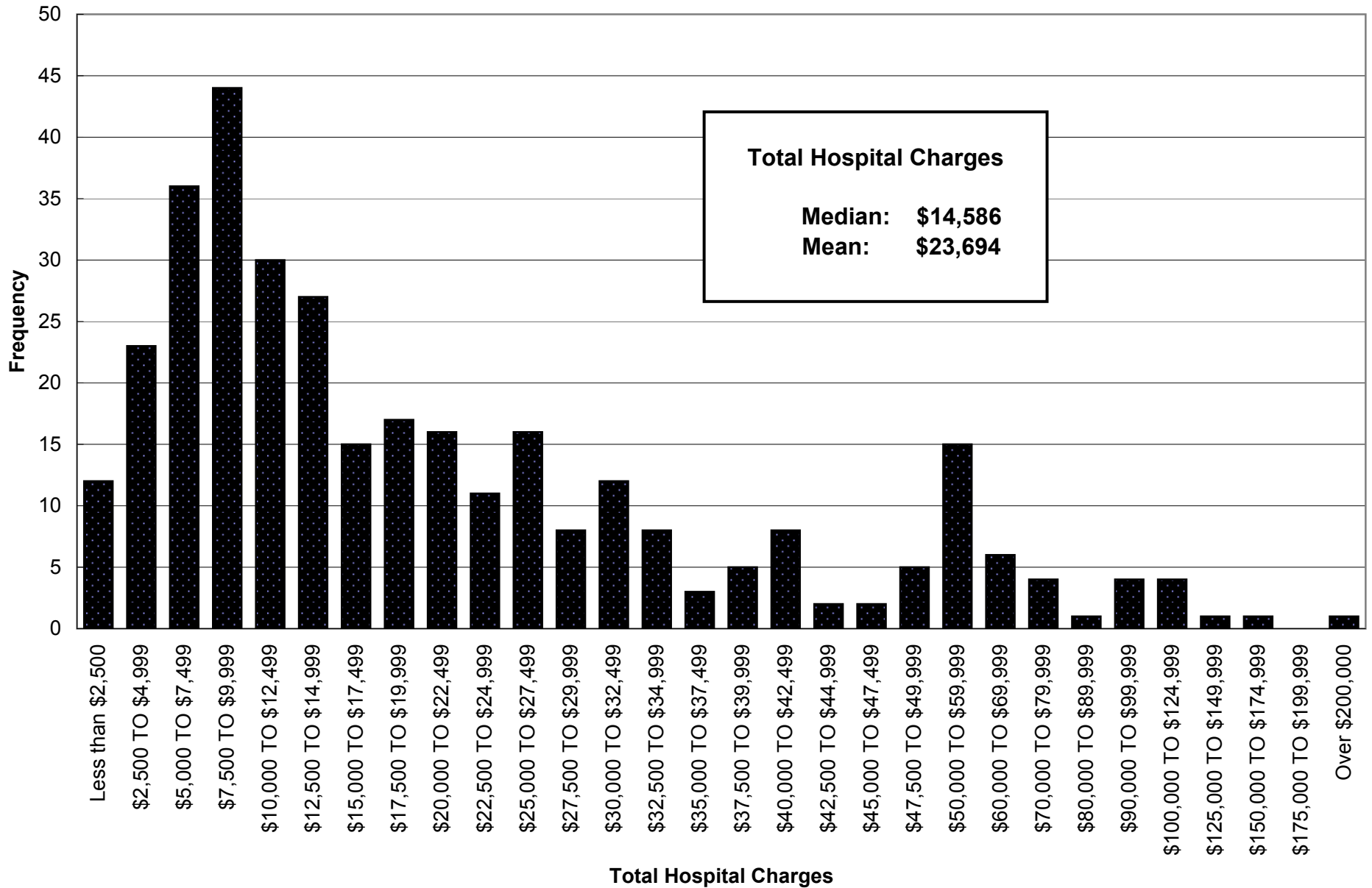


Figure 9

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Melanoma is Listed as the Primary Diagnosis**

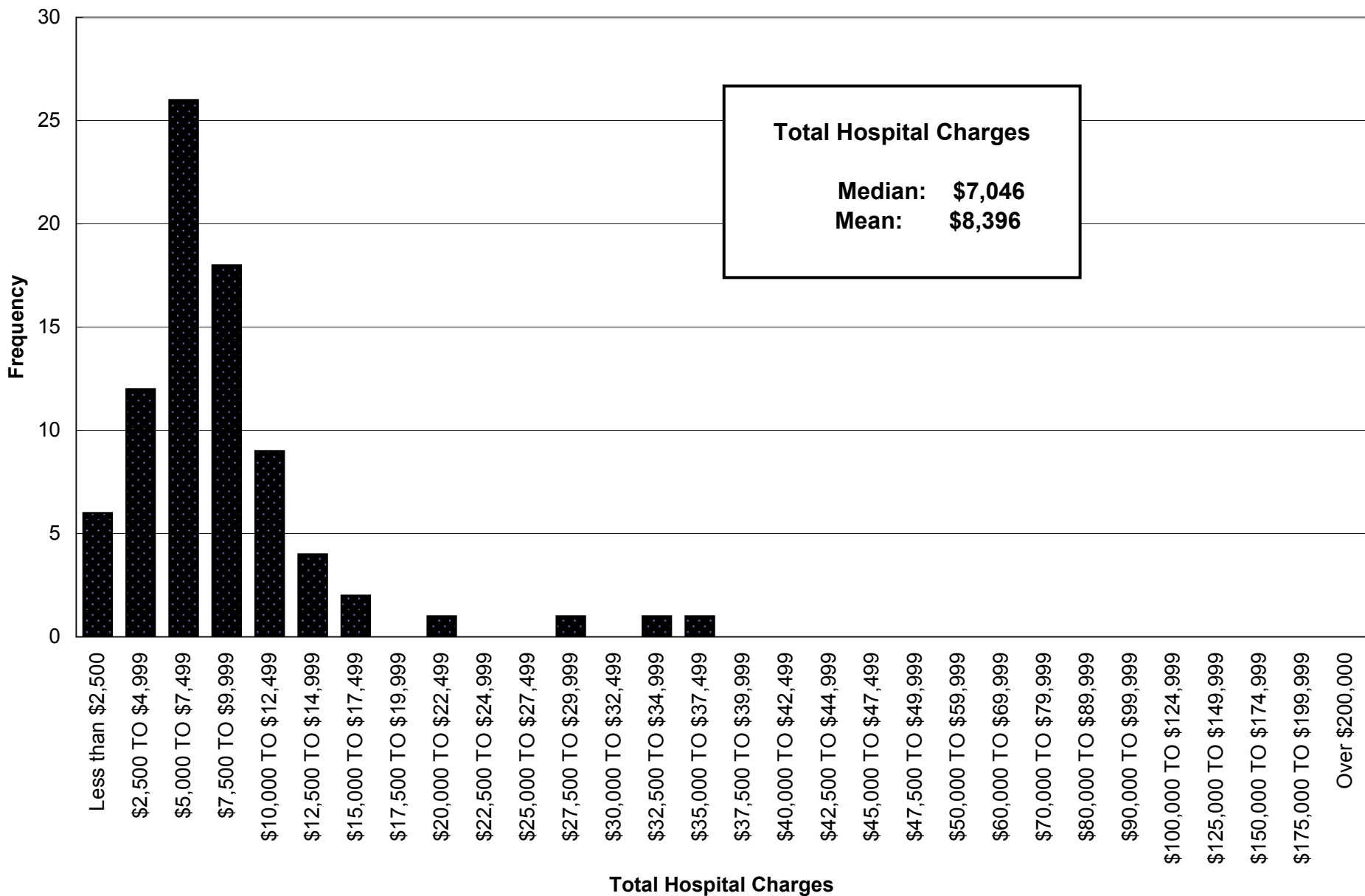


Figure 10

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Cervix Cancer is Listed as the Primary Diagnosis**

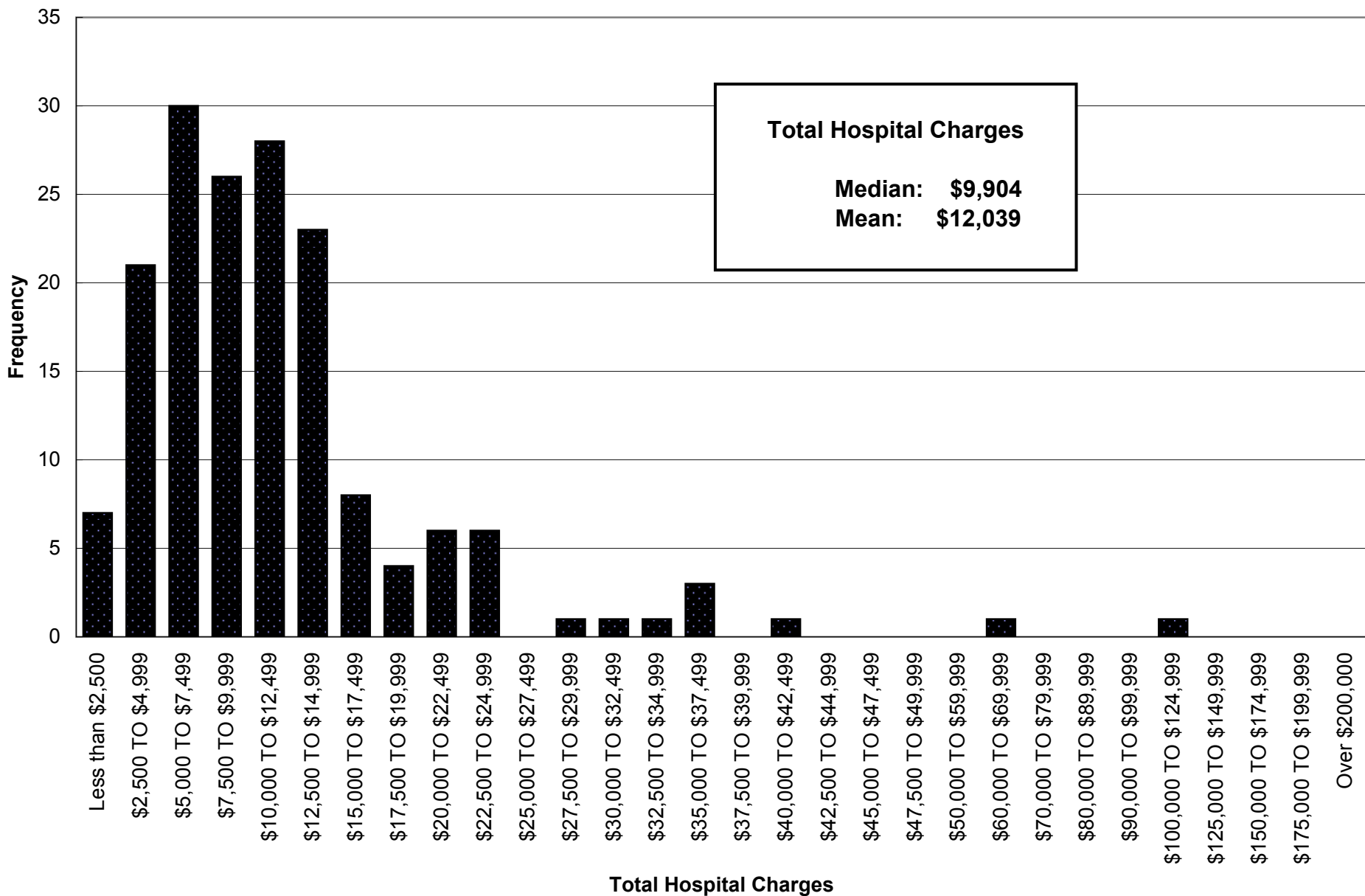


Figure 11

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Other Non-Targeted Cancer is Listed as the Primary Diagnosis**

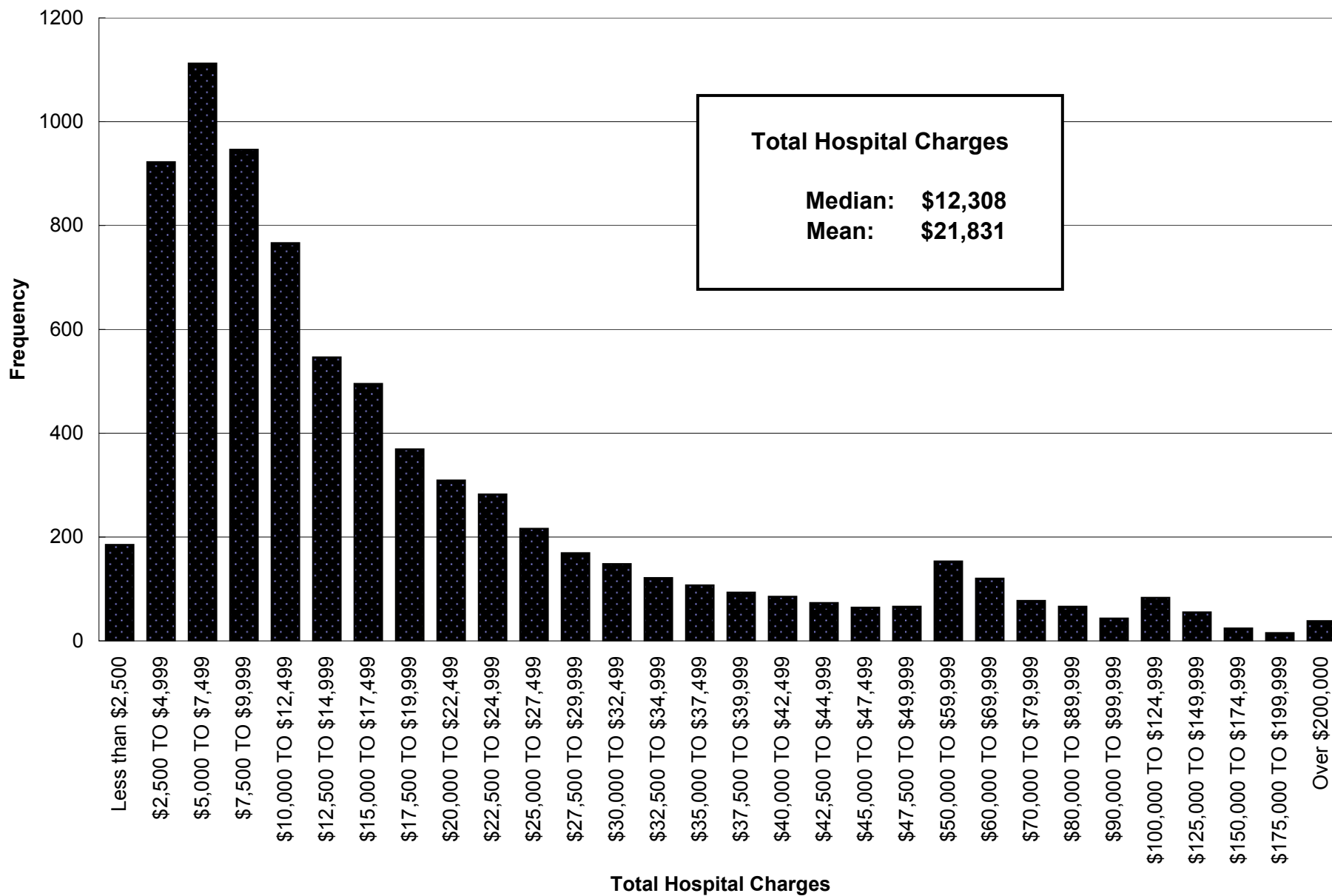


Figure 12

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Metastatic Cancer is Listed as the Primary Diagnosis**

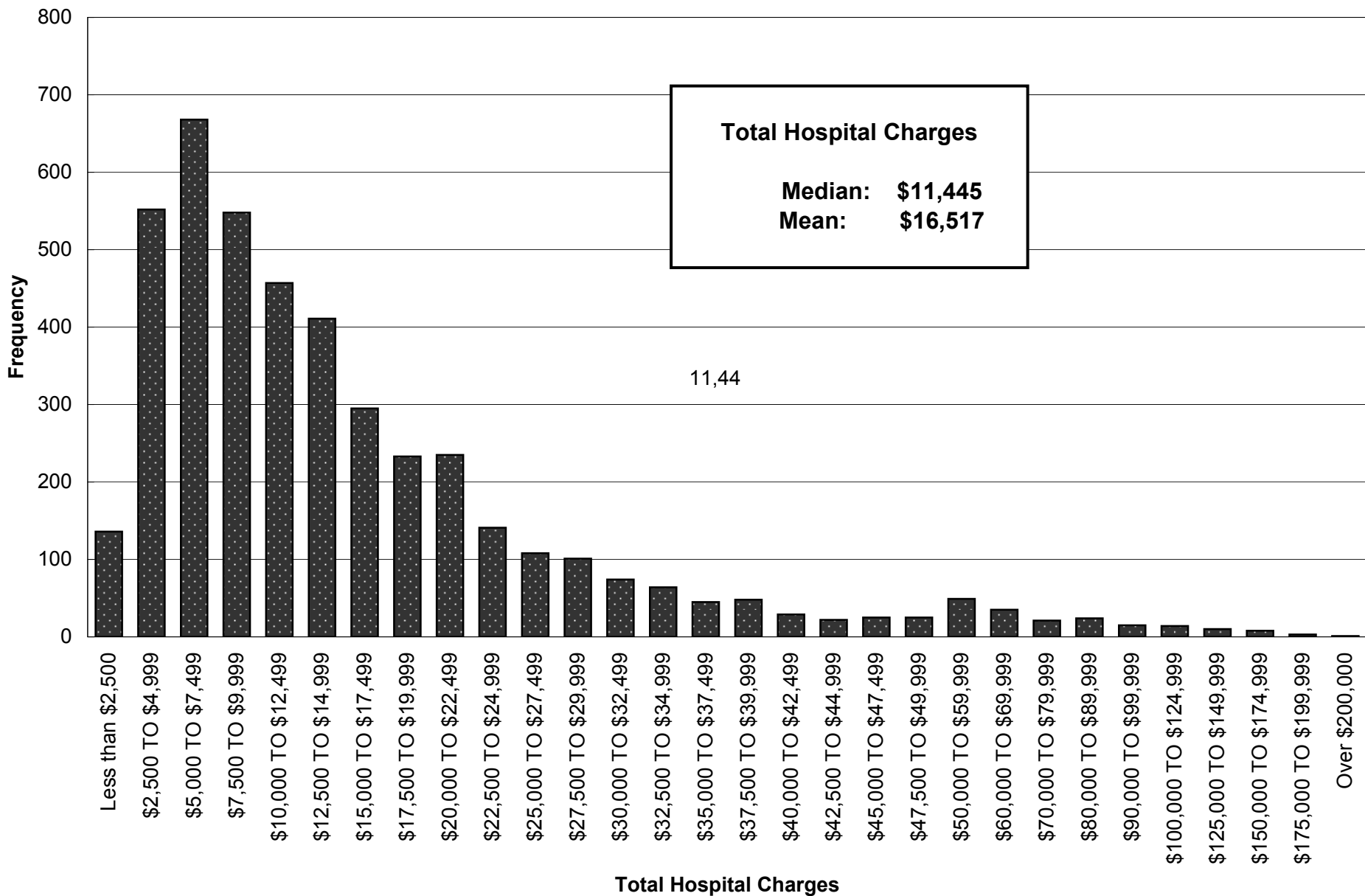


Figure 13

**Frequency of Hospital Discharges by Category of Total Hospital Charges for 2006
Where Any Type of Cancer is Listed as the Primary Diagnosis**

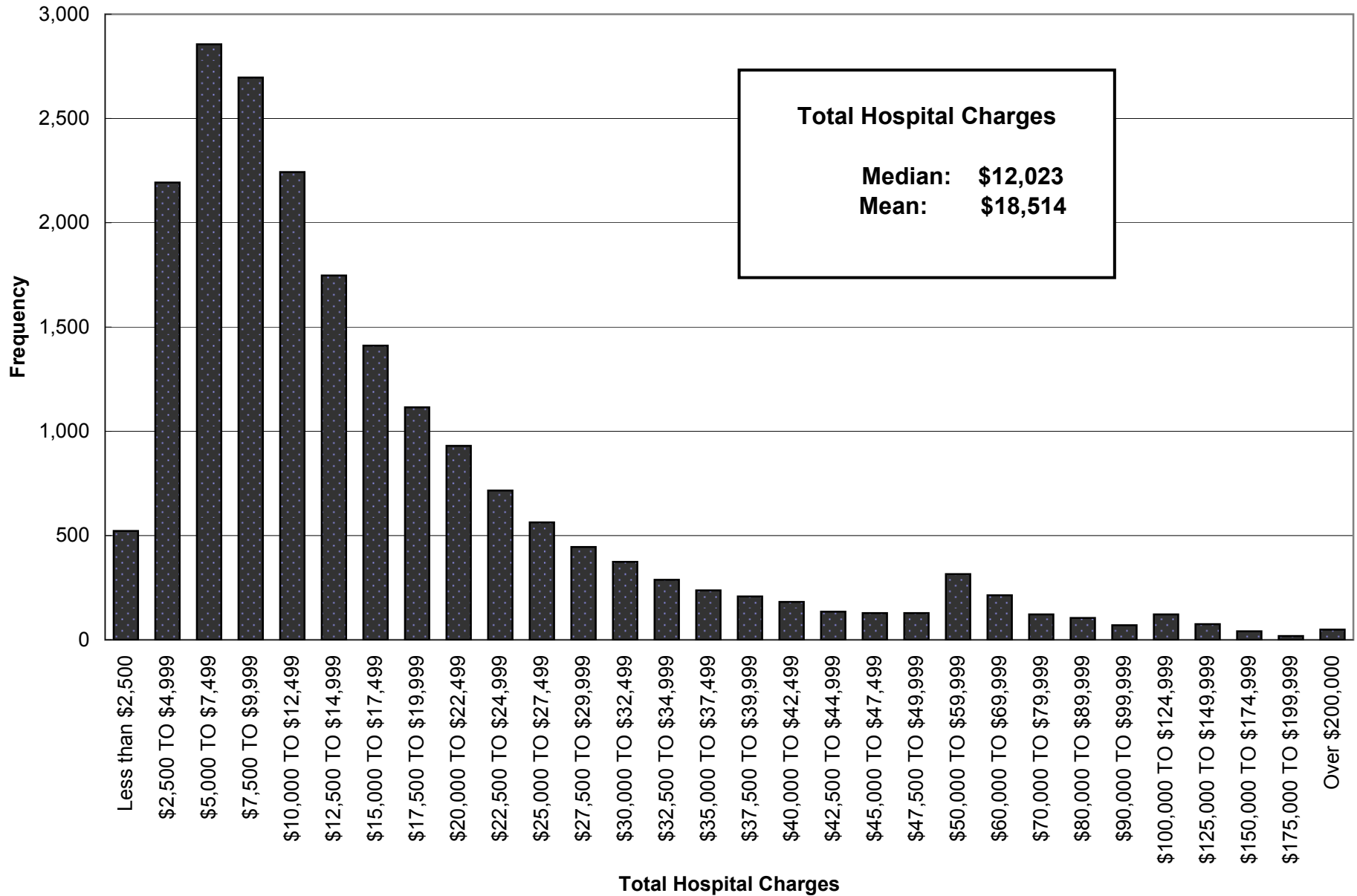


Figure 14

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