

**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, 35,819, or 5.1% had cancer listed in any one of the 15 discharge diagnostic categories. Of these 35,819 discharges, 20,248 (2.9% of all discharges) had cancer as the primary diagnostic category.
- 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 and bronchus, colon and rectum, prostate, female breast, oral, melanoma, and cervical.
- The total hospital costs for Maryland residents in whom the primary diagnosis on discharge was any type of cancer was \$374,880,467. See caveats in Definitions and Notes as to why this is an underestimate of the total cost.
- 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.
- 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.

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, female 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.

The analysis presented in this document is designed to help planners at DHMH and the local programs allocate CRF 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 SAS software.

The number of hospitalizations where cancer is listed as the primary diagnosis or as any diagnosis among the 15 provided diagnoses was calculated for Maryland and compared to the total number of hospitalizations for the year. The type of cancer was determined by ICD code for the primary diagnosis and in each of the other 14 diagnostic positions coded on the discharge summary. Table 1 depicts the type of cancer by its diagnostic position. Using only the primary diagnosis of cancer, Table 2 gives the total number of cancer discharges and the total by cancer type for each Maryland jurisdiction of residence of the patient. Figure 2 plots the total of general hospital discharges with cancer as the primary diagnosis by jurisdiction of residence.

In order to standardize these numbers for comparison across jurisdictions, we calculated crude rates for the population, age-adjusted standardized rates and the number of hospitalizations for cancer divided by the number of cancer cases reported in each jurisdiction. The crude rates in Figure 3 are the number of general hospital discharges with cancer as a primary diagnosis for each jurisdiction (Table 2) per 10,000 population of each jurisdiction.

The rates in Figure 4 were age-adjusted and standardized using the 2000 U.S. standard million population, which is broken down by age group in 19 categories. We calculated the age-specific rate for all cancers as the primary diagnosis for each age category in each jurisdiction, then, using the 2000 U.S. standard million, we calculated the age-adjusted rate for each jurisdiction standardized to the 2000 U.S. standard million.

In Figure 5, the number of general hospital discharges for all cancers as a primary diagnosis for each jurisdiction was divided by the number of new cancer cases reported to the Maryland Cancer Registry diagnosed in that jurisdiction that year. The number of new cancer cases diagnosed in each jurisdiction was provided by the Maryland Cancer Registry.

The data in Figures 2 - 5 present counts, rates, and ratios that use the HSCRC zip code of the patient's residence to impute 'Jurisdiction of Residence.'

Data obtained from HSCRC is secure from unauthorized access and disclosure. DHMH manages and releases this information in accordance with the HSCRC Data Use Agreement. Cells with counts of 0-5 hospital discharges are suppressed and presented as "<6." Complementary suppression of discharge counts in additional cell(s) is used, denoted by "s," to prevent back-calculation of numbers in those cells with primary suppression.

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, female breast, prostate, cervical, oral, and melanoma, and their ICD-9 codes are found in Attachment 1.

"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.

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 costs” are the total costs billed for the hospitalization, such as room, pharmacy, radiology, laboratory, operating room, and central supply costs, but excluding costs that are not part of the hospital bill, such as the physician, internist, oncologist, or surgeon, or laboratory. Hospitalizations for which the total costs 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 with a number less than 6 (i.e., 0-5) were suppressed and presented as “<6.” Complementary suppression of discharge counts in additional cell(s) is used, denoted by “s,” to prevent back-calculation of numbers in those cells with primary suppression.

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. Total number of hospital discharges ranged from 70 discharges for Garrett County to a high of 3,875 discharges for Baltimore County residents.

Figure 3 depicts the crude rate of hospital discharges where cancer was listed as the primary diagnosis per 10,000 population for each 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.

Figure 4 shows the age-adjusted rate of hospital discharges where cancer was listed as the primary diagnosis per 100,000 population, showing a range of 200.7 per 100,000 population in Garrett County to a high of 507.0 per 100,000 population in Baltimore City.

Figure 5 shows the ratio of hospital discharges to the number of all new cancer cases reported. This graph shows a range of 0.48 in St. Mary's County, to a high of 1.19 in Baltimore City.

Figures 6 through 12 show the total hospital costs for all of the targeted cancers. These figures also show that based on median hospital costs, the targeted cancers that are the most expensive to treat are colon and rectum, oral and lung cancers.

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, colon and rectum, prostate, female 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 of hospital costs for patients where cancer was the primary diagnosis is shown in Table 3. The HSCRC data gives the sum of the total hospital costs. Listed for each cancer are the number of discharges, the mean, median, minimum, and maximum costs, and the total hospital costs for that cancer. Hospital costs do *not* reflect physician and other costs that are billed separately. The total hospital costs for Maryland residents in whom the primary diagnosis on discharge was any type of cancer was \$374,880,467 (see Definitions and Notes as to why this is an underestimate of the total cost).

Besides providing data about hospital costs 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 costs. Total hospital costs (not including physician fees and some laboratory fees) in 2006 for all targeted cancers together had a median total cost 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 costs 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 costs due to the seven targeted cancers decreased \$777 between the 49 and under and 50 to 64 age groups. The median total hospital costs due to the seven targeted cancers increased \$1,261 between the 50 to 64 and 65 and over age groups.

Figure 1.

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

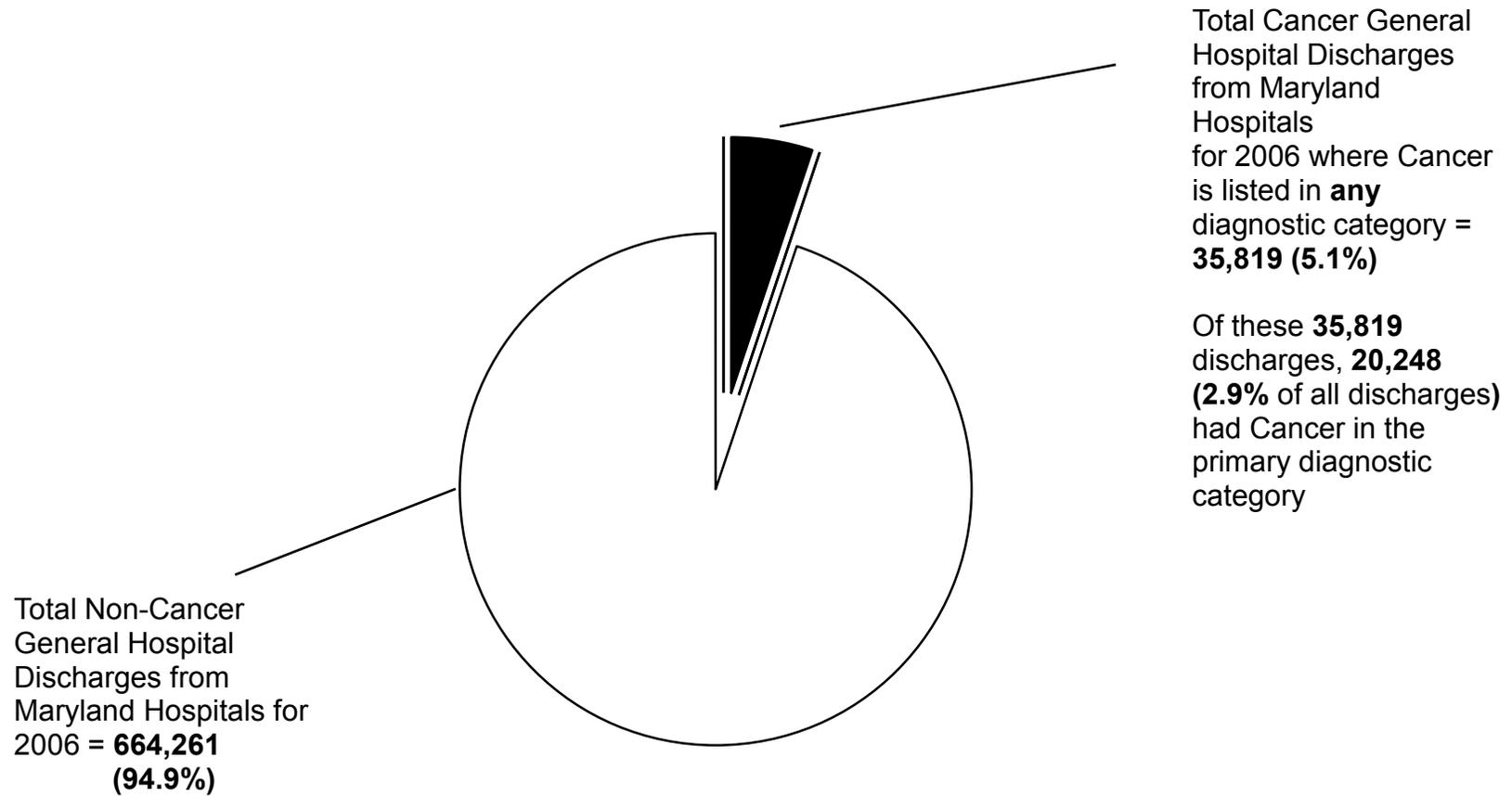


Table 1.

**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	Female Breast	Prostate	Oral	Melanoma	Cervix	Total Targeted Cancer	Other 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	s	<6	635	422	3,779	4,836
as 3rd Dx	166	34	70	44	s	23	<6	352	310	2,331	2,993
as 4th Dx	156	51	55	54	11	s	<6	339	259	1,624	2,222
as 5th Dx	143	31	35	23	6	<6	<6	244	208	1,190	1,642
as 6th Dx	75	28	24	31	s	<6	<6	175	140	912	1,227
as 7th Dx	44	14	18	20	8	<6	<6	108	125	586	819
as 8th Dx	18	<6	11	18	7	<6	<6	60	91	416	567
as 9th Dx	17	<6	14	15	<6	<6	<6	54	63	261	378
as 10th Dx	11	<6	16	12	<6	<6	<6	47	68	196	311
as 11th Dx	<6	<6	10	<6	<6	<6	<6	25	45	117	187
as 12th Dx	<6	<6	8	9	<6	<6	<6	23	43	71	137
as 13th Dx	<6	<6	8	7	<6	<6	<6	25	36	55	116
as 14th Dx	<6	<6	<6	<6	<6	<6	<6	14	26	37	77
as 15th Dx	<6	<6	s	8	<6	<6	<6	19	18	22	59

<6=Cells containing 0-5 hospital discharges are suppressed per HSCRC Data Use Agreement.

s= Data in a cell is suppressed to prevent disclosure of data in other cell(s).

*International Classification of Diseases, Version 9 Attachment 1

Table 2.

**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									Total
	Lung and Bronchus	Colon and Rectum	Female Breast	Prostate	Oral	Melanoma	Cervix	Other Cancer	Metastatic	
Allegany	52	48	12	17	<6	<6	<6	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	<6	s	1,197	805	3,299
Calvert	39	31	13	9	6	<6	<6	91	45	235
Caroline	21	15	6	8	<6	<6	<6	66	36	156
Carroll	97	82	31	38	10	<6	<6	288	143	696
Cecil	48	28	13	15	7	<6	<6	111	52	276
Charles	28	40	31	28	<6	<6	<6	86	45	264
Dorchester	27	28	7	12	<6	<6	<6	71	27	175
Frederick	82	84	26	25	6	<6	<6	249	154	631
Garrett	<6	9	7	8	<6	<6	<6	30	10	70
Harford	109	94	56	55	12	<6	s	377	195	910
Howard	58	92	61	49	16	8	6	286	134	710
Kent	11	16	8	13	<6	<6	<6	34	15	105
Montgomery	252	307	176	130	28	8	21	961	487	2,370
Prince George's	218	241	140	126	33	<6	s	648	386	1,808
Queen Anne's	32	21	17	18	<6	<6	<6	59	37	187
St. Mary's	34	31	20	12	<6	<6	<6	72	32	211
Somerset	20	8	<6	<6	<6	<6	<6	51	23	113
Talbot	32	28	<6	16	<6	<6	<6	97	60	242
Washington	45	61	10	33	6	<6	<6	191	127	477
Wicomico	65	60	11	24	<6	<6	<6	117	88	376
Worcester	47	40	6	25	<6	<6	<6	99	52	277
Maryland, Unspecified	s	22	12	s	35	<6	<6	230	72	409
Total	2,627	2,446	1,251	1,193	337	81	168	7,748	4,397	20,248

<6=Cells containing 0-5 hospital discharges are suppressed per HSCRC Data Use Agreement.

s= Data in a cell is suppressed to prevent disclosure of data in other cell(s).

Figure 2. **Total of General Hospital Discharges in 2006 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence**

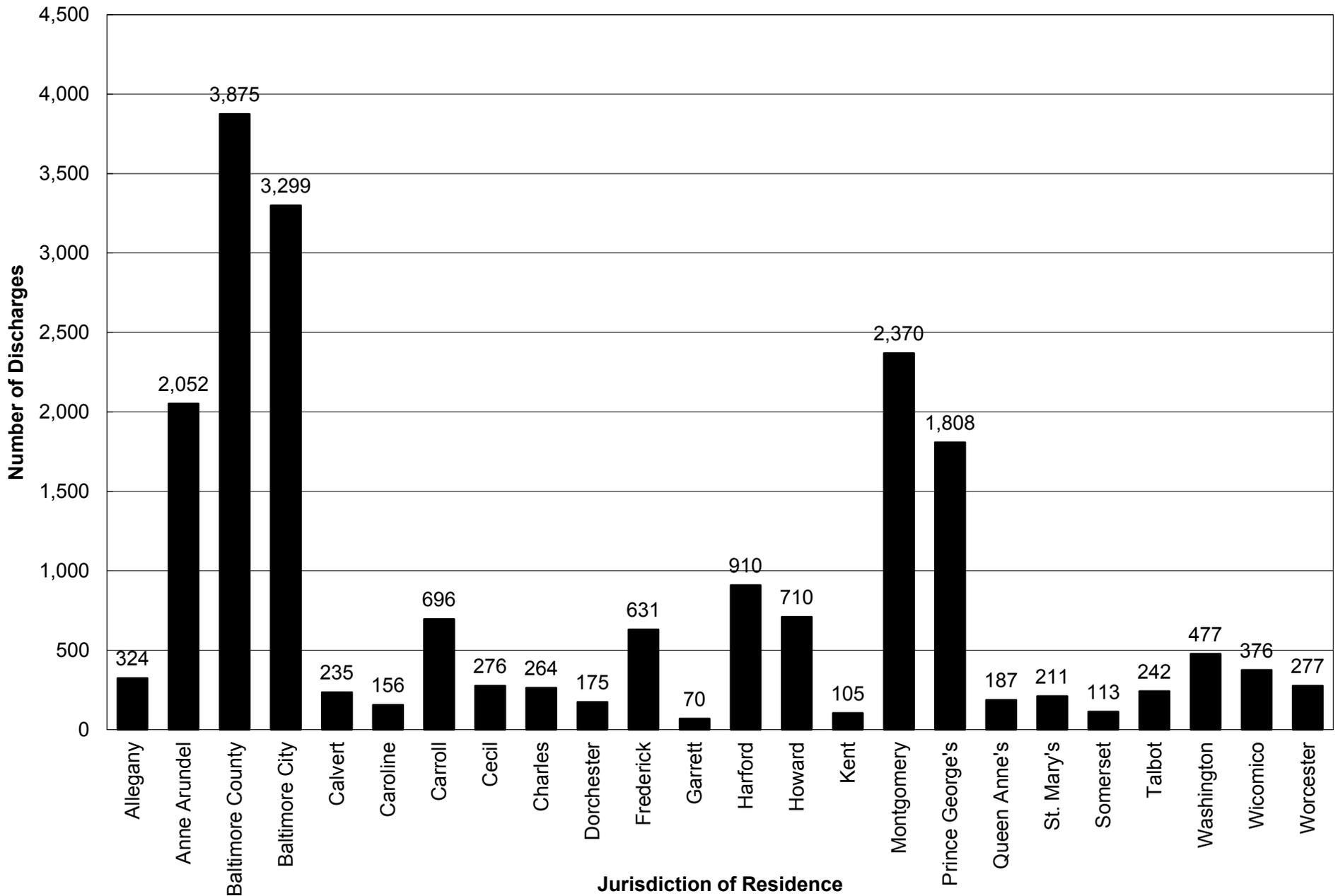


Figure 3.

Crude 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

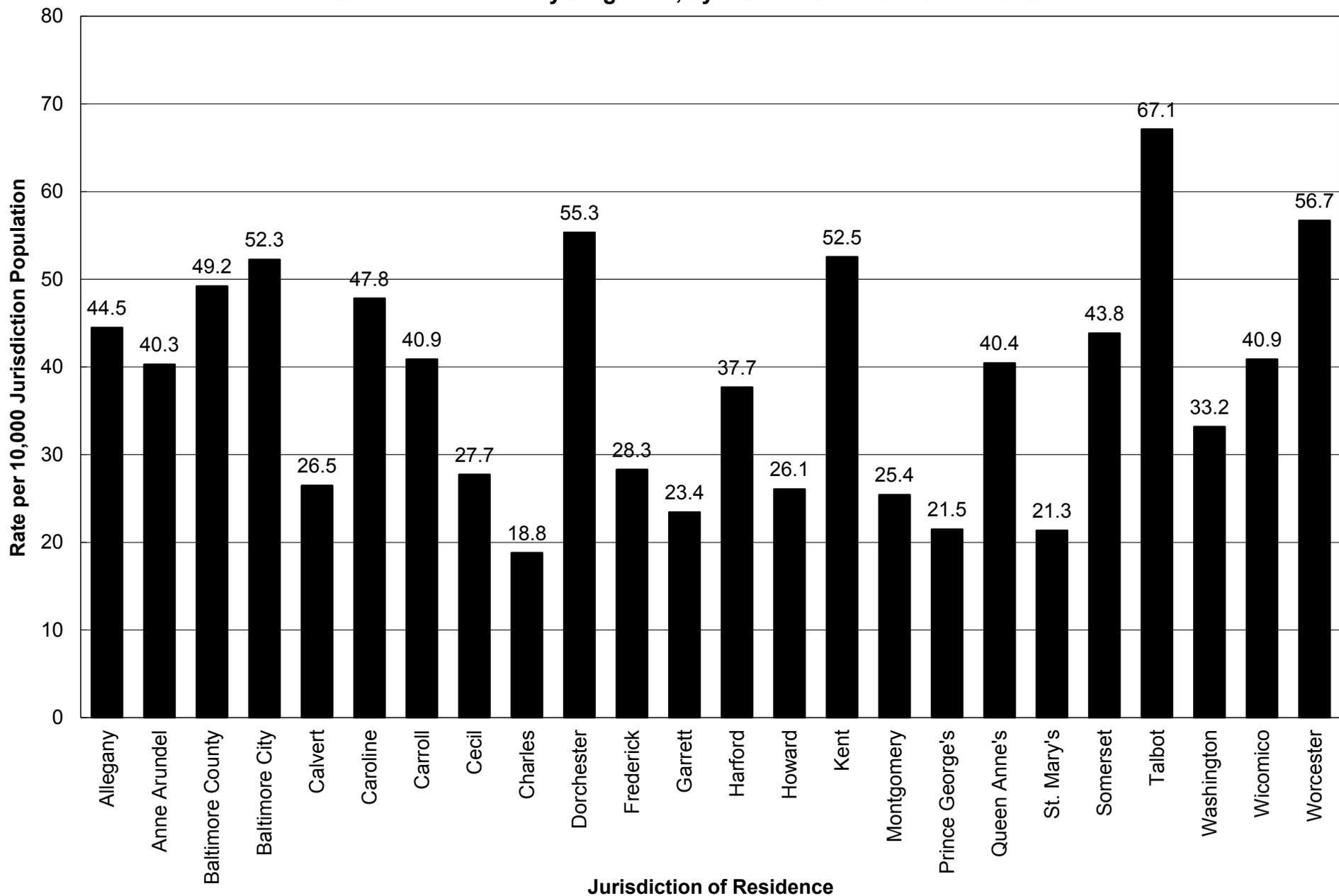
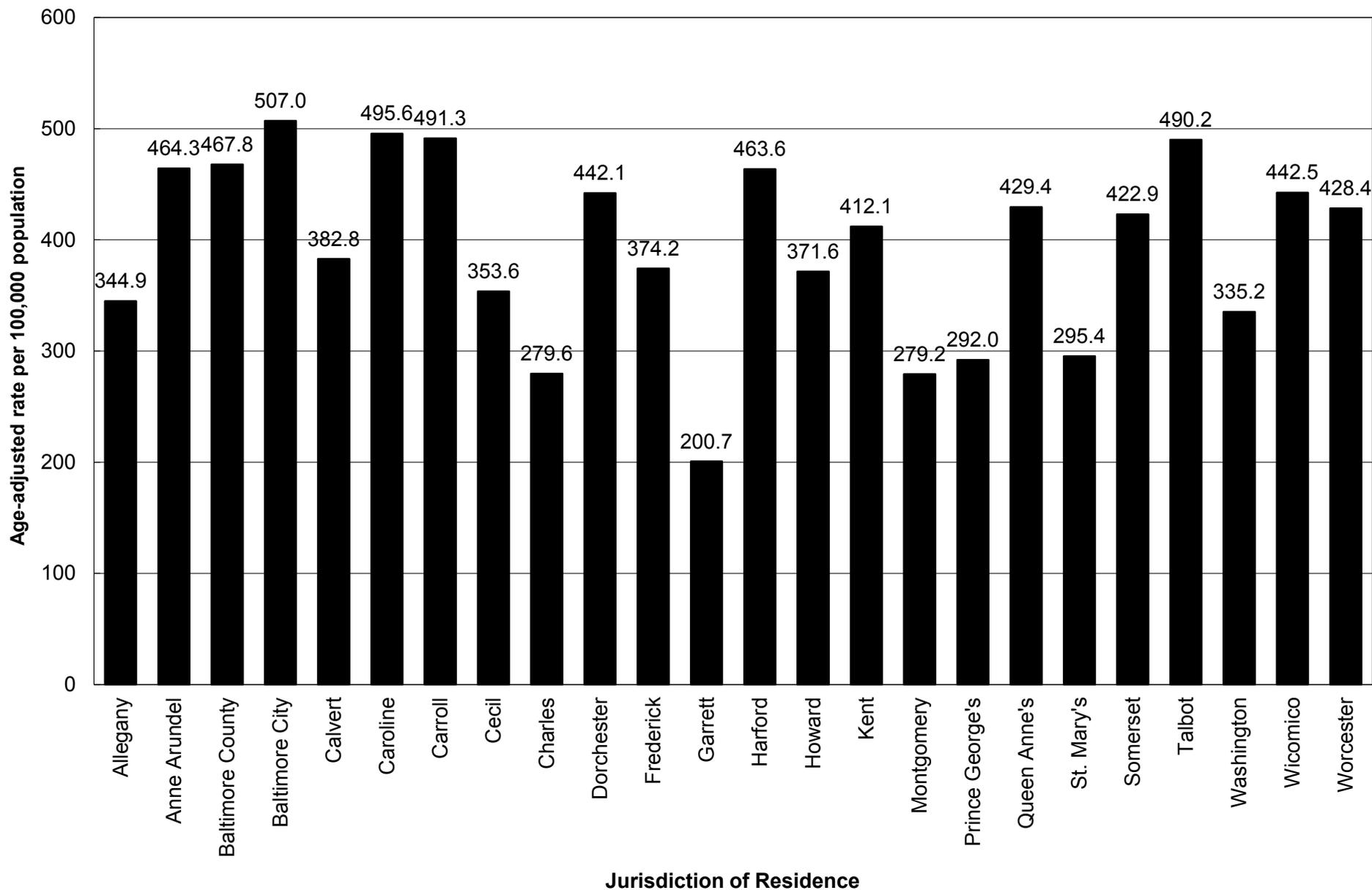


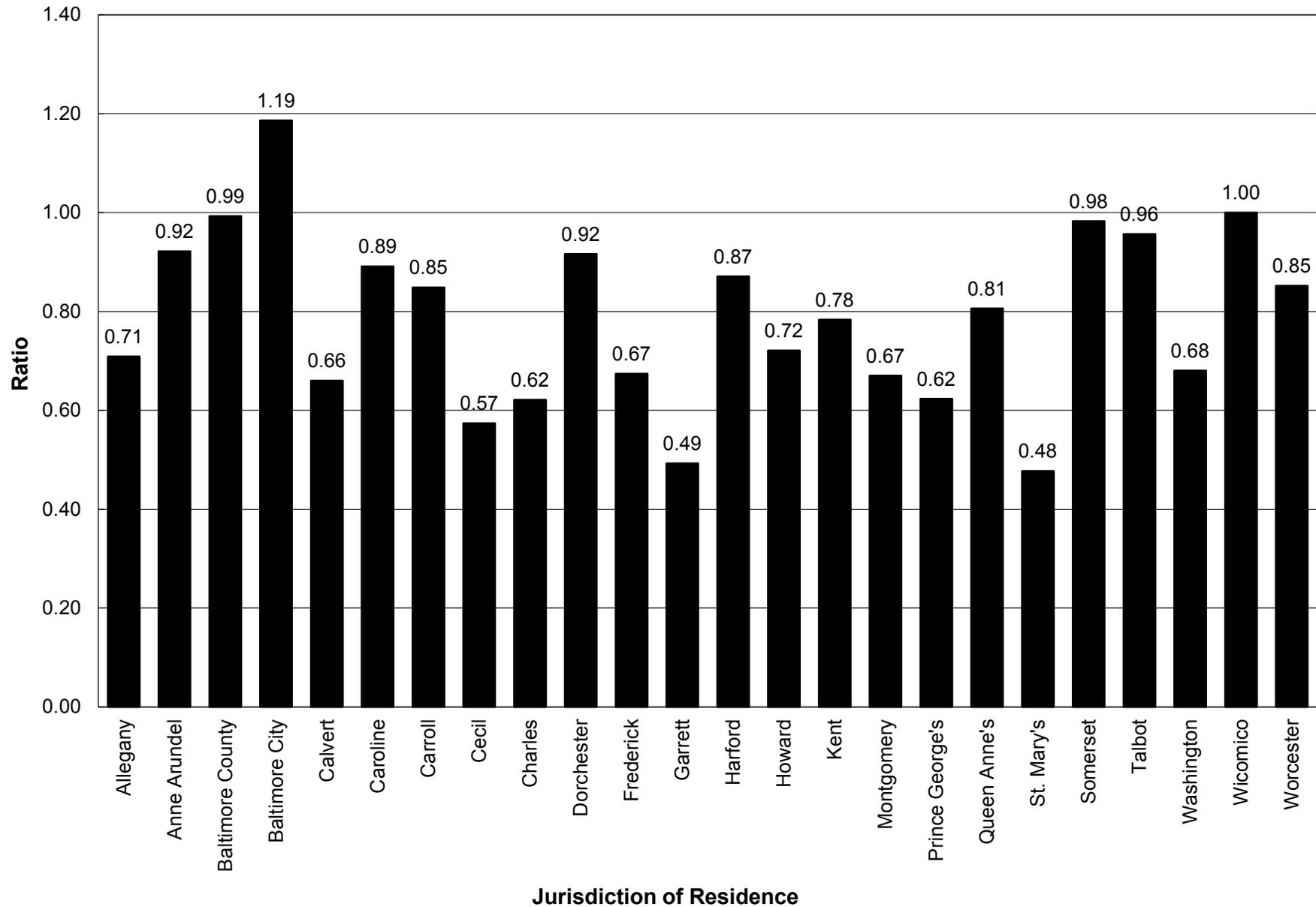
Figure 4. **Age-adjusted* Rate of General Hospital Discharges per 100,000 Population With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence in 2006**



* Rates are per 100,000 and are age-adjusted to 2000 U.S. standard million population

Figure 5.

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

Table 3.

**General Hospital Discharges in Maryland in 2006:
Costs* by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for All Ages**

Cancer	Total Discharges	Total Cost for Hospitalization				
		Mean	Median	Minimum	Maximum	Total
Lung and Bronchus	2,627	\$17,341	\$13,698	\$24	\$255,670	\$45,555,823
Colon and Rectum	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	1,191	\$10,660	\$9,441	\$1,197	\$113,763	\$12,696,050
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	8,101	\$16,432	\$12,073	\$24	\$377,142	\$133,111,879
Total Other Cancers	12,143	\$19,910	\$11,971	\$550	\$847,230	\$241,768,589
Total of All Cancers	20,244	\$18,518	\$12,026	\$24	\$847,230	\$374,880,467

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Table 4.

**General Hospital Discharges in Maryland in 2006:
Costs* by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 49 and Under**

Cancer	Total Discharges	Total Cost 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
Female 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

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Table 5.

**General Hospital Discharges in Maryland in 2006:
Costs* by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 50 to 64**

Cancer	Total Discharges	Total Cost 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
Female Breast	426	\$10,416	\$8,061	\$1,240	\$58,593	\$4,437,424
Prostate	667	\$10,711	\$9,617	\$1,776	\$63,559	\$7,144,504
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	2,833	\$15,640	\$11,368	\$24	\$377,142	\$44,307,146
Total Other Cancers	3,988	\$20,287	\$12,157	\$988	\$612,920	\$80,904,405
Total of All Cancers	6,821	\$18,357	\$11,727	\$24	\$612,920	\$125,211,551

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Table 6.

**General Hospital Discharges in Maryland in 2006:
Costs* by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 65 and Over**

Cancer	Total Discharges	Total Cost 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
Female 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

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Figure 6.

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

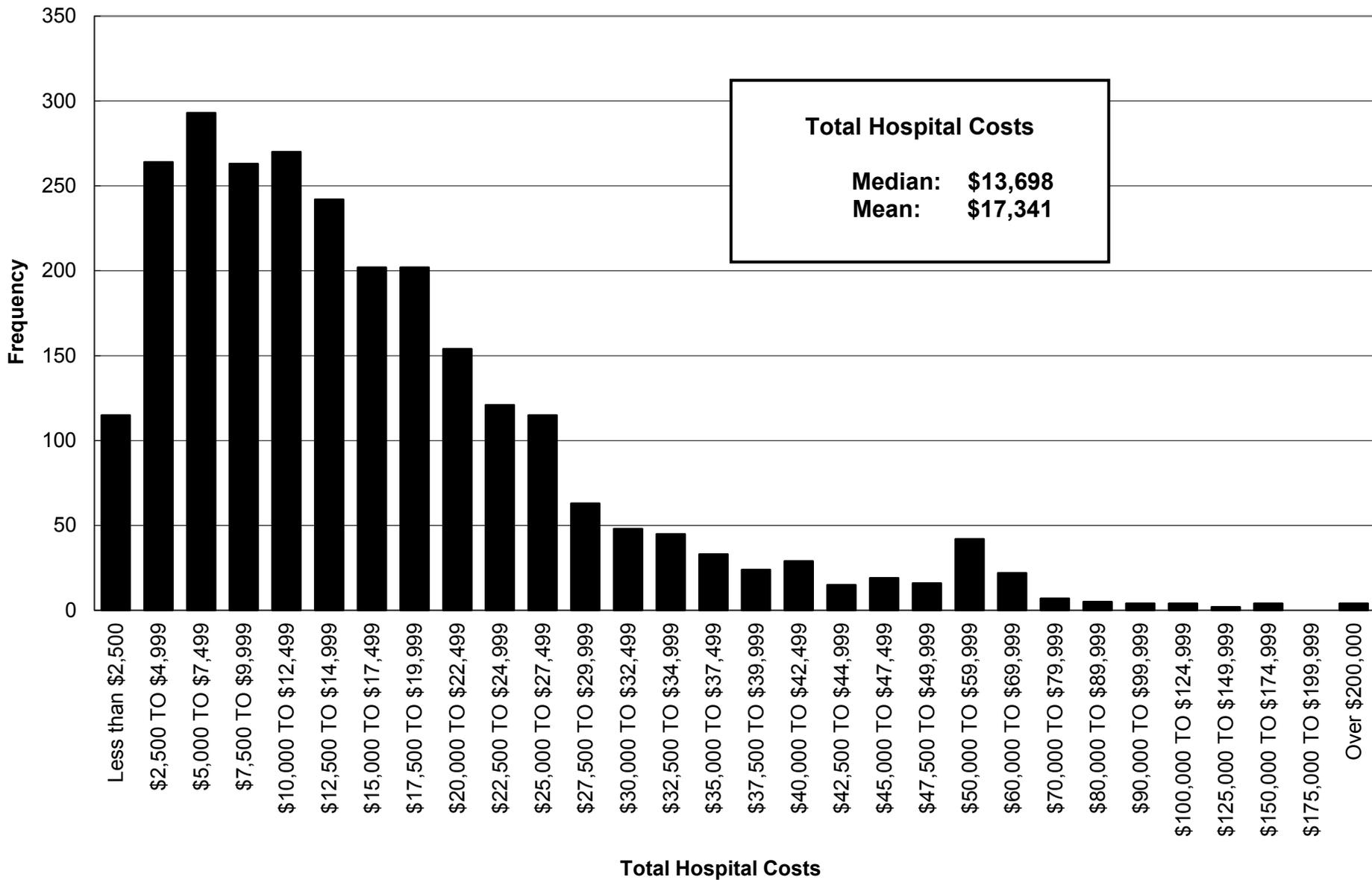


Figure 7.

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

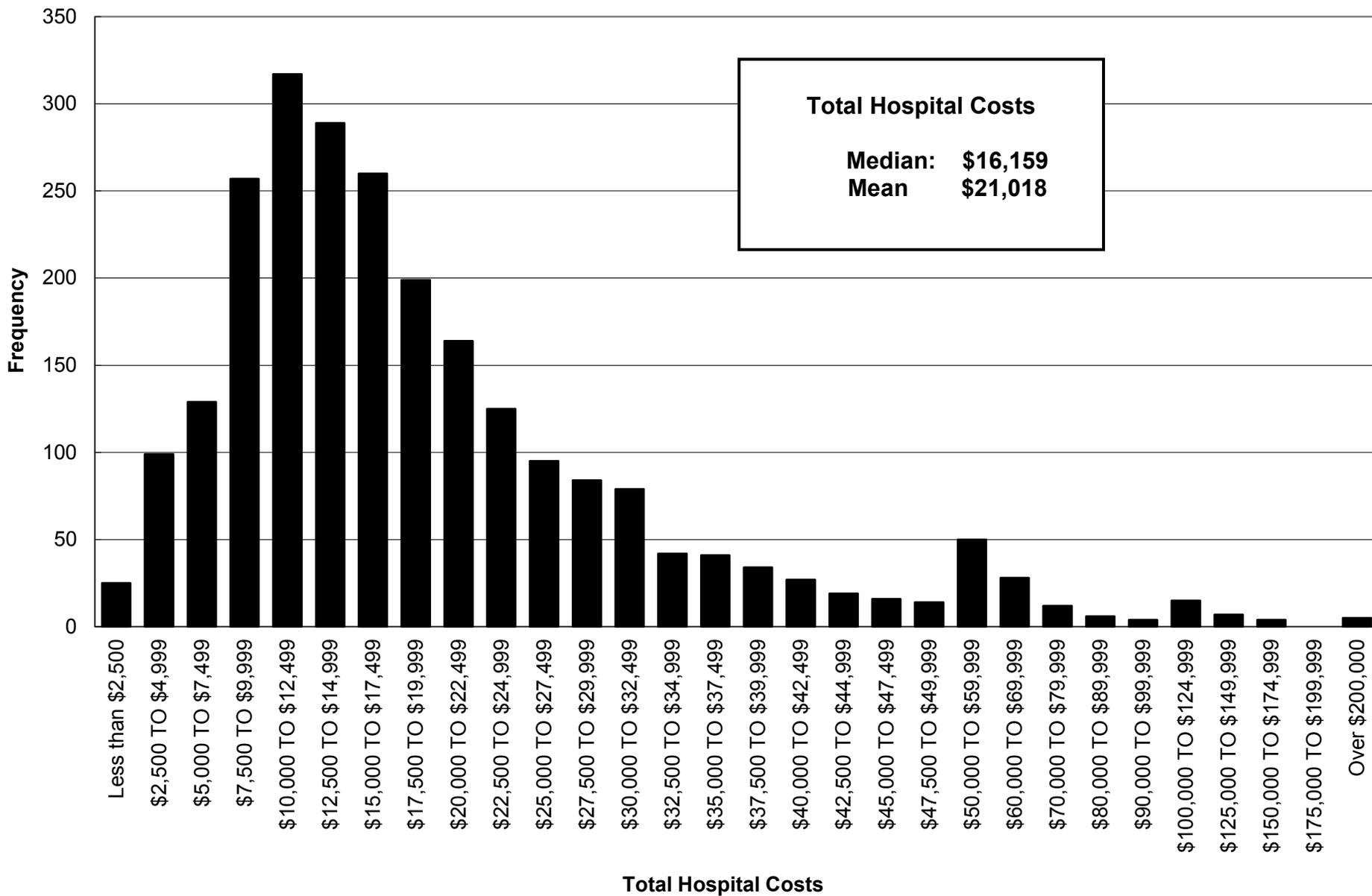


Figure 8.

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

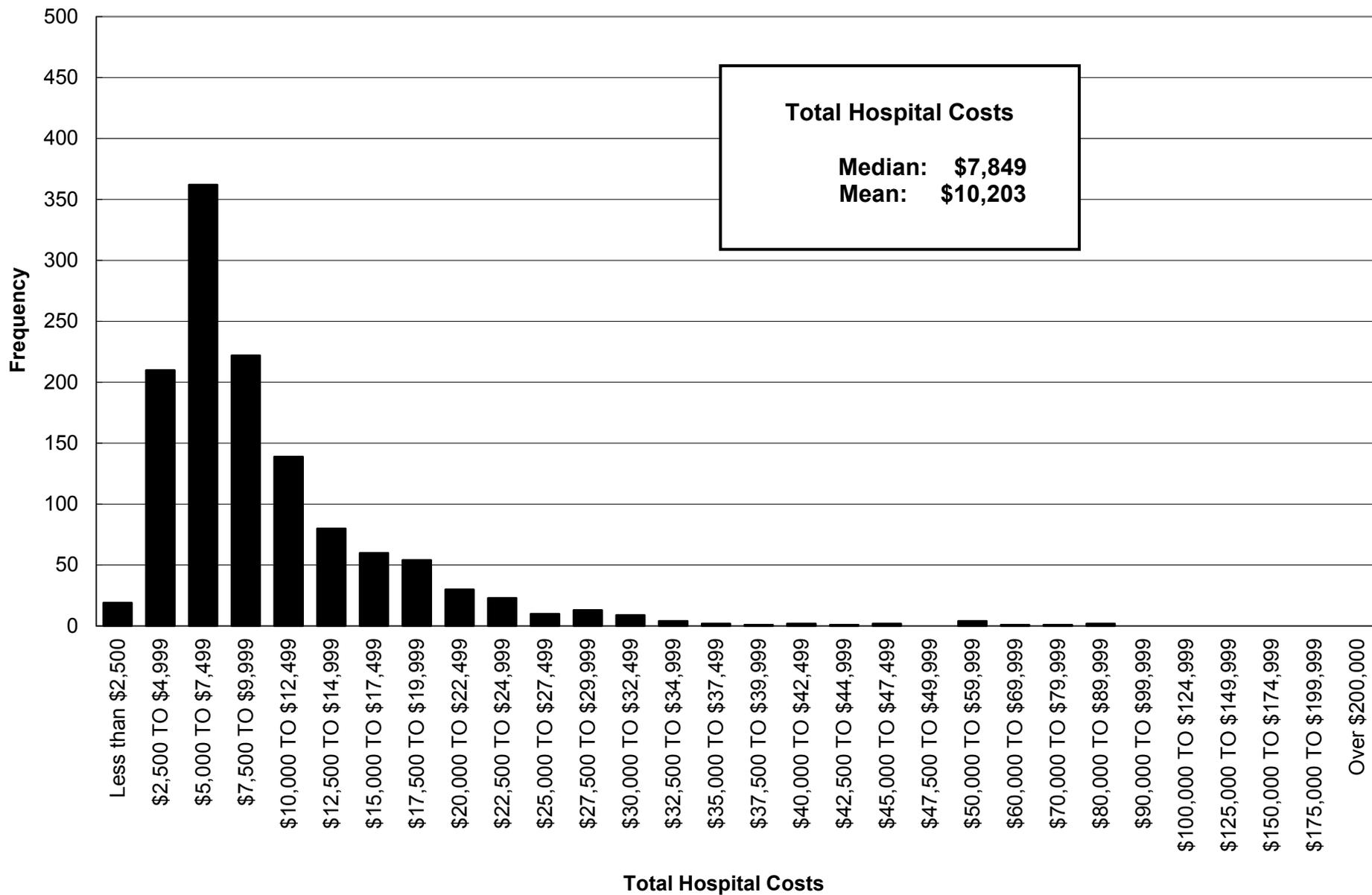


Figure 9.

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

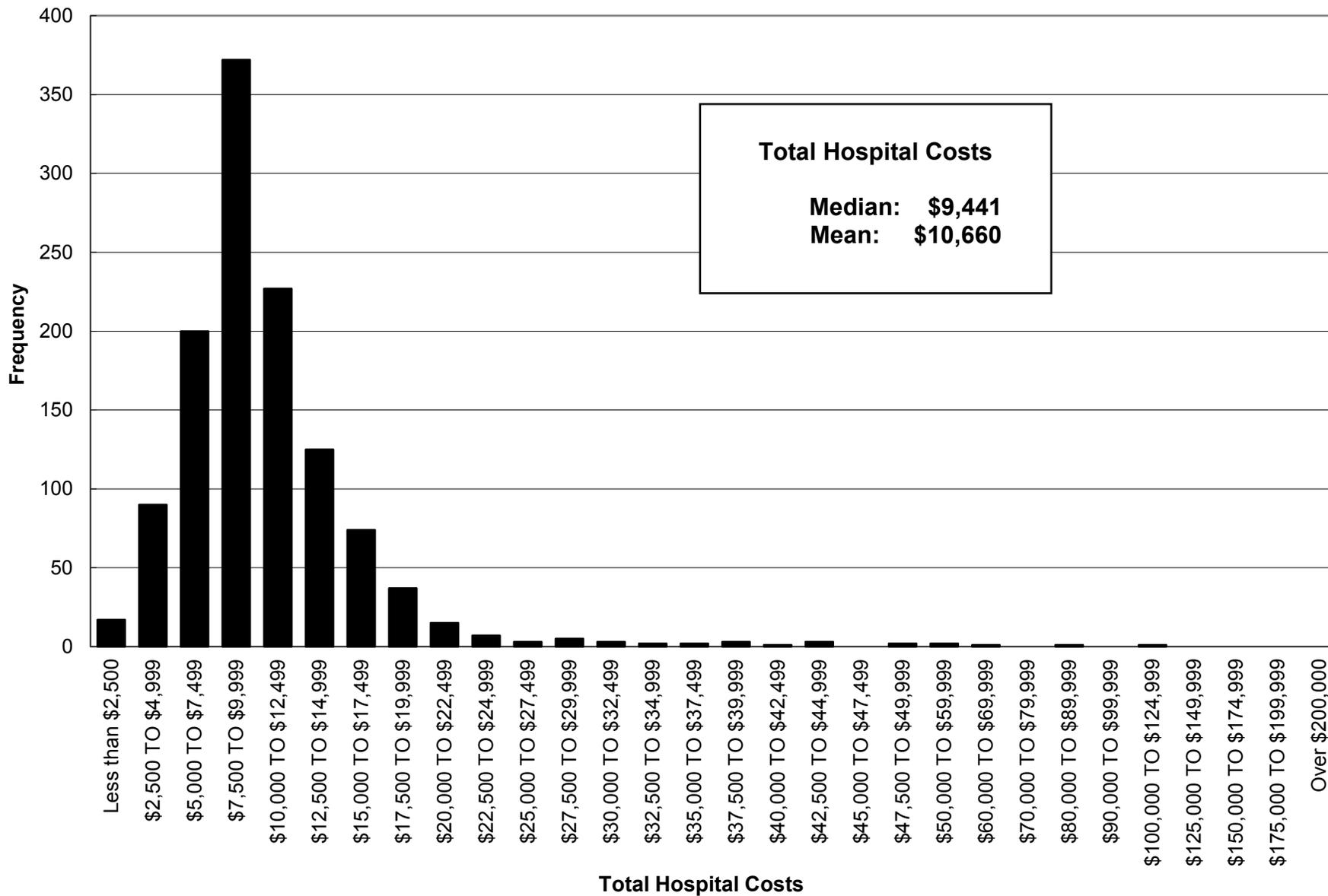


Figure 10.

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

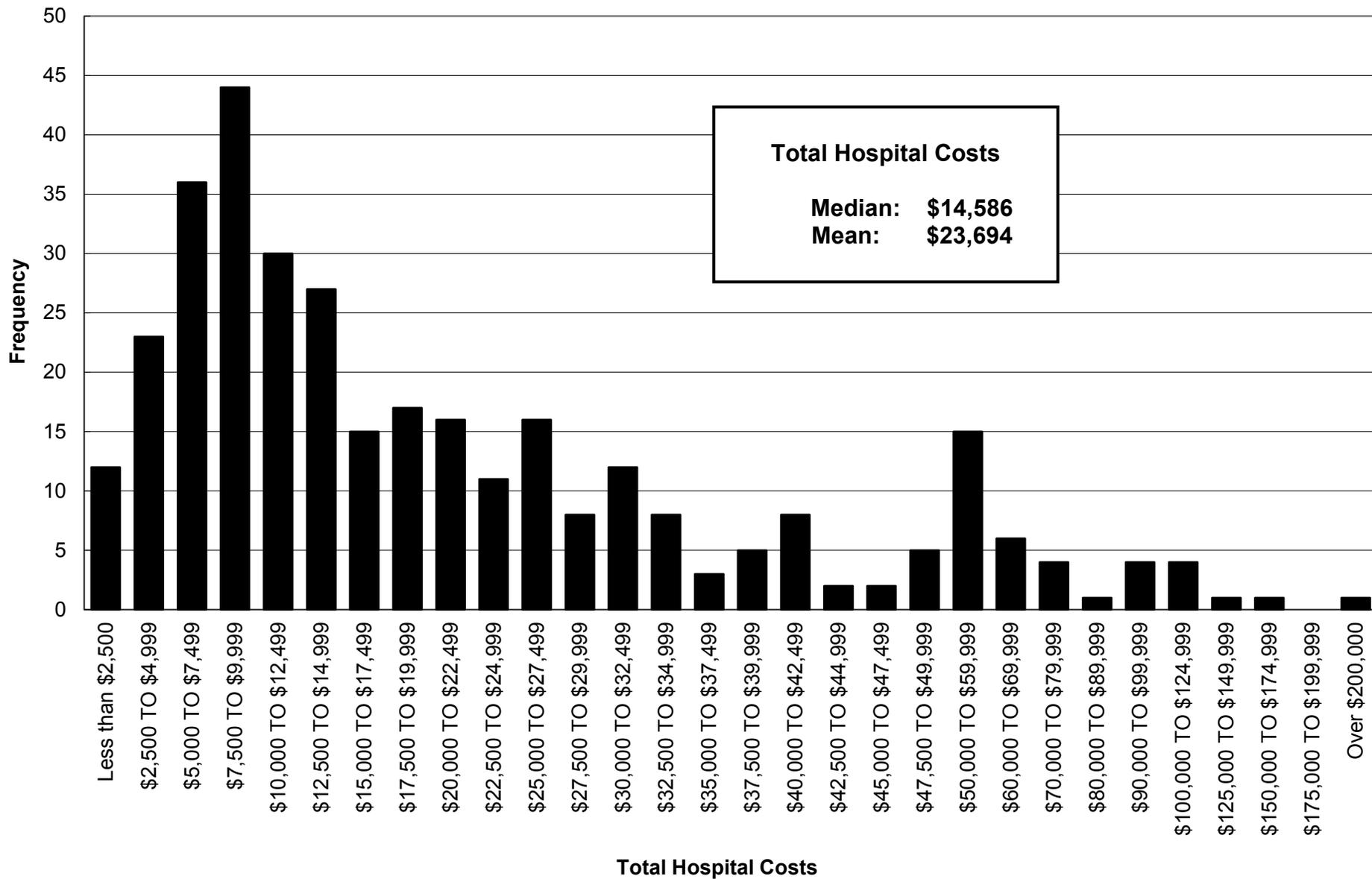


Figure 11.

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

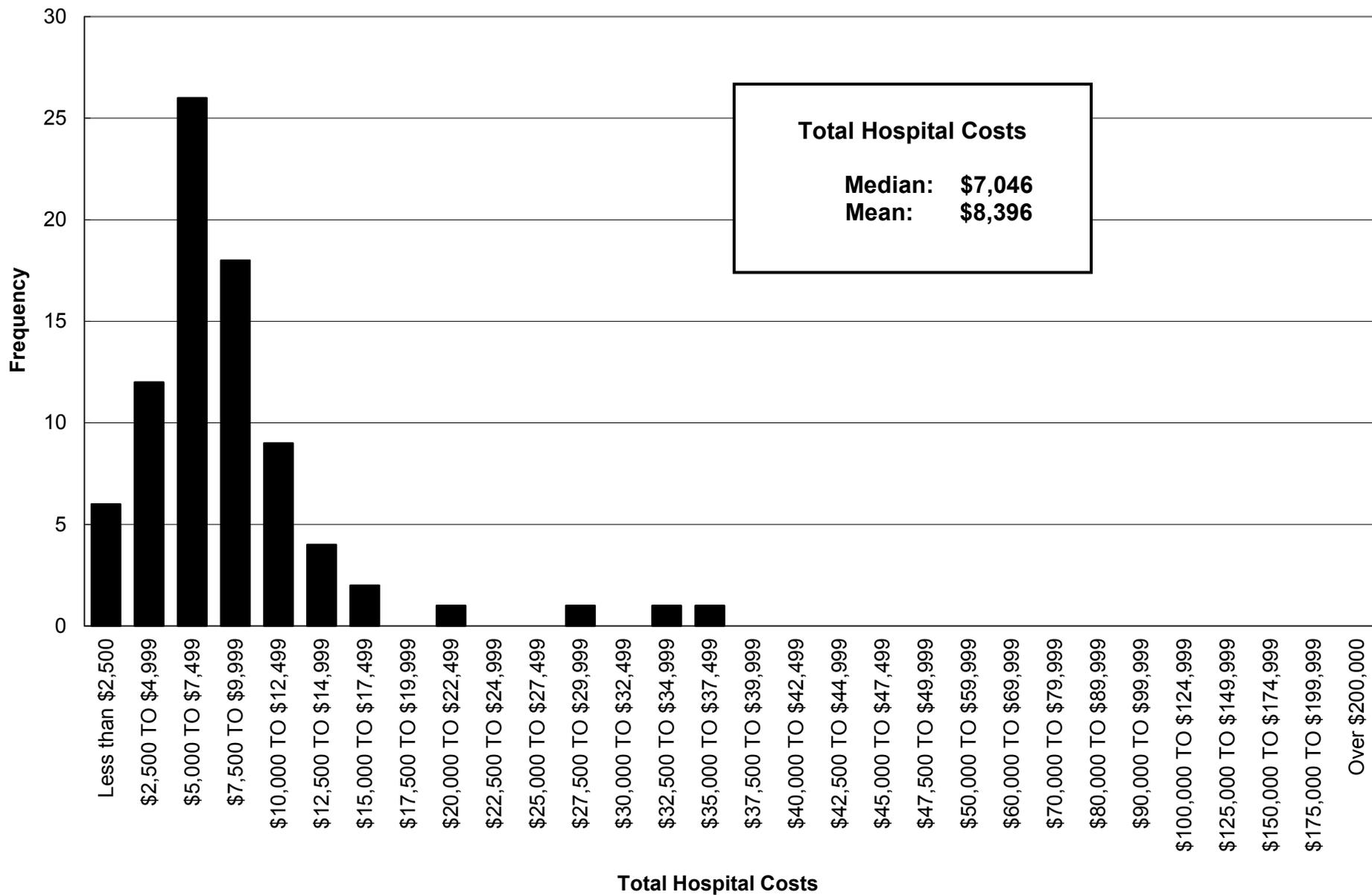


Figure 12.

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

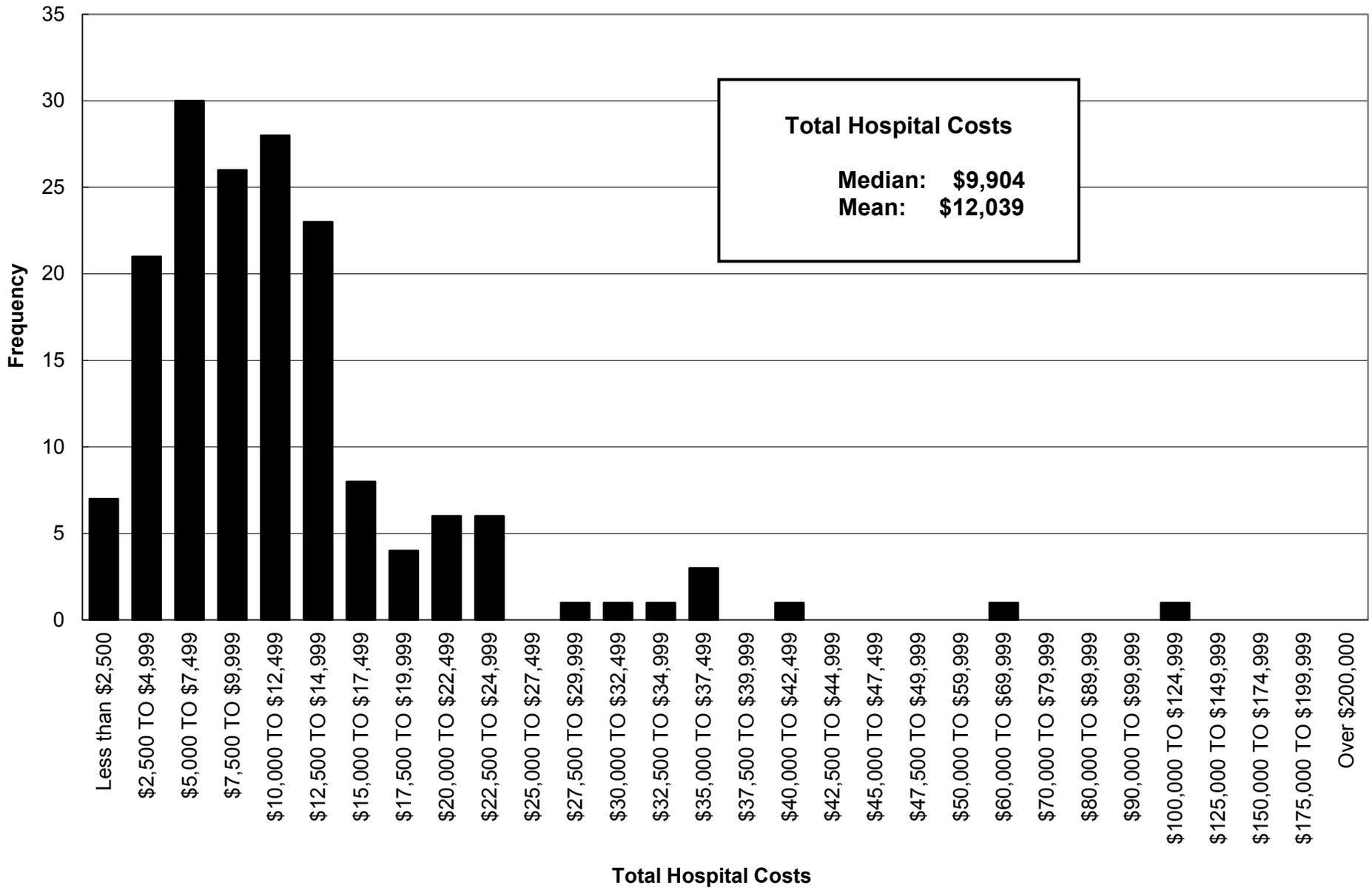


Figure 13.

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

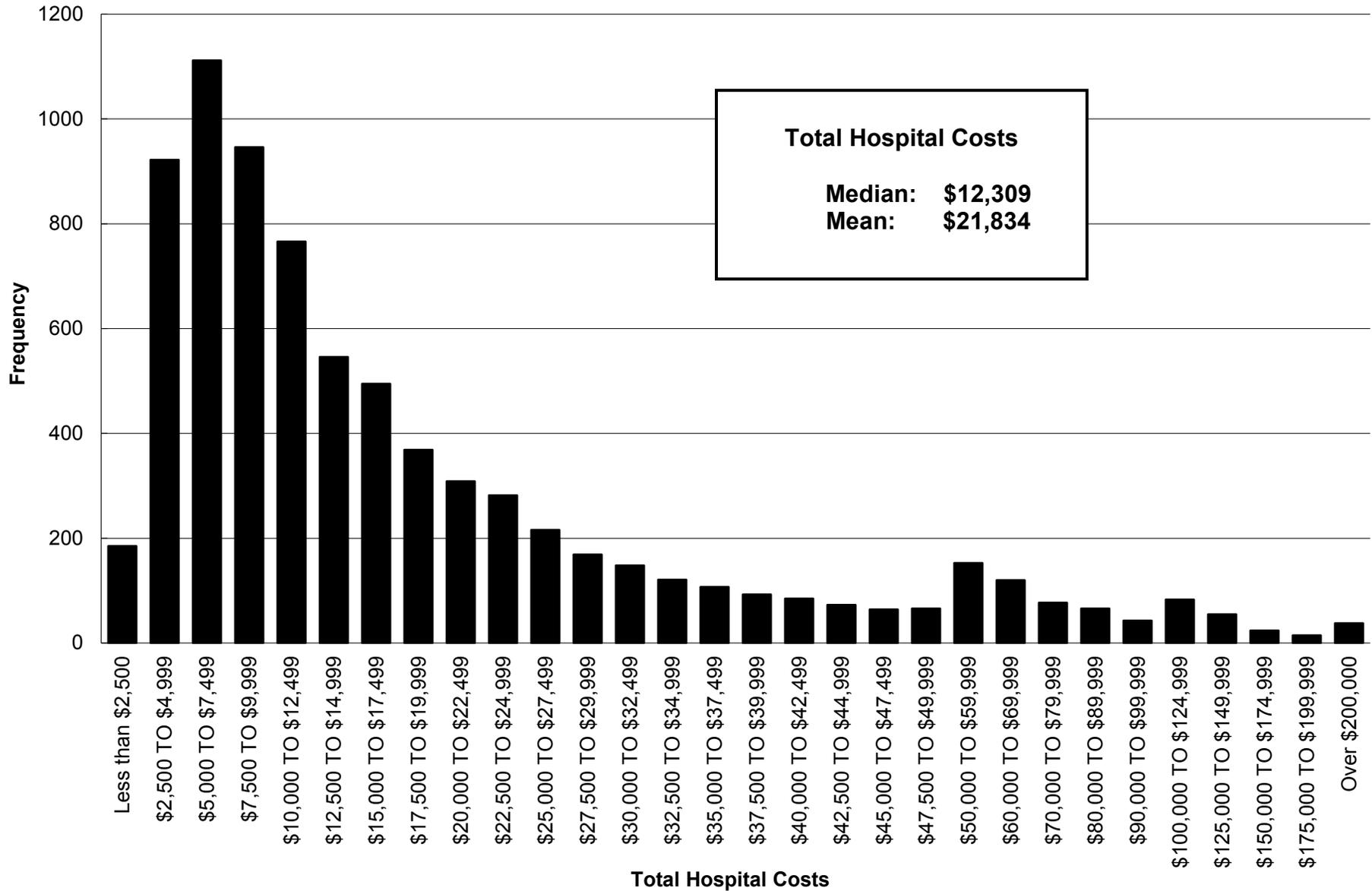


Figure 14.

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

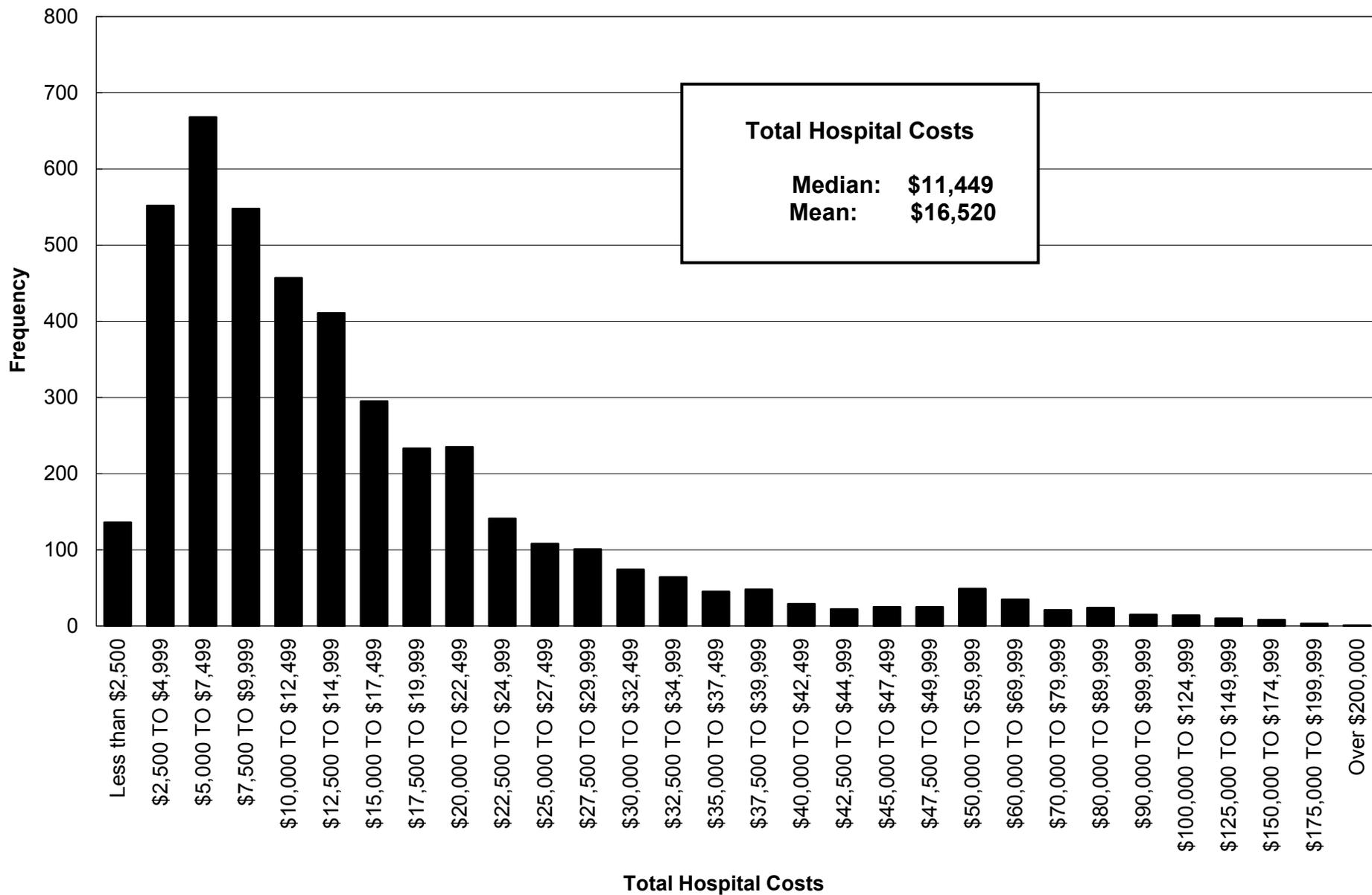
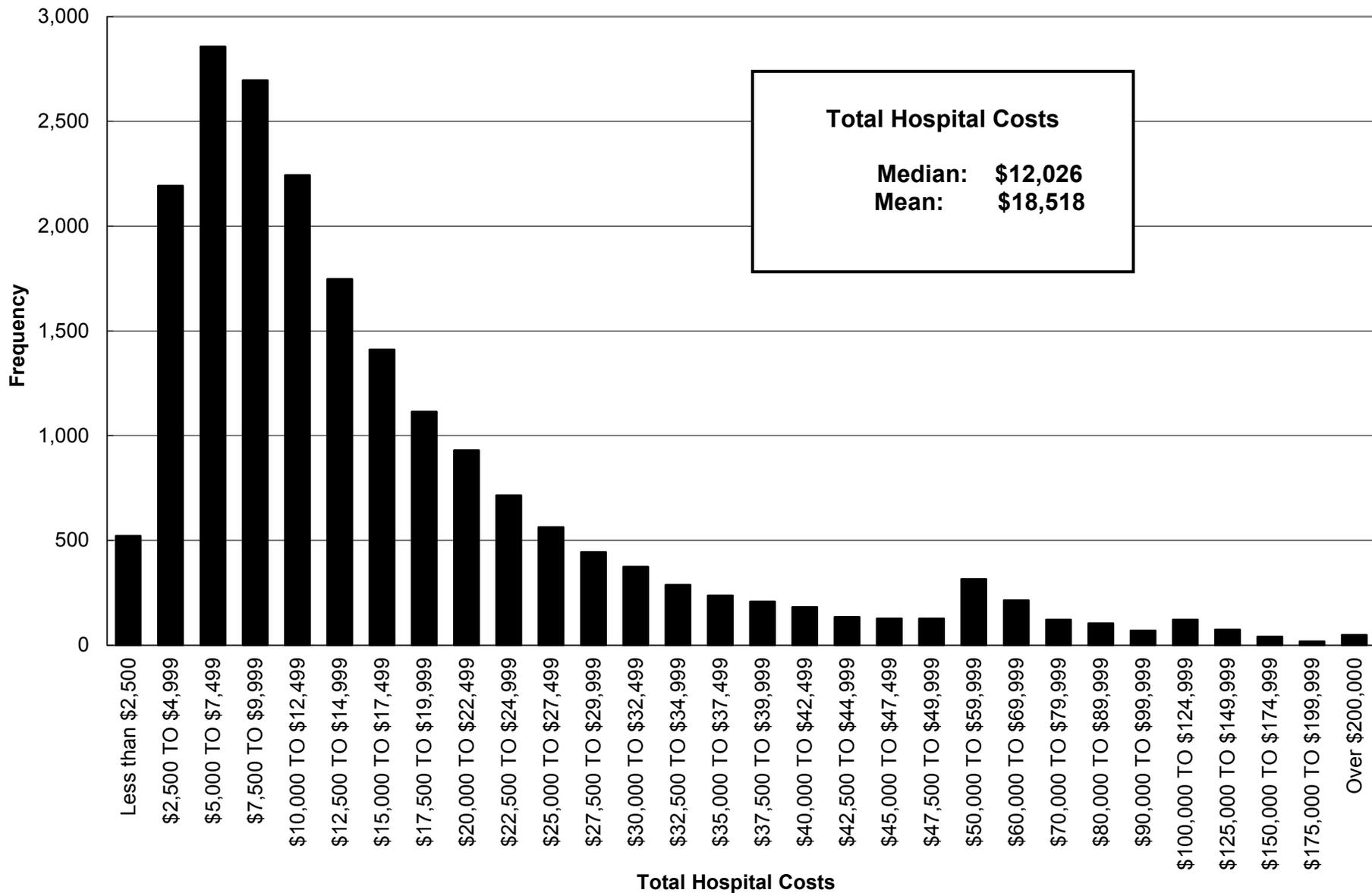


Figure 15.

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



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