DATA ANALYSIS PROJECT

Cancer

BREAST   STOMACH   BLOOD CANCER

LUNG   COLON

INDEX

DEPARTMENT

AGE

METHOD

PRIMARY

ICDO

SEQUENCE

STAGE

PRTYPE

RITYPE

FINISH

DFS

FAMILY

TOBACCO

CITY

SEX

TYPE

MORPHOLOGY

ICDO2

EXTENT

PRT

RITREATMENT

START
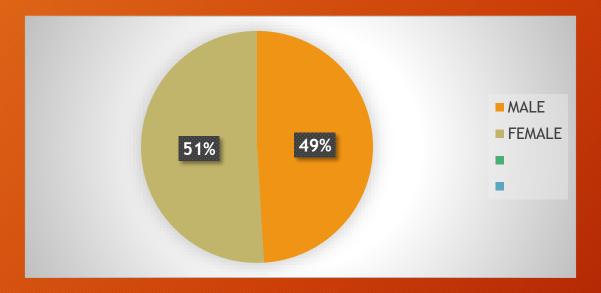
REASON

LAST DATE

ALCOHOL

JUNK

DEPARTMENT VALUE COUNTS
(Patient reported departments)

DEPARTMENT NAME	COUNTS
MEDICAL ONCOLOGY	174
SURGICAL ONCOLOGY	28
RADIATION ONCOLOGY	8
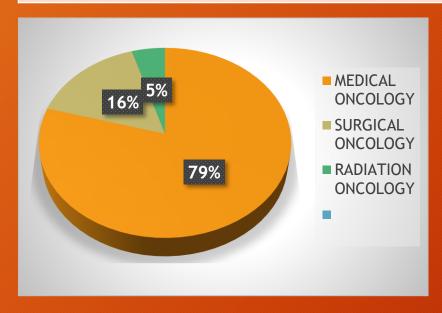
TOATL PATIENTS BASED ON GENDER (Pie chart)

SEX	COUNTS
MALE	103
FEMALE	107
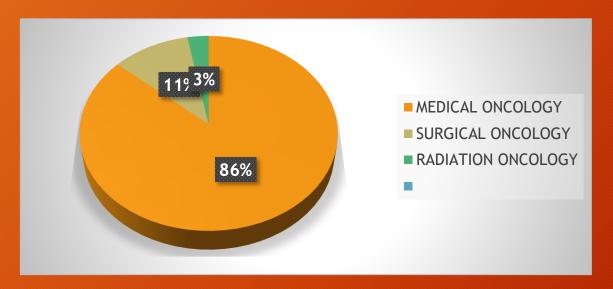
DEPATMENT COUNTS BASED ON GENDER (FEMALE)

DEPARTMENT NAME	COUNTS
MEDICAL ONCOLOGY	85
SURGICAL ONCOLOGY	17
RADIATION ONCOLOGY	5
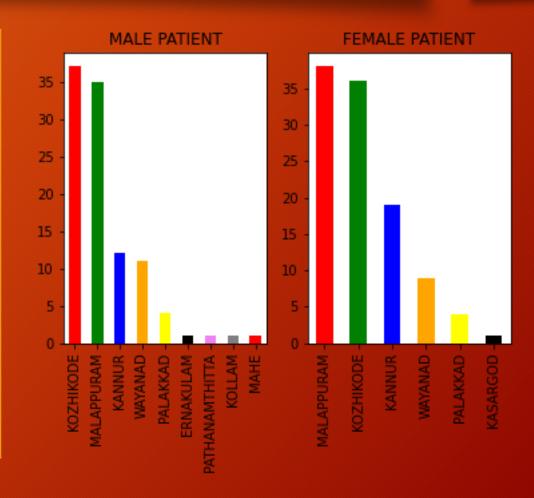
DEPATMENT COUNTS BASED ON GENDER (MALE)

DEPARTMENT NAME	COUNTS
MEDICAL ONCOLOGY	89
SURGICAL ONCOLOGY	11
RADIATION ONCOLOGY	3
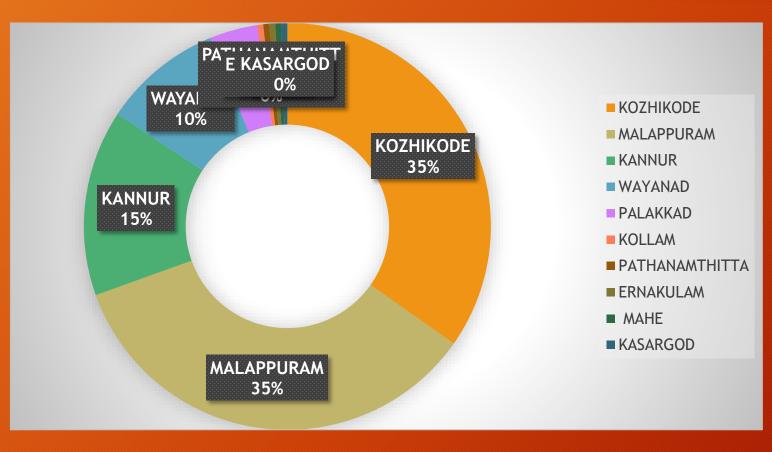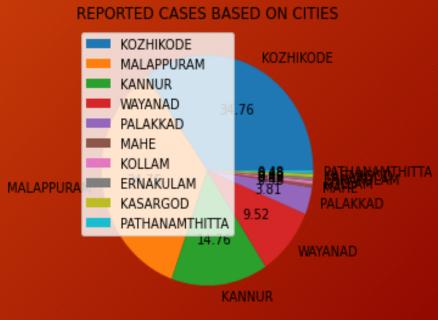
TOTAL PATIENTS BASED ON CITY

CITY	COUNT
KOZHIKODE	73
MALAPPURAM	73
KANNUR	31
WAYANAD	20
PALAKKAD	8
KOLLAM	1
PATHANAMTHITTA	1
ERNAKULAM	1
MAHE	1
KASARGOD	1

MALE PATIENT

FEMALE PATIENT

TOTAL PATIENTS BASED ON CITY PIE CHART
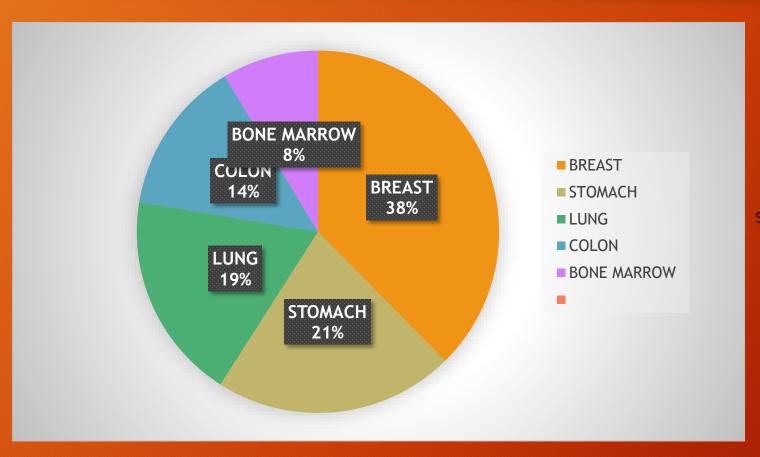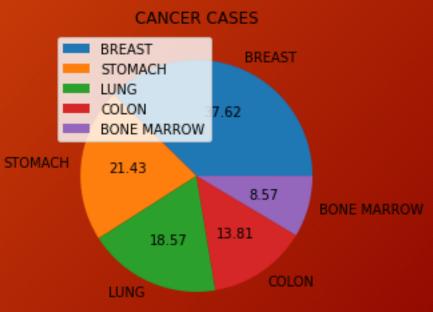
TYPE OF PRIMARY
(Cancer based on origin)

PRIMARY (CANCER ORIGIN)	COUNTS
BREAST	79
STOMACH	45
LUNG	39
COLON	29
BONE MARROW	18

TYPE OF PRIMARY
(Cancer based on origin) – PIE CHART
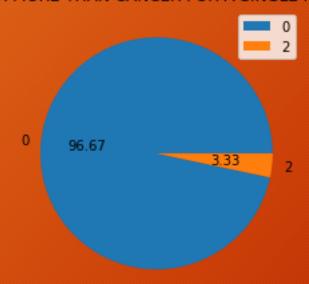
SEQUENCE
0-ONE CANCER
2-TWO PRIMARY CANCER

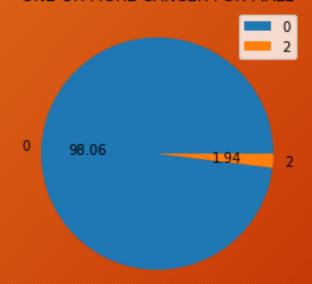| SEQUENCE	COUNT
0	203
2	7

ONE OR MORE THAN CANCER FOR A SINGLE PERSON

SEQUENCE
0-ONE CANCER,   2-TWO PRIMARY CANCER
(MALE)

SEQUENCE	COUNT
0	101
2	2

ONE OR MORE CANCER FOR MALE

SEQUENCE
0-ONE CANCER,   2-TWO PRIMARY CANCER
(FEMALE)

SEQUENCE	COUNT
0	102
2	5
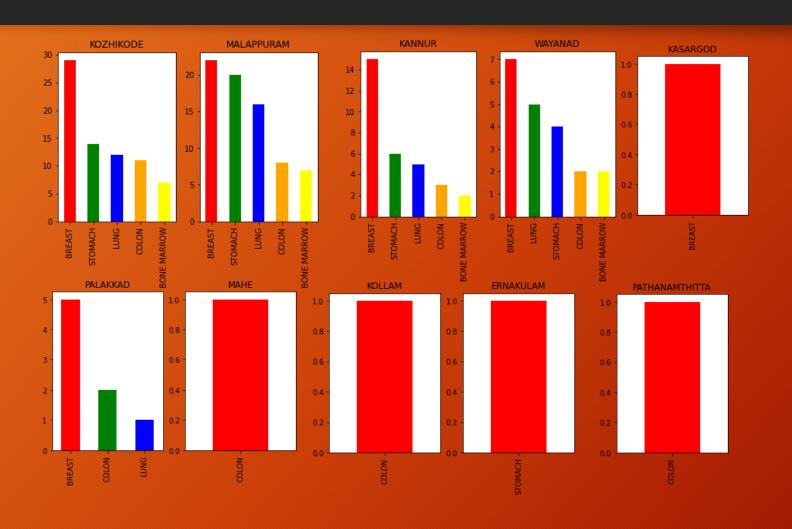
ONE OR MORE CANCER FOR FEMALE
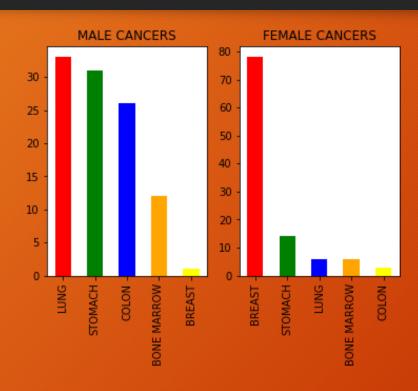
PRIMARY CANCER CASES REPORTED BY GENDER

ORIGIN	MALE	FEMALE
BREAST	1	78
LUNG	33	6
STOMACH	31	14
COLON	26	3
BONE MARROW	12	6

CANCER IN CITY

PRIMARY CANCER CASES REPORTED BY GENDER – BAR CHART
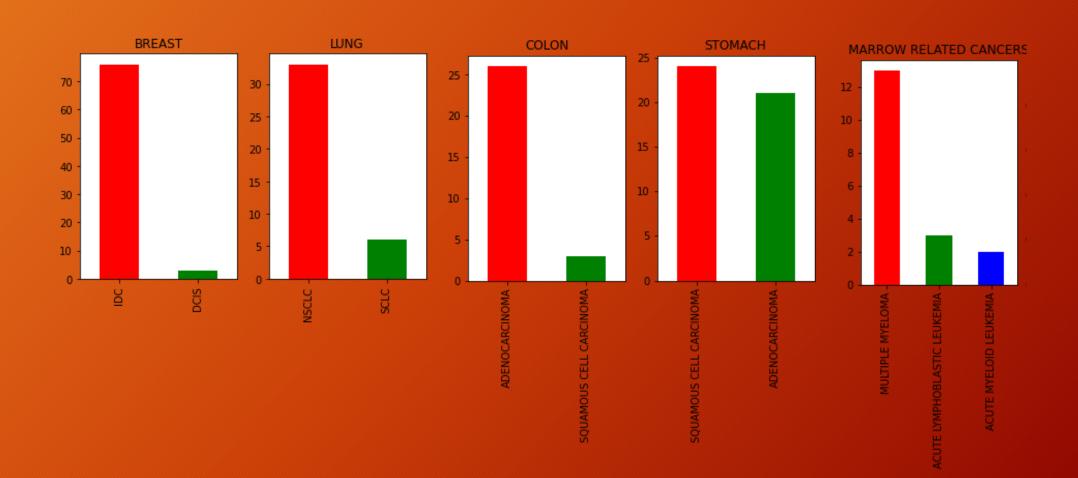
INTERNATIONAL CODE CLASSIFICATION FOR PRIMARY (ICDO)

ICDO	COUNT
C50.9 (BREAST)	79
C16.9 (STOMACH)	45
C34.9 (LUNG)	39
C18.9 (COLON)	29
C42.1 (BONE MARROW)	18

INTERNATIONAL CODE CLASSIFICATION FOR MORPHOLOGY (ICDO)

ICD0	COUNT
814033 (Adenocarcinoma)	86
850033 (IDC)	76
807033 (Squamous cell carcinoma)	27
973239 (Multiple Myeloma)	13
980139 (Acute Lymphoblastic Leukemia)	3
801033 (DCIS)	3
986139 (Acute Myeloid Leukemia)	2
804133 (SCLC)	
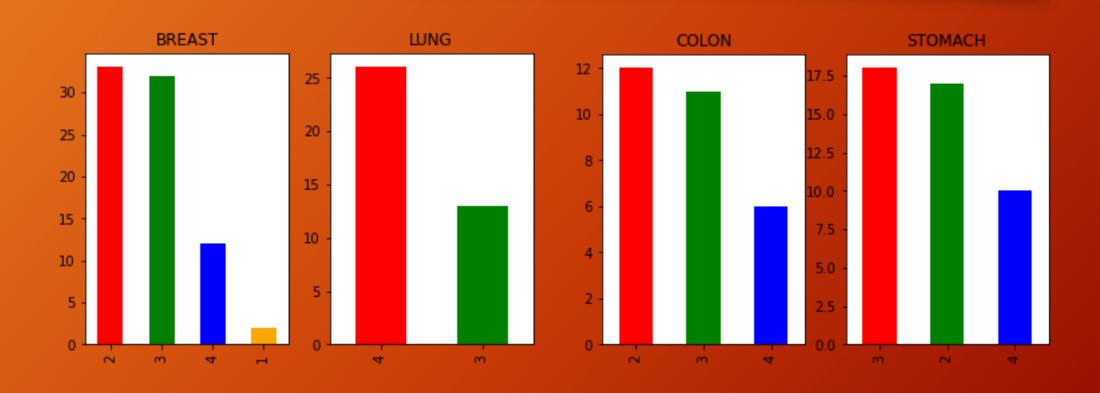
CANCER AND MORPHOLOGY – BAR CHART

CANCER DETECTED AT DIFFERENT STAGE

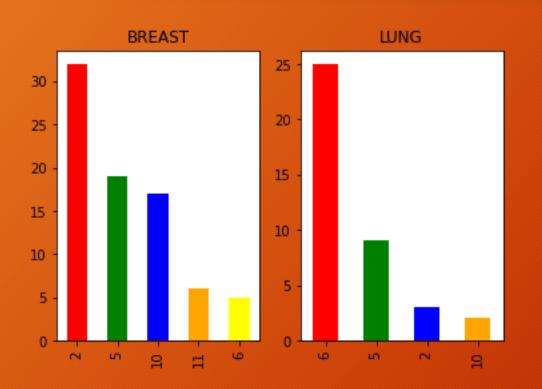| STAGE	COUNT
1	2
2	62
3	74
4	54
888 (Unknown)	18

STAGE IN CANCER – BAR CHART

STAGE IN CANCER
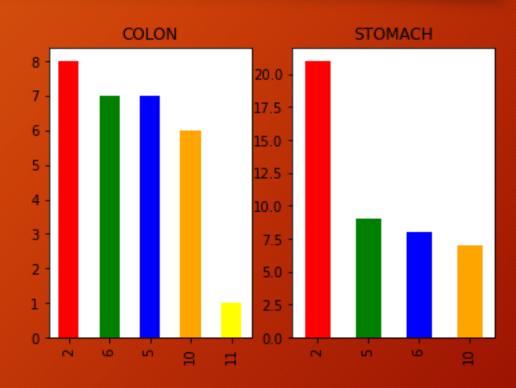
EXTENT OF THE DISEASE WHILE REPORTING AT INSTITUTION (2-Localised disease, 5-Direct extension with regional nodes, 6-Distant metastasis, 9-Not applicable, 10-Treated elsewhere, 11-Recurrent cancer)

EXTENT	COUNTS
2	64
5	44
6	45
9	18
10	32
11	7

CANCER AND EXTENT OF DISEASE
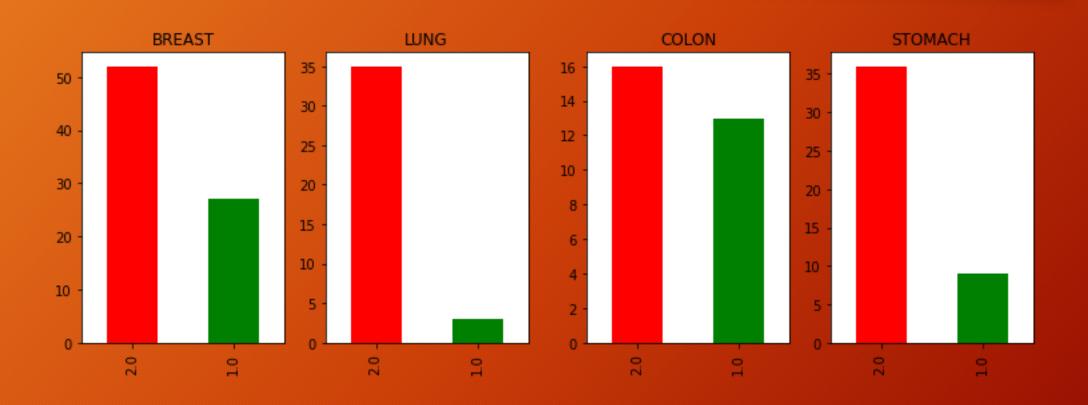
TREATMENT TAKEN PRIOR TO REPORING INSTITUTION

PRT	COUNT
1 (Yes)	54
2 (No)	155

PRIOR TREATMENT HISTORY BEFORE REPORING TO INSTITUTION – BAR CHART

TYPE OF TREATMENT TAKEN PRIOR TO REPORTING INSTITUION

PRT	COUNTS
1 (Surgery)	26
2 (Radiotherapy)	1
3 (Chemotherapy)	5
4 (S+R)	1
5 (S+C)	6
6 (C+R)	2
7 (S+R+C)	2
13 (S+C+H)	3
15 (S+C+R+H)	2
99 (Unknown)	7
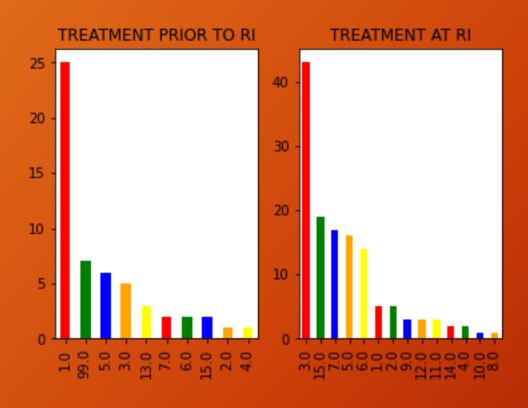
TREATMENT TAKEN AT REPORTING INSTITUION

RITREATMENT	COUNT
1 (Yes)	136
2 (No)	2
4 (Incomplete treatment)	19

TYPE OF TREATMENT TAKEN FROM REPORT INSTITUTION

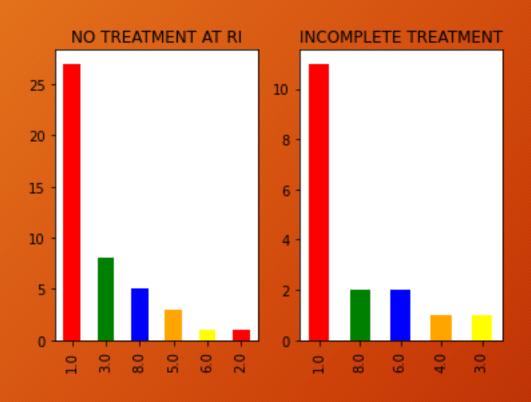| RI TYPE	COUNT
1 (Surgery)	7
2 (Radiotherapy)	7
3 (Chemotherapy)	45
4 (S+R)	2
5 (S+C)	17
6 (C+R)	14
7 (S+R+C)	17
8 (Hormone)	1
9 (S+H)	3
10 (R+H)	1
11 (C+H)	3
12 (S+R+H)	3
13 (S+C+H)	1
14 (R+C+H)	3
15 (S+C+R+H)	19
88 (Others)	1

TYPE OF TREATMENT RECEIVED PRIOR TO INSTITUTION AND TREATMENT RECEIVED AT RI

REASON FOR INCOMPLETE - PARTIAL TREATMENT FROM REPORTING INSTITUION

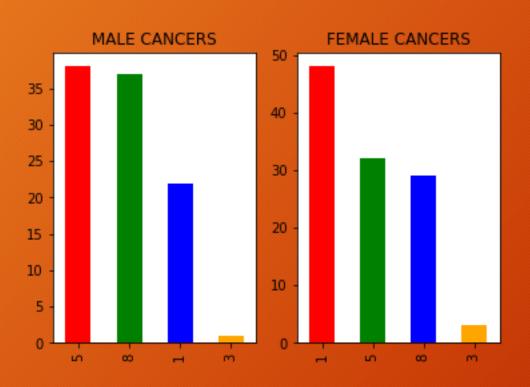| REASON	COUNT
1 (Declined)	38
2 (Advised to take planned treatment from outside)	1
3 (Advised to take symptomatic treatment from elsewhere)	1
4 (Death during treatment)	1
5 (Death before initiating treatment)	4
6 (Discontinued because of inability to tolerate treatment)	6
8 (Others)	11
9 (Unknown)	1

REASON FOR NON-TREATMENT – INCOMPLETE TREATMENT
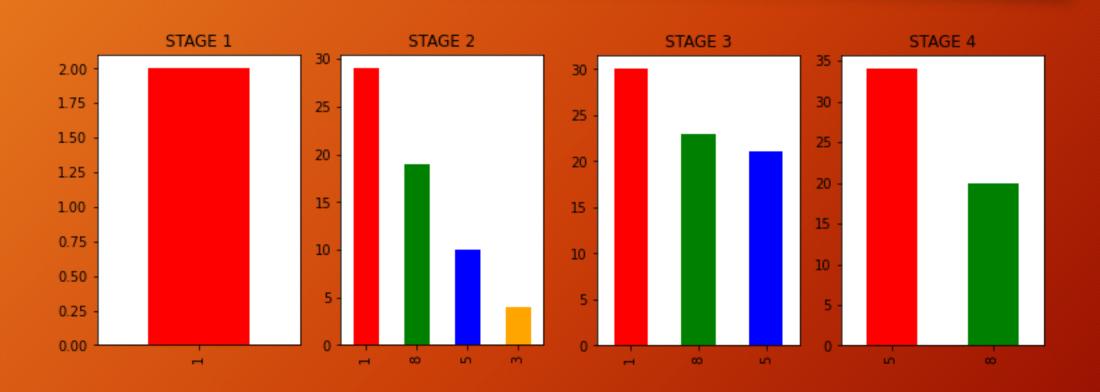
DFS
PATIENT'S CANCER STATUS AFTER 6 MONTHS / COMPLETION OF TREATMENT

DFS	COUNTS
1 (No evidence of disease)	70
3 (New cancer primary detected)	4
5 (Cancer in progression)	70
8 (Others)	66
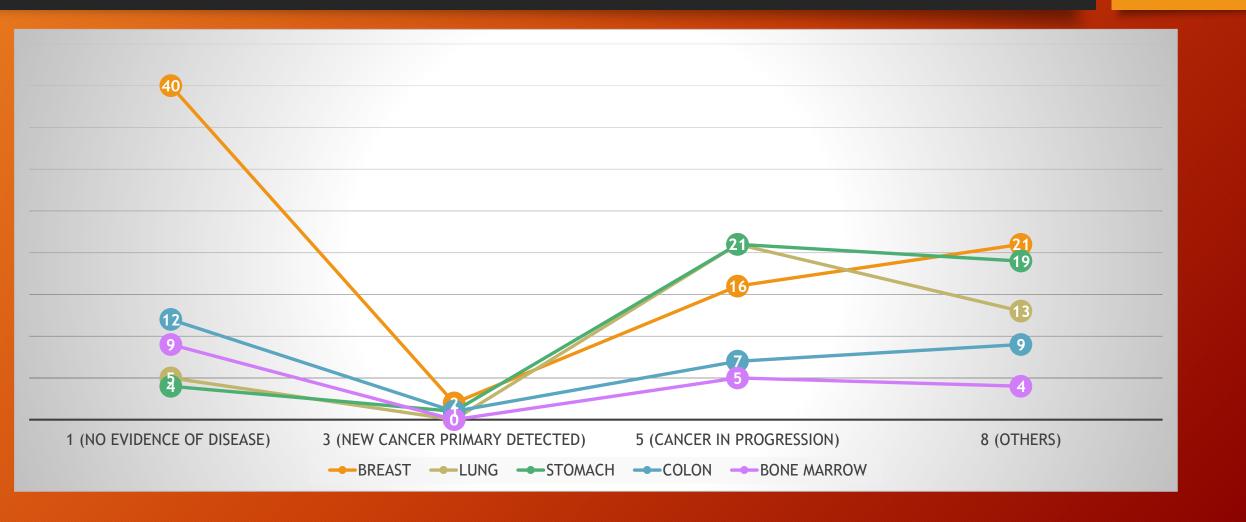
DFS IN GENDER
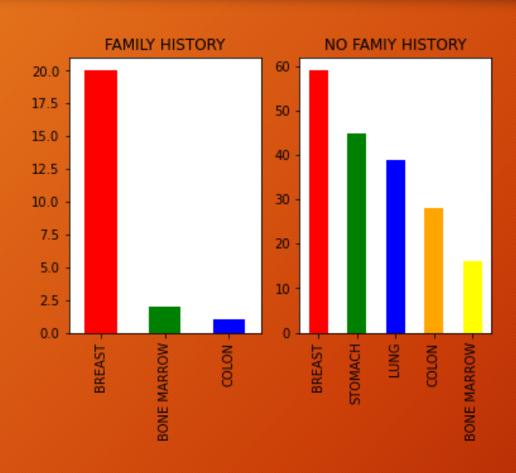
STAGE AND DFS – BAR CHART

DFS AND CANCER

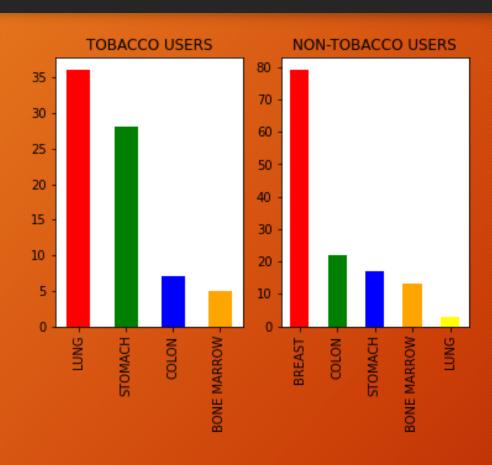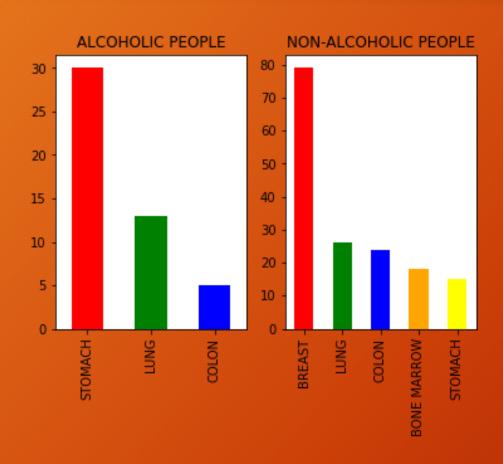|	1 (NO EVIDENCE OF DISEASE)	3 (NEW CANCER PRIMARY DETECTED)	5 (CANCER IN PROGRESSION)	8 (OTHERS)
BREAST	40	2	16	21
LUNG	5		21	13
STOMACH	4	0	21	19
COLON	12		7	9
BONE MARROW	9	0	5	4

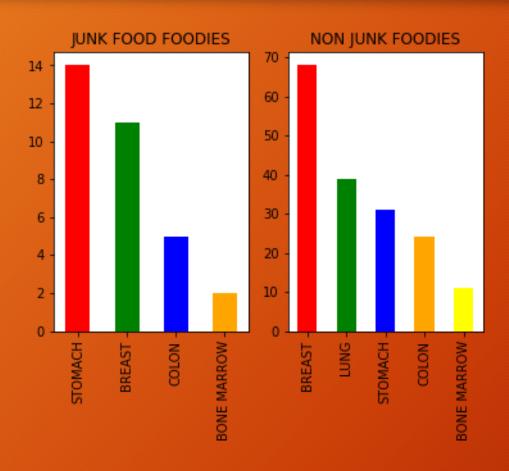# FAMILY HISTORY OF CANCER

SMOKERS AND NON-SMOKERS IN ALL PRIMARY

ALCOHOLIC AND NON-ALCOHOLIC PEOPLE

JUNK FOOD AND CANCER

CONCLUSION

- WHEN COMPARING WITH STAGE AND DFS
- The chances of survival for early detection cancer is very high.
- Detection of cancer at Stage I, II, III has very important role in disease free survival.

Suggestion – Promotion of cancer screening to detect early cancers.

BREAST CANCER

- Is now common in ladies.

- Chances of cure and survival for breast cancer is very high.

- Stage I, II, III patient's DFS is very high.

- When comparing with all other caners <45 aged female patient's cause of cancer is family history.

- There is no direct relation for substance abuses in breast cancer.

Suggestion - Early detection and annual screening for female who aged more than 45 is to be promoted.

If one of the family member has a history of cancer – 1. Do proper breast examination after bath. 2. Do annual screening. 3. Perform breast removal and ovary removal if clinically indicated to avoid cancer. 4. Meet Oncologist annually.

- LUNG
- The main cause of lung cancer is because of smoking. Another cause of alcohol abuse.
- Early detection does not make any sense if patient has smoking history.
- Early detection is good if patient does not have any substance abuse history.

Suggestion

Quit tobacco program is promoted.

Please quite tobacco and alcohol use *** The important and main suggestion to avoid Lung cancer.

- Stomach and Colon Cancer
- Both of them have common reason. Alcohol and tobacco use.
- Lifestyle change is the main reason for Stomach cancer and also for colon cancer (eg: outside food, junk food, smoky foods).
- Early detection of Colon cancer has a chances of high disease free survival.

Suggestion
- Quit – Smoking. Alcohol use.
- Lifestyle modification – Avoid outside food, Junk foods, Smoky foods. Avoid usage of high volume of red meet.

- Bone marrow

Only Family history and Genetic cause may lead to bone marrow related cancers.

No other specified reason for bone marrow related cancers.

Thank you

SHAN