

KIDNEY CANCER SUMMARY

An estimated 51,190 new cases of adult kidney cancer will be diagnosed in 2007, and an estimated 12,890 deaths will occur from kidney cancer. Kidney cancer develops most often in people over 40. Risk factors that increase a person's chance of developing the disease and have been associated by research with the onset of kidney cancer are smoking, obesity, high blood pressure, long-term dialysis, gender, Von Hippel-Landau syndrome, and occupations related to workplace exposure to certain chemicals. Most people with these risk factors do not develop kidney cancer, and most

people that develop the disease have no risk factors. Concerns about risk should be discussed with the person's physician and appropriate surveillance should be scheduled.

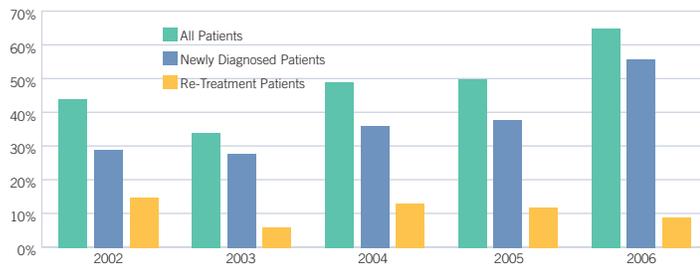
Cancer that forms in the tissues of the kidneys in adults includes renal-cell carcinoma that forms in the lining of the tubules in the kidney that filter the blood and remove waste products, and renal-pelvis carcinoma, a cancer that forms in the center of the kidney where the urine collects. In children, kidney cancer includes Wilms tumor, which is a type that usually

Chemotherapy, immunotherapy, and biologic response modifiers may have a role in the treatment of individual kidney cancer patients, and this is determined by consultation with oncology specialists.

develops in young children. Treatment includes surgery and may also include chemotherapy, radiation therapy, immunotherapy and vaccine therapy. In 2006 and 2007, Stony Brook's oncologists are utilizing cutting-edge therapies that include immunotherapy and molecular targeting agents

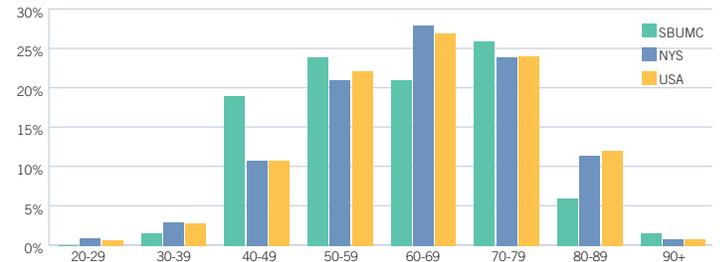
such as tyrosine kinase inhibitors that aid in molecular inhibition of epidermal growth factor receptors. These agents are under active investigation as a promising cancer treatment strategy in the setting of metastatic renal-cell carcinoma of the kidney.

FIVE-YEAR TREND Kidney Cancer At SBUMC



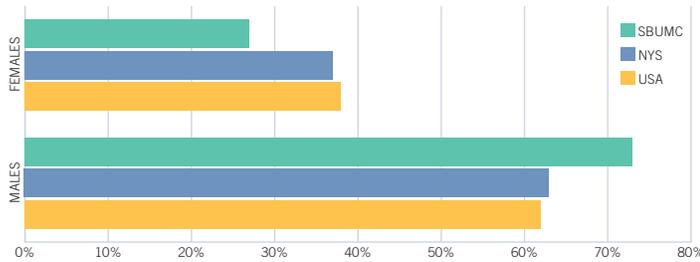
AGE AT DIAGNOSIS Kidney Cancer

Comparing SBUMC 2006 vs. NCDDB NYS and USA Benchmark Data



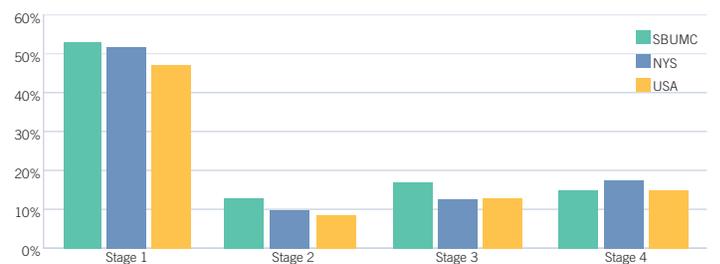
GENDER Kidney Cancer

Comparing 63 SBUMC Cases 2006 vs. 1,745 Cases in NCDDB as Reported by 64 Hospitals in NYS, and 29,840 Cases in NCDDB as Reported by 1,309 Hospitals in USA, 2004



STAGE AT DIAGNOSIS Kidney Cancer

Comparing SBUMC 2006 vs. NCDDB NYS and USA Benchmark Data



The number of adult kidney cancer patients first seen at Stony Brook for their initial diagnosis and treatment has increased over the past five years. A site survey of these patients first encountered at Stony Brook in 2006 demonstrated a higher onset in the fourth and fifth decades than the national average of the sixth and seventh decades, indicating that Stony Brook clinicians are seeing patients diagnosed at a younger age than the national average. There is a higher incidence among males compared to females both at Stony Brook

and nationwide. Approximately 50% of patients are diagnosed with localized tumors. Tumor spread to each of the other staging categories of regional tissue, regional lymph nodes, or distant metastatic sites occur in 12 to 18% of patients. The primary treatment is most often surgery. Chemotherapy, immunotherapy, and biologic response modifiers may have a role in the treatment of individual kidney cancer patients, and this is determined by consultation with oncology specialists. Specialists evaluate individual patients in the light of available standard or emerg-

ing therapies. Patient outcomes at Stony Brook are relatively in line with national statistics. Factors that affect five-year survival include the stage of the disease at diagnosis, treatment modalities utilized, and the patient's other medical conditions as determined at the time of initial diagnosis and evaluation.

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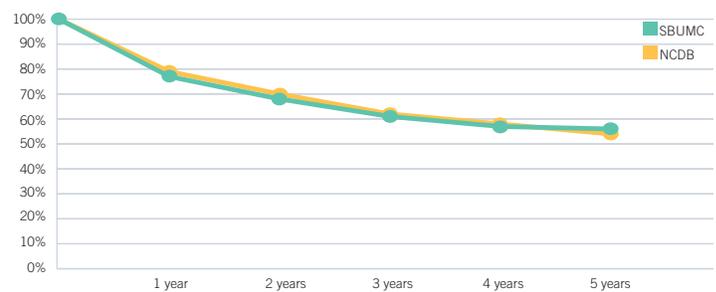
TREATMENT MODALITIES
Kidney Cancer

SBUMC 2006, 55 Newly Diagnosed Cases



5-YEAR SURVIVAL
Kidney Cancer

Comparing 100 SBUMC Cases 1998-2000 vs. 15,467 NCDDB Cases 1998-1999



SURGICAL TREATMENT
Kidney Cancer

SBUMC 2006, 55 Newly Diagnosed Cases

