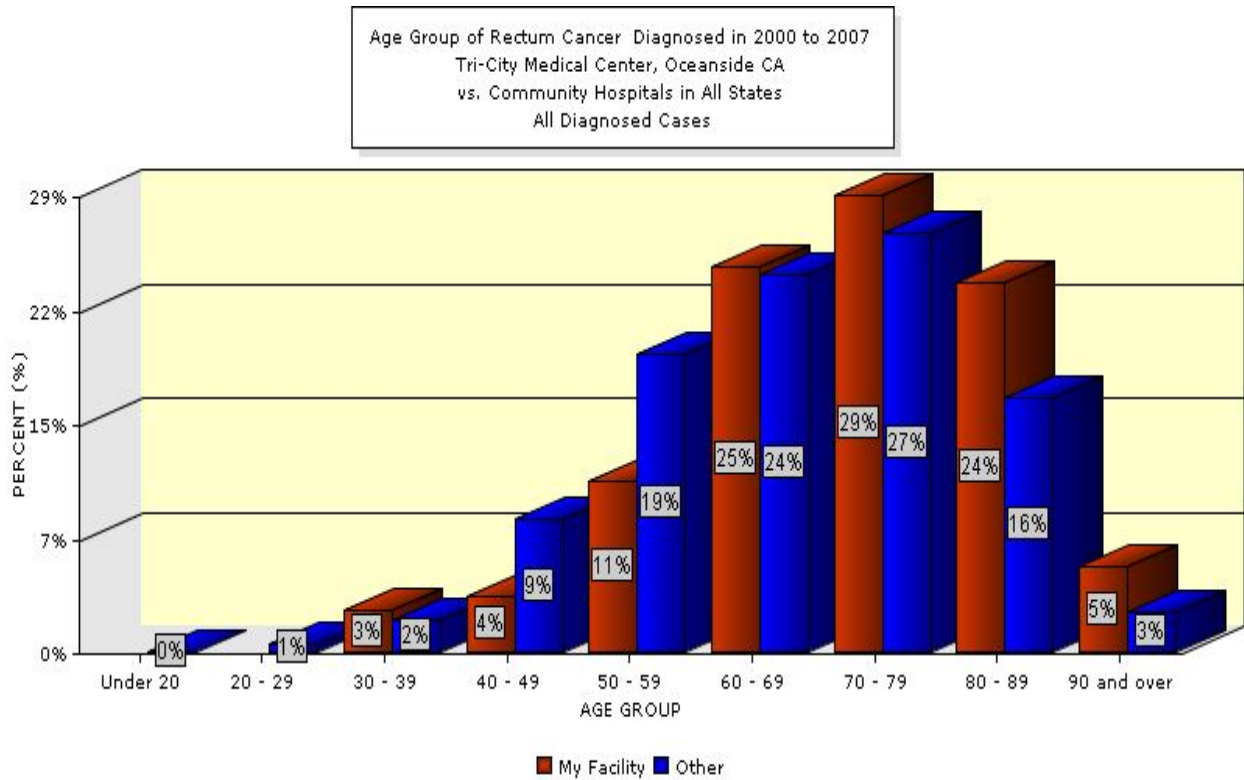


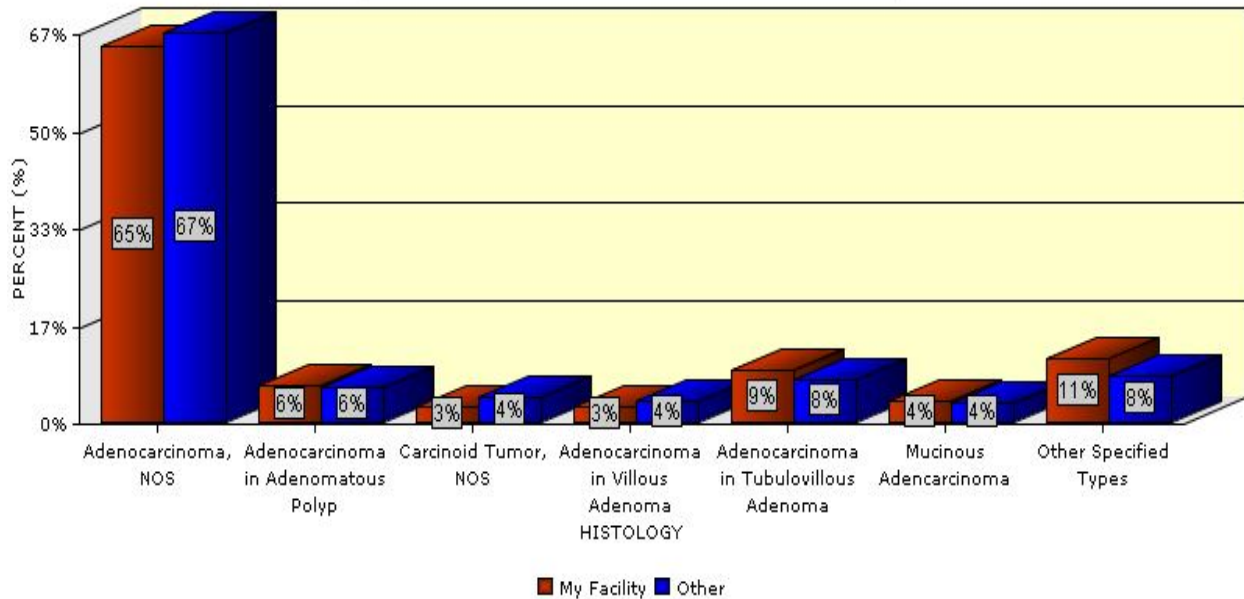
RECTAL CANCER COMPARATIVE DATA



Graph # 1

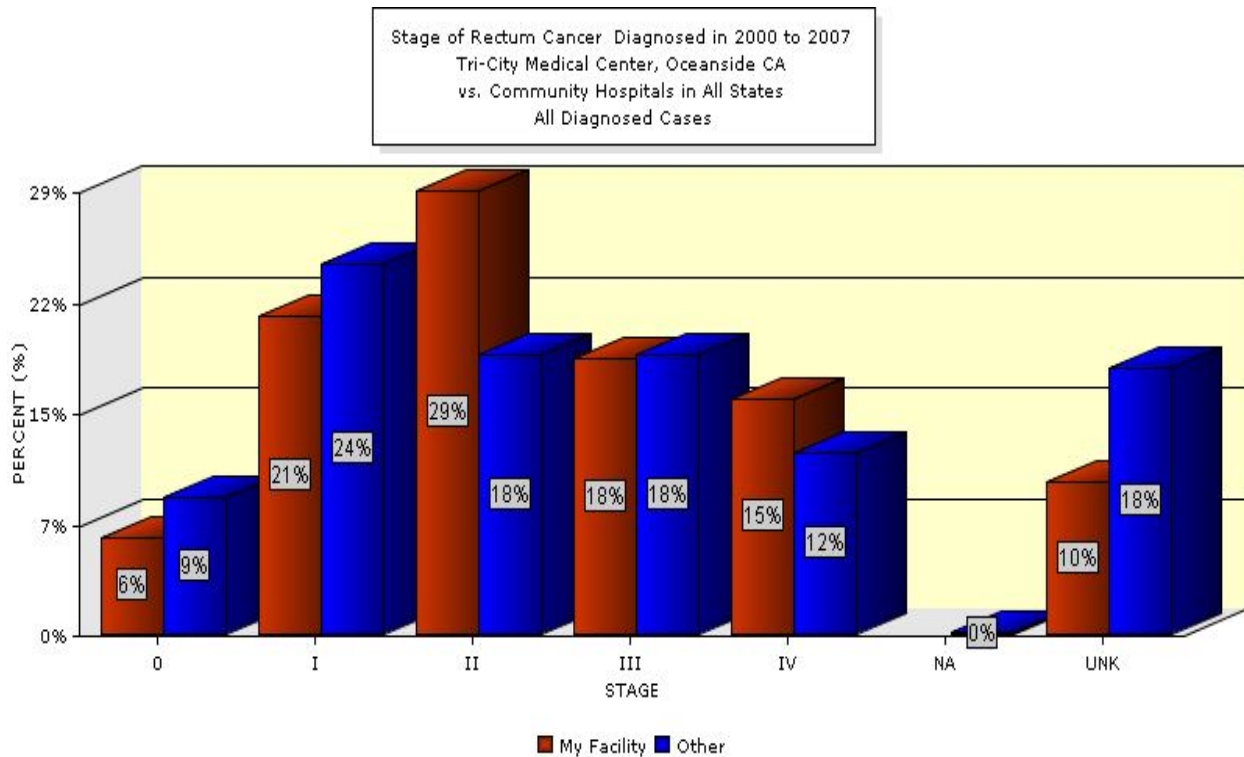
This first graph demonstrates rectal cancer age at diagnosis for TCMC in red and nationally in blue. As expected, incidence parallels age until 80 to 90 when a precipitous drop heralds competing life-limiting comorbidities. We trended to have more elderly patients at TCMC, 53% aged 70 to 89 compared to 43% nationally aged 70 to 89.

Histology of Rectum Cancer Diagnosed in 2000 to 2007
 Tri-City Medical Center, Oceanside CA
 vs. Community Hospitals in All States
 All Diagnosed Cases



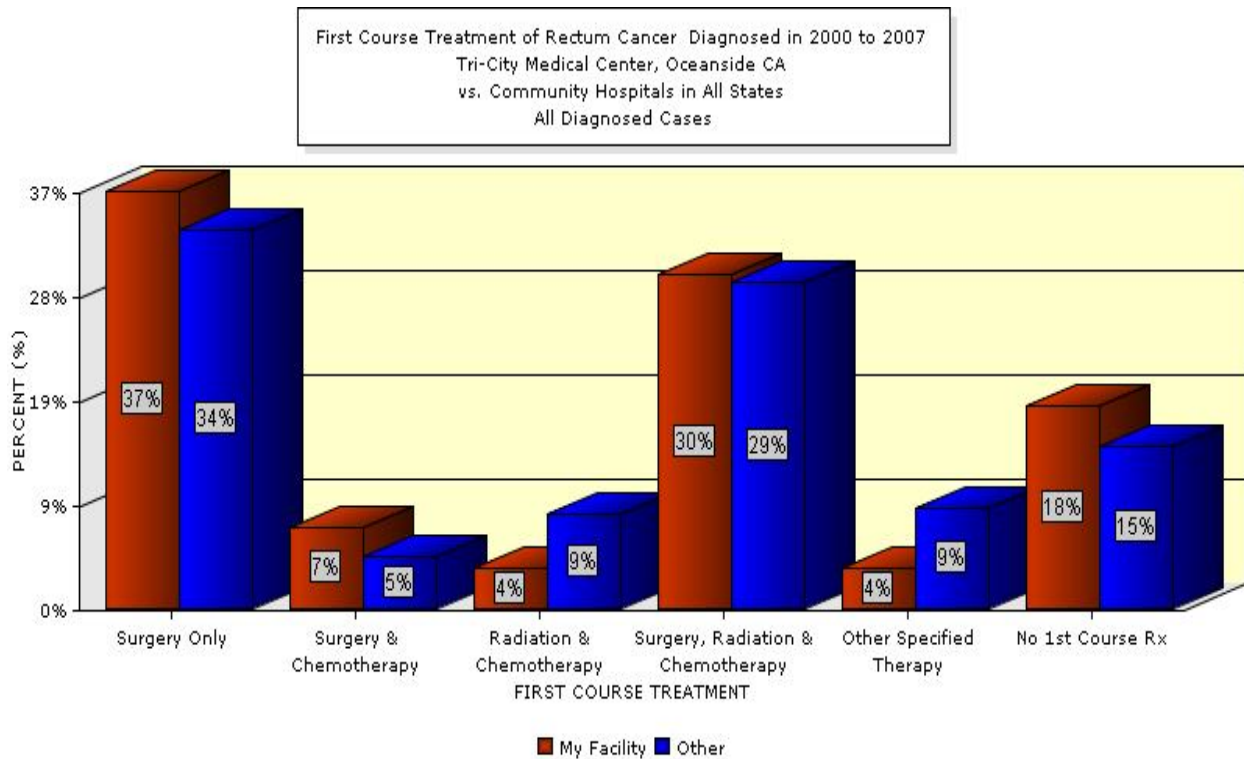
Graph # 2

Graph number two shows the predominant histology of rectal cancer as adenocarcinoma, as expected, at approximately 65%. The remaining subtypes were also adenocarcinoma mixed with various polyp and adenoma types. 3% to 4% were carcinoid, a distinctly different pathology known as neuroendocrine carcinoma, which can occur anywhere in the body. Approximately 4% were mucin-producing tumors very similar to the incidence in colonic adenocarcinoma.



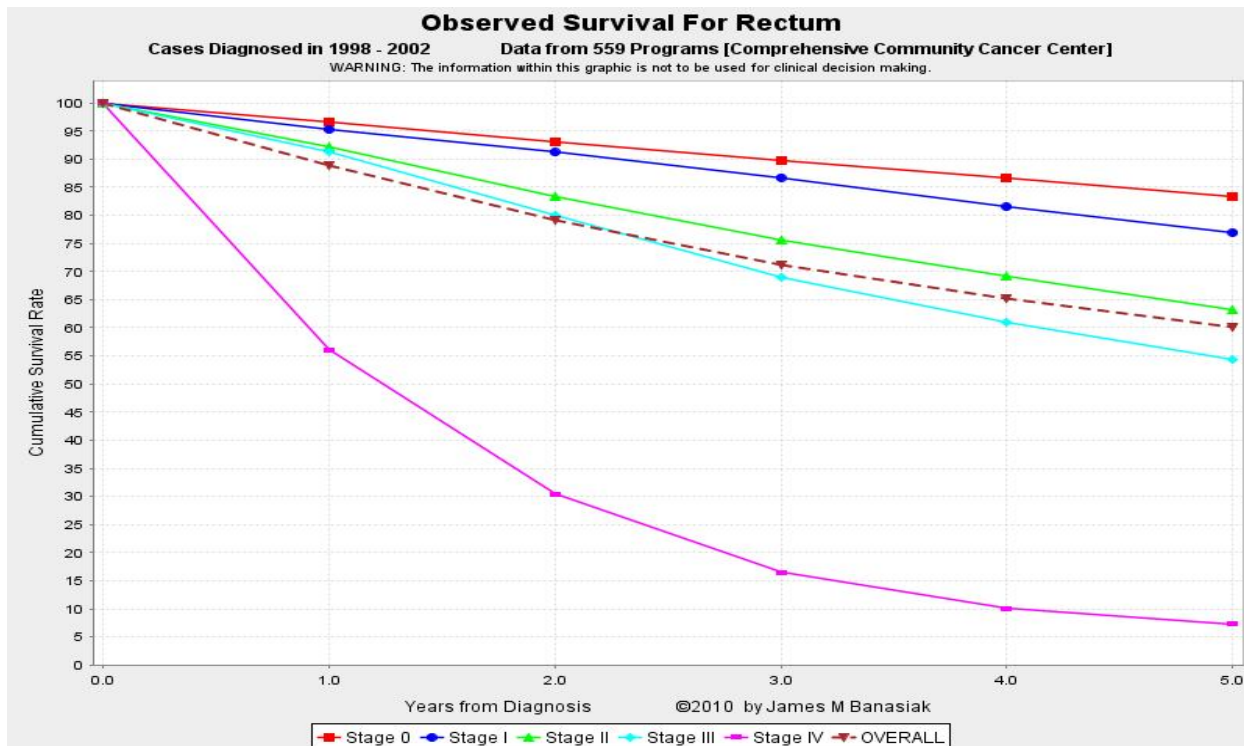
Graph # 3

Graph number three demonstrates rectal cancer stage at diagnosis in 2000 through 2007 at TCMC in red versus nationally in blue. Our “n” for rectal cancer was 110 for all stages and is small. Statistical comparisons are not possible though it can be observed that our stage incidence is similar with perhaps the exception of higher number of stage II diagnoses (29% versus 19%). Similar to colon cancer this could reflect early detection or the decision for less aggressive surgery, in contrast to total mesorectal excision, in an otherwise more elderly population with competing comorbidities.

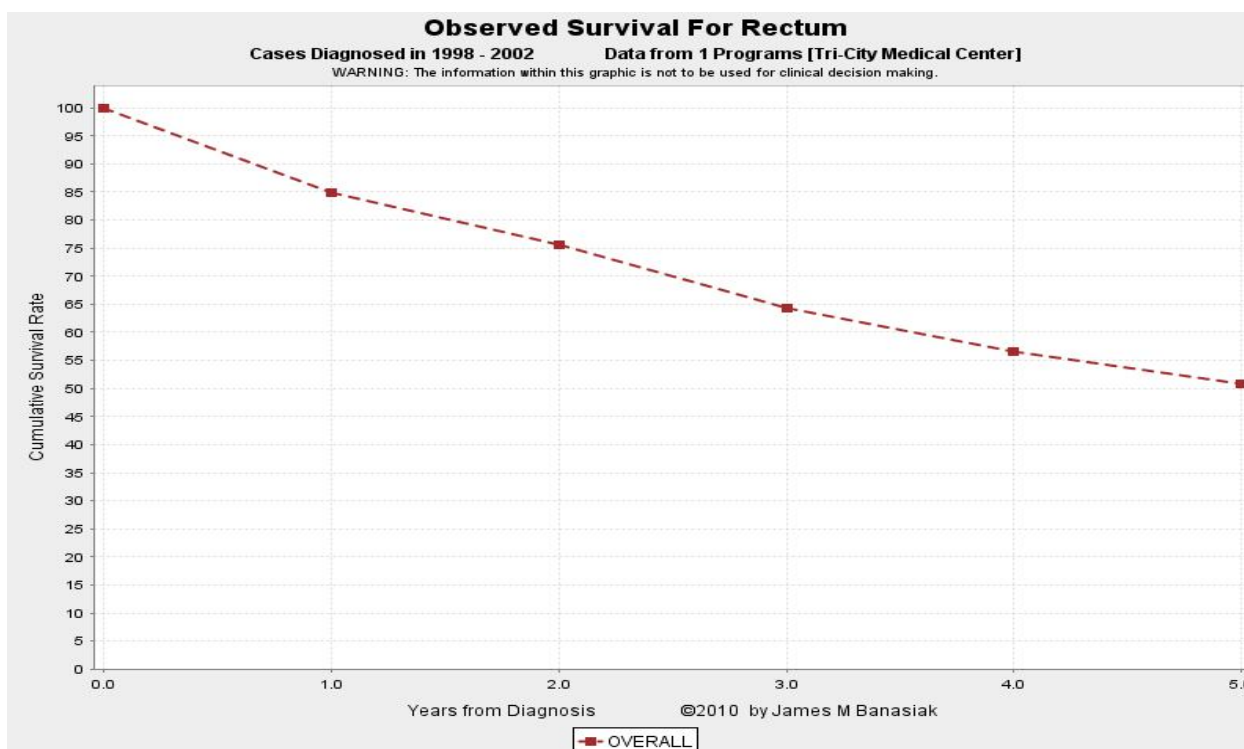


Graph # 4

Graph number four indicates first course of treatment for rectal cancer diagnosis 2000 to 2007 for TCMC in red versus nationally in blue. Approximately one third of patients had surgery only with another third of patients having standard trimodality therapy similar to national data. The remaining third had one or two treatments selected from trimodality options, most likely due to medical and/or surgical contraindications in this older patient population. A full 18% received no first course of treatment compared with 12% nationally. Our “n” is too small to determine if this is a significant or random difference.



Graph # 6



Graph # 7

Survival graphs: Graph number six shows five-year survival by stage of rectal cancer nationally. The “n” equals 81,161. As shown in TCMC graph number seven, we cannot generate survival curves by stage because our “n” of 53 for all stages is too small to be meaningful. Five year overall survival for these 53 patients was 50%, similar to national survival in stage III patients. Again however, no further comparison may be drawn.

Respectfully submitted,

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