



THE PRIDE OF NAVY MEDICINE

**CANCER PROGRAM ANNUAL REPORT 2013**

The success of the Cancer Program at Naval Medical Center San Diego (NMCS D) depends on the leadership of the Oncology Advisory Group (OAG), a multidisciplinary standing committee of the medical staff. The OAG includes medical representatives from all medical specialties involved in the care of the cancer patient, as well as representatives from patient administration, oncology nursing, pharmacy, tumor registry, clinical research, nutrition, social services, pastoral care, and the American Cancer Society. The OAG meets bi-monthly and is responsible for planning, initiating, stimulating and assessing all cancer related activities in the hospital, and the clinical supervision of the Tumor Registry.

NMCS D participates in the American College of Surgeons Commission on Cancer Accreditations Program. The OAG is responsible for following the standards set forth by the college. Participation as a CoC-accredited cancer program ensures that our patients receive quality care, cancer education, access to prevention and early detection programs, comprehensive care including state-of-the-art services, a multidisciplinary team coordinating the most appropriate treatment options, information on clinical trials and developing treatments, support services, a cancer registry which is vital to providing lifelong patient follow-up to monitor disease recurrence, ongoing monitoring and improvements in cancer care.

NMCS D successfully completed the triennial Commission on Cancer, Cancer Program Survey on Aug. 7, 2013 and is once again fully accredited, receiving all eight possible commendations, making the cancer program eligible to receive a 4th consecutive Outstanding Achievement Award. NMCS D was the first Military Treatment Facility to earn the Commission on Cancer Outstanding Achievement Award, and is the only MTF to earn multiple OAAs.

**A message from Dr Preston Gable, Cancer Liaison Physician;**

The Oncology Advisory Group would like to thank the hospital leadership—our current Commander Rear Adm. Bruce Gillingham as well as our recent former Commander Rear Adm. C. Forrest Faison III, Deputy Commander Capt. Lisa Mulligan, and the entire Executive Steering Council for providing the support and leadership necessary for us to provide truly outstanding cancer care to our military beneficiaries. Cancer care is truly a team effort—the patient is at the center, and is supported on all sides by nursing, physicians from surgery, radiology, pathology, medical oncology, radiation oncology and gynecologic oncology as well as social workers, nutritionists, physical therapy, the tumor registry, our clinical trials office, and even our local American Cancer Society. Our leadership has fostered this team approach and it has paid off—NMCS D is currently a three time winner of the Commission on Cancer’s Outstanding Achievement Award, and in the summer of 2013 we were again surveyed by the Commission on Cancer, achieving eight of eight commendations, which will likely result in a 4<sup>th</sup> award! As a cancer patient in our system, you will be treated like family. After all, we are one big military family. While we can’t cure everyone, we will do our best to provide professional, compassionate health care, where the patient comes first.

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### The Tumor Registry



The Tumor Registry, under the administrative supervision of the Patient Administration Department and the clinical supervision of the Oncology Advisory Group, manages a complete database on all patients that have been diagnosed and/or treated for a malignant disease at NMCS D. The data collected by the registry is used for the evaluation of the care of our patients. The reports created enable the command to assess the cancer treatment given and also compare our data with that of other healthcare facilities.

The Tumor Registry documents and stores all the significant elements of the patient's history and treatment, which includes demographics, anatomic site, and extent or stage of disease at the time of diagnosis. The Tumor Registry also performs follow-up annually on all cancer patients to gather survival/treatment statistics. Lifetime follow-up is essential in providing the medical staff and researchers with outcome and end results data.

The Tumor Registry assists the Oncology Advisory Group with bi-monthly meetings, attendance at Tumor Boards, Quality Improvement of the Cancer Program at NMCS D, and the survey for the American College of Surgeons Accredited Cancer Programs.

### Tumor Registry Services

- Up—to date and accurate cancer data for researchers and medical administrators for prevention and control of cancer.
- Cancer statistics for supporting evidence for medical staff, clinical trials studies, and patient care improvement.
- Custom reports of cancer data and analysis available ob request for staff, residents and interns.

### Oncology Advisory Group 2012 – 2013



Lt. Cmdr. (Dr.) H. Tracy	Chair/Hematology Oncology
Cmdr. (Dr.) G. Lanneau	Chair/Gynecology Oncology
Dr. P. Gable	CLP/ Hematology Oncology
Cmdr. (Dr.) L. Rivera	Surgical Oncology
Cmdr. (Dr.) T. Oseni	Surgical Oncology
Capt. B. Nelson, Dental Corps	Pathology
Cmdr. (Dr.) R. Takesuye	Radiation Oncology
Dr. C. Goepfert	Diagnostic Radiology/Breast Health
Cmdr. (Dr.) C. Norris	Palliative Care/Tumor Board Coordinator/Hematology Oncology
J. Tszchanz, RN, ONP	Outpatient Oncology Nursing
Lt. Cmdr. C. Callaway, Nurse Corps	Inpatient Oncology Nursing
S. Gharagbaghli, RN	Quality Control
R. Finkelstein	Patient Administration
H. Ciaralli, CTR	Cancer Registry
S. Stoddard	Clinical Research Data Manager
M. Dispenzieri, LCSW	Outreach Coordinator
B. Manschot. LCSW	Psychosocial Services Coordinator
F. Markovic	Rehabilitation Services Coordinator

### Cancer Screening Programs—HEDIS Initiatives

We have worked to improve breast, cervical, and colorectal cancer screening at NMCS D and to exceed national benchmarks for clinical preventive services and care. There are three areas where women can receive mammograms to be able to detect breast cancer early and treat if it is found. Naval Branch Health Clinic Chula Vista, Naval Branch Health Clinic Kearny Mesa and the Breast Health Center at NMCS D all offer mammography. Mammograms are scheduled by appointments, but each of the areas will walk -in patients if the schedule allows. In the Pharmacy, Radiology, and Lab Waiting areas, patients can pick up the "Mammo While You Wait" cards and take to the Breast Health Center , where they will try to provide walk-in mammograms if the schedule permits. NMCS D uses the Mammography Reporting System to remind patients who have had mammo-grams here in the past thirty days prior to their due date.



Well-woman exams and PAP tests for cervical cancer are provided through patient's Primary Care Providers and the OB/GYN Department. In the last year we have sent reminder letters to more than 3,650 women. More than 13,600 women enrolled to NMCS D have completed their cervical cancer screening exams.

A number of screening methods are available to prevent or detect colorectal cancer, such as colonoscopy, flex-sigmoidoscopy, and for those patients who have specific health conditions who should not undergo colonoscopy, NMCS D offers Colonography. Currently, clinical research and medical evidence indicates that colonoscopy is the best method to prevent colorectal cancer, however if patients elect not to have colonoscopy, test kits for stool specimens are available in each of the Primary Care Clinics. These test kits require only one specimen and may either be dropped off at any NMCS D lab or may be mailed in. More than 8,800 patients have completed their colorectal cancer screening.

Health Fairs were held here at the hospital on Oct. 23, 2013 in recognition of National Breast Cancer Awareness and in several of the Branch clinics, resulting in an additional 17 mammograms being completed.

A banner was initiated in the Pharmacy waiting area on the TV monitors at the hospital highlighting Mammo While You Wait.

The MRS computerized system was reprogrammed and we piloted sending 100 patients a letter concerning their being overdue for mammography. This resulted in a 25% response rate and completion of overdue mammograms. We plan to send out additional letters using this system as the pilot was successful.

NMCS D provides high quality care and has received accreditation from the Joint Commission and the American College of Surgeons. Furthermore, NMCS D's Cancer Programs was the first Naval Medical Center to Receive an Accommodation award for excellence in cancer care. If breast cancer is detected, the Breast Health Center offers world-class coordination of care and treatments. Patients with cancer may also be referred to the Hematology/Oncology Department for multidisciplinary care and chemotherapy, General Surgery, and to Radiation Oncology. Patients are referred for enrollment in Clinical Trials that they may qualify for and Genetic Counselors are also available.

## Studies of Quality and Quality Improvement initiatives

### Studies of Quality:

**As an Academic Comprehensive Cancer Program, NMCS D is required to undertake at least two studies on the quality of cancer care and outcomes at the facility.**

Annually the QI Coordinator under direction of the Cancer Committee develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer. Quality improvement is multidisciplinary. The study focuses on areas with *problematic quality* related issues relevant to our cancer population.

In 2013 The Oncology Advisory Group oversaw the following studies;

#1. We reviewed the use of adjuvant therapy for patients with resected stage I, II, and IIIa lung cancer. In this sample of 29 patients, adjuvant chemotherapy was either given or recommended in 100% of appropriate patients .

#2. We reviewed the use of Oncotype Dx test at the NMCS D. This test helps to predict the likelihood of chemotherapy benefit as well as the likelihood of recurrence for patients with early stage breast cancer. We found that in general, the test was used appropriately, and the results were valuable in aiding the decision as to whether or not to treat a patient with chemotherapy. While the test is expensive, we saved not only the expense of chemotherapy, infusion time, and extra doctor visits, but also the potential toxicity of chemotherapy in 11/29 patients (38%). We spent \$95,648 on the 28 tests which were successfully run, and saved \$230,604 (2002 Medicare dollars), a net savings of \$134,956.

#3. We studied rates of patients selected for sentinel node biopsy S/P surgery for a diagnosis of melanoma. It was determined from the results of this study that we have better rates than the national average.

### Quality Improvements:

**As an Academic Comprehensive Cancer Program, NMCS D is required to initiate at least two quality improvements related to cancer care and outcomes at the facility.**

Annually, two patient care improvements are required. One improvement should be based on the results of a completed study that measures cancer patient quality care and outcomes and one improvement can be identified from another source or from a completed study.

In 2013 the Oncology Advisory Group developed;

A clear initial proposed plan of care was initiated on Apr. 1, 2013. The Hematology/Oncology Department is distributing the initial Cancer Survivorship Care Plans to the patients.

Two quality Improvements in Inpatient Cancer Care; they have reviewed the chemotherapy and bi-therapy orders and updated these in Intellidose; and the development of chemotherapy teaching in the Get Well Network- the interactive patient education on the Inpatient wards. They have updated their Chemotherapy education and developed 80 PowerPoint slides. These have been approved by the Head, Hematology/oncology Department , and they have completed the video production. It is pending installation on the GET WELL Network for patient education.

### Clinical Trials

Type of Trial	Location	Number
<b>2012</b>		
Treatment Trials	Referred	9
Quality of Life Trials	Onsite	133
<b>Total</b>		<b>142</b>
Annual Analytic Caseload		673
Percent		21%
<b>2013</b>		
Treatment Trials	Referred	19
Quality of Life Trials	Onsite	52
<b>Total</b>		<b>71</b>
Annual Analytic Caseload		334
Percent		21%

Clinical research advances science and ensures that cancer patients receive the highest possible level of care. NMCS D patients who participate in clinical trials have the opportunity to advance evidence-based medicine.

NMCS D enrolls cancer in patients in several ongoing trials, that include, but are not limited to the following;

**BREAST: 40601(D)** Randomized Phase III trial of Paclitaxel +Trastuzumab +Lapatinib vs. Paclitaxel + Trastuzumab as Neoadjuvant Treatment of HER2-Positive Primary Breast Ca

**COLORECTAL: 80405 (D)** Phase III FOLFOX Or FOLFIRI With Bev Or Cetuximab In Patients With Previously Untreated Metastatic Colorectal Adenocarcinoma

**LUNG CANCER: 30607 (D)** Phase III Double-Blind Placebo-Controlled Sunitinib as Maintenance in Advanced NSCLC

**MET BREAST, PROSTATE CANCER AND MULTIPLE MYELOMA: 70604** Phase III Zoledronic Acid (Standard vs Longer) In Met Prostate, Met Breast, Or Multiple Myeloma

**PROSTATE/GENITOURINARY: 90203 (D)** Phase III Neo-Adjuvant Docetaxel Androgen Deprivation Prior To Radical Prostatectomy Vs Radical Prostatectomy in High Risk Prostate Ca Patients

**PROSTATE: 70807** The Men's Eating and Living (MEAL) Study: A Randomized Trial Of Diet to Alter Disease Progression In Prostate Cancer Patients on Active Surveillance.

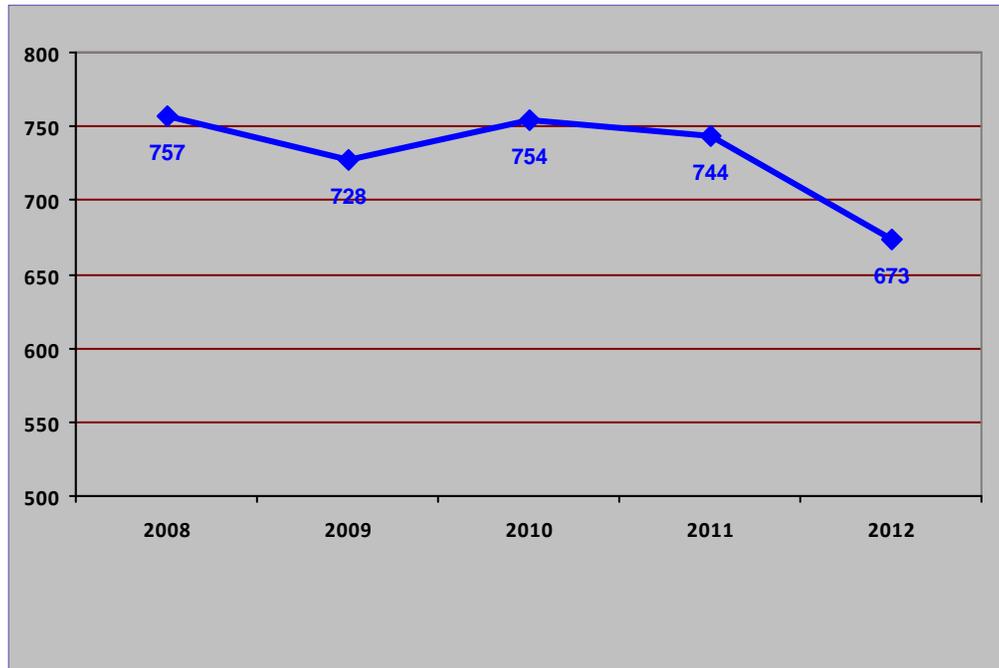
**PROSTATE: CPDR** A comprehensive research program to study prostate cancer and prostate disease in the tri-service military healthcare system

**COLON: 80702** Phase III trial of 6 versus 12 treatments of Adjuvant FOLFOX plus Celecoxib for patients with resected stage III Colon Cancer

**PEDIATRIC: ACCRN07** Protocol for the Enrollment on the Official COG Registry, the Childhood Cancer Research Network (CCRN); **AALLO8B1** Classification of Newly Diagnosed Acute Lymphoblastic Leukemia; **AALLO932** Treatment of Patients with Newly Diagnosed Standard Risk B-Lymphoblastic Leukemia or Localized B-Lineage Lymphoblastic Lymphoma

### NMCS D Cancer Incidence 2012

In 2012\* there were 673 cases of newly diagnosed and or treated incidences of cancer at Naval Medical Center, San Diego accessioned into the Automated Central Tumor Registry (ACTUR) database. This is a 10% decrease in the number of identified cancer cases compared to 2011. The five year incidence rate is illustrated below.



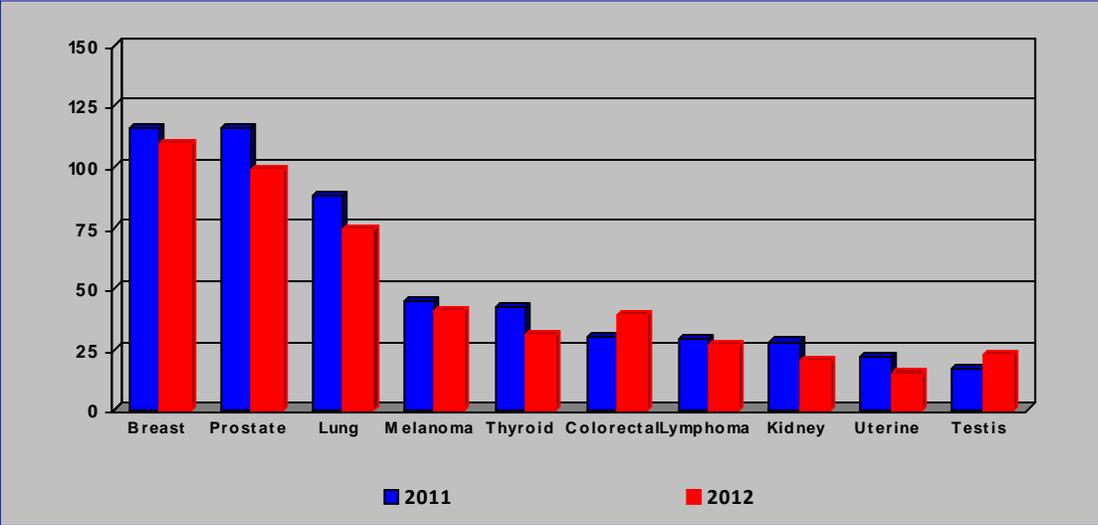
2012 saw an increase in the number of colorectal cancer (23.1%) and testicular cancer cases (26.1%), as well as Lymphomas. There were significant decreases in the number of reportable prostate, lung and thyroid cancer cases. The table at right illustrates the top 10 sites of 2012 in comparison to the totals in 2011.

Site	2012	2011	Change	+	-
Breast	109	116	-7		6%
Prostate	99	116	-17		15%
Bronchus & Lung	73	88	-15		17%
Melanoma	41	45	-4		9%
Colorectal	39	30	+9	23.1%	
Thyroid	31	42	-11		26%
Lymphoma NOS	30	29	+2	3.3%	
Testis	23	17	+6	26.1%	
Kidney	20	28	-8		29%
Corpus Uteri	15	22	-7		32%

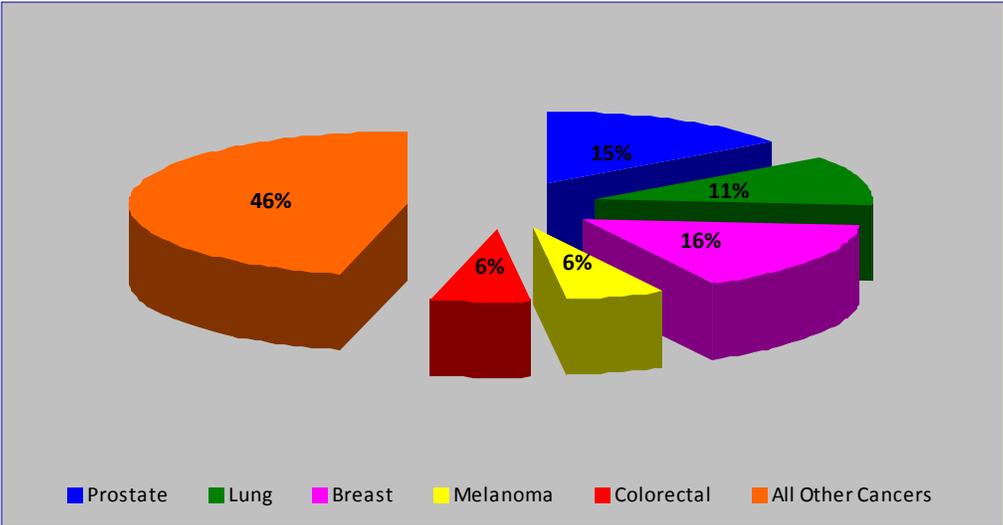
**NOTE:** \* 2012 is the last complete year of cancer data available at time of publication of this report.

Top Ten Site Comparison 2011 — 2012

The chart to the right further illustrates the cancer incidence for 2012 vs. 2011.

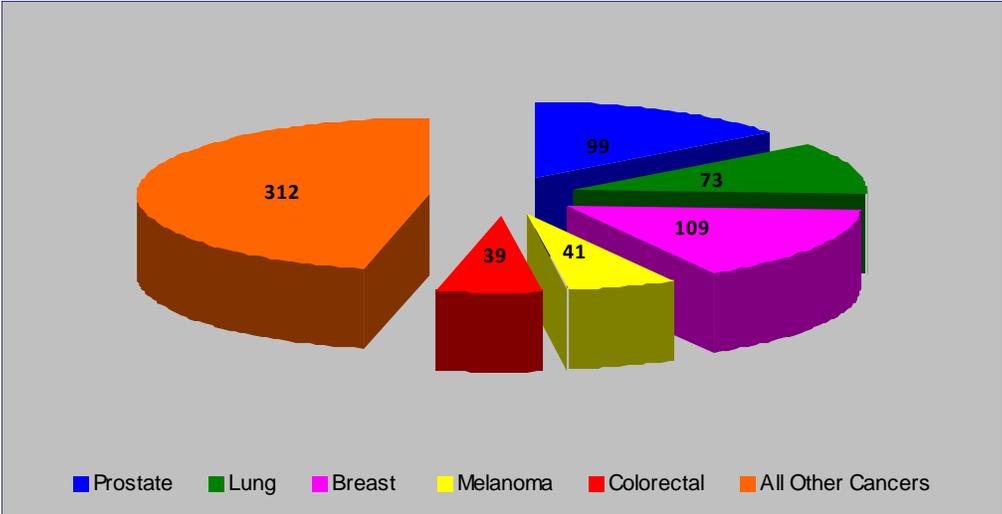


NMCS D Cancer Incidence 2012

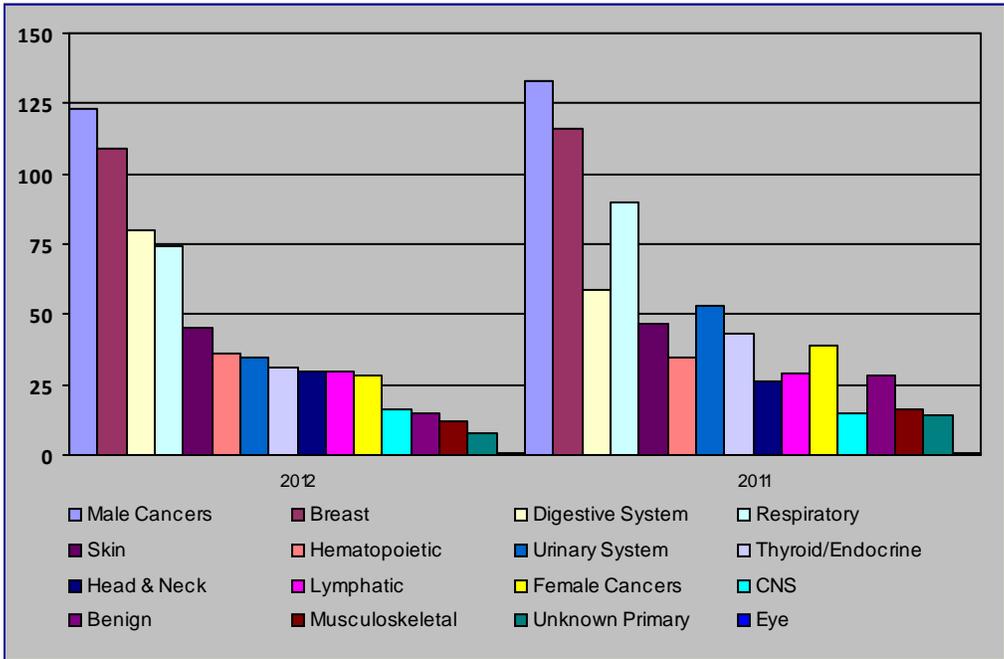


The most prevalent incidences of cancer were Breast Cancer, Prostate Cancer, Lung Cancer, Melanoma, and Colorectal Cancer, all told these five cancers accounted for 54% of all reported cancers in 2012 as demonstrated in the pie charts at top left.

The Bottom chart illustrates the top sites by number of cases.



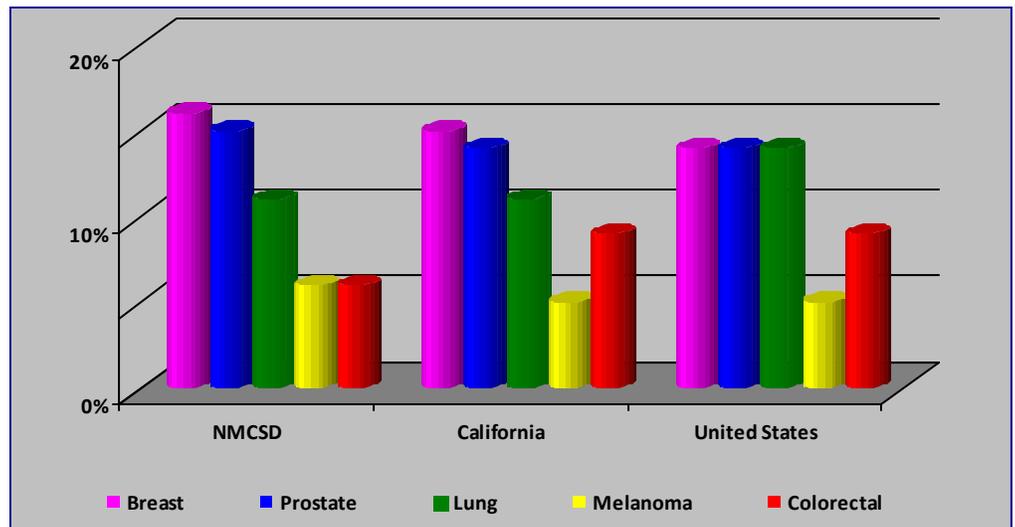
2011 – 2012 System Comparison



The chart to the left compares the system incidence of 2011 to 2012. The five most prevalent cancers show little variance in number year to year. In 2012 NMCS D saw an increase in digestive system cancers of 26%, and an increase of 13% in head & neck cancers. On the flip side, respiratory system cancers decreased by 17.8% compared to 2011, and urinary system cancers decreased by 34%.

2012 Incidence Comparison of Select Cancers

A site comparison between NMCS D and projected cancers in California and Nationwide shows very little variation. NMCS D does have a higher incidence of prostate and breast cancer comparison to state and national figures as illustrated by the following chart. NMCS D also had a significantly lower percentage of colorectal cancer.



## 2012 Primary Site Table

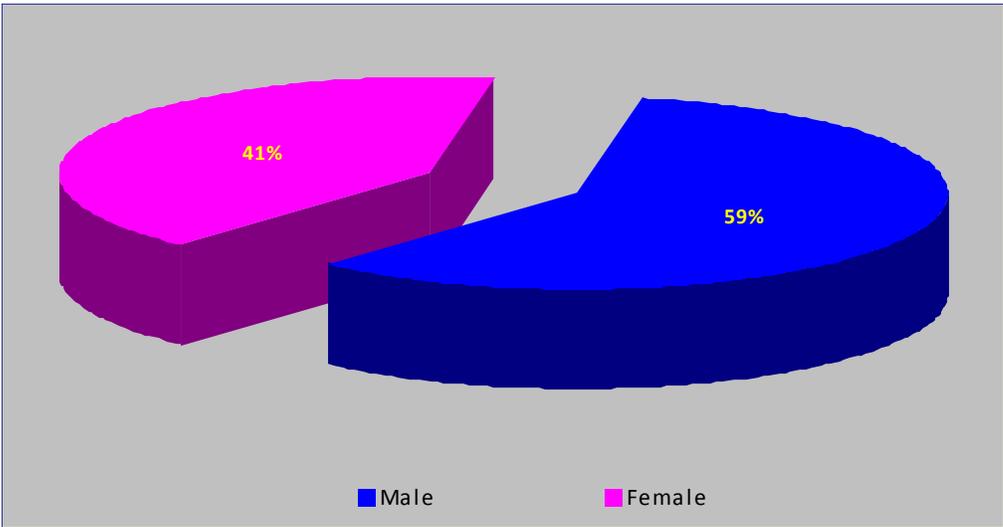
	All	Male	Female	0	I	II	III	IV	UNK	N/A
	673	396	277	55	199	144	98	90	2	85
<b>HEAD &amp; NECK</b>										
Lip/Oral Cavity	2	1	1	1	0	0	0	1	0	0
Tongue	4	4	0	0	1	0	1	2	0	0
Tonsil	6	6	0	0	1	1	1	3	0	0
Oropharynx	1	1	0	0	0	0	0	1	0	0
Nasopharynx	2	0	2	0	0	0	2	0	0	0
Hypopharynx	1	1	0	0	0	0	0	0	0	1
Larynx	8	8	0	0	1	1	2	4	0	0
Sinuses	1	1	0	0	0	0	0	0	0	1
Salivary Glands	2	1	1	0	0	2	0	0	0	0
Other Head & Neck	3	2	1	0	1	0	0	1	0	1
<b>DIGESTIVE SYSTEM</b>										
Esophagus	9	9	0	0	0	2	4	3	0	0
Stomach	2	1	1	0	0	1	0	1	0	0
Small Intestine	3	2	1	0	1	0	1	0	1	0
Colon	25	18	7	0	6	5	6	8	0	0
Appendix	4	4	0	0	2	1	1	0	0	0
Rectum	14	9	5	1	4	1	7	1	0	0
Liver	9	5	4	0	1	0	3	2	0	3
Gallbladder	3	2	1	0	1	0	1	1	0	0
Extrahepatic Bile Ducts	1	1	0	0	1	0	0	0	0	0
Pancreas	10	7	3	0	0	1	2	7	0	0
<b>RESPIRATORY SYSTEM</b>										
Bronchus & Lung	73	49	24	0	23	8	12	30	0	0
Pleura	1	0	1	0	0	0	0	1	0	0
<b>MUSCULOSKELETAL SYSTEM</b>										
Bone	3	2	1	0	2	0	0	1	0	0
Connective & Soft Tissue	9	5	4	0	3	2	3	1	0	0
<b>HEMATOPOIETIC SYSTEM</b>										
Leukemia	23	15	8	0	0	0	0	0	0	23
Multiple Myeloma	6	6	0	0	0	0	0	0	0	6
Waldenstroms Macroglobulinemia	1	1	0	0	0	0	0	0	0	1
Other Blood & Bone Marrow	6	5	1	0	0	0	0	0	0	6

2012 Primary Site Table

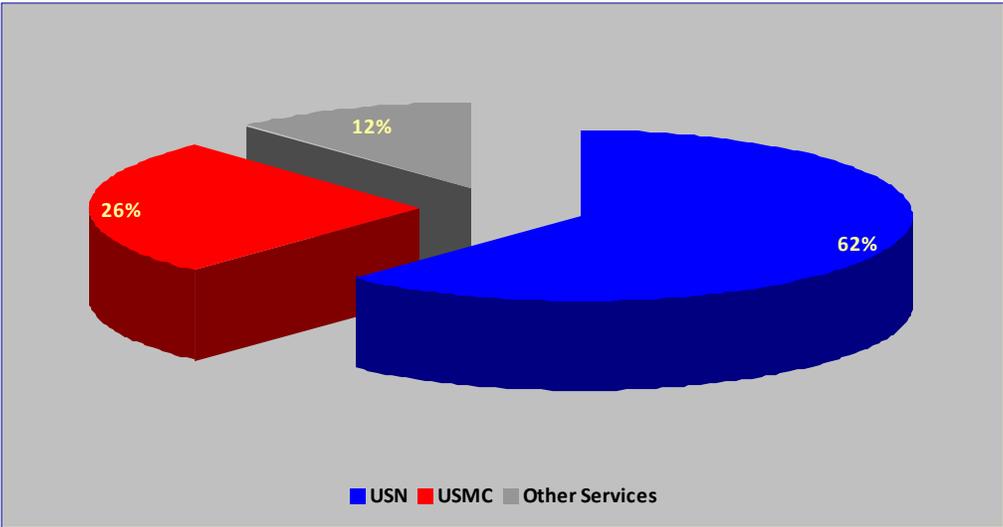
	All	Male	Female	0	I	II	III	IV	UNK	N/A
<b>CARCINOMA OF THE SKIN</b>										
Melanoma	41	27	14	14	18	5	3	1	0	0
Other Skin Carcinoma	4	1	3	0	0	1	1	0	0	2
<b>BREAST</b>										
Breast	109	0	109	32	37	28	11	1	0	0
<b>FEMALE GENITAL SYSTEM</b>										
Vulva	1	0	1	0	1	0	0	0	0	0
Vagina	1	0	1	0	1	0	0	0	0	0
Cervix Uteri	4	0	4	0	2	0	1	1	0	0
Corpus Uteri	16	0	16	0	12	1	3	0	0	0
Ovary	5	0	5	0	1	1	1	2	0	0
Fallopian Tube	1	0	1	0	0	0	1	0	0	0
<b>MALE GENITAL SYSTEM</b>										
Penis	1	1	0	0	0	0	1	0	0	0
Prostate	99	99	0	0	23	60	10	6	0	0
Testis	23	23	0	0	11	7	5	0	0	0
<b>URINARY SYSTEM</b>										
Kidney	18	14	4	0	8	2	5	2	0	1
Renal Pelvis & Ureter	2	2	0	1	0	0	0	0	1	0
Bladder	15	11	4	6	3	4	1	1	0	0
<b>EYE</b>										
Eye	1	1	0	0	0	0	0	0	0	1
<b>CENTRAL NERVOUS SYSTEM</b>										
Brain	14	8	6	0	0	0	0	0	0	14
Other CNS	2	1	1	0	0	0	0	0	0	2
<b>THYROID &amp; ENDOCRINE GLANDS</b>										
Thyroid	31	9	22	0	23	3	4	1	0	0
<b>LYMPHATIC SYSTEM</b>										
Hodgkin Disease	9	8	1	0	2	4	3	0	0	0
Non-Hodgkin Lymphoma	21	14	7	0	9	3	2	7	0	0
<b>UNKNOWN PRIMARY</b>										
Unknown Primary	8	4	4	0	0	0	0	0	0	8
<b>BENIGN/BORDERLINE</b>										
Benign/Borderline	15	7	8	0	0	0	0	0	0	15

**2012 Cancer Incidence Male to Female Ratio**

In 2012 the Male to Female patient ration was 440:304. Males made up 59% of our patient load compared to females at 41%. This is fairly consistent with historical trends both at NMCS D and nationally.



**Active Duty Service Member Breakdown**



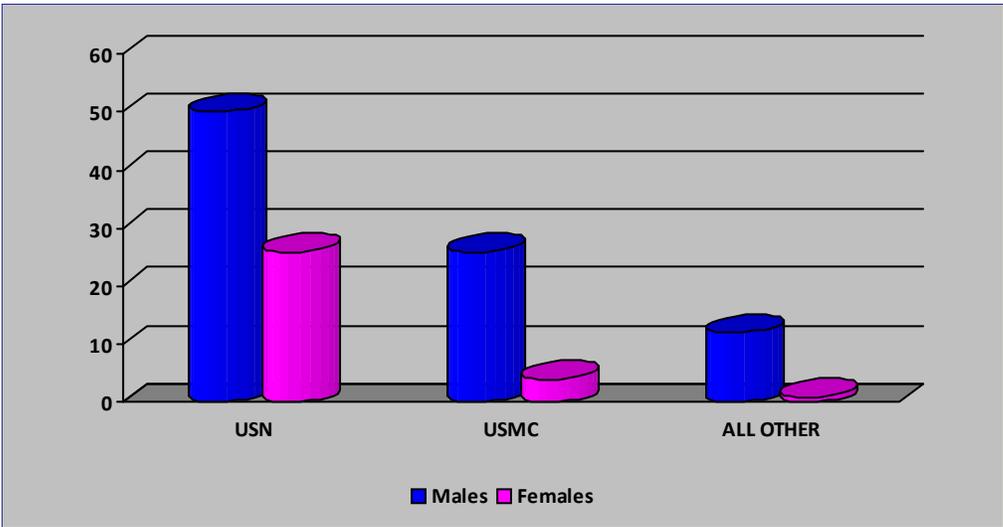
Active duty service members made up 17% of our cancer patients in 2012.

The chart at left illustrates the breakdown of our active patients by branch of service in 2012.

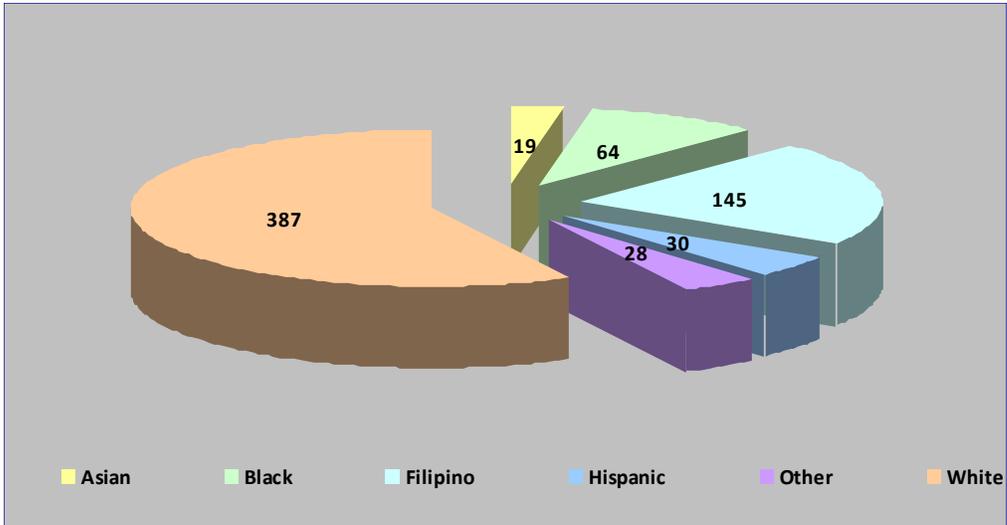
As to be expected, of the active duty patients , active duty Navy made up close to two thirds of the total while active duty Marines accounted for 26%. The other uniformed services (Army, Air Force, Coast Guard) accounted for just 12% of the active service member patient load.

**Active Duty Patients by Branch and Gender**

This chart illustrates the gender of our active duty patients by branch of service at the time of diagnosis. As would be expected, the number of active duty navy outnumber all other branches of service combined.



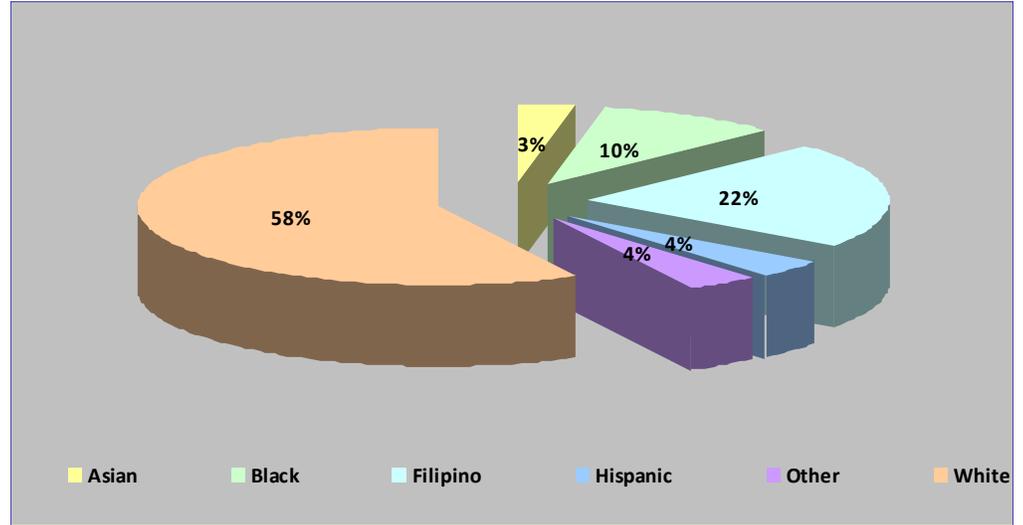
**Cancer Patient Breakdown by Race**



The breakdown of cancer patients is illustrated in this pie chart. Caucasians make up the major of our cancers, followed by Filipinos. This breakdown is the historic trend at NMCS D.

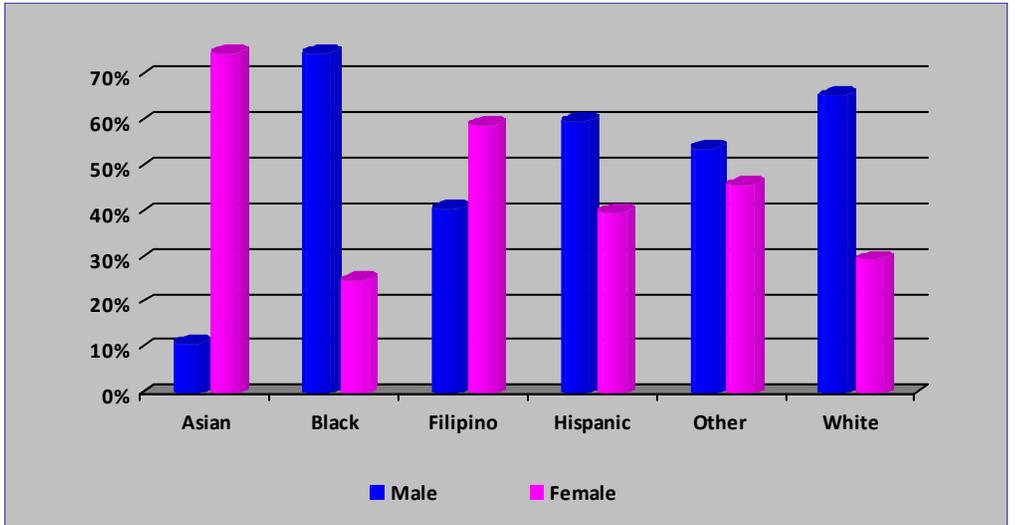
Totals are shown in the chart at left, while percentages are shown below.

**Patient Races Percentage Comparison**

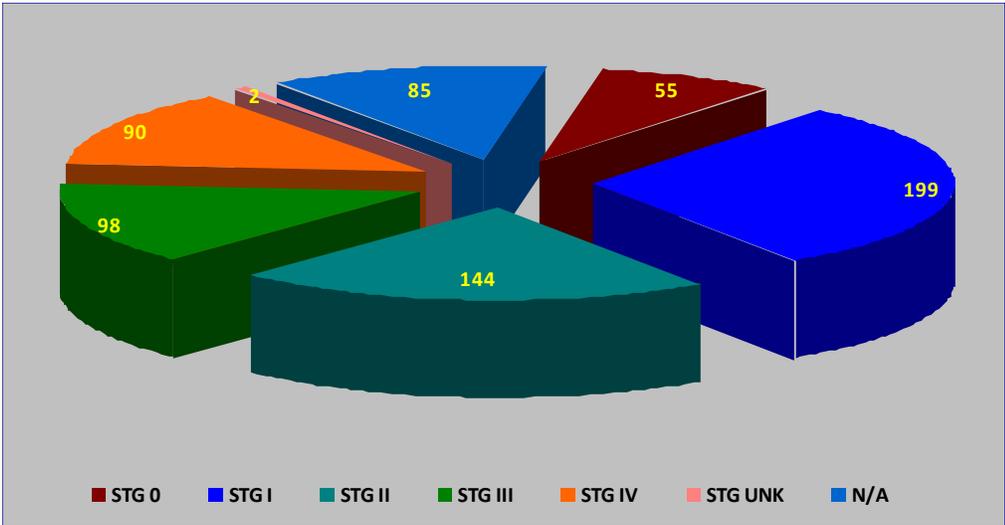


**Cancer Patient Breakdown by Race and Gender**

At right is a breakdown of 2012 cancer patients by race and gender. Note that the percentages of Asian and Filipino women are higher than males, whereas males cancer patients rates are higher for all other races.



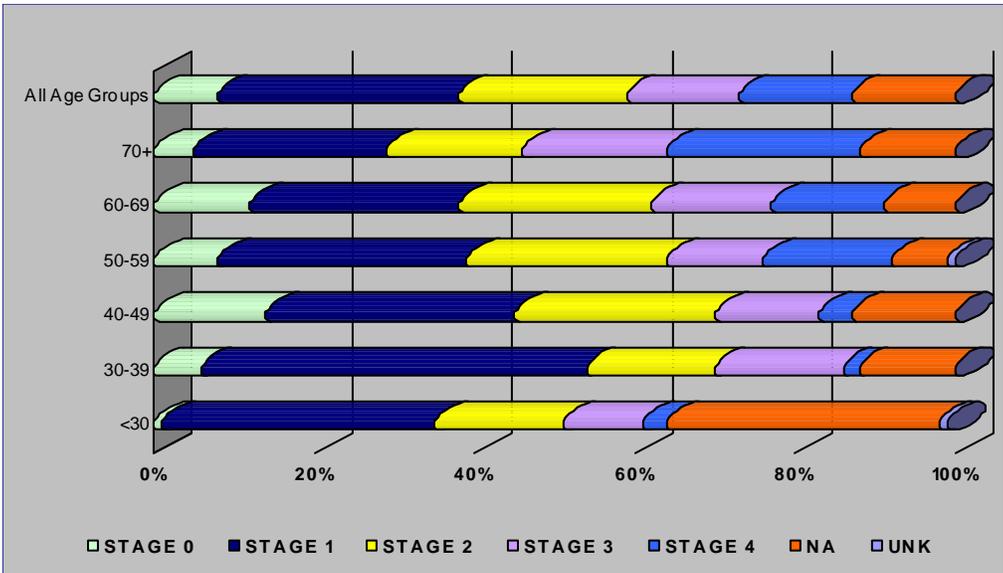
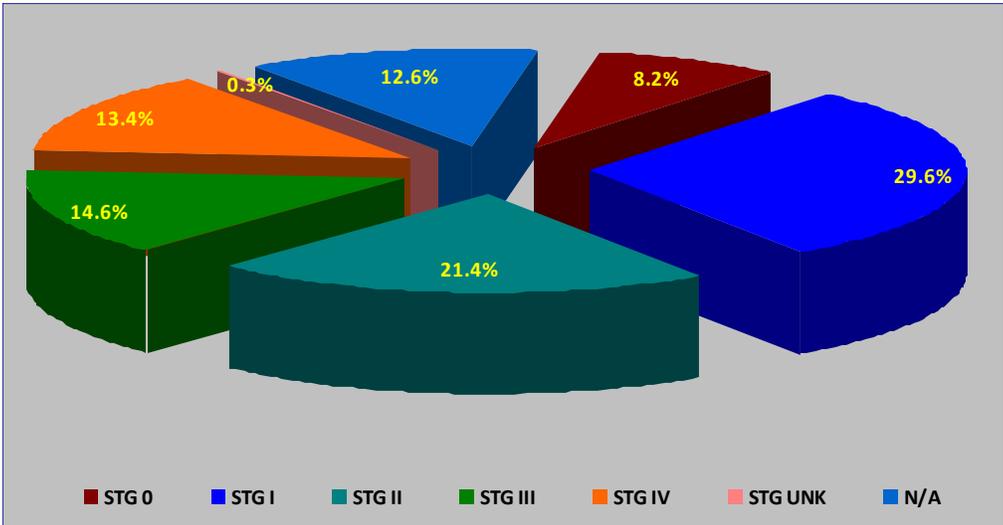
2012 Cancer Cases by Stage of Disease



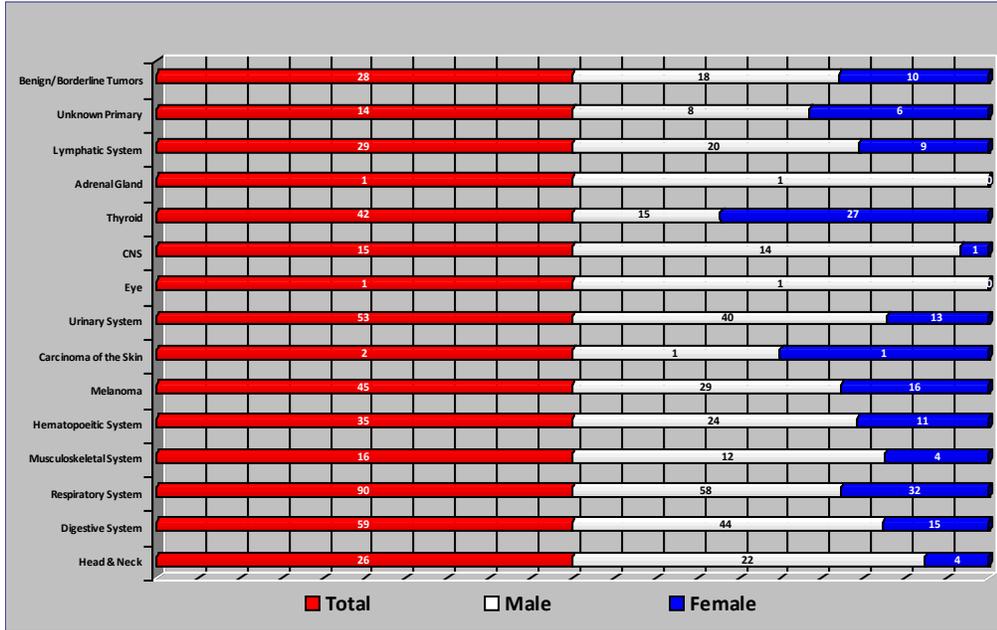
Stage of disease at diagnosis is an important prognostic indicator. The majority of cancer patients were diagnosed with Stage I disease in 2012 and about 59% of all cancer patients were diagnosed with early stage disease. The pie chart at left and the one below illustrate stage of disease by number and percentage respectively.

The bottom chart illustrates stage of disease at diagnosis by age group.

2011 Stage of Disease Ratios



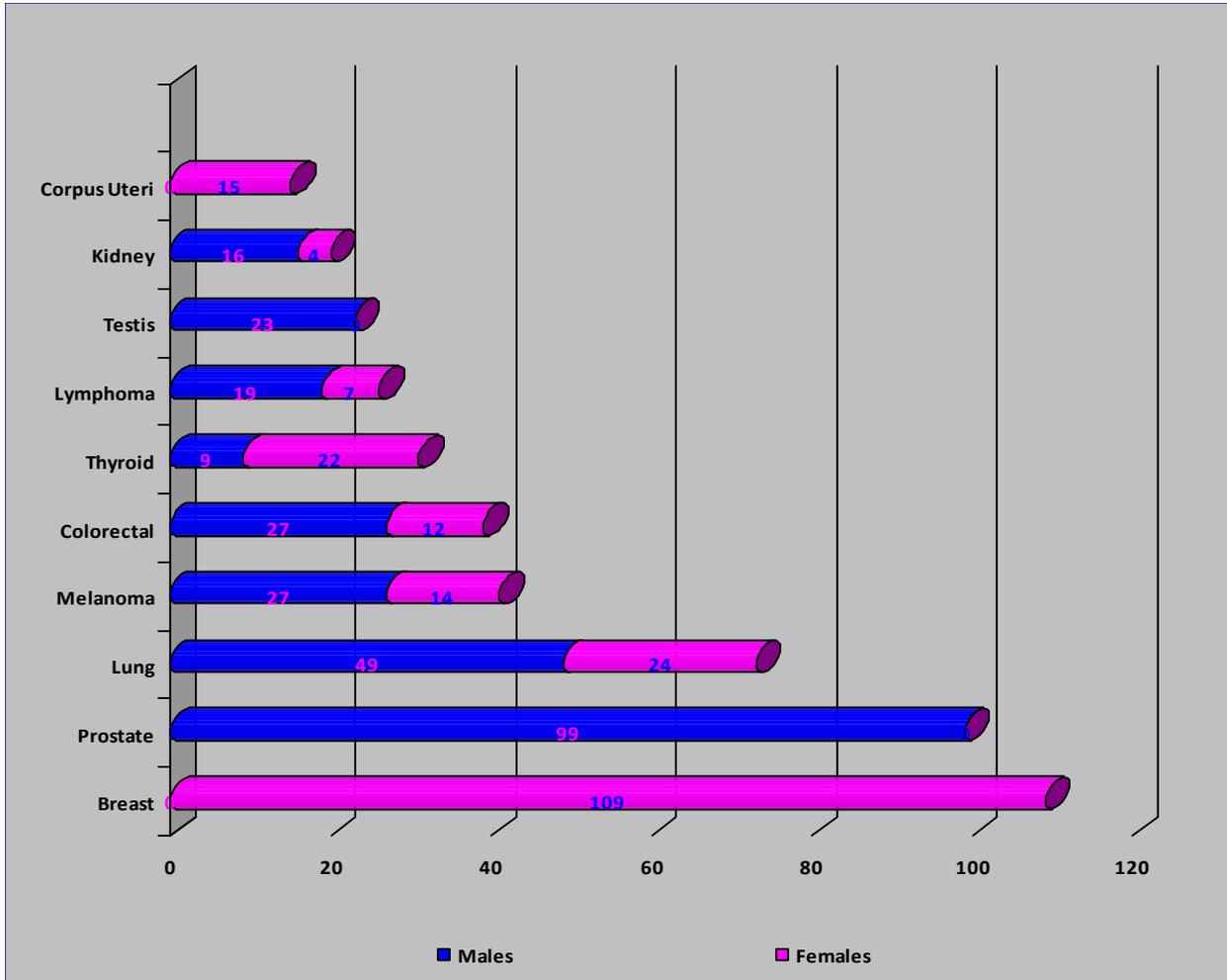
2012 Primary Site Group Distribution by Gender



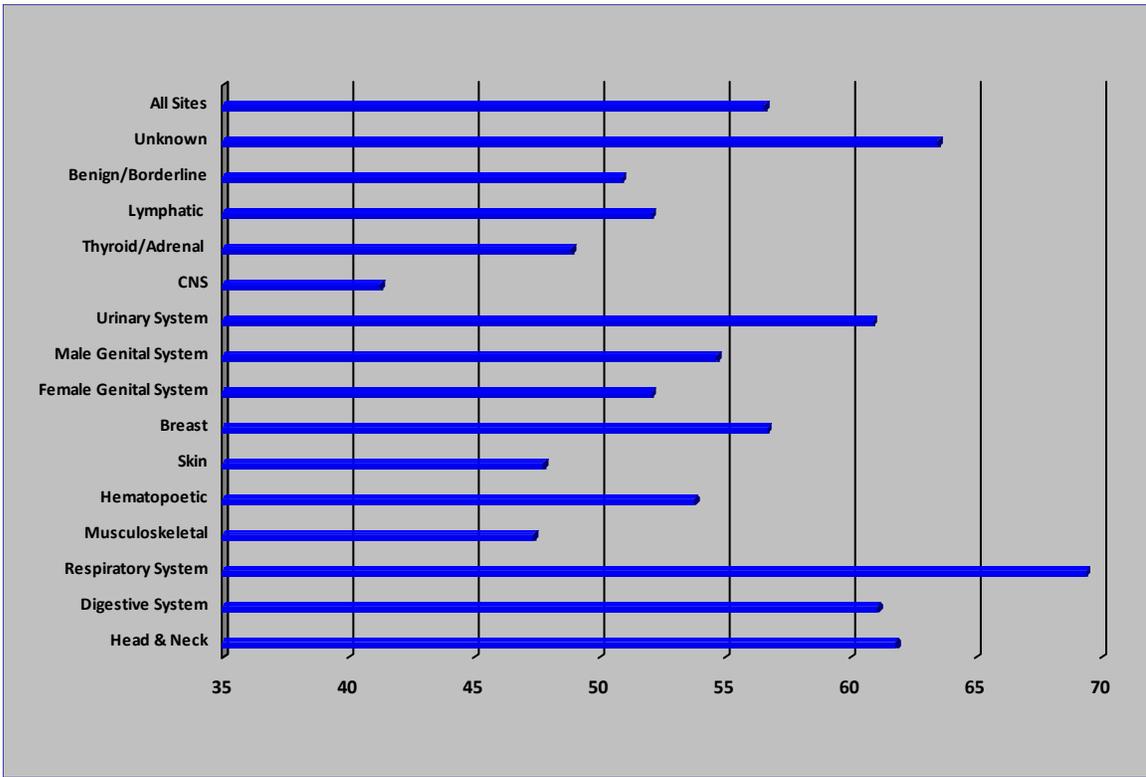
The chart at left breaks down site groups by gender. It should be noted that gender specific cancers i.e. Genital cancers are excluded.

The chart below breaks down the top sites by gender

2012 Site Total Comparison by Gender



Median Age at Diagnosis by Site



Median age at diagnosis is illustrated here. Respiratory system cancers had the highest median age at 69.4, while central nervous system cancers had the lowest median age of 41.3. The median age of all cancer patients in 2012 was 56.6.

2012 Age Distribution at Diagnosis by Site

	TOTALS							PERCENTAGES						
	<30	30-39	40-49	50-59	60-69	70+	ALL	<30	30-39	40-49	50-59	60-69	70+	
HEAD & NECK	0	1	2	6	15	7	31	0%	3%	6%	19%	48%	23%	100%
DIGESTIVE SYSTEM	7	0	6	19	21	27	80	9%	0%	8%	24%	26%	34%	100%
RESPIRATORY SYSTEM	0	1	1	8	26	38	74	0%	1%	1%	11%	35%	51%	100%
MUSCULOSKELETAL SYSTEM	4	1	1	1	2	3	12	33%	8%	8%	8%	17%	25%	100%
HEMATOPOIETIC SYSTEM	7	4	5	2	6	12	36	19%	11%	14%	6%	17%	33%	100%
CARCINOMA OF THE SKIN	11	8	7	4	12	6	48	23%	17%	15%	8%	25%	13%	100%
BREAST	0	9	23	24	40	13	109	0%	8%	21%	22%	37%	12%	100%
FEMALE GENITAL SYSTEM	1	4	4	11	6	2	28	4%	14%	14%	39%	21%	7%	100%
MALE GENITAL SYSTEM	16	6	11	33	41	16	123	13%	5%	9%	27%	33%	13%	100%
URINARY SYSTEM	1	4	2	7	9	12	35	3%	11%	6%	20%	26%	34%	100%
EYE	1	0	0	0	0	0	1	100%	0%	0%	0%	0%	0%	100%
CENTRAL NERVOUS SYSTEM	8	1	0	1	6	0	16	50%	6%	0%	6%	38%	0%	100%
THYROID/ADRENAL GLAND	3	7	5	8	5	3	31	10%	23%	16%	26%	16%	10%	100%
LYMPHATIC SYSTEM	6	3	1	6	4	6	26	23%	12%	4%	23%	15%	23%	100%
UNKNOWN PRIMARY	1	0	1	0	3	3	8	13%	0%	13%	0%	38%	38%	100%
BENIGN/BORDERLINE	2	1	2	7	1	2	15	13%	7%	13%	47%	7%	13%	100%
ALL SITES	68	50	71	137	197	150	673	10%	7%	11%	20%	29%	22%	100%