



2019

# *Cancer*

ANNUAL REPORT



*Woman's*



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December 18, 2019

*This year's Cancer Annual Report focuses on all cases of vulvar and vaginal cancer diagnosed at Woman's Hospital between the years 2008 and 2018. During this time period, 212 cases of vulvar cancer and 36 cases of vaginal cancer were diagnosed. The majority of cases were diagnosed in women between the ages of 50-80 years old. Nine percent of cases of vulvar cancer were diagnosed between the ages of 30-39. Our review showed that the overall 5-year survival for women diagnosed at Woman's Hospital with these cancers was better than that reported in the Louisiana Tumor Registry (LTR) and the National Surveillance, Epidemiology, and End Results (SEER) data base.*

*We have known for the past 20 years that the incidence of vulvar cancer in Louisiana is statistically higher than that reported in national cancer databases. One of our OB-GYN residents, Dr. Crystal Nhieu, presented an abstract discussing this information at the 2019 American Society for Colposcopy and Cervical Pathology titled "Health Disparities in Louisiana Women: A population-based study analyzing incidence of vulvar cancer."*

*We have begun looking at tracking the geographic regions most affected in Louisiana in an effort to identify any environmental exposure risk. We are also continuing to investigate the specific strains of Human Papilloma Virus diagnosed in our patients, as they appear to be different than those reported in other regions of the United States. We will continue to work with the Louisiana Tumor Registry to identify reasons for the higher incidence of these cancers in our state. Under the direction of Mary Ann Smith, Director of Medical/Surgical/Oncology, we developed an informational brochure to help educate our patients about vulvar cancer titled "Gynecologic Cancer: Prevention and Early Detection" which became available in January of this year.*

*Our Breast & GYN Cancer Pavilion opened on May 1, 2018. Dr. Katherine Castle, one of our radiation oncologists who practices at the Pavilion, shared her thoughts on the benefits of having a combined cancer program.*

*"The development of the Breast & GYN Cancer Pavilion, a partnership between Mary Bird Perkins-Our Lady of the Lake Cancer Center and Woman's Hospital, has allowed for patients with vulvar or vaginal cancer to receive all of their care (biopsy, imaging, surgery, chemotherapy, and radiation) in a single location. This is not only more convenient for the patient but also allows for the physicians to work closely together in the development of treatment plans and alongside one another in the operating room if needed. Having the gynecologic oncologists and radiation oncologists working so closely together also allows for more complicated brachytherapy cases to be performed, including interstitial brachytherapy. The many support services available within the Pavilion also help to address many other patient needs as a patient navigates all the way from diagnosis through survivorship."*

*As always, we want to thank our Tumor Registry staffed by Tonya Songy, our incredible marketing team and our statistician Landon Roy for their help in generating this report.*

*We are excited to welcome Dr. Anthony Evans, our new medical director of gynecologic oncology, and gynecologic oncologist Dr. Laurel King to our multidisciplinary oncology team.*

*Dr. Deborah Cavalier, our esteemed cancer liaison physician, will be retiring at the end of this year. We want to thank her for her dedication to our Tumor Registry and our cancer program. The Cancer Committee meetings will not be the same without her humor and wit. We will miss her and wish her great happiness in her retirement.*

**Beverly Ogden, MD**  
Co-chair, Cancer Committee

**Deborah Cavalier, MD**  
Cancer Liaison Physician

# Cancer Discussion

According to the American Cancer Society, 6,070 new cases of vulvar cancer were projected to be diagnosed in 2019 in the United States, with an estimated 1,280 women dying from this type of cancer. In this report, we reviewed all cases of vulvar cancer diagnoses at Woman's Hospital between the years 2008 and 2018.

During this time period, 212 cases were identified. The majority of these cases were diagnosed in women between the ages of 50-80 years old. However, 9% of cases were diagnosed between the ages of 30-39. 58% of cases were squamous cell carcinomas, the most common form of vulvar cancer, but we also noted that 5% of cases were malignant melanoma, 5% were basal cell carcinoma and 3% were extramammary Paget's disease. 82% of our cases were diagnosed in Caucasian women and 17% in African-American women. Half (50%) of our cases were diagnosed as Stage I, 8% each for Stage II and III and only 2% Stage IV. Our overall 5-year survival for all cases of vulvar cancer was 74.2% which was better than 71.1% reported in the Louisiana Tumor Registry (LTR) and 71.3% reported in the National Surveillance, Epidemiology, and End Results (SEER) data base. According to the LTR, there is no statistically

significant difference in mortality due to vulvar cancer in Louisiana when compared to the national data base.

We have known for the last 20 years that consistently the incidence of vulvar cancer in Louisiana was higher than that reported in national databases. Nationally, vulvar cancer accounts for about 6% of cancers of the female reproductive system but Woman's Hospital's tumor registry shows vulvar cancer represents 10% of our reported female reproductive cancers. The incidence rate of vulvar cancer reported by the LTR is 2.8/100,000 compared to the National SEER Database 2.5/100,000. This of course warrants continued investigation.

The two major pathways that lead to the development of vulvar cancer are human papilloma virus infection (HPV) and chronic inflammatory conditions including lichen sclerosus. It is reported that 87% of vulvar intraepithelial neoplasia cases are associated with HPV infection, but only 29% of invasive vulvar cancers are linked to HPV infection. Cigarette smoking, infection with HIV and immunodeficiency syndromes are additional known risk factors for both types of cancer. In this current review, 31% of our patients with vulvar cancer are noted to be smokers which is higher than the 2017 national average of 14%. In contrast, 45% of patients diagnosed at Woman's Hospital with vulvar cancer have never smoked. Also, we have been investigating the strains of HPV identified in our patient population over the last few years which has shown that our most common HPV virus strains are not types 16 and 18 as reported in the literature. We have begun to look at geographical mapping of the cases of vulvar cancer diagnosed at Woman's in an attempt to identify any potential environmental exposure risk factors. We will continue to investigate the risk factors associated with vulvar cancer in our patients.

According to the American Cancer Society, one in every 1,100 women will develop vaginal cancer in her lifetime. It is estimated that there will be 5,350 new cases of vaginal cancer diagnosed this year with 1,430 related deaths. Review of the cancer data at Woman's between the years 2008 and 2018 showed 36 reported cases of vaginal cancer; 69% of cases were diagnosed in Caucasian women and 31% in African-American women. The majority of cases were diagnosed in women between the ages of 40-89. As expected, 42% of cases were squamous cell carcinoma, but other types of carcinoma were seen including 19% adenocarcinoma, 6% endometrioid carcinoma, 6% malignant melanoma and 6% small cell neuroendocrine carcinoma. Even though the majority of cases of vaginal cancer diagnosed in Louisiana and reported nationally are Stage I in all race categories, most cases diagnosed at Woman's Hospital are Stage II (23%) and Stage III (19%). This may be due to more advanced cases being referred to our cancer center. Even with the higher stage cancers seen at Woman's, the overall 5-year survival reported at Woman's Hospital was 56.9% which is better than cases reported in the national SEER data base (51.2% survival) and data included in the LTR (45.1% survival).

Unlike vulvar cancer, vaginal cancer is highly linked to HPV infection. Additional risk factors include exposure to diethylstilbestrol, infections with HIV, previous history of cervical cancer, history of smoking and a history of chronic vulvar itching and burning. Like the national statistics, only 14% of our vaginal cancer patients are smokers with an additional 14% percent having had a history of previous use. 72% of patients with vaginal cancer have never been smokers.

# Vaginal and Vulvar Cancer Staging

## Vaginal

### Stage I

The cancer has grown through the top layer of cells but it has not grown out of the vagina and into nearby structures. It has not spread to nearby lymph nodes or to distant sites.

### Stage II

The cancer has spread to the connective tissues next to the vagina but has not spread to the wall of the pelvis or to other organs nearby. It has not spread to nearby lymph nodes or to distant sites.

### Stage III

Either the cancer has spread to the wall of the pelvis and may—or may not—have spread to nearby lymph nodes, or the cancer is in the vagina and it may have grown into the connective tissue nearby and it has spread to lymph nodes nearby. It has not spread to distant sites.

### Stage IV

Stage IV has two stages: Stage IVA and Stage IVB. At Stage IVA the cancer has grown out of the vagina to organs nearby (such as the bladder or rectum). It may or may not have spread to lymph nodes but it has not spread to distant sites. At Stage IVB the cancer has spread to distant organs such as the lungs.

## Vulvar

### Stage I

The cancer has formed but has not moved beyond the vulva or perineum (the area between the rectum and the vagina).

### Stage II

The cancer has reached the lower part of the urethra, the lower part of the vagina, or the anus. The cancer has not reached the lymph nodes.

### Stage III

The cancer may have reached the lower part of the urethra, the lower part of the vagina, or the anus. Cancer has reached at least one lymph node.

### Stage IV

The cancer has reached the upper part of the urethra, the upper part of the vagina, or other parts of the body.

# Comparative Analysis of Local and National Patient Populations

## Figure I

### Vulvar and Vaginal Malignant Tumors • Age at Diagnosis: 2008-2018

| Age at Diagnosis | Woman's    |            | NCDB*         |            | Woman's   |            | NCDB*         |            |
|------------------|------------|------------|---------------|------------|-----------|------------|---------------|------------|
|                  | Vulvar     |            |               |            | Vagina    |            |               |            |
|                  | Number     | Percent    | Number        | Percent    | Number    | Percent    | Number        | Percent    |
| Under 20         | 0          | 0          | 66            | <1         | 0         | 0          | 60            | <1         |
| 20-29            | 2          | <1         | 602           | 1          | 1         | 3          | 71            | <1         |
| 30-39            | 18         | 9          | 2,326         | 5          | 0         | 0          | 306           | 3          |
| 40-49            | 26         | 13         | 6,444         | 13         | 5         | 14         | 1,075         | 10         |
| 50-59            | 55         | 26         | 10,156        | 21         | 8         | 22         | 2,073         | 20         |
| 60-69            | 44         | 21         | 10,259        | 21         | 8         | 22         | 2,498         | 24         |
| 70-79            | 34         | 16         | 9,142         | 19         | 5         | 14         | 2,244         | 22         |
| 80-89            | 28         | 13         | 7,620         | 16         | 8         | 22         | 1,643         | 16         |
| 90-99            | 5          | 2          | 1,876         | 4          | 1         | 3          | 365           | 4          |
| <b>Total</b>     | <b>212</b> | <b>100</b> | <b>48,491</b> | <b>100</b> | <b>36</b> | <b>100</b> | <b>10,335</b> | <b>100</b> |

\*National Cancer Data Base (NCDB) data only available for years 2007-2016.

A total of 212 cases of vulvar cancer were diagnosed during this time.

The age distribution parallels the distribution by age reported in the NCDB. The majority of cases are diagnosed between the ages of 40-89 with the highest percentage reported between 50-59 years of age.

A total of 36 vaginal cancers were diagnosed between 2008-2018.

The age distribution is similar to the age distribution reported in the NCDB, but our largest percentages of cases diagnosed showed 2 peaks, one between 50-69 years of age and the other between 80-89 years of age. The largest percentage of cases reported in the NCDB was between the ages of 60-69.

## Figure II

### Vulvar and Vaginal Malignant Tumors • Race: Years 2008-2018

| Race             | Woman's    |            | NCDB*         |            | Woman's   |            | NCDB*         |            |
|------------------|------------|------------|---------------|------------|-----------|------------|---------------|------------|
|                  | Vulvar     |            | Vagina        |            | Vagina    |            | Vagina        |            |
|                  | Number     | Percent    | Number        | Percent    | Number    | Percent    | Number        | Percent    |
| Caucasian        | 174        | 82         | 41,299        | 85         | 25        | 69         | 7,612         | 74         |
| African American | 37         | 17         | 4,011         | 8          | 11        | 31         | 1,569         | 15         |
| Other*           | 1          | 1          | 3,181         | 7          | 0         | 0          | 1,154         | 11         |
| <b>Total</b>     | <b>212</b> | <b>100</b> | <b>48,491</b> | <b>100</b> | <b>36</b> | <b>100</b> | <b>10,335</b> | <b>100</b> |

\*Other category includes Native American and Hispanic.

\*\*NCDB data only available for 2007-2016.

Race distribution for vulvar cancer at Woman's shows the majority of cases are diagnosed in Caucasian women (82%), compared to NCDB showing 85% in Caucasian women. Seventeen percent (17%) of cases diagnosed at Woman's were in African American women (8% in NCDB) and 1% diagnosed in other ethnic groups (7% in NCDB).

Approximately 2/3 of cases of vaginal cancer were diagnosed in Caucasian women at Woman's and 1/3 of cases in African American women at Woman's. The NCDB data shows 74% of cases in Caucasian women with similar percentages of cases in African American women and other categories.

## Figure III

### Vulvar and Vaginal Malignant Tumors • Year of Diagnosis: 2008-2018

| Year of Diagnosis* | Vulvar     | Vagina    |
|--------------------|------------|-----------|
| 2008               | 20         | 6         |
| 2009               | 21         | 6         |
| 2010               | 25         | 3         |
| 2011               | 17         | 4         |
| 2012               | 12         | 2         |
| 2013               | 19         | 2         |
| 2014               | 25         | 5         |
| 2015               | 25         | 2         |
| 2016               | 15         | 0         |
| 2017               | 15         | 1         |
| 2018               | 18         | 5         |
| <b>Total</b>       | <b>212</b> | <b>36</b> |

\*Year of diagnosis based on accession year.

The number of cases of vulvar cancer diagnosed at Woman's over the last ten years range from 15-25. The number of vaginal cases during this same time period was 0-6 cases per year.



## Figure IV

### Vulvar and Vaginal Malignant Tumors • Histologies: Years 2008-2018

| Cell Types                          | Vulvar     |            |               |            | Vagina    |            |               |            |
|-------------------------------------|------------|------------|---------------|------------|-----------|------------|---------------|------------|
|                                     | Woman's    |            | NCDB*         |            | Woman's   |            | NCDB*         |            |
|                                     | Number     | Percent    | Number        | Percent    | Number    | Percent    | Number        | Percent    |
| Squamous Cell Carcinoma In-Situ     | 58         | 27         | 9,330         | 19         | 4         | 11         | 978           | 10         |
| Adenocarcinoma In-Situ              |            |            |               |            |           |            | 18            | <1         |
| Adenocarcinoma, NOS                 | 1          | <1         |               |            | 7         | 19         | 626           | 6          |
| Basal Cell Carcinoma                | 10         | 5          | 1,045         | 2          |           |            |               |            |
| Basosquamous Cell Carcinoma         | 2          | 1          |               |            |           |            |               |            |
| Clear Cell Adenocarcinoma           |            |            |               |            | 1         | <3         | 171           | 2          |
| Endometrioid Carcinoma              |            |            |               |            | 2         | 6          | 235           | 2          |
| Malignant Fibrous Histiocytoma      | 1          | <1         |               |            |           |            |               |            |
| Malignant Melanoma                  | 10         | 5          | 1,837         | 4          | 2         | 6          | 451           | 4          |
| Paget's Disease Extramammary        | 6          | 3          | 2,481         | 5          |           |            |               |            |
| Sarcoma                             |            |            |               |            | 1         | <3         |               |            |
| Small Cell Neuroendocrine Carcinoma |            |            |               |            | 2         | 6          |               |            |
| Squamous Cell Carcinoma, NOS        | 124        | 58         | 30,029        | 62         | 15        | 42         | 6,227         | 60         |
| Carcinoma, NOS                      |            |            | 384           | <1         | 2         | 6          | 249           | 2          |
| Leiomyosarcoma, NOS                 |            |            |               |            |           |            | 121           | 1          |
| Other Specified types               |            |            | 3,547         | 7          |           |            | 1,286         | 12         |
| <b>Total</b>                        | <b>212</b> | <b>100</b> | <b>48,653</b> | <b>100</b> | <b>36</b> | <b>100</b> | <b>10,362</b> | <b>100</b> |

\*NCDB data only available for years 2007-2016.

58% of our cases of vulvar cancer were diagnosed as squamous cell carcinoma, the most common histologic type of cancer for this site. However, 5% of our cancers were malignant melanoma, 3% were Paget's disease extramammary and 5% were basal cell carcinoma. The types of vaginal cancer diagnosed were 42% squamous cell carcinoma, 19% adenocarcinoma, 6% endometrioid carcinoma, 6% malignant melanoma and 6% small cell neuroendocrine carcinoma.

**Figure V****Vulvar and Vaginal Malignant Tumors • Stage at Diagnosis: Years 2008-2018**

| Stage at Diagnosis             | Vulvar     |                    |                 |                  | Vagina    |                    |                 |                  |
|--------------------------------|------------|--------------------|-----------------|------------------|-----------|--------------------|-----------------|------------------|
|                                | Number     | Woman's<br>Percent | NCDB*<br>Number | NCDB*<br>Percent | Number    | Woman's<br>Percent | NCDB*<br>Number | NCDB*<br>Percent |
| <b>0</b>                       | 55         | 26                 | 10,954          | 23               | 4         | 11                 | 987             | 10               |
| <b>I</b>                       | 105        | 50                 | 19,471          | 40               | 5         | 14                 | 2,502           | 24               |
| I                              | 5          |                    |                 |                  | 5         |                    |                 |                  |
| IA                             | 38         |                    |                 |                  | 0         |                    |                 |                  |
| IB                             | 62         |                    |                 |                  | 0         |                    |                 |                  |
| <b>II</b>                      | 16         | 8                  | 4,512           | 9                | 8         | 23                 | 1,889           | 18               |
| II                             | 14         |                    |                 |                  | 7         |                    |                 |                  |
| IIB                            | 0          |                    |                 |                  | 1         |                    |                 |                  |
| IIC                            | 2          |                    |                 |                  | 0         |                    |                 |                  |
| <b>III</b>                     | 17         | 8                  | 5,949           | 12               | 7         | 19                 | 1,578           | 15               |
| III                            | 3          |                    |                 |                  | 7         |                    |                 |                  |
| IIIA                           | 6          |                    |                 |                  | 0         |                    |                 |                  |
| IIIB                           | 2          |                    |                 |                  | 0         |                    |                 |                  |
| IIIC                           | 6          |                    |                 |                  | 0         |                    |                 |                  |
| <b>IV</b>                      | 6          | 2                  | 2,864           | 6                | 5         | 14                 | 1,525           | 15               |
| IV                             | 0          |                    |                 |                  | 1         |                    |                 |                  |
| IVA                            | 3          |                    |                 |                  | 1         |                    |                 |                  |
| IVB                            | 3          |                    |                 |                  | 3         |                    |                 |                  |
| <b>Unknown /Not Applicable</b> | 13         | 6                  | 4,741           | 10               | 7         | 19                 | 1,854           | 18               |
| <b>Total</b>                   | <b>212</b> | <b>100</b>         | <b>48,491</b>   | <b>100</b>       | <b>36</b> | <b>100</b>         | <b>10,335</b>   | <b>100</b>       |

\*NCDB data only available for years 2007-2016.

The majority of cases of vulvar cancer diagnosed at Woman's are Stage 0 or I (76%) compared to NCDB of 63% diagnosed as Stage 0 or I. The NCDB shows 12% of cases diagnosed as Stage III compared to only 8% at Woman's. Nine cases were classified as "other" stage in NCDB (10%) compared to 6% at Woman's.

The majority of cases of vaginal cancer diagnosed at Woman's were Stage II and III compared to the NCDB which shows the majority of cases as Stage I and II.

## Figure VI

### Vulvar and Vaginal Malignant Tumors • First Course of Treatment: Years 2008-2018

| Treatment First Course                     | Vulvar     |            |               |            | Vagina    |            |               |            |
|--|------------|------------|---------------|------------|-----------|------------|---------------|------------|
|  | Woman's    |            | NCDB*         |            | Woman's   |            | NCDB*         |            |
|  | Number     | Percent    | Number        | Percent    | Number    | Percent    | Number        | Percent    |
| Surgery                                    | 176        | 83         | 35,293        | 73         | 7         | 19         | 1,917         | 18         |
| Surgery/Chemotherapy                       | 2          | <1         | 366           | 1          | 1         | 3          | 189           | 2          |
| Surgery/Radiation                          | 9          | 4          | 3,031         | 6          | 5         | 14         | 807           | 8          |
| Surgery/Radiation/Chemotherapy             | 16         | 8          | 2,612         | 5          | 4         | 11         | 759           | 7          |
| Surgery/Radiation/Hormone                  | 1          | <1         | 0             | 0          | 0         | 0          | 0             | 0          |
| Surgery/Radiation/Chemotherapy and Hormone | 0          | 0          | 0             | 0          | 1         | 3          | 0             | 0          |
| Chemotherapy                               | 0          | 0          | 239           | <1         | 1         | 3          | 393           | 4          |
| Radiation                                  | 2          | <1         | 1,302         | 3          | 3         | 8          | 1,731         | 17         |
| Radiation/Chemotherapy                     | 3          | 2          | 2,575         | 5          | 13        | 36         | 3,008         | 29         |
| Surgery/Biological Response Modifier (BRM) | 0          | 0          | 356           | 1          | 0         | 0          | 39            | <1         |
| Other Specified Therapy                    | 0          | 0          | 823           | 2          | 0         | 0          | 295           | 3          |
| None                                       | 3          | 2          | 1,894         | 4          | 1         | 3          | 1,197         | 12         |
| <b>Total</b>                               | <b>212</b> | <b>100</b> | <b>48,491</b> | <b>100</b> | <b>36</b> | <b>100</b> | <b>10,335</b> | <b>100</b> |

\*NCDB data only available for years 2007-2016.

The majority of patients with vulvar cancer were treated with surgery alone at Woman's and in the NCDB. The majority of patients with vaginal cancer were treated with radiation and chemotherapy in both Woman's data and the NCDB.

## Figure VII

### Vulvar and Vaginal Malignant Tumors • Smoking History For Years of Diagnosis: 2008-2018

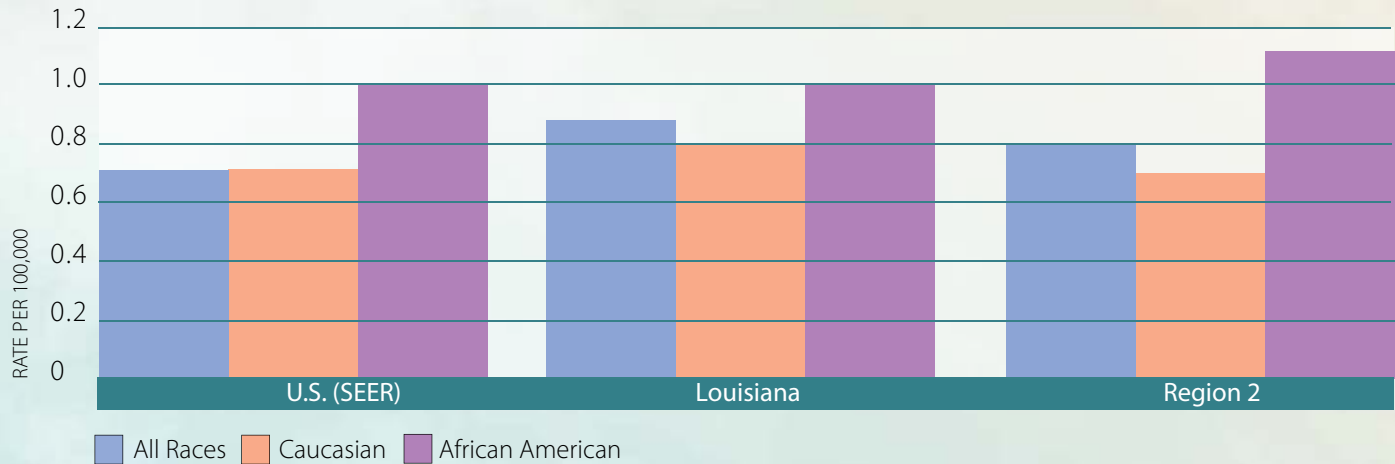
| Smoking History          | Woman's    |            |           |            |
|--------------------------|------------|------------|-----------|------------|
|                          | Vulvar     |            | Vagina    |            |
|                          | Number     | Percent    | Number    | Percent    |
| Current Cigarette Smoker | 66         | 31         | 5         | 14         |
| Previous Use             | 38         | 18         | 5         | 14         |
| Never Used               | 95         | 45         | 26        | 72         |
| Unknown                  | 13         | 6          | 0         | 0          |
| <b>Total</b>             | <b>212</b> | <b>100</b> | <b>36</b> | <b>100</b> |

The national average for smoking reported in the United States in 2017 was 14%. 31% of our patients with vulvar cancer say that they smoke and 18% say they had a previous history of smoking. 45% reported no history of ever smoking.

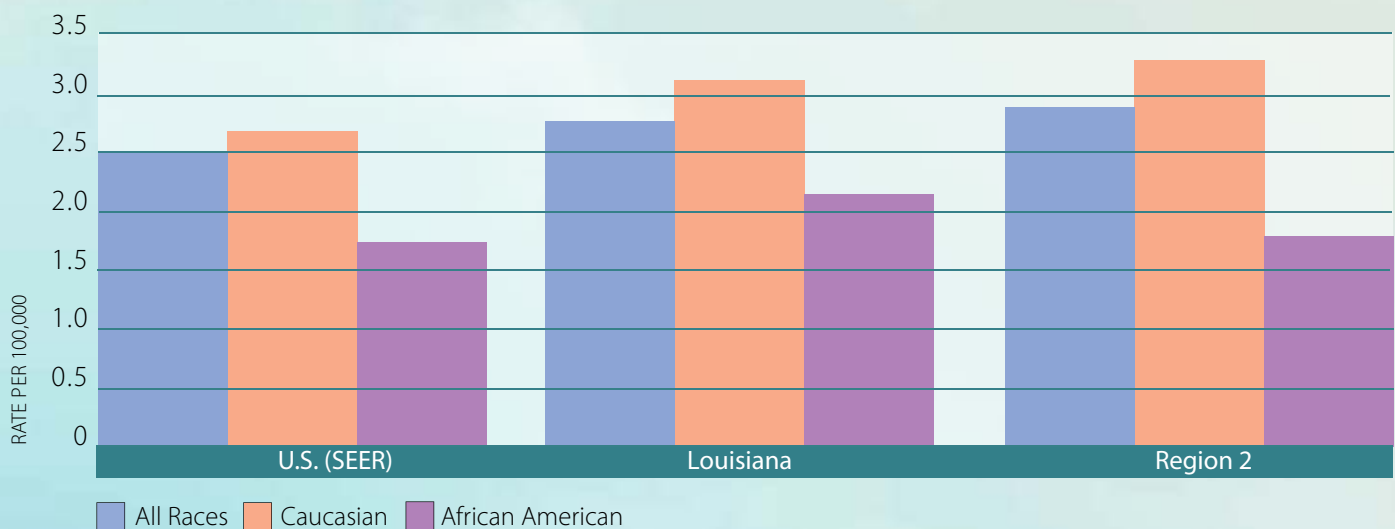
Like the national statistics, 14% of our vaginal cancer patients are smokers with an additional 14% percent with a history of previous use. 72% of patients with vaginal cancer have never been smokers.

**Figure VIII**  
**Incidence Rates Louisiana vs US\* 2007-2016**

**Vaginal Cancer**



**Vulvar Cancer**



\* Age adjusted to the 2000 U.S. population standard.

The U.S. rate is significantly lower than the Louisiana rate.

The counts are for the annual average for the 10-year period.

LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana

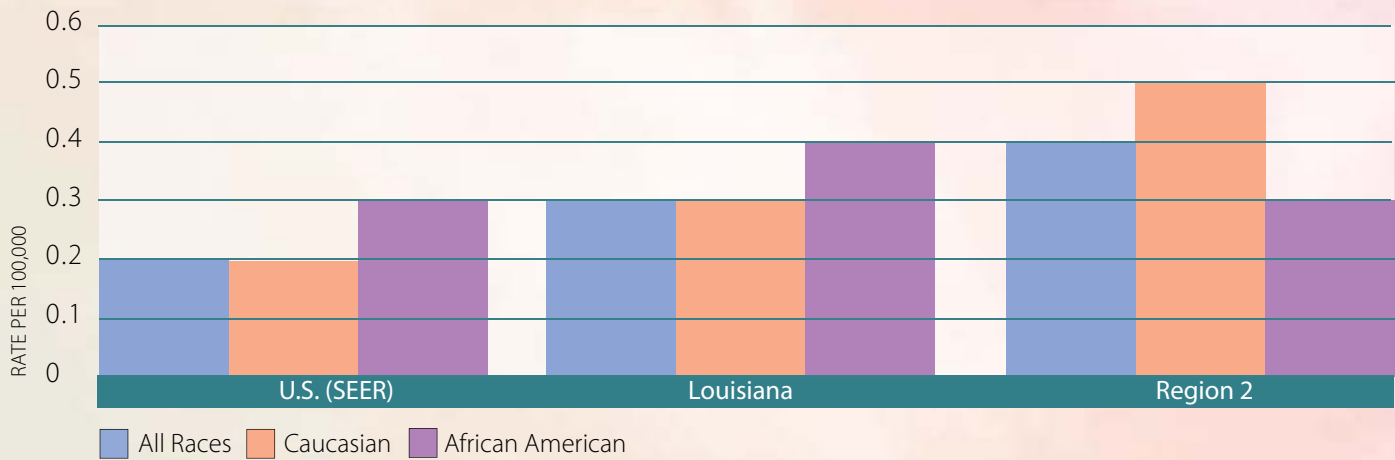
The incidence rates of vaginal cancer in the categories of all races and the Caucasian population are statistically higher in Louisiana than reported in the national SEER Database. This warrants further investigation.

The incidence rates of vulvar cancer in the categories of all races and the Caucasian population are statistically higher in Louisiana than reported in the national SEER Database. This warrants further investigation.

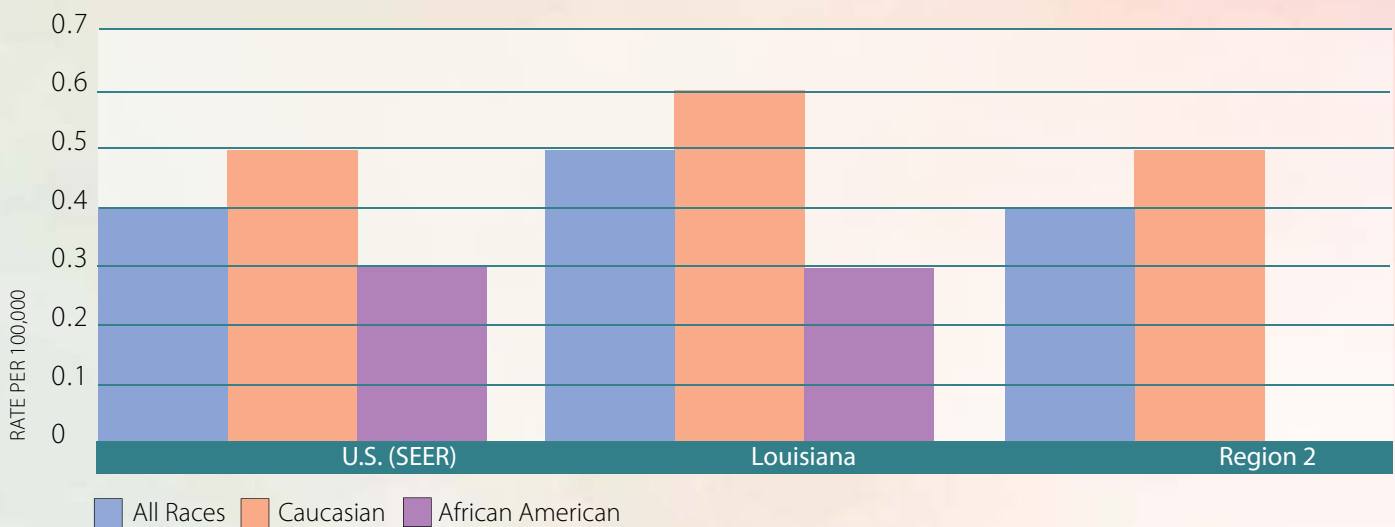
Source: Louisiana Tumor Registry

**Figure IX**  
**Mortality Rates Louisiana vs US\* 2007-2016**

**Vaginal Cancer**



**Vulvar Cancer**



Underlying mortality data provided by National Center of Health Statistics, NCHS ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

\* Age adjusted to the 2000 U.S. population standard.

The counts are for the annual average for the 9-year period.

The U.S. rate is significantly lower than the Louisiana rate.

LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana

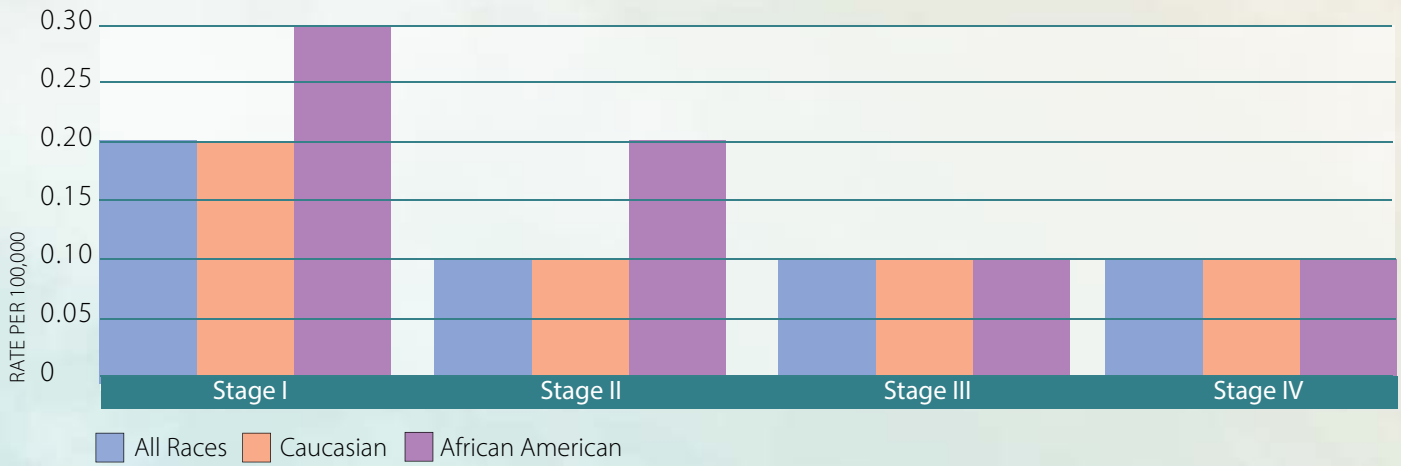
The mortality rate of vaginal cancer is higher in women diagnosed in Louisiana when compared to the national SEER Database.

There is no statistical difference in mortality in women diagnosed with vulvar cancer in Louisiana when compared to the national SEER Database.

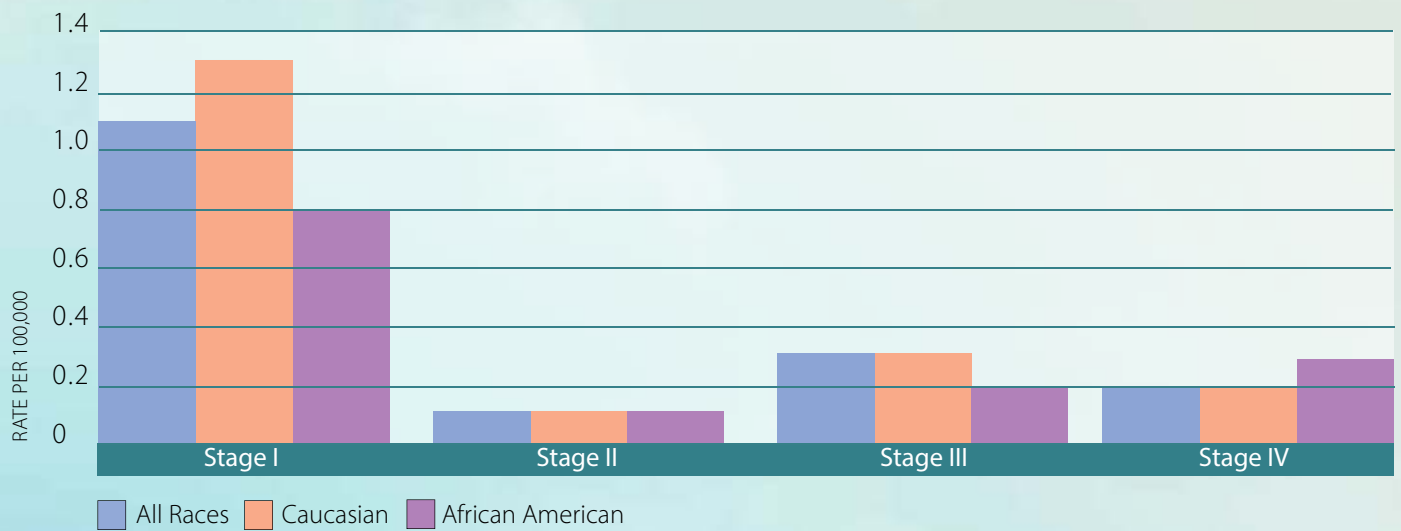
Source: Louisiana Tumor Registry

**Figure X**  
**Louisiana Cancer Incidence Rates\* 2007-2016**

**Vaginal Cancer**



**Vulvar Cancer**



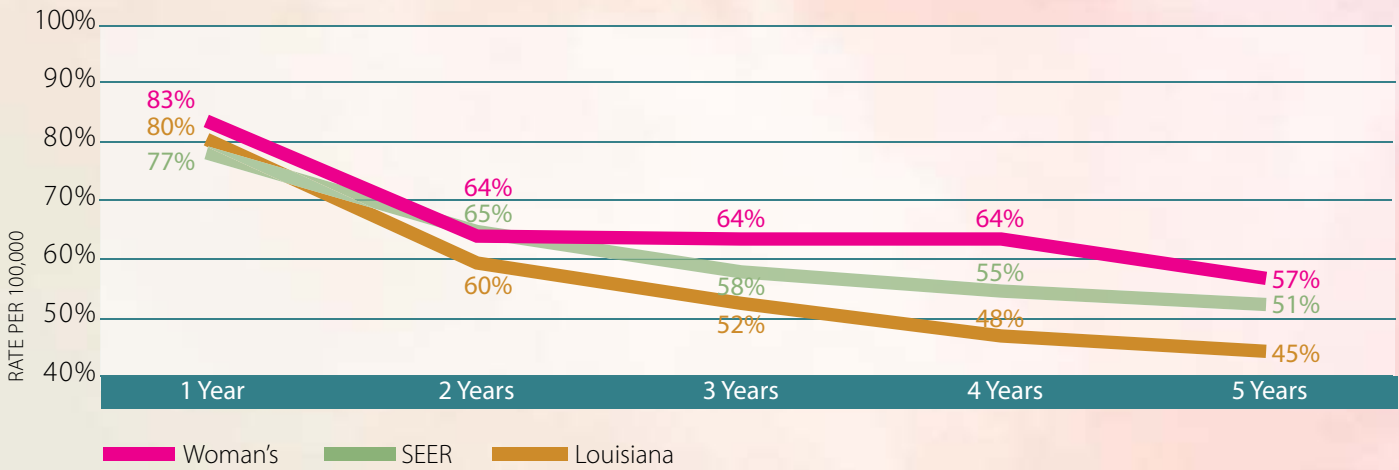
\* Age adjusted to the 2000 U.S. population standard.  
 The counts are for the annual average for the 10-year period.

The majority of cases of vaginal cancer diagnosed in Louisiana are Stage I in all race categories. This is not true in the Woman's Hospital database.

The majority of cases of vulvar cancer diagnosed in Louisiana are Stage I in all race categories.

Source: Louisiana Tumor Registry

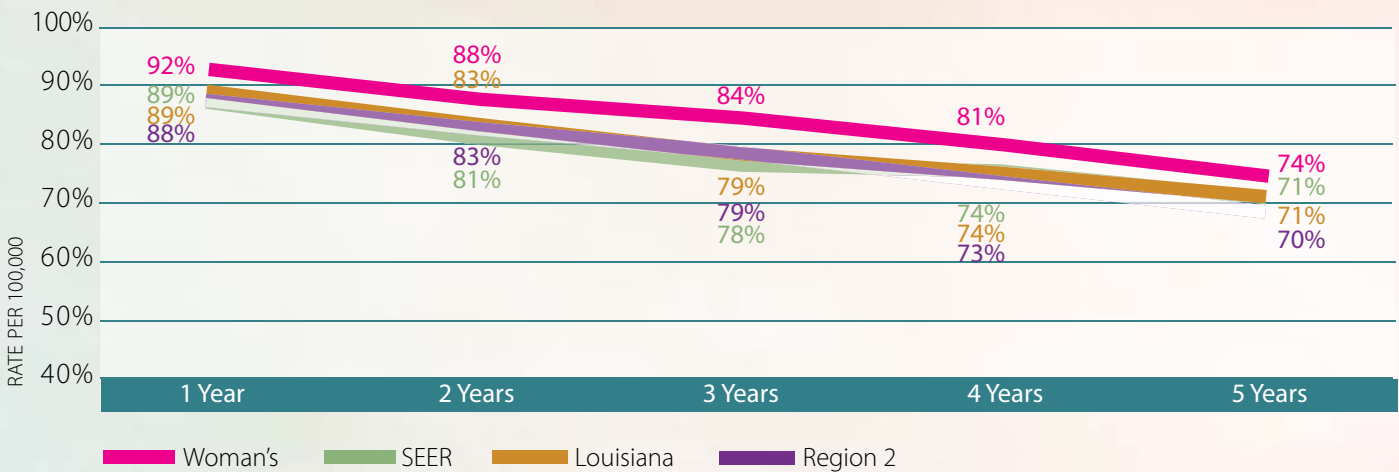
**Figure XI**  
**5-Year Survival • All Cases (Woman’s 2008-2018, Comparative 2006-2015)**  
**Vaginal Cancer**



The overall 5-year survival of women diagnosed at Woman’s with vaginal cancer between the years 2008-2018 was 56.9% which is better than cases reported in the national SEER Database (51.2% survival) and data included in the Louisiana Tumor Registry (45.1% survival). There were no deaths reported in years 3 and 4 resulting in repeated survival rates from year 2.

Source: Louisiana Tumor Registry

**Figure XII**  
**All Cases (Woman’s 2008-2018, Comparative 2006-2015)**  
**Vulvar Cancer 5-Year Survival**



The overall 5-year survival of women diagnosed at Woman’s with vulvar cancer between the years 2008 and 2018 was 74.2% which is better than cases reported in the national SEER Database (71.3% survival) and data included in the Louisiana Tumor Registry (71.1% survival).

Source: Louisiana Tumor Registry



FOCUSED BREAST & GYN  
*Cancer care*



## MORE THAN 22,000 PATIENT SERVICES IN FIRST YEAR

In May 2018, the Breast & GYN Cancer Pavilion opened and began providing women diagnosed with breast or gynecologic cancer with new resources for enhanced care.

The Pavilion is a partnership between Woman's Hospital and Mary Bird Perkins—Our Lady of the Lake Cancer Center that blends the recognized expertise of each organization in caring for women with cancer to deliver the most advanced, coordinated care for patients throughout the region. In its first year, the Pavilion delivered approximately 22,000 services to women residing in 36 Louisiana parishes and Mississippi counties that included early detection screenings, surgeries, treatments, survivorship and other support programs.

The Pavilion enables women to receive the highest level of breast and gynecologic cancer care and is the only one of its kind in the country. This is made possible through the combined expertise and resources of this partnership, providing patients with collaborative teams of medical and radiation oncologists, surgeons, radiologists, pathologists, geneticists, research staff, nurse navigators, nutritionists and social workers.



### **The technology at the Pavilion is unparalleled:**

- *A highly advanced digital linear accelerator enhances precision, but with less radiation exposure and a shorter treatment time.*
- *Custom beam-shaping technology is used in conjunction with the accelerator to further enhance precision and spare normal, healthy tissue. Optical imaging allows for real-time tumor tracking during treatment.*
- *New technology blends PET and CT images into one image for greater accuracy in detecting small tumors and in identifying tumor boundaries, allowing for more targeted and concentrated radiation to save healthy tissue.*
- *High-Dose Rate Brachytherapy for gynecologic cancer treatment, which allows for minimal exposure to healthy tissue using a device that delivers a high dose of radiation directly to the tumor site, is available in a dedicated suite that keeps the patient in one area for the entirety of her procedure. This design is unique to only a few facilities in the country.*
- *A state-of-the-art clinical pharmacy is located within the infusion center for quick, safe delivery of chemotherapy medications. With an onsite clinical infusion pharmacy, patients' wait times for infusions is approximately 20 minutes, which is well below the national average. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.*
- *Every detail for patient comfort and convenience was considered in the design of the infusion center, which includes 14 bays and two private rooms.*

## Cancer Answer Call Line Connects Patients to Care

The Pavilion Cancer Answer Call Line is a free service that women and their families can call if they have questions about a cancer diagnosis. A team of professionals from Woman's Hospital and Mary Bird Perkins—Our Lady of the Lake Cancer Center are on standby to offer guidance to ease the fear and anxiety for anyone diagnosed with breast or gynecologic cancer and/or their caregivers.

Since its inception in July 2018, the Cancer Answer call line has received more than 1,000 calls of which dozens have become Pavilion patients. Questions often range from "What should I do before my first appointment?" to "How do I get a second opinion?" The line is open to anyone seeking cancer answers at 225-215-7600.



### Ann's Story Endometrial Cancer Survivor

One Sunday morning while getting ready for church, Ann Watts noticed some irregular bleeding. After a visit with her doctor, an ultrasound and a hysteroscopy, she was diagnosed with endometrial cancer. Ann had a total hysterectomy followed by chemotherapy and radiation for six weeks, and can now call herself a cancer survivor!

While Ann had a difficult time through treatment, experiencing almost every possible side effect, she credits the care she received by the team at the Breast & GYN Cancer Pavilion for her quick recovery and positive attitude. On her last day of treatment she brought a small gift - a brooch with a note of thanks attached - for all of the staff who had touched her life and helped her through her cancer journey. The list was 75 people long!

Ann's story had a happy ending, which she says is because she listened to her body and sought treatment early. Her mantra has become: "Ladies, get to know your bodies. That knowledge could save your life. It saved mine."



*Listen to Ann's story in her own words by aiming your iPhone's camera at this QR CODE.*



## Breast & GYN Cancer Pavilion Launches Hope Notes

An online portal developed by Woman's Hospital and Mary Bird Perkins—Our Lady of the Lake Cancer Center allows users to easily send messages of inspiration to women fighting cancer. Anyone wishing to send a note of encouragement can visit [breastandgynecancer.org/hope](http://breastandgynecancer.org/hope) to select from a number of design options and include a prepared inspirational message or compose one of their own. Hope Notes will then be printed and hand-delivered to patients when they arrive for treatment. Positive interactions and communication with patients has been shown to enhance clinical treatments, and this initiative provides an outlet for those who want to do something to help cancer patients, yet may not have other means to do so. It's an easy and powerful way to make a difference.



### Rosa's Story Uterine Cancer Survivor

In the spring of 2018, Rosa Scott was diagnosed with Stage III Uterine Cancer. She had always been relatively healthy and never had any other major health issues, so the diagnosis came as a surprise.

Rosa had surgery to remove the tumor and was treated with "sandwich therapy," which is a combination of chemo, radiation, and chemo. She experienced many side effects, including loss of appetite, and became very weak. But her positive attitude and faith never wavered. Rosa also leaned heavily on the encouragement she received from Robin Maggio, an oncology social worker at Woman's Hospital, and support groups offered at the Breast & GYN Cancer Pavilion.

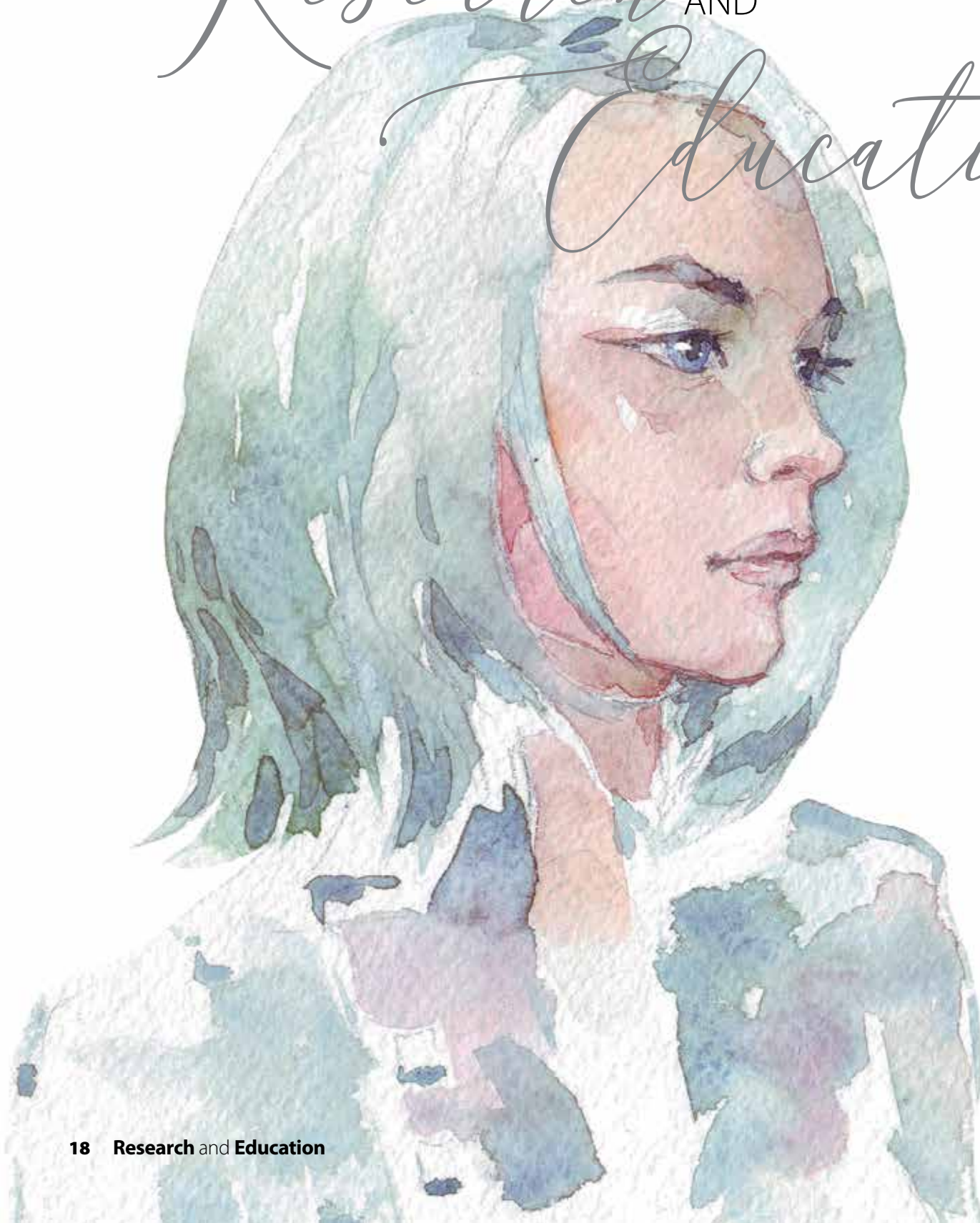
The women she met through these groups went from complete strangers to being like family during her cancer journey. Rosa is now cancer free and loves to share her story in hopes she can help others walking a similar path.



*Listen to Rosa's story in her own words by aiming your iPhone's camera at this QR CODE.*



# Research AND Education



With the goal of enhancing cancer care and improving patient outcomes, Woman's Hospital and the Clinical Research Department of Mary Bird Perkins—Our Lady of the Lake Cancer Center provides clinical and molecular biology/genetic research services. These divisions conduct hospital and translational cancer research, including inherited cancer and tumor markers. Hospital studies involve gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology. In 2018, there were 21 active cancer-related studies.

## Continuing Medical Education

Accredited by the Louisiana State Medical Society, Woman's Continuing Medical Education offers physicians appropriate education programs. These programs are also open for other disciplines to attend. In 2018, 45 Breast Tumor Conferences, 10 GYN Tumor Conferences, 4 GYN Cancer Multidisciplinary Taskforce meetings and 4 Breast Cancer Multidisciplinary Taskforce meetings were held. Additionally, several continuing education courses covered topics such as HPV Cancer, Mammography and Oncofertility.

Woman's also offered several continuing education programs for nurses, social workers, physical therapists, occupational therapists, medical exercise physiologists, mammography techs, ultrasound techs, and other imaging personnel.

### **These topics included:**

- End-of-Life Nursing Education Consortium (ELNEC) – Adult Palliative Care
- Breast Cancer Diagnosis to Treatment: The Nurse Practitioner's Role
- Cancer Rehab: Bridging the Gap Between Medical Prognosis and Physical Realities
- It's Time to Tackle Breast Cancer: Increasing Positive Outcomes in Breast Health and Breast Imaging

## Breast & GYN Cancer Pavilion Part of \$13.6M Cancer Clinical Trials Network

Along with LSU Health New Orleans and other partners, Mary Bird Perkins Cancer Center has been awarded a \$13.6 million multi-year grant by the National Cancer Institute (NCI) to expand its successful statewide clinical trials network with a special emphasis on underserved cancer patients. This grant, known as the National Cancer Institute Community Oncology Research Program (NCORP), will provide additional opportunities for patients at the Breast & GYN Cancer Pavilion to enroll in national research studies.

Through NCORP, the Pavilion has access to NRG Oncology, an organization which brings together the complementary research areas of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), the Gynecologic Oncology Group (GOG) and Alliance for Clinical Trials in Oncology. In addition, this relationship with NCI allows the Pavilion to participate in studies offered through the Southwest Oncology Group (SWOG), ECOG-ACRIN cancer research group, Alliance for Clinical Trials in Oncology, Wake Forest Research Base and University of Rochester Cancer Center (URCC). Research studies may compare the best existing treatments with promising new ones and have the potential to obtain valuable quality of life information. Together with the NCI and its Research Bases, the research team at

the Pavilion is conducting studies that also look at Cancer Care Delivery Research (CCDR). CCDR focuses its research on gathering evidence that can be used to enhance clinical patterns and develop interventions within the healthcare delivery system. It supports development of new and generalizable knowledge about the effectiveness, acceptability, cost, optimal delivery mode, and causal mechanisms that influence outcomes and affect the value of cancer care across diverse settings and populations.

### **Breast and GYN Cancer Pavilion Clinical Research Statistics (January-December 2018):**

- 130 patients enrolled in clinical trials
- 16 breast cancer trials offered
- 3 GYN trials offered
- 2 "other" studies offered

## Breast & GYN Cancer Pavilion Introduces Breast Immunotherapy Trials

The Pavilion is now offering adjuvant and metastatic immunotherapy trials, which use substances to activate the immune system to help the body fight cancer. Immunotherapy is one of the most promising methods to fight cancer, rapidly advancing treatment and outcomes over the last few years.

The Pavilion offers an adjuvant breast trial that enrolls high-risk triple negative breast cancer patients and randomizes patients to either observation or Pembrolizumab/Keytruda every three weeks for one year after completion of standard treatment. This study is being done to determine if adding the drug Keytruda can improve outcomes and disease free survival in this patient population. The metastatic study tests if the addition of Atezolizumab to a standard of care regimen for first line metastatic HER2+ breast cancer patients will improve progression-free survival.

For more information on other trials available at the Breast & GYN Cancer Pavilion, visit [breastandgynecancer.org](http://breastandgynecancer.org).

## Cancer-related studies with active enrollment

1. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
2. Molecular analysis of Human Breast Cancer (LABR)
3. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)
4. GnRH, Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometrium and Ovary
5. Randomized Phase III Clinical Trial of Adjuvant Radiation versus Chemoradiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (GOG#263)
6. A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chest Wall and Regional Nodal XRT and Post-Lumpectomy Regional Nodal XRT in patients with Positive Axillary Nodes Before Neoadjuvant Chemotherapy Who Convert to Pathologically Negative Axillary Nodes After Neoadjuvant Chemotherapy (NSABP-B-51/RTOG 1304)
7. Randomized Phase III Trial Comparing Axillary Radiation in Breast Cancer Patients (cT1-3 N1) Who Have Positive Sentinel Lymph Node Disease after Neoadjuvant Chemotherapy (Alliance A011202)
8. Randomized Double-Blind Parallel Group Placebo-Controlled Multi-Center Phase III Study to Assess the Efficacy and Safety of Olaparib versus Placebo as Adjuvant Treatment in Patients with Germline BRCA1/2 Mutations and High Risk HER2 Negative Primary Breast Cancer Who have Completed Definitive Local Treatment and Neoadjuvant or Adjuvant Chemotherapy (NSABP B55)
9. A Randomized Phase III Trial of Adjuvant Therapy Comparing Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel with or without Carboplatin for Node-Positive or High Risk Node Negative Triple Negative Invasive Breast Cancer (NRG-BR003)
10. A Randomized Phase III Double Blinded Placebo Controlled Trial of Aspirin as Adjuvant Therapy for Node Positive HER2/neu Negative Breast Cancer : The ABC Trial (Alliance A011502)
11. A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of MK-3475 (Pembrolizumab) as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with Triple Receptor-Negative Breast Cancer with  $\leq$  1CM Residual Invasive Cancer or Positive Lymph Nodes (ypN+) after Neoadjuvant Chemotherapy (SWOG S1418)
12. Phase III Randomized Trial of Hypofractionated Post Mastectomy Radiation with Breast Reconstruction (Alliance A221505)
13. A Randomized Phase III Post-Operative Trial of Platinum Based Chemotherapy versus Capecitabine in Patients with Residual Triple Negative Basal-like Breast Cancer Following Neoadjuvant Chemotherapy (ECOG EA1131)
14. A Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer (Alliance A011401)(BWEL)
15. Tomosynthesis Mammographic Imaging Screening Trial (TMIST) (ECOG EA1151)
16. Olanzapine With or Without Fosaprepitant for the Prevention of Chemotherapy Induced Nausea and Vomiting in Patients Receiving Highly Emetogenic chemotherapy : A Phase III Randomized, Double Blind, Placebo-Controlled Trial (Alliance A221602)
17. A Randomized, Phase II/III Study of Pegylated Liposomal Doxorubicin and CTEP-Supplies Atezolizumab versus Pegylated Liposomal Doxorubicin/Bevacizumab and CTEP-supplied Atezolizumab versus Pegylated Liposomal Doxorubicin/Bevacizumab in Platinum Resistant Ovarian Cancer (NRG-GY009)
18. A Phase I/II Study of Ruxolitinib with Front-Line Neoadjuvant and Post-Surgical Therapy in Patients with Advanced Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer (NRG-Gy007)
19. A Randomized Phase II Study Comparing Single-Agent Olaparib, Single Agent Cediranib, and the Combination of Cediranib/Olaparib in Women with Recurrent, Persistent or Metastatic Endometrial Cancer (NRG-GY012)
20. Treatment of Refractory Nausea (URCC 16070)
21. Use of Clinical Trial Screening Tool to Address Cancer Health Disparities in the NCI Community Oncology Research Program (NCORP)

A watercolor-style portrait of a woman with long, dark red hair. She has a soft, contemplative expression and is wearing a light-colored, possibly white, button-down shirt. The background is a mix of vibrant colors, including deep blues, teals, and reds. In the lower-left foreground, there are several bright yellow flowers with red centers, rendered in a soft, painterly style. The overall mood is artistic and serene.

WOMAN'S  
*Continuum*  
OF  
CARE



## DIAGNOSING GYNECOLOGIC CANCERS

### Pap Tests

Since 1958, the Cary Dougherty Cancer Detection Laboratory at Woman's has processed more than a million Pap smears. Having an on-site lab enables Woman's to process test results in an average of five days. The most common way to detect cervical cancer is through a Pap smear, but other gynecologic cancers require additional testing based on symptoms.

### Imaging Services

Woman's provides a full spectrum of imaging modalities tools for diagnosing cancers such as transvaginal ultrasound, CT and PET scans and MRI.

## Woman's GYN Oncology Group

Woman's has two gynecologic oncologists on staff. They specialize in surgical treatments such as robotics-assisted and other minimally invasive methods that speed recovery and lessen downtime as well as radical and complex gynecologic surgeries.

## WOMAN'S WELCOMES GYNECOLOGIC ONCOLOGISTS

Anthony Evans, MD, PhD and  
Laurel King, MD



Anthony Evans, MD, PhD joined the Breast & GYN Cancer Pavilion as the medical director of gynecologic oncology. With more than 20 years of experience treating gynecologic cancers, Dr. Evans understands the importance of engaging his patients in their treatment plan and providing a thorough understanding of their condition and care options. Board Certified in obstetrics & gynecology and gynecologic oncology, Dr. Evans is also active in the latest cancer clinical trials.

Woman's Hospital also welcomed gynecologic oncologist Laurel King, MD. Dr. King has practiced gynecologic oncology for 20 years and is board certified in obstetrics & gynecology and gynecologic oncology, and is a Fellow of the American College of Obstetricians and Gynecologists. Drs. Evans and King are one of only nine GYN oncologists practicing in Louisiana and the only full-time Baton Rouge-based GYN oncologists.

Together they work alongside Dr. Tammy Dupuy, OB-GYN, who assists in the diagnosis and treatment of cancer and the treatment of HPV-related disease. Dr. Dupuy is also a certified functional medicine physician. Woman's Gynecologic Oncology clinic's comprehensive care team also includes a nurse practitioner, nurse navigator, palliative care coordinator, social worker and specialized cancer dietitian.

## DIAGNOSING BREAST CANCER

### Screening Mammography

Woman's Imaging offers 2D and 3D screening mammography, as well as CT, nuclear medicine and general radiology services. Our Mammography Coaches also bring screening mammograms directly to low-income, at-risk, uninsured and underinsured women across Louisiana. Our collaborative partners include Mary Bird Perkins CARE Network, LSUHSC School of Public Health's Louisiana Breast and Cervical Health Program, Susan G. Komen Foundation, and various churches, physician offices, community hospitals and local employers.

### Advanced Imaging

When advanced imaging is needed, Woman's provides diagnostic mammography, breast ultrasound, needle localization, galactography and cyst aspiration, as well as advanced stereotactic, ultrasound-guided and MRI-guided breast core biopsy, and nuclear medicine imaging for Sentinel Node biopsy.



*Woman's Breast Imaging Center is a designated Breast Center of Excellence by the American College of Radiology*



### Woman's Oncology Nurse Navigator Honored with National Award

**Ashley Marks, BSN, RN, OCN, ONN-GE**, a gynecologic oncology nurse navigator at Woman's Hospital, was honored with the 2018 Oncology Navigation Excellence Award from The Academy of Oncology Nurse & Patient Navigators (AONN+). The national award recognizes an oncology navigator for his or her outstanding contributions to oncology navigation, patient care and education. In her role, Marks guides gynecologic oncology patients from diagnosis to survivorship, helping them understand their condition and treatments as well as managing side effects, coordinating care among medical specialists, and connecting patients to available community resources to overcome barriers to care. She also helps patients manage their psychosocial needs, such as work, school, relationships, mental and emotional health, and financial concerns.

## Pathology Laboratory

The Woman's lab is accredited by the College of American Pathologists and offers a variety of chemistry and molecular biology services to accurately diagnose specific cancers.

## Woman's Breast Specialists Clinic

The team of female breast surgeons at Woman's are certified in the latest breast conserving and nipple-sparing mastectomies and oncoplastic breast surgery and active in the latest breast cancer research. Woman's has one of the state's few breast surgical oncologists.



Mindy Bowie, MD



Cecilia Cuntz, MD



## Woman's Hospital Adds Breast Oncology Nurse Navigator

**Ashli Morales, RN** joined the multidisciplinary cancer support team, where she offers individualized assistance to patients, families and caregivers to help facilitate informed decisions and ensure that patients have timely access to information about their care. When a woman receives her treatment at the Breast & GYN Cancer Pavilion, she has access to a team of support services that includes a specialized nurse navigator, social worker and dietitian who all work together to address the full scope of issues she may face. These individuals become an integral part of a patient's journey through cancer and often beyond. Woman's nurse navigators had more than 6,500 patient encounters in the Pavilion's first year.

# KNOWING OUR PATIENTS' NEEDS DURING BREAST SURGERY



## Lynette's Story Breast Surgery Patient

When she was told that she had breast cancer, Lynette remembers seeing her doctor talk, but not hearing a word beyond "cancer." Dr. Bowie calmly regained her attention when she told her that she was going to take care of her like she was her own sister. This spoke to Lynette's heart in that a physician would care so much about her.



*Listen to Lynette's story in her own words at [womans.org/breastsurgery](http://womans.org/breastsurgery) or by aiming your iPhone's camera at this QR CODE.*



## Kay's Story Breast Surgery Patient

Kay's single mastectomy happened at an incredibly emotional time for her and the team at Woman's knew exactly how to put her at ease. From a hug the moment she met her care team to the chocolate milkshake that satisfied her lost sense of taste after surgery, every need was met.



*Listen to Kay's story in her own words at [womans.org/breastsurgery](http://womans.org/breastsurgery) or by aiming your iPhone's camera at this QR CODE.*

## New Technologies Helping Breast Surgery Patients

Treatment options for cancer patients have come a long way, especially in breast surgery. Surgeons can now use new technologies to help women feel more like themselves following their procedure. For example, hidden scar surgery minimizes visible scarring by removing cancerous tissue through a single, inconspicuous incision, usually along the edge of the nipple or the underside of the breast. Autologous tissue reconstruction is another example that allows the use of a patient's own tissue to reconstruct a new breast mound that can look and feel more natural. Some surgeons also offer nipple-sparing mastectomies, which keep the nipple and areola intact along with the breast skin. Woman's breast surgeons are some of the few currently performing nipple-sparing mastectomies in the Baton Rouge area.

# TREATING BREAST & GYN CANCER

Woman's cares for the majority of our region's breast and gynecologic cancer patients. Depending upon the cancer, the stage and the treatment, this care can range from surgery to chemotherapy to quality of life support.

## Surgical Services

The first step in treating cancer is often surgery. Woman's Surgical Services offer the most advanced equipment, including robotics and minimally invasive laparoscopy. The most common breast cancer procedures performed by Woman's breast surgeons include sentinel lymph node biopsy, mastectomy, breast conserving surgery and breast reconstruction. Gynecologic cancer surgeries include robotics-assisted hysterectomies and cancer staging hysterectomies.

## Chemotherapy

Typically, most patients will also undergo some type of chemotherapy, possibly in an oral medication or IV infusion. All outpatient infusion services at the Pavilion are provided by Our Lady of the Lake Regional Medical Center. Inpatient infusion is available in the hospital for patients who need more intensive monitoring and overnight care.

## Radiation Oncology

Some cancer treatment plans include radiation therapy, which is provided at the Pavilion by Mary Bird Perkins—Our Lady of the Lake Cancer Center's team of experienced radiation oncologists. Patients have available to them the most modern technology and treatment techniques including hypofractionation and High-Dose Rate (HDR)/Interstitial Brachytherapy.

## Adult Intensive Care Unit

Should the need arise, Woman's provides the most complex monitoring available, including Mobile Virtual Critical Care (MVCC) with Our Lady of the Lake Critical Care Unit. This enables physicians to immediately share patient observations, discuss treatments and monitor vital signs through video/audio access.

## Cancer Rehabilitation Therapy

The side effects of chemotherapy, radiation and surgery can lead to pain, fatigue, weakness, insomnia, memory loss, fear, anxiety and depression. These side effects can interfere with daily function and well-being. Woman's Cancer Rehabilitation program consists of a team of healthcare professionals that work together to address the full spectrum of cancer care with a personalized plan for every woman. Goals are to increase strength and energy, alleviate pain, achieve emotional balance and boost the immune system. Other factors like diet, sleep issues, exercise habits and emotional outlook are also considered.

## Lymphedema Program

A potential problem for breast and gynecologic cancer patients is lymphedema; excess fluid that causes swelling in the arm, leg or nearby area. This results from the removal of lymph nodes in the armpit or groin and may be exacerbated by radiotherapy to those areas. Woman's Lymphedema program is staffed by therapists trained in lymphedema treatment and may include education, exercise, manual lymphatic techniques, compression and use of a gradient sequential pump. Woman's Center for Wellness also offers a lymphedema warm water therapy class that uses the resistance of water to help with improving range of motion, strength and endurance.

## Nutrition

The effects of cancer and cancer treatments can affect taste, smell, appetite and the ability to eat enough food or absorb the nutrients from food. This can lead to malnutrition, weight loss or gain, and fatigue. Registered dietitians in Woman's Nutrition Services ensure that women receive adequate nutrition education and provide a nutrition plan both during and after their treatment. Services are provided at Woman's Center for Wellness and the Breast & GYN Cancer Pavilion. Women can also attend cooking demonstrations by registered dietitians to teach them how to cook nutritious plant-based meals and snacks that can be easily tolerated during cancer treatment.



## SUPPORTING OUR PATIENTS

### Oncology Nurse Navigators

During the cancer journey, there may be times when a woman needs extra support. Navigators at Woman's are registered nurses certified in nurse navigation and in breast cancer and oncology nursing who guide women every step of the way, helping them understand their condition and treatments, coordinating their care and connecting them to the resources they need. They also help provide women with physical and emotional support, help manage side effects, educate them about their disease, as well as make referrals to support services, such as community agencies, physical therapy, dietitian, palliative care and cancer rehabilitation.

### Oncology Social Workers

Oncology social workers are certified in oncology and palliative care. They often participate in every phase of a patient's care, including diagnosis, treatment, survivorship, palliative care and end-of-life care. They can also help a woman manage her psychosocial needs, such as work, school and home environments, relationships, mental and emotional health, and financial concerns as well as help to coordinate services in the home or community.

### Medical Exercise

Being physically active after a cancer diagnosis can improve a woman's outcome and have beneficial effects on her quality of life. The Woman's medical exercise program delivers specialized instruction and supervision in a fitness setting. Whether the focus is on building strength or reducing fatigue, the specialists at Woman's Center for Wellness work to develop an exercise plan that fits every woman's needs. Women are also encouraged to participate in the Cancer Fit Class which utilizes dance to assist with range of motion, strength and endurance.

### Cancer Education

Woman's offers monthly breast and gynecologic cancer support groups and hosts educational seminars in conjunction with Mary Bird Perkins-Our Lady of the Lake Cancer Center. We also share local resources with women seeking more specific guidance, such as programs at the American Cancer Society of Baton Rouge, Cancer Services of Baton Rouge and other community partners.

### Areola Tattooing

To help patients feel "whole" and "normal" again, instead of using tissue to rebuild a nipple, some women choose to have a nipple tattooed on the reconstructed breast. The most realistic way to achieve this is through 3D nipple tattooing. Our tattoo artist will match the color and shape to your existing areola or, in the case of a bilateral mastectomy, a new color and shape is chosen.

## Massage Therapy

Massage can improve pain, sleep, relaxation, anxiety and stress. Complimentary hand and foot massages are available in the infusion center at the Breast & GYN Cancer Pavilion. In addition, chair or table massages are available to women during the course of their cancer treatments.

## Microblading

Eyebrows can be lost during cancer treatment. Microblading is a semi-permanent tattoo technique where a small disposable blade/pen is used to draw eyebrows through individual strokes that look like real hairs. This service is offered at the Breast & GYN Cancer Pavilion.

## Adult Palliative Care

The goal of palliative care is to help women attain the highest quality of life while undergoing cancer treatment. We focus on relieving pain and other symptoms of cancer, as well as supporting the emotional, physical, and spiritual needs of women and their families. Our program is comprised of a team of doctors, nurses, social workers and other specialists who work together with a woman's primary doctor to provide an extra layer of support.

## End-of-Life Care

Woman's strives to make natural death as peaceful, dignified and comforting as possible through comfort care. This support is provided to relieve pain and symptoms. Staff at Woman's work alongside palliative care physicians and nurse practitioners to deliver an extra layer of support to patients. Our goal is to fulfill a patient and her family's physical, emotional, spiritual and psychosocial needs. We can also arrange inpatient or home hospice care based on a woman's needs and preferences.

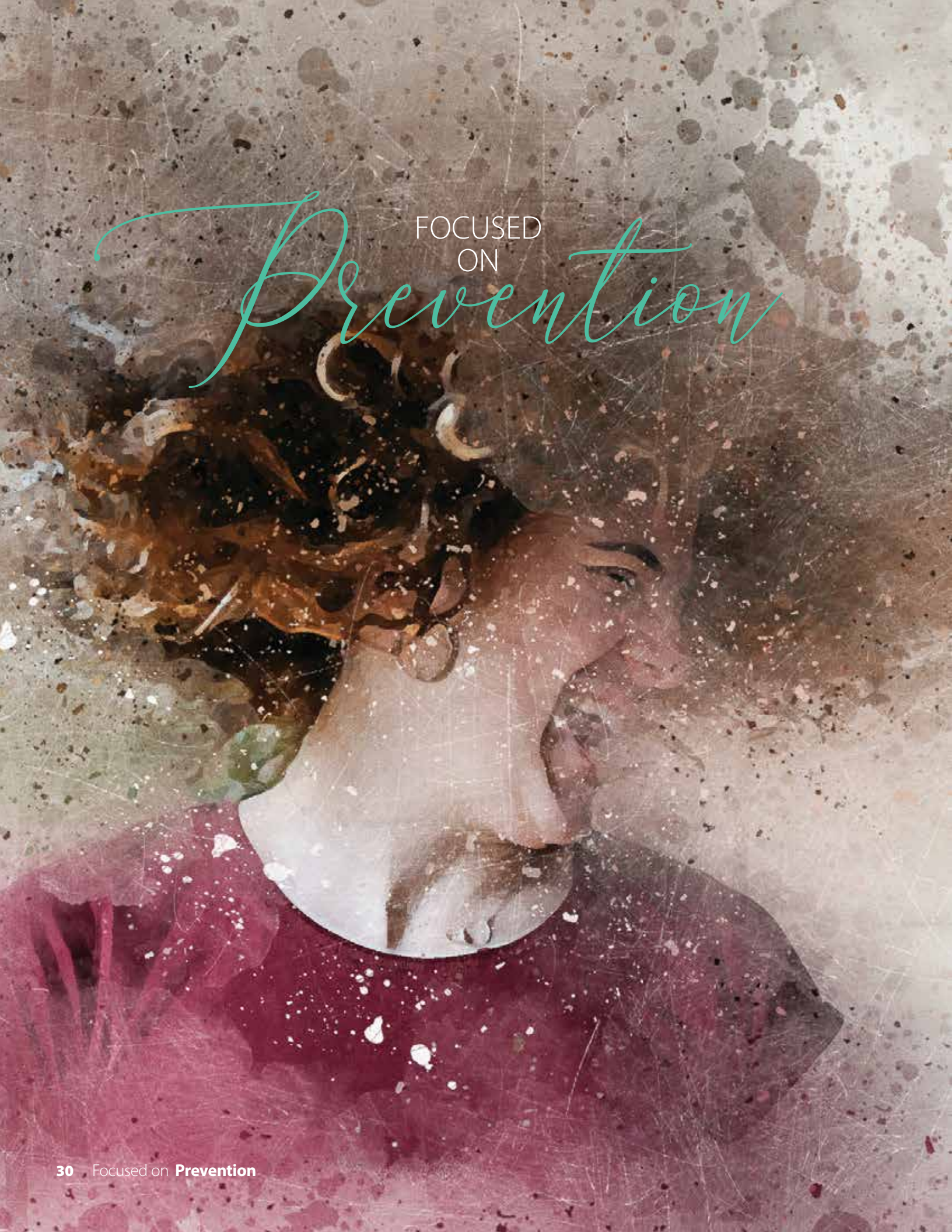
## Healing Arts

Healing Arts Program is a partnership between Woman's Hospital and Mary Bird Perkins-Our Lady of the Lake Cancer Center. The program is designed to use creative practices to promote healing, wellness, coping and personal change. Their therapeutic effects are well studied to comfort patients, reduce stress and enhance healing. The program includes crafts for cancer patients receiving infusions, summer concert series and special events.

## Special Events

Celebrate Life is an annual event sponsored by the Woman's oncology team that celebrates the lives of cancer survivors and their family members. Look Good Feel Better events, hosted at Woman's Center for Wellness, include licensed beauty professionals who teach beauty techniques to women in active cancer treatment to help them manage the side effects of treatment. They offer advice on skin care, makeup application, wig styling and more.

FOCUSED  
ON  
*Prevention*





## COMMUNITY INVOLVEMENT

The commitment by Woman's to detecting and fighting breast and gynecologic cancers is unparalleled in Louisiana.

The goal of prevention is to educate women about ways to lower their risk of breast and gynecologic cancer and how to detect potential abnormalities earlier for a better outcome. To this end, our outreach extends far beyond our campus.

Woman's continuously focuses on education and screenings to keep our communities healthy. We provide screening mammography through our Mammography Coaches and our partnership with Mary Bird Perkins-Our Lady of the Lake Cancer Center, reaching nearly 4,000 women and detecting 19 breast cancers.

In 2018, we attended health fairs and presented information on breast self-exams, cancer screenings and wellness. Below are just a few of the organizations we work alongside.

*Anna's Grace Foundation*

*Antioch Missionary Baptist Church*

*Beech Grove Baptist Church*

*Baton Rouge District Nurses Association*

*Child Support Enforcement*

*Christ Church*

*Circle of Red and PULSE BR members*

*-Heart Health*

*Dorcas Veals*

*Esther Grand Order of Eastern Star*

*Girl Scout Troop 10585*

*Greater Emmanuel Baptist Church*

*Greater New Bethel Full Gospel*

*Happi Llandiers*

*Harvest Time Fellowship Church of God  
in Christ*

*House of Grace Ministries*

*Jewel J. Newman Community Center*

*Louisiana Cancer Registrars Association  
(LCRA)*

*LSU Organization*

*New Macedonia Church of God in Christ*

*Nottingham Regional Rehab*

*Nu Gamma Omega Educational &*

*Charitable Foundation*

*Order of Eastern Stars*

*-Stars of Integrity #1095*

*Second Baptist Christian Academy*

*Scotlandville Churches*

*St. Augusta Church in Klotzville, LA*

*St. James Council on Aging*

*SUS Foundation/Athletics*

*The Life of a Single Mom*

*Unitech Training Academy*

*United Christian Faith Ministries*

*West Baton Rouge Foundation*

*Women's Armed Forces Action Committee*

*Wymar Federal Credit Union- Geismar*

*Youth with a Mission Vision*

## NEW MAMMOGRAM SCREENING SOFTWARE

Catching breast cancer as early as possible is every patient and physician's goal. To this end, Woman's began using Tyrer-Cuzick program risk calculator (version 8) that incorporates breast density as well as patient age and personal and family history into a woman's breast cancer assessment. It then provides every woman with a score.

- *Normal lifetime risk for breast cancer averages 12%.*
- *For patients found to be at or above 20%, their lifetime risk is generally considered "high risk" and they may benefit from a formal risk assessment. This assessment will help determine appropriate breast imaging screening and clinical follow up.*

This new tool allows Woman's to provide physicians and patients with the opportunity to discuss this assessment and make an informed decision on their health.

## Genetic Testing

Hereditary cancers make up 5-10% of all cancers, meaning that mutations in specific genes are passed from one generation to another. Individuals who inherit one of these genes will have a higher risk of developing cancer at some point in their lives.

Genetic counseling can help identify those at risk for specific genetic mutations, and is typically recommended for individuals who have a strong family or personal history of cancer, especially when diagnosed at an early age.

Genetic mutations give insight into an individual's risk for specific cancers, and are utilized to guide treatment decisions. Recommendations, even for those who have no personal history of cancer, may include increased screening for cancer, prophylactic surgery or hormone immunotherapy.

Genetic services offered by Woman's always include an extensive family history, including gynecologic and breast malignancies. Woman's genetics professionals take into consideration a broad range of hereditary cancers and genetic conditions when evaluating one's personal and family history.

In 2018, Woman's Genetic Services cared for 284 patients and performed 176 genetic tests. Mutations were identified in 11%, or 19 cases.

## WOMAN'S MAMMOGRAPHY COACHES



### Annually

- 2 coaches
- 22 parishes served
- 298 trips
- 4,282 women screened
- \$660,023 operating expense

# Philanthropic

SUPPORT



Philanthropic gifts allow individuals, corporations and private foundations to invest in programs at Woman's Hospital that are addressing critical community needs. The Foundation for Woman's supported the following programs and services this year:

- Cancer Navigation and Survivorship
- Healing Arts
- Mammography Coaches
- Palliative Care

## Fundraising Events

Woman's fundraising events, which included BUST Breast Cancer, Woman's Victory Open, Woman's Impact Luncheon and dozens of third party events, raised more than \$580,000 this year.



**BUST Breast Cancer** is a unique celebration that embraces bra art to raise awareness for breast cancer. At this year's event, more than 1,200 guests enjoyed tastings from 17 local restaurants and chefs, live and silent auctions, cocktails and a fashion show featuring 26 breast cancer survivors taking the stage in designs by local artists. This year's party raised a record \$353,000.



The **21st Annual Woman's Victory Open** was held for the first time at the new location of TOPGOLF. The approximately \$80,000 raised from this event will support local women diagnosed with breast or gynecologic cancer throughout their cancer journey. Since 1999, this event has raised over \$3,000,000.



**Woman's Impact Luncheon** is an opportunity for members of the community to learn about the programs and services supported by philanthropy at Woman's. This year's event featured a patient testimonial from a NICU family whose story of courage and loss was softened by the extraordinary efforts of Woman's palliative team. The event raised nearly \$150,000 to support families in our community.



CANCER  
*Registry*

The Cancer Registry is a data system designed for the collection, management and analysis of information from Woman's Hospital's patient population. Our team of experts carefully track each patient diagnosed with cancer starting at the time of diagnosis, through treatment and for life.

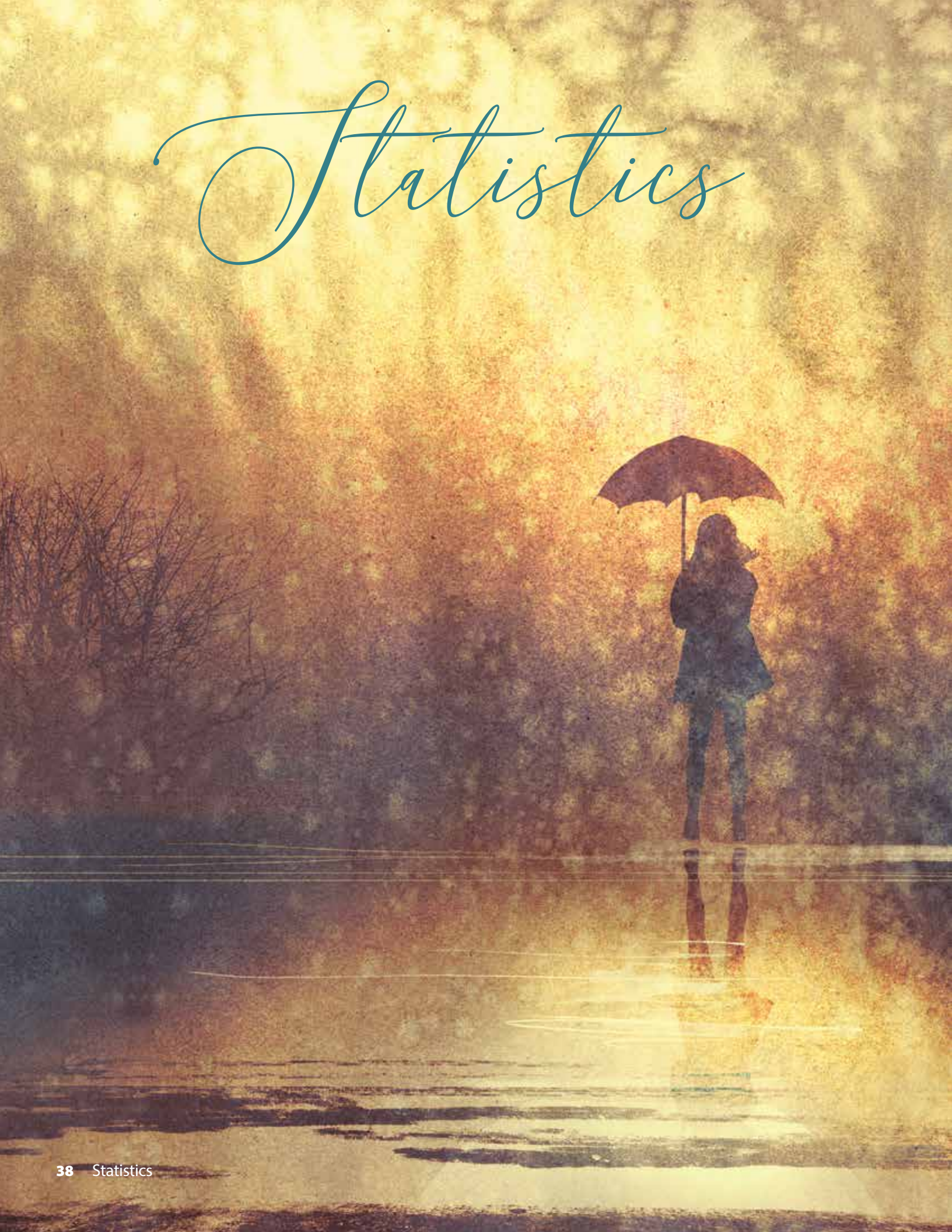
Accurate data collection provides our physicians and researchers with valuable information about how cancers are best diagnosed and treated, as well as the health status of our patients following treatment.

The Cancer Registry staff reviews the records of all newly diagnosed and/or treated cancers. This information is maintained in a database and includes patient characteristics (age, sex, race, marital status and occupation), cancer characteristics (site, histology, collaborative and American Joint Committee on Cancer stage of disease at diagnosis), treatment received and follow-up information. This data is used to ensure patients are diagnosed and treated in compliance with national benchmarks and approved standards of care. It is also considered in the planning of new services for our patient population.

The data collected by the Woman's Cancer Registry team is reported to the Louisiana Tumor Registry and the National Cancer Data Base of the American College of Surgeons' Commission on Cancer. Cancer data collected at the hospital registry level impacts studies of cancer incidence, patterns of care, and outcomes on a state and national level.

Our staff functions under the guidance of Woman's Cancer Committee in accordance with all standards of the American College of Surgeons' Commission on Cancer and National Accreditation Program for Breast Centers. Woman's currently maintains a full accreditation from the Commission on Cancer and a full accreditation with the National Accreditation Program for Breast Centers.

# Statistics





# Woman's 2018 Tumor Report Site Distribution

## Analytic Cases Only

| SITE<br>Group                                  | CLASS<br>Cases | SEX<br>F   | STAGE      |            |             |              |             | Unknown   |
|--|----------------|------------|------------|------------|-------------|--------------|-------------|-----------|
|  |                |            | Stage<br>0 | Stage<br>I | Stage<br>II | Stage<br>III | Stage<br>IV |           |
| <b>All Sites</b>                               | <b>740</b>     | <b>740</b> | <b>76</b>  | <b>426</b> | <b>93</b>   | <b>52</b>    | <b>18</b>   | <b>75</b> |
| Bladder  | 1              | 1          | 0          | 1          | 0           | 0            | 0           | 0         |
| Breast   | 543            | 543        | 76         | 322        | 76          | 31           | 3           | 35        |
| Cervix Uteri                                   | 31             | 31         | 0          | 14         | 4           | 0            | 2           | 11        |
| Colon  | 7              | 7          | 0          | 2          | 4           | 0            | 1           | 0         |
| Corpus Uteri                                   | 90             | 90         | 0          | 60         | 3           | 15           | 5           | 7         |
| Lung   | 2              | 2          | 0          | 0          | 0           | 0            | 1           | 1         |
| Non-Hodgkin's Lymphoma                         | 1              | 1          | 0          | 1          | 0           | 0            | 0           | 0         |
| Fallopian Tube, Peritoneum,<br>Omentum, Mesent | 3              | 3          | 0          | 0          | 0           | 0            | 0           | 3         |
| Ovary  | 28             | 28         | 0          | 11         | 4           | 5            | 4           | 4         |
| Rectum, Rectosigmoid                           | 2              | 2          | 0          | 1          | 0           | 0            | 0           | 1         |
| Small Intestine                                | 1              | 1          | 0          | 0          | 0           | 0            | 1           | 0         |
| Thyroid  | 6              | 6          | 0          | 5          | 1           | 0            | 0           | 0         |
| Vagina   | 5              | 5          | 0          | 0          | 1           | 0            | 1           | 3         |
| Vulva  | 18             | 18         | 0          | 9          | 0           | 1            | 0           | 8         |
| Other Female Site, Unknown,<br>Ill-Defined     | 2              | 2          | 0          | 0          | 0           | 0            | 0           | 2         |

## 2018 All Sites Distribution by Age

| Age at<br>Diagnosis | Number<br>of Cases | Percent    |
|---------------------|--------------------|------------|
| 10-19               | 2                  | <1         |
| 20-29               | 11                 | 1          |
| 30-39               | 52                 | 7          |
| 40-49               | 112                | 15         |
| 50-59               | 183                | 25         |
| 60-69               | 185                | 25         |
| 70-79               | 155                | 21         |
| 80-89               | 37                 | 5          |
| 90-99               | 3                  | <1         |
| <b>Total</b>        | <b>740</b>         | <b>100</b> |

## 2018 All Sites Distribution by Race

| Race             | Number<br>of Cases | Percent    |
|------------------|--------------------|------------|
| Caucasian        | 504                | 68         |
| African American | 221                | 30         |
| Asian/Other      | 15                 | 2          |
| <b>Total</b>     | <b>740</b>         | <b>100</b> |

# Cancer of the Vulva and Vagina 2018 Analytic Cases

| Site  | Number of Cases | Percent    |
|---|-----------------|------------|
| Vulva   | 18              | 78         |
| Vagina  | 5               | 22         |
| <b>Total</b>  | <b>23</b>       | <b>100</b> |
| Age at Diagnosis                                    | Number of Cases | Percent    |
| 20-29   | 2               | 9          |
| 30-39   | 0               | 0          |
| 40-49   | 3               | 13         |
| 50-59   | 3               | 13         |
| 60-69   | 6               | 26         |
| 70-79   | 3               | 13         |
| 80-89   | 4               | 17         |
| 90-99   | 2               | 9          |
| <b>Total</b>  | <b>23</b>       | <b>100</b> |
| Race  | Number of Cases | Percent    |
| Caucasian   | 17              | 74         |
| African American                                    | 6               | 26         |
| <b>Total</b>  | <b>23</b>       | <b>100</b> |
| Stage at Diagnosis                                  | Number of Cases | Percent    |
| Stage 0   | 0               | 0          |
| Stage I   | 9               | 39         |
| Stage II  | 1               | <5         |
| Stage III   | 1               | <5         |
| Stage IV  | 1               | <5         |
| Unknown/Not Applicable                              | 11              | 48         |
| <b>Total</b>  | <b>23</b>       | <b>100</b> |
| Treatment First Course                              | Number of Cases | Percent    |
| Radiation   | 4               | 17         |
| Surgery/Radiation                                   | 1               | <5         |
| Surgery   | 14              | 61         |
| Surgery/Radiation/Chemotherapy                      | 1               | <5         |
| Radiation/Chemotherapy                              | 3               | 13         |
| <b>Total</b>  | <b>23</b>       | <b>100</b> |
| Histology   | Number of Cases | Percent    |
| Squamous Cell Carcinoma In-Situ                     | 3               | 13         |
| Vulvar Intraepithelial Neoplasia, grade III (VIN-3) | 2               | 9          |
| Adenocarcinoma                                      | 2               | 9          |
| Melanoma  | 1               | <5         |
| Squamous Cell Carcinoma, NOS                        | 14              | 61         |
| Carcinoma, NOS                                      | 1               | <5         |
| <b>Total</b>  | <b>23</b>       | <b>100</b> |

# Cancer of the Breast 2018 Analytic Cases

| Age at Diagnosis   | Number of Cases | Percent    |
|--|-----------------|------------|
| 10-19  | 2               | <1         |
| 20-29  | 5               | 1          |
| 30-39  | 26              | 5          |
| 40-49  | 93              | 17         |
| 50-59  | 139             | 26         |
| 60-69  | 130             | 24         |
| 70-79  | 124             | 23         |
| 80-89  | 23              | 4          |
| 90-99  | 1               | <1         |
| <b>Total</b>   | <b>543</b>      | <b>100</b> |
| Race   | Number of Cases | Percent    |
| Caucasian  | 371             | 68         |
| African American   | 163             | 30         |
| Asian/Other  | 9               | 2          |
| <b>Total</b>   | <b>543</b>      | <b>100</b> |
| Stage at Diagnosis                                       | Number of Cases | Percent    |
| Stage 0  | 76              | 14         |
| Stage I  | 322             | 59         |
| Stage II   | 76              | 14         |
| Stage III  | 31              | 6          |
| Stage IV   | 3               | <1         |
| Unknown/Not Applicable                                   | 35              | 6          |
| <b>Total</b>   | <b>543</b>      | <b>100</b> |
| Treatment First Course                                   | Number of Cases | Percent    |
| Chemotherapy/Hormone                                     | 1               | <1         |
| Hormone  | 2               | <1         |
| Radiation  | 1               | <1         |
| Chemotherapy/Radiation                                   | 4               | <1         |
| Radiation/Hormone  | 3               | <1         |
| Surgery  | 72              | 13         |
| Surgery/Chemotherapy                                     | 49              | 9          |
| Surgery/Radiation  | 55              | 10         |
| Surgery/Radiation/Chemotherapy                           | 42              | 8          |
| Surgery/Hormone  | 69              | 13         |
| Surgery/Radiation/Hormone                                | 164             | 30         |
| Surgery/Chemotherapy/Hormone                             | 18              | 3          |
| Surgery/Chemotherapy/Immunotherapy                       | 1               | <1         |
| Surgery/Chemotherapy/Hormone/<br>Immunotherapy           | 2               | <1         |
| Surgery/Radiation/Chemotherapy/Hormone                   | 47              | 9          |
| Surgery/Radiation/Chemotherapy/Hormone/<br>Immunotherapy | 6               | 1          |
| None   | 7               | 1          |
| <b>Total</b>   | <b>543</b>      | <b>100</b> |
| Histology  | Number of Cases | Percent    |
| Intraductal Carcinoma                                    | 93              | 17         |
| Infiltrating Ductal and Lobular Carcinoma                | 14              | 3          |
| Infiltrating Ductal Carcinoma                            | 397             | 73         |
| Lobular Carcinoma  | 33              | 6          |
| Metaplastic Carcinoma, NOS                               | 2               | <1         |
| Paget Disease Mammary                                    | 1               | <1         |
| Invasive Carcinoma with Neuroendocrine features          | 1               | <1         |
| Phyllodes Tumor  | 1               | <1         |
| Basaloid Squamous Cell Carcinoma                         | 1               | <1         |
| <b>Total</b>   | <b>543</b>      | <b>100</b> |

# Cancer of the Cervix

## 2018 Analytic Cases

| Age at Diagnosis | Number of Cases | Percent    |
|------------------|-----------------|------------|
| 20-29            | 3               | 10         |
| 30-39            | 14              | 45         |
| 40-49            | 6               | 19         |
| 50-59            | 4               | 13         |
| 60-69            | 1               | 3          |
| 70-79            | 1               | 3          |
| 80-89            | 2               | 7          |
| 90-99            | 0               | 0          |
| <b>Total</b>     | <b>31</b>       | <b>100</b> |

| Race             | Number of Cases | Percent    |
|------------------|-----------------|------------|
| Caucasian        | 18              | 58         |
| African American | 12              | 39         |
| Asian/Other      | 1               | 3          |
| <b>Total</b>     | <b>31</b>       | <b>100</b> |

| Stage at Diagnosis     | Number of Cases | Percent    |
|------------------------|-----------------|------------|
| Stage 0                | 0               | 0          |
| Stage I                | 14              | 45         |
| Stage II               | 4               | 13         |
| Stage III              | 0               | 0          |
| Stage IV               | 2               | <7         |
| Unknown/Not Applicable | 11              | 35         |
| <b>Total</b>           | <b>31</b>       | <b>100</b> |

| Treatment First Course         | Number of Cases | Percent    |
|--------------------------------|-----------------|------------|
| Surgery                        | 13              | 42         |
| Surgery/Chemotherapy           | 6               | 19         |
| Surgery/Radiation              | 2               | <7         |
| Surgery/Radiation/Chemotherapy | 6               | 19         |
| Radiation                      | 2               | <7         |
| None                           | 2               | <7         |
| <b>Total</b>                   | <b>31</b>       | <b>100</b> |

| Histology                          | Number of Cases | Percent    |
|------------------------------------|-----------------|------------|
| Squamous Intraepithelial Neoplasia | 5               | 16         |
| Adenocarcinoma, NOS                | 7               | 23         |
| Adenosquamous Carcinoma            | 2               | <7         |
| Endometrioid Adenocarcinoma        | 2               | <7         |
| Squamous Cell Carcinoma, NOS       | 14              | 45         |
| Spindle Cell Carcinoma, NOS        | 1               | 3          |
| <b>Total</b>                       | <b>31</b>       | <b>100</b> |

# Cancer of the Ovary

## 2018 Analytic Cases

| Age at Diagnosis  | Number of Cases | Percent    |
|---|-----------------|------------|
| Under 20  | 0               | 0          |
| 20-29   | 0               | 0          |
| 30-39   | 2               | 7          |
| 40-49   | 4               | 14         |
| 50-59   | 7               | 25         |
| 60-69   | 7               | 25         |
| 70-79   | 7               | 25         |
| 80-89   | 1               | <4         |
| <b>Total</b>  | <b>28</b>       | <b>100</b> |
| Race  | Number of Cases | Percent    |
| Caucasian   | 21              | 75         |
| African American  | 7               | 25         |
| <b>Total</b>  | <b>28</b>       | <b>100</b> |
| Stage at Diagnosis  | Number of Cases | Percent    |
| Stage 0   | 0               | 0          |
| Stage I   | 11              | 40         |
| Stage II  | 4               | 14         |
| Stage III   | 5               | 18         |
| Stage IV  | 4               | 14         |
| Unknown/Not Applicable                                      | 4               | 14         |
| <b>Total</b>  | <b>28</b>       | <b>100</b> |
| Treatment First Course                                      | Number of Cases | Percent    |
| Chemotherapy  | 2               | 7          |
| Surgery   | 8               | 29         |
| Surgery/Radiation/Chemotherapy                              | 3               | 11         |
| Surgery/Chemotherapy/Immunotherapy                          | 1               | <4         |
| Surgery/Chemotherapy/Hormone                                | 1               | <4         |
| Surgery/Chemotherapy  | 12              | 43         |
| None  | 1               | <4         |
| <b>Total</b>  | <b>28</b>       | <b>100</b> |
| Histology   | Number of Cases | Percent    |
| Granular Cell Tumor   | 1               | <4         |
| Granulosa Cell Tumor  | 3               | 11         |
| Mucinous Borderline Tumor with<br>Intraepithelial Carcinoma | 2               | 7          |
| Clear Cell Adenocarcinoma                                   | 1               | <4         |
| Endometrioid Adenocarcinoma                                 | 3               | 11         |
| Papillary Serous Cystadenocarcinoma                         | 13              | 46         |
| Papillary Adenocarcinoma                                    | 1               | <4         |
| Mullerian Mixed Tumor                                       | 1               | <4         |
| Mucinous Adenocarcinoma                                     | 2               | 7          |
| Seromucinous Adenocarcinoma                                 | 1               | <4         |
| <b>Total</b>  | <b>28</b>       | <b>100</b> |

# Cancer of the Uterus

## 2018 Analytic Cases

| Age at Diagnosis               | Number of Cases | Percent    |
|--------------------------------|-----------------|------------|
| 20-29                          | 0               | 0          |
| 30-39                          | 6               | 7          |
| 40-49                          | 1               | <2         |
| 50-59                          | 24              | 27         |
| 60-69                          | 35              | 38         |
| 70-79                          | 17              | 19         |
| 80-89                          | 7               | 8          |
| 90-99                          | 0               | 0          |
| <b>Total</b>                   | <b>90</b>       | <b>100</b> |
| Race                           | Number of Cases | Percent    |
| Caucasian                      | 61              | 68         |
| African American               | 25              | 28         |
| Asian/Other                    | 4               | 4          |
| <b>Total</b>                   | <b>90</b>       | <b>100</b> |
| Stage at Diagnosis             | Number of Cases | Percent    |
| Stage 0                        | 0               | 0          |
| Stage I                        | 60              | 67         |
| Stage II                       | 3               | 3          |
| Stage III                      | 15              | 17         |
| Stage IV                       | 5               | 5          |
| Unknown/Not Applicable         | 7               | 8          |
| <b>Total</b>                   | <b>90</b>       | <b>100</b> |
| Treatment First Course         | Number of Cases | Percent    |
| Chemotherapy                   | 1               | <2         |
| Radiation                      | 4               | 4          |
| Radiation/Chemotherapy         | 3               | 3          |
| Surgery                        | 38              | 42         |
| Surgery/Hormone                | 1               | <2         |
| Surgery/Chemotherapy           | 8               | 9          |
| Surgery/Radiation              | 12              | 13         |
| Surgery/Radiation/Chemotherapy | 20              | 22         |
| Surgery/Radiation/Hormone      | 1               | <2         |
| None                           | 2               | 2          |
| <b>Total</b>                   | <b>90</b>       | <b>100</b> |
| Histology                      | Number of Cases | Percent    |
| Adenocarcinoma In-Situ         | 1               | <2         |
| Carcinoma, NOS                 | 1               | <2         |
| Adenocarcinoma, NOS            | 73              | 81         |
| Mixed Cell Adenocarcinoma      | 1               | <2         |
| Mullerian Mixed Tumor          | 11              | 12         |
| Leiomyosarcoma                 | 1               | <2         |
| Adenosarcoma                   | 1               | <2         |
| Endometrial Stromal Sarcoma    | 1               | <2         |
| <b>Total</b>                   | <b>90</b>       | <b>100</b> |

# Cancer Registry Report on Cases Presented at Breast Cancer Conferences

## January 2018-December 2018

|  |     |
|--|-----|
| Total Conferences held . . . . .   | 45  |
| Total Cases presented . . . . .  | 133 |
| Average number of attendees. . . . .                                       | 27  |
| Total number of analytic breast cancer cases accessioned in 2018 . . . . . | 543 |

| Age of Patients | Number of Cases | Percent    |
|-----------------|-----------------|------------|
| 20-29           | 2               | 1.5        |
| 30-39           | 12              | 9          |
| 40-49           | 32              | 24         |
| 50-59           | 31              | 23         |
| 60-69           | 25              | 19         |
| 70-79           | 18              | 14         |
| 80-89           | 11              | 8          |
| 90-99           | 2               | 1.5        |
| <b>Total</b>    | <b>133</b>      | <b>100</b> |

## Histology of Cases Presented

### Non-Invasive Lesions

- Fibroadenoma
- Ductal Epithelial Hyperplasia
- Ductal Carcinoma In-Situ
- Benign Sclerosing Papilloma
- Benign Fibroadenoma
- Fibroadenomatoid

### Invasive Tumors

- Adenomyoepithelioma
- Lobular Carcinoma
- Invasive Ductal Carcinoma
- Metastatic Carcinoma
- Mucous Ductal Carcinoma
- Multifocal Invasive Carcinoma
- Papillary Carcinoma

# Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

## January 2018-December 2018

|   |     |
|---|-----|
| Total conferences held. . . . .   | 10  |
| Total cases presented . . . . .   | 61  |
| Average number of attendees. . . . .                                    | 32  |
| Total number of analytic gynecologic cases accessioned in 2018. . . . . | 175 |

| Age of Patients | Number of Cases | Percent    |
|-----------------|-----------------|------------|
| Under 20        | 0               | 0          |
| 20-29           | 1               | 2          |
| 30-39           | 10              | 16         |
| 40-49           | 7               | 12         |
| 50-59           | 11              | 18         |
| 60-69           | 17              | 28         |
| 70-79           | 10              | 16         |
| 80-89           | 5               | 8          |
| 90-99           | 0               | 0          |
| <b>Total</b>    | <b>61</b>       | <b>100</b> |

### Sites Presented

Ovary  
 Vagina  
 Vulva  
 Endometrium  
 Cervix  
 Colon  
 Cecum  
 Endocervix  
 Breast

### Histology of Cases Presented

Endometrioid Adenocarcinoma  
 Endometrioid Carcinoma  
 Endocervical Adenocarcinoma  
 Squamous Cell Carcinoma  
 Serous Intraepithelial Carcinoma  
 Adenocarcinoma  
 Clear Cell Adenocarcinoma  
 Granulosa Cell Carcinoma  
 Sarcoma  
 Carcinosarcoma  
 Melanoma  
 Granulose Cell & Infiltrating Ductal Carcinoma  
 Mullerian Mixed Tumor  
 Serous Carcinoma



# 2018 Cancer Committee

## The Cancer Committee:

1. develops and evaluates annual goals and objectives for the clinical, educational, and programmatic activities related to cancer;
2. promotes a coordinated, multidisciplinary approach to patient management;
3. ensures that educational and consultative cancer conferences cover all major sites and related issues;
4. ensures that an active, supportive care system is in place for patients, families, and staff;
5. monitors quality management and performance improvement through completion of quality management studies that focus on quality, access to care, and outcomes;
6. promotes clinical research;
7. supervises the cancer registry and ensures accurate and timely abstracting, staging and follow-up reporting;
8. performs quality control of registry data;
9. encourages data usage and regular reporting;
10. ensures that the content of the annual report meets requirements;
11. publishes the annual report by the fourth quarter of the following year; and
12. upholds medical ethical standards.

## Physician Members

|   |                       |
|---|-----------------------|
| <i>Co-Chair, Pathology</i> .....                | Beverly Ogden, MD     |
| <i>Co-Chair, Breast Surgical Oncology</i> ..... | Mindy Bowie, MD       |
| <i>Gyn Oncology</i> .....                       | Giles Fort, MD        |
| <i>Gyn Oncology</i> .....                       | Tammy Dupuy, MD       |
| <i>Cancer Liaison Physician</i> .....           | Deborah Cavalier, MD  |
| <i>Genetic</i> .....                            | Duane Superneau, MD   |
| <i>Medical Oncology</i> .....                   | Kellie Schmeekle, MD  |
| <i>OB-GYN</i> .....                             | Elizabeth Buchert, MD |
| <i>Plastic Surgery</i> .....                    | Andrew Freil, MD      |
| <i>Radiology</i> .....                          | Steven Sotile, MD     |
| <i>Radiation Oncology</i> .....                 | Katherine Castle, MD  |
| <i>Surgical Oncology</i> .....                  | John Lyons, MD        |

## Administrative Liaisons

|  |  |
|--|--|
| <i>Senior Vice President/CNE</i> .....                       | Patricia Johnson, DNP, RN, NEA-BC      |
| <i>Vice President, CIO</i> .....                             | Paul Kirk                              |
| <i>Vice President, Ancillary Services</i> .....              | Kurt Scott, MBA, FACHE                 |
| <i>Director, Health Information Management</i> .....         | Danielle Berthelot, MHI, RHIA, CHTS-IM |
| <i>Manager, Health Information Management</i> .....          | Tonya Songy, RHIA, CTR, CPC            |
| <i>Cancer Registrar</i> .....                                | Heather McCaslin, RHIT, CTR            |
| <i>Adult Therapy Supervisor</i> .....                        | Angela Page, PT                        |
| <i>Social Services</i> .....                                 | Robin Maggio, LCSW, OSW-C, ACHP-SW     |
| <i>Director, Medical/Surgical/Oncology</i> .....             | Mary Ann Smith, BSN, RN, OCN           |
| <i>Imaging Services Quality/Compliance Coordinator</i> ..... | Mary Salario, RN, BSN                  |
| <i>Gyn Oncology Patient Navigator</i> .....                  | Ashley Marks, RN, OCN, CHPN            |
| <i>Data Manager/Oncology</i> .....                           | Stephanie Hasenkampf, BSN, RN, OCN     |
| <i>Dietary</i> .....   | Paula Meeks, MS, LDN, RD               |
| <i>Director, Communications</i> .....                        | Amiee Goforth                          |
| <i>Director, Pharmacy</i> .....                              | Peggy Dean, RPH                        |

# The Breast Program

## Leadership shall:

1. develops and evaluates annual goals and objectives for the clinical, educational, and programmatic activities related to the breast center;
2. plans, initiates and implements breast-related activities;
3. evaluates breast center activities annually;
4. audits interdisciplinary breast cancer center activities;
5. audits breast conservation rates;
6. audits sentinel lymph node biopsy rates;
7. audits needle biopsy rates;
8. promotes clinical research and audit clinical trial accrual;
9. monitors quality and outcomes of the breast center activities, and
10. upholds medical ethical standards.

## 2018 Breast Program Leadership Committee

### Physician Members

*Co-Chair, Breast Surgical Oncology* ..... Mindy Bowie, MD  
*Co-Chair, Radiology* ..... Steven Sotile, MD  
*OB-GYN* ..... Jolie Bourgeois, MD  
*OB-GYN* ..... Laurie Whitaker, MD  
*Medical Oncology* ..... Lauren Zatarain, MD  
*Pathology* ..... Beverly Ogden, MD  
*Genetics* ..... Duane Superneau, MD  
*Plastic Surgery* ..... Andrew Freel, MD

### Administrative Liaisons

*Senior Vice President/CNE* .... Patricia Johnson, DNP, RN, NEA-BC  
*Vice President, CIO* ..... Paul Kirk  
*Vice President, Ancillary Services* ..... Kurt Scott, MBA, FACHE  
*Director, Health Information Management* .....  
..... Danielle Berthelot, MHI, RHIA, CHTS-IM  
*Executive Director, Cancer Center* ..... Cynthia Rabalais, RT(M)  
*\*Director, Communications* ..... Amiee Goforth  
*\*Director, Pharmacy* ..... Peggy Dean, RPH  
*Breast Patient Navigator, Social Services* .....  
..... Tracy Johnson, LMSW, OSW-C  
*Social Services* ..... Robin Maggio, LCSW, OSW-C, ACHP-SW  
*Adult Therapy Supervisor, Wellness Center* ..... Angela Page, PT  
*\*Manager, Health Information Management* .....  
..... Tonya Songy, RHIA, CTR, CPC  
*\*Cancer Registrar* ..... Heather McCaslin, RHIT, CTR  
*\*Director, Educational Services* ..... Laurie Schulenberg

*\*Shall attend at least annually and specifically if there is an agenda item to be addressed.*



100 Woman's Way  
Baton Rouge, LA 70817  
225-927-1300

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Founded in 1968, Woman's is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.