







2006 Cancer Annual Report

Woman's Hospital

There is a light in this world,
a healing spirit
more powerful than any darkness we may encounter.
We sometime lose sight of this force
when there is suffering, and too much pain.
Then suddenly,
the spirit will emerge
through the lives of ordinary people who hear a call
and answer in extraordinary ways.

—Mother Teresa

The Beginning of the End of Cervical Cancer?

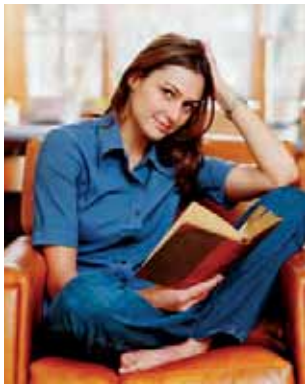
On June 8, 2006, the US Food and Drug Administration approved Gardasil®, a vaccination produced by Merck to protect against infections of human papillomavirus (HPV) types 6,11,16,18 for the prevention of benign warts, precancer and cancer of the cervix, vagina, and vulva. The vaccine was approved for use in females ages 9–26 and is available in more than 70 countries, according to the American Cancer Society. In the United States alone, it is estimated that 20 million people are infected with the HPV virus and that up to 80% of women will have acquired HPV infections by the age of 50. Fortunately, most women are able to clear the virus on their own and do not develop precancerous lesions or cervical cancer. However, greater than 99% of cervical cancers are associated with an HPV infection. The Gardasil vaccine protects against 2 wart-forming viruses, HPV-6 and HPV-11, and 2 cancer-associated viruses, HPV-16 and HPV-18, which are found in 65% to 75% of cervical cancer cases. There are more than180 types of HPV, 40 of which may infect the skin, cervix or other sites and are associated with either benign warts or precancer/cancer of the cervix. Because there are many more types of HPV virus other than HPV-16 and-18 associated with cancer, the vaccine as it exists today will not be able to prevent all cases of cervical cancer. However with over 11,000 new cases of cervical cancer diagnosed each year in the United States and an estimated 3,700 deaths each year, the approval of the Gardasil vaccine is a good start. Cervical cancer is the second most common cause of cancer death in women worldwide, a statistic that will hopefully begin to change in 2006.

The following includes our review of cases of cervical cancer diagnosed and treated at Woman's Hospital during the last 15 years.

ANALYSIS OF CERVICAL CANCER FROM 1991–2006 AT WOMAN'S HOSPITAL

Our site-specific study for 2006 represents a 15-year analysis of cervical cancer cases diagnosed and/or treated at Woman's Hospital. It is estimated that 200 new cases of cervical cancer are diagnosed each year in Louisiana. The state incidence rate of cervical cancer in 2004 was 9.2 per 100,000 women, compared to 7.7 cases per 100,000 women nationally. The 2004 mortality rate in Louisiana for cervical cancer was 2.9 deaths per 100,000 women, higher than the national mortality rate of 2.4 deaths per 100,000 women. There were 3,850 cervical cancer deaths in the United States in 2004.

We reported 481 cases of cervical cancer from 1991–2006. Of these cases, 50.1% were diagnosed in women younger than 50 years. The Louisiana Tumor Registry statistics show that 67% of women diagnosed with cervical cancer fall into this age group. The National Cancer Data Base (NCDB) reports similar statistics—58% of women diagnosed are younger than 50 years. Complete age distribution statistics are shown in Tables 1.1 and 1.2.



Cervix Study 2006

TABLE 1.1

Age at Diagnosis and Louisiana Comparative Statistics

	Woman's Hospital Patients	Woman's Hospital Percent	Female LA Population Percent*
<24 years	9	1.87	20.09
25–34 years	112	23.28	17.68
35–44 years	121	25.16	17.26
45–54 years	82	17.05	17.67
55–64 years	71	14.76	13.01
65–74 years	48	9.98	7.33
75–84 years	29	6.03	5.01
85+ years	9	1.87	1.95
Total	481	100.00	100.00

* *Source: Claritas, Inc.*
This represents all female Louisiana population.

TABLE 1.2

Age at Diagnosis Compared to National Cancer Data Base (NCDB)

	WOMAN'S HOSPITAL		NCDB	
Age at Diagnosis	Frequency	Percent	Frequency	Percent
<20*	2	<1	15	<1
20-29**	51	11	2,417	5
30-39	126	26	10,730	21
40-49	115	24	13,967	27
50-59	68	14	10,180	20
60-69	53	11	6,713	13
70-79	46	10	4,740	9
80-89	19	4	2,483	5
>90	1	<1	312	<1
Total	481	100	51,557	100

* *Compared to NCDB age category "pediatric"*
** *Compared to NCDB age category "16-29"*

TABLE 2.1

Race

	WOMAN'S HOSPITAL		NCDB	
Race	Frequency	Percent	Frequency	Percent
Caucasian/Hispanic	325	68	39,678	77
African American	149	31	8,282	16
Asian	6	1	1,865	4
Other*	1	<1	1,732	3
Total	481	100	51,557	100

* *Other category includes American Indian.*

Race distribution is shown in Tables 2.1 and 2.2. Of patients diagnosed with cervical cancer at Woman's Hospital, 68% were Caucasian, and 31% were African American.

TABLE 2.2

Race of Woman's Hospital Cervical Cancer Patients Compared to National Statistics

	Woman's Hospital Patients Percent	National Data Percent*
Caucasian	67.57	73.90
African American	30.97	12.37
American Indian	0.20	0.79
Asian	0.83	4.38
Other	0.43	8.56

* *Source: US Census Bureau, 2006*

TABLE 3

Histology

	WOMAN'S HOSPITAL		NCDB	
Cell Type	Frequency	Percent	Frequency	Percent
Squamous Cell Carcinoma	365	76	34,786	67
Adenocarcinoma	71	15	6,675	13
Adenosquamous	26	5	1,919	4
Adenosarcoma	3	1	0	0
Glassy Cell	3	1	0	0
Adenoid Cystic	2	<1	0	0
Clear Cell	2	<1	0	0
Neuroendocrine Carcinoma	2	<1	0	0
Other*	7	1	8,177	16
Total	481	100	51,557	100

Histologic cell types are shown in Table 3. Most cervical cancers are of squamous cell origin (76%). Fifteen percent of cases examined were adenocarcinomas.

* *Diagnoses included in "other" category:*
Adenoid Basal Carcinoma (1)
Basosquamous Carcinoma (1)
Carcinoma, NOS (1)
Carcinosarcoma (1)
Malignant Lymphoma (1)
Sarcoma Botryoides (1)
Small Cell Carcinoma (1)

TABLE 4.1

Stage at Diagnosis

	WOMAN'S HOSPITAL		NCDB	
Stage	Frequency	Percent	Frequency	Percent
I	**311**	**65**	**21,126**	**41**
IA	121	25	***	***
IB	190	40	***	***
II	**63**	**13**	**11,207**	**22**
IIA	14	3	***	***
IIB	49	10	***	***
III	**66**	**14**	**10,034**	**19**
IIIA	6	1	***	***
IIIB	60	13	***	***
IV	**35**	**7**	**5,070**	**10**
IVA	12	2	***	***
IVB	23	5	***	***
In Situ/NA/ Unknown	**6**	**1**	**4,120**	**8**
Total	**481**	**100**	**51,557**	**100**

*** *NCDB data is not divided into A/B stage categories.*

The stages of the cervical cancer cases are shown in Tables 4.1 and 4.2. Most of the cases (64.7%) were diagnosed in the earliest stages (Stages IA and IB), and 7.3% were diagnosed in the most advanced stage (IV).

TABLE 4.2

Cervical Cancer Stage: Woman's Hospital Compared to National and Mid-South Statistics

	WOMAN'S HOSPITAL		NCDB	MID SOUTH
	Patients	Percent	Percent*	Percent*
I	311	65.4	49.1	50.7
II	63	13.3	21.9	21.2
III	66	13.9	19.9	19.4
IV	35	7.4	9.1	8.7

* *Source: National Cancer Data Base*

TABLE 5

Cervix Cases: Year Of Diagnosis

	WOMAN'S HOSPITAL			NCDB	
Year	Total Number of Cases	Number of Cervix Cases	Percent	NCDB Number of Cervix Cases	Percent
1991	350	28	8	**	**
1992	304	22	7	**	**
1993	323	29	9	**	**
1994	340	22	6	**	**
1995	381	30	8	**	**
1996	363	30	8	**	**
1997	386	29	8	**	**
1998	434	33	8	**	**
1999	471	33	7	**	**
2000	451	43	10	10,414	20
2001	413	36	9	10,478	20
2002	448	31	7	10,623	21
2003	471	24	5	10,293	20
2004	536	28	5	9,749	19
2005	494	36	7	**	**
2006	612	27	4	**	**
Total		481		51,557	100

** *NCDB data is only available for years 2000–2004.*

"Sometimes God sets man aside for awhile to take stock of life,
- where we have been, where we are now, where we are going.
Illness has a way of reducing style, shorning us to our original being.
It gives us time out to think and to say things we oft hurried by while we were well,
Or note rules of health we seldom obey, our own bodies the true story could tell.
But now we are given a special time: to write new rules from the light of the sky.
We shall start again, create a new clime - one that will last until the day we die:
All of our ways we shall give the knife,
Illness to us was our new lease on life."

—Rosemary C. Wilkinson

TABLE 6

Treatment by Stage

Stage IA	Treatments
Surgery	118
Surgery/Radiation	3
Type of Surgery	
Biopsy	46
Simple Hysterectomy	42
Radical Hysterectomy	22
Other	11

Stage IB	Treatments
Surgery	130
Surgery/Radiation	39
Surgery/Radiation/Chemotherapy	9
Radiation	4
Radiation/Chemotherapy	4
Surgery/Chemotherapy	4
Type of Surgery	
Radical Hysterectomy	125
Biopsy	24
Simple Hysterectomy	24
Other	9

Stage II	Treatments
Radiation	14
Radiation/Chemotherapy	14
Surgery/Radiation	13
Surgery/Radiation/Chemotherapy	10
Surgery	9
Chemotherapy	2
None	1

Stage III	Treatments
Surgery/Radiation/Chemotherapy	19
Radiation/Chemotherapy	19
Radiation	7
Surgery/Radiation	7
Surgery	6
Surgery/Chemotherapy	4
None	3
Chemotherapy	1

Stage IV	Treatments
Radiation/Chemotherapy	8
Surgery/Radiation/Chemotherapy	7
Surgery	5
Radiation	5
Surgery/Chemotherapy	4
Surgery/Radiation	2
None	2
Chemotherapy	2

Note: NCDB treatment information is not available by stage.

TABLE 7

Woman's Hospital Primary Service Area: Cervical Cancer

	Frequency	Percent
East Baton Rouge	169	35
Livingston	42	9
Lafayette	31	6
Ascension	24	5
Iberville	24	5
Tangipahoa	23	5
St. Landry	20	4
Iberia	19	4
Calcasieu	15	3
Acadia	11	2
West Baton Rouge	9	2
East Feliciana	9	2
Vermilion	8	2
West Feliciana	8	2
Evangeline	7	1
Pointe Coupee	7	1
St. Martin	7	1
Jefferson Davis	6	1
St. Mary	6	1
Assumption	5	1
Allen	4	1
Rapides	4	1
Avoyelles	2	<1
Cameron	2	<1
Beauregard	2	<1
Concordia	2	<1
St. Helena	2	<1
St. James	2	<1
St. Tammany	2	<1
Caldwell	1	<1
Catahoula	1	<1
Franklin	1	<1
Washington	1	<1
Sabine	1	<1
Out of State (TX, CO, MS)	4	1
Total	**481**	**100**

Staging

Our previous cancer annual reports compared our survival data with tumor, nodes, metastasis (TNM) staging data found in the NCDB and the Louisiana Tumor Registry. TNM relies on tissue staging and is not the accepted method for staging gynecologic malignancies. The International Federation of Gynecology and Obstetrics (FIGO) staging method is based on clinical findings and is widely used for cervical cancer, which allows comparisons of data worldwide. When possible, we compared our survival data with results documented in current medical literature.

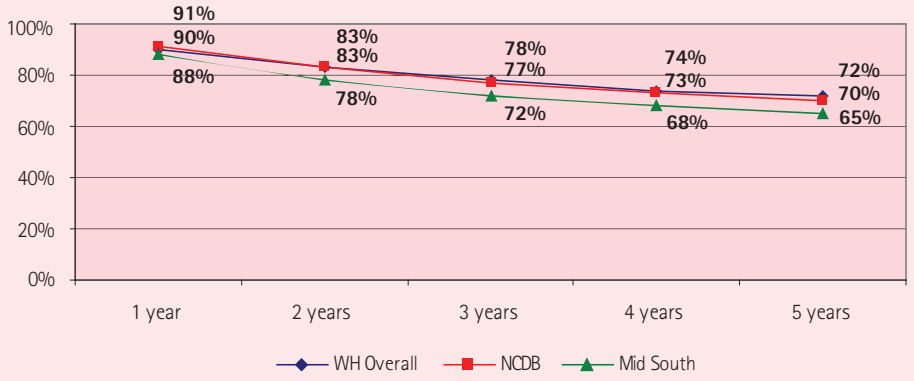
Survival

The 5-year survival statistics for cervical cancer are shown in Graph 1. Woman's Hospital's survival statistics are shown with comparative national (NCDB) and regional (Mid South) data. Survival of Woman's Hospital patients is the same as national rates, but higher than the Mid South regional average.

Graphs 2 through 5 illustrate 5-year survival by stage of patients diagnosed with cervical cancer. Data from Woman's Hospital are compared to NCDB statistics. Across stages, Woman's Hospital survival is lower than national rates.

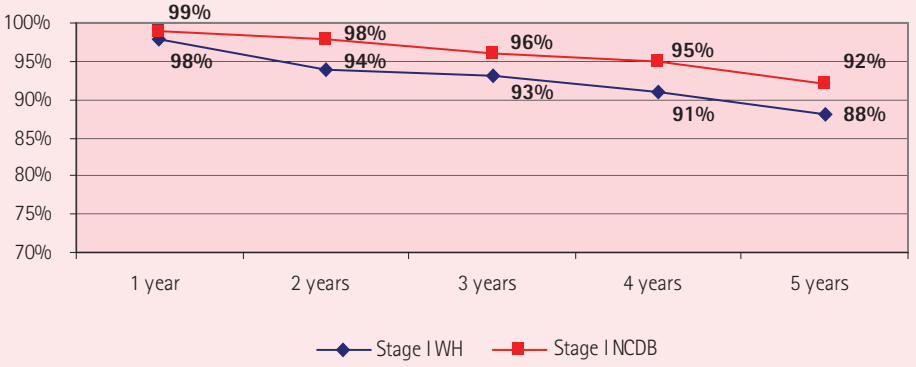
GRAPH 1

Cervical Cancer 5-Year Survival



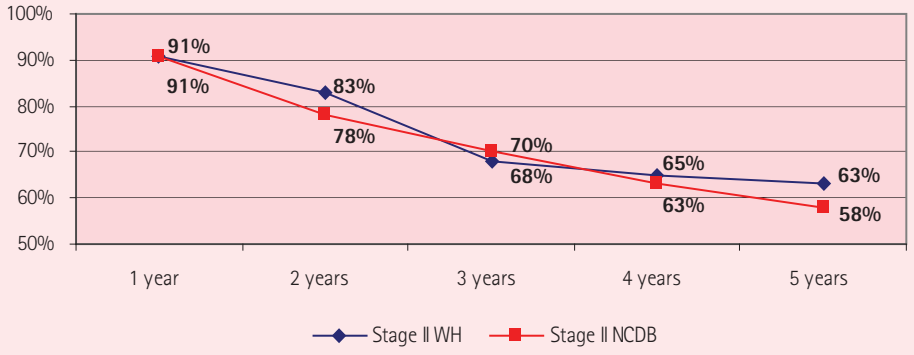
GRAPH 2

Cervical Cancer 5-Year Survival: Stage I



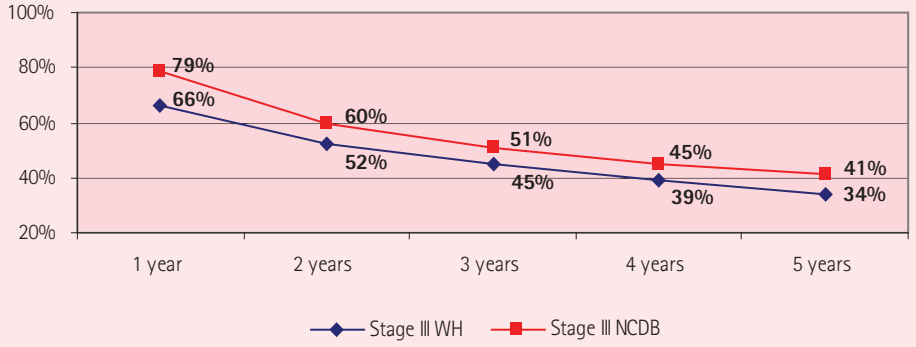
GRAPH 3

Cervical Cancer 5-Year Survival: Stage II



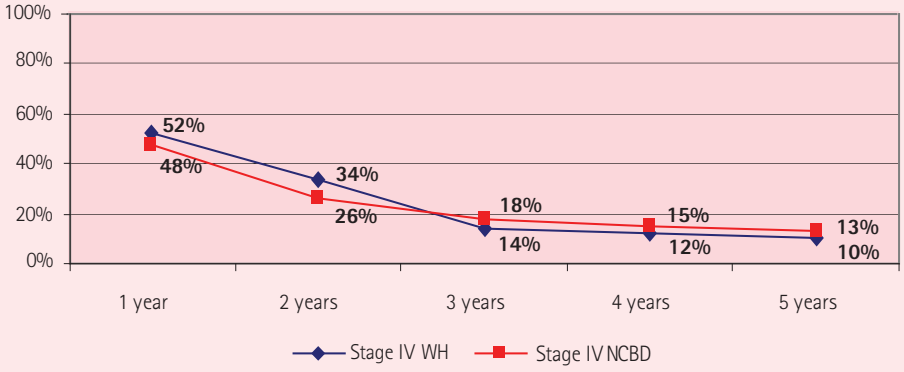
GRAPH 4

Cervical Cancer 5-Year Survival: Stage III



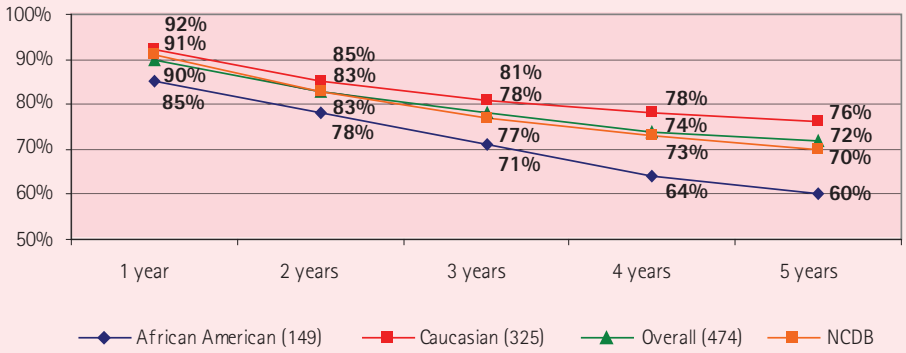
GRAPH 5

Cervical Cancer 5-Year Survival: Stage IV



GRAPH 6

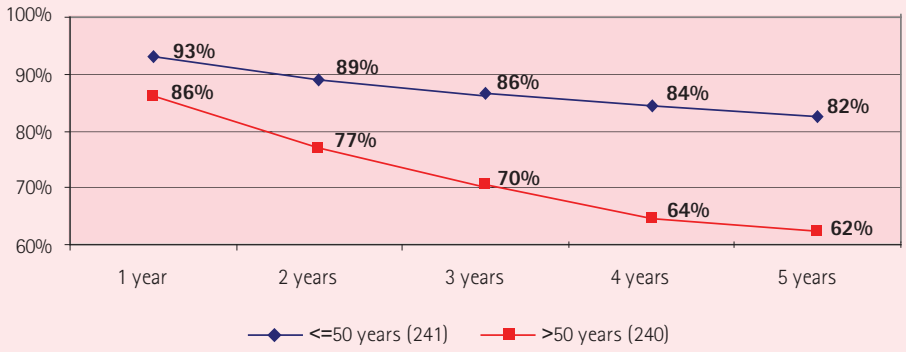
Cervical Cancer 5-Year Survival by Race



Our statistics showed a difference in survival by race when comparing Caucasian and African American women. Graph 6 illustrates 5-year survival by race. The graph includes NCDB survival as well as overall survival of Woman's Hospital cervical cancer patients. Survival of African American women is much lower than Caucasian women, and also much lower than the NCDB average.

GRAPH 7

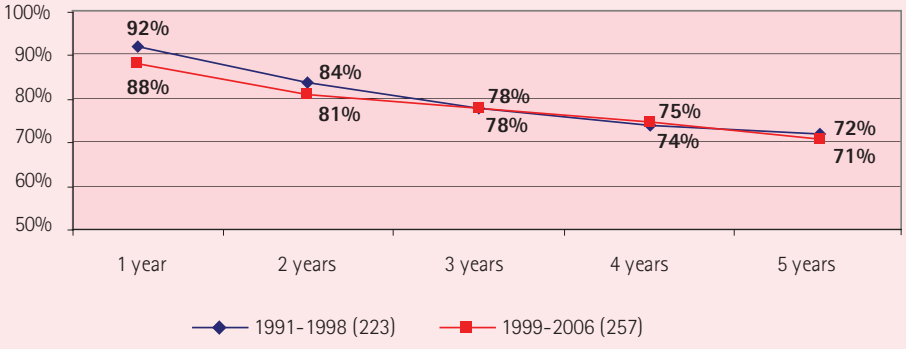
Cervical Cancer 5-Year Survival by Age



Cervical cancer survival by age is shown in Graph 7. Patient ages were divided into two groups: less than or greater than 50 years of age. Survival in patients younger than 50 years of age is much higher than in patients older than 50.

GRAPH 8

Cervical Cancer 5-Year Survival 1991-1998 vs. 1999-2006



Women of all ages and at all stages of life come to Woman's Hospital for the diagnosis and treatment of cancer. During the last 5 years, the number of breast cancer cases diagnosed at Woman's Hospital has doubled, while the number of uterine, ovarian, cervical, vulvar, and vaginal cancer cases diagnosed has remained constant.

In 2006, 574 cases of cancer (all types) were diagnosed at Woman's Hospital.

TOP SITES
5-YEAR TREND 2001-2006

	2001	2002	2003	2004	2005	2006
Breast	181	225	265	310	268	369
Uterus	67	69	69	68	73	68
Ovary*	28	35	38	35	40	42
Cervix, Invasive	37	29	26	29	35	29
Vulva*	8	14	7	11	10	12
Vagina*	7	2	3	3	2	2

** Excludes Stage 0, Borderline, and In Situ*

Additional Cervical Cancer Screening

In the 1960s, Woman's Hospital was a pioneer in the regular use of the Pap smear—a giant leap forward in women's healthcare in that decade.

In 2005, Woman's took another step toward early detection of cervical cancer by purchasing an advanced state-of-the-art system for examining Pap smears. Developed by Cytyc Corporation, the ThinPrep Imaging System™ is computer-aided technology that helps cytotechnologists spot abnormal cells more quickly. The new system capitalizes on the strengths of the liquid-based ThinPrep™ system used to process Pap smears.

In 2000, the results of the Gynecologic Oncology Group (GOG)109 (Southwest Oncology Group 8797) study were published in the *Journal of Clinical Oncology* 18(8):1606-1613. It was concluded that the addition of chemotherapy to radiation therapy significantly improves progression-free survival and overall survival for high risk, stages I-A2 through IIA patients, who undergo radical hysterectomy and pelvic lymphadenectomy for cervical cancer. Other studies looked at definitive treatment in stage IB2 cervical cancer (GOG 123) and in IIB-IVA surgically staged patients with negative para-aortic nodes (GOG 85 and 120). The results of these studies were published in the *New England Journal of Medicine* 1999:340:1137-1143 and 1154-1161, and the *Journal of Clinical Oncology* 1999;17:1339-1348. These studies, in conjunction with Radiation Therapy Oncology Group studies, showed improved progression-free survival, overall survival and local control from patients with advanced cervical cancer. A National Cancer Institute (NCI) Clinical Alert suggested that all patients receiving radiation therapy for cervical cancer be considered for cisplatin-based chemotherapy concurrently with radiation therapy. Weekly concurrent cisplatin with radiation is the treatment regimen of choice.

The survival graph (Graph 8, page 7) comparing data before 1999 with data accumulated after 1999 does not reflect the improved survival predicted from the above studies, which may be due to the fact that 65% of our patients have Stage I disease and may be overshadowing survival impact of the addition of chemotherapy on more advanced stage disease. We also may not be able to see the change in our graphs because we do not have full 5-year follow-up for cases diagnosed in 2001-2006. The review of our cancer data is always enlightening and challenges us to look further. We will review our cervical cancer data again in 5 years to see if there is evidence of improved survival.

Beverly Ogden, MD
Sterling Sightler, MD
Hilde Chenevert, PhD

MAP 1

Cervical Cancer Patients Diagnosed at Woman's Hospital 1991–2006

The map of Louisiana (Map 1) shows where patients diagnosed and/or treated at Woman's Hospital live. The primary service area includes East Baton Rouge, Ascension and Livingston parishes. Forty-nine percent of cervical cancer patients live in the primary service area. Fifty-one percent of patients live in the secondary service area which, as illustrated by the map, encompasses much of south Louisiana.

Source: Mappoint

“Although the world is full of suffering, it is also full of the overcoming of it.”
—Helen Keller

Oncology Services

Oncology Services at Woman's Hospital provides state-of-the art cancer services for women with gynecologic or breast cancer. These services are provided by a multidisciplinary team of dedicated, specially trained professionals who combine their expertise to create a total approach to the diagnosis and treatment of gynecologic and breast cancer.

Clinical expertise is provided by gynecologic oncologists, surgeons specializing in breast disease, general surgeons, and specialists in genetics, radiology, pathology, and plastic surgery in collaboration with medical and radiation oncologists. In addition, oncology nurses, an oncology social worker, registered dietitian, pharmacist, physical therapist, and occupational therapist are essential parts of the treatment team. Through this team approach, women with cancer are assured medically advanced and compassionate care that addresses not only their physical needs but also their emotional, social, psychological, and educational needs.

Woman's Hospital has historically been at the forefront of bringing medical genetics services to Baton Rouge. July 2006 marked the first full year of operation of a full-time Medical Genetics Clinic headed by medical geneticist, Duane Superneau, MD. This clinic provides diagnosis of genetic conditions, information, and counseling to patients and their families. The Medical Genetics Clinic is provided in collaboration with the Pathology Group of Louisiana.

In February 2006, the Commission on Cancer of the American College of Surgeons awarded Woman's Hospital's cancer program the 2005 Outstanding Achievement Award (OAA). Woman's Hospital was one of only 39 programs, representing 9% of those surveyed during the year, to receive the award.

During an on-site evaluation by a physician-surveyor, a facility's cancer program must demonstrate an exceptional level of compliance with standards that represent the full scope of the program: cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement. Also, to be eligible for the award, the facility must demonstrate compliance with 27 additional standards. The oncology program at Woman's Hospital was also awarded three-year certification by the American College of Surgeons.

BREAST CANCER SERVICES

Woman's Hospital offers the latest technology and treatment options for the diagnosis and treatment of breast cancer. In early 2006, Woman's Hospital became the only local facility to offer magnetic resonance imaging (MRI) guided breast biopsy for the detection and diagnosis of breast cancer. While mammography and ultrasound remain the standard diagnostic tools for most women, MRI provides another way to evaluate women with a known diagnosis of breast cancer or who carry the genes BRCA1 or BRCA2, which put them at special risk for breast cancer.

Other services include digital mammography, breast ultrasound, minimally invasive biopsies, sentinel node biopsies, and reconstructive surgery. Patients have access to multidisciplinary tumor conferences, genetic counseling, and research protocols.

Also in 2006, Woman's Hospital opened a center for screening mammography in Physician's Tower I to streamline the process of getting a mammogram. To further improve accessibility to mammograms, Woman's Hospital purchased a mobile digital mammography coach that serves women in the greater Baton Rouge area as well as surrounding parishes.

Gynecologic Oncology Services

For the diagnosis and treatment of gynecologic cancer, Woman's Hospital provides inpatient and outpatient diagnostic services, surgery, chemotherapy administration, symptom management, and supportive care. Patients have access to the multidisciplinary Gynecologic Tumor Conference, genetic counseling, and participation in national clinical trials through the Gynecologic Oncology Group (GOG). Woman's Hospital provides ongoing support for women whose lives have been touched by gynecologic cancer. A monthly support group—Woman to Woman—for women with gynecologic cancer provides educational seminars and a means of sharing information about local resources, other support groups, and reliable websites. In addition, two educational programs are held each year for cancer survivors and their families: *Celebrate Life* in the spring and *Women Living with Cancer* in the fall.

The Oncology Data Manager phones each gynecologic oncology patient within one week following chemotherapy administration. The nurse reviews side effects being experienced by the patient, offers emotional support, answers questions as approved by the physician, continues teaching initiated during admission, and refers the patient to a physician or social worker if necessary. The purpose of this follow-up is to assist in decreasing side effects (possibly preventing rehospitalization) and to further indicate the hospital's commitment to the patient's well-being.

Gynecologic Oncology Group

Woman's Hospital is one of five institutions in Louisiana that participates in the Gynecologic Oncology Group (GOG). The GOG is a national collaborative group funded by the federal government through the National Cancer Institute.

A group of leading oncologists founded the GOG in 1970 because they believed a nationwide cooperative effort by a variety of specialists, who would pool their knowledge, would allow for a more rapid accumulation of information concerning treatment for gynecologic cancer.

The GOG designs and implements clinical trials in all aspects of gynecologic cancer. These research studies compare the best existing treatments with promising new ones.

Giles Fort, MD, directs the gynecologic oncology research program at Woman's Hospital. Woman's Hospital is affiliated with the GOG through Wake Forest University School of Medicine in Winston-Salem, North Carolina. Through this affiliation, Woman's Hospital participates in GOG protocols and registers patients in clinical trials, giving women access to the latest treatments.

SUMMARY OF GOG ACTIVITIES

It has been 18 years since the initiation of the GOG Program at Woman's Hospital. The following is a brief summary from the Oncology Data Management Office of 2006 activities.

SEPTEMBER 2006 REVIEW

Number of patients registered on GOG treatment protocols:	3
Number of patients ineligible for GOG treatment protocols:	166
Number of patients eligible but not registered:	10
Number of patients with no cancer or nongynecologic cancer:	208
Total number of patients reviewed for GOG protocols:	387
Number of patients registered on GOG nontreatment protocols:	15
Number of GOG protocols approved by Institutional Review Board:	5

Cancer Detection Laboratory One Of Nation's Oldest

More than 1 million Pap smears have been processed at Woman's Hospital's Cary Dougherty Cancer Detection Laboratory (CDL) since its inception in 1958. The concept of Pap smears as a means of detecting precancerous lesions was in its infancy when Cary Dougherty, MD, founded the laboratory. In the 48 years since, the CDL has received recognition for its quality assurance practice, which exceed all regulated standards.

The CDL is one of the nation's oldest cytology laboratories. During the first two years of its operations, 4,732 Pap smears were processed. Today, more than 85,000 cases per year are processed. The fees charged during the early days of the CDL were used to pay the $64,000 purchase price for the land on which Woman's Hospital was built.

THE CANCER DETECTION LABORATORY:

- Is a section of the Woman's Hospital Pathology/ Laboratory
- Is directed by a pathologist board certified in cytopathology
- Is staffed by certified experienced cytotechnologists
- Adheres to the workload standards set by the American Society of Cytology
- Is inspected and accredited by the College of American Pathologists
- Performs cytological and histological correlations on abnormal Pap smears
- Participates in nationally recognized proficiency surveys

Imaging Services

The Imaging Services Department provides comprehensive diagnostic imaging services. Imaging Services offers general diagnostic and fluoroscopy imaging, ultrasound examinations, nuclear medicine, MRI, and CT scans. Nuclear medicine services include sentinel node biopsy, and scintimammography. MRI services include breast imaging and breast core biopsy.

As a leader in diagnostic imaging for women, the Breast Center provides women an affordable means of cancer detection, a supportive atmosphere for evaluating breast conditions, and breast self-examination education. The Breast Pretreatment Planning Conference provides women access to a panel of experts who treat breast cancer and helps them make informed decisions about treatment options.

With a full-time staff of board-certified radiologists, registered nurses, and technologists, the Breast Center performs more than 3,200 mammograms each month. Services include screening and diagnostic mammography, needle localization, galactography, cyst aspiration, and stereotactic ultrasound-guided or MRI-guided core biopsy.

Pathology/Laboratory

Pathology/Laboratory offers anatomic pathology, bacteriology/serology/virology, blood transfusions, clinical chemistry, cytogenetics, cytology, hematology/ coagulation/urinalysis, and special chemistry. These services include testing that is related to cancer diagnoses and monitoring, such as CA-125, AFP, B-HCG, and Her2/neu FISH and Urovysion FISH. The laboratory is under the direction of board-certified pathologists and is inspected and accredited by the College of American Pathologists.

Development

EIGHTH ANNUAL WOMEN'S VICTORY OPEN

The Women's Victory Open is an exciting all-women's golf tournament that supports breast cancer education, outreach, and research programs at Woman's Hospital. Established in 1999, the Women's Victory Open is the premier women's charity golf event in Louisiana. Since its inception, funds raised have exceeded $500,000.

The eighth annual Women's Victory Open golf tournament, presented by Capital One, raised more than $110,000 for breast cancer education, outreach, and research programs.

The tournament, held October 23, 2006, at the Country Club of Louisiana, featured LPGA Pro Colleen Walker. Walker is a breast cancer survivor and a Women's Senior Golf Tour champion.

SEVENTH ANNUAL TOUR OF PONDS

Since its inception in 1999, the Tour of Ponds has raised more than $32,000 to support cancer care for women. Proceeds from the 2006 event benefited breast and gynecologic cancer services at Woman's Hospital.

The Seventh Annual Tour of Ponds was held June 3–4, 2006. More than 30 families in Ascension, East Baton Rouge, and West Baton Rouge parishes opened their backyards to show off their beautiful and unique ponds as a means of supporting cancer services at Woman's Hospital. Charbel Harb, owner of Harb's Oasis and Tour of Ponds organizer, presented the hospital with a check for $10,000, which represented the proceeds of the event.

Social Services

Social workers provide emotional support for patients and their families. The social worker discusses with the patient her feelings toward her diagnosis and integrates this information with the treatment plan established by the medical team. Social Services also helps coordinate any services the patient may need during her recovery and can link the patient and her family with services available in the community. Women have access to numerous support groups that meet at Woman's Hospital and other agencies in the community.

Surgical Services

The staff of Surgical Services specializes in oncology surgery, reconstructive plastic surgery, breast surgery, general surgery, gynecologic and urogynecologic surgery, and minimally invasive endoscopic surgical procedures. In Day Surgery, ambulatory surgery patients as well as inpatients are cared for preoperatively in private rooms. Ambulatory surgery patients recover in their same preoperative room. Inpatients are admitted to a private room on one of the nursing floors. An adult intensive care unit (AICU) is staffed with professionals specially trained to provide the care needed for critical care situations. Board-certified anesthesiologists remain in the hospital 24 hours a day to provide pain management and anesthesia care.

Food And Nutrition Services

Registered dietitians ensure patients receive adequate nutrition. Education of patients involves stressing the importance of eating properly and developing a nutrition care plan. The nutrition care plan assists patients with coping techniques on how to deal with the possible side effects of their treatments.

Room Service is a concept most women equate with a high-end hotel, not a hospital. In 2005, this innovative program—the first of its kind in area hospitals—was expanded to include all units. The pilot program was begun in 2004 for patients in the Oncology Unit. The innovative part of this program is the patient orders when she would like to eat, not at predetermined times.

While patient satisfaction with the quality of food served at Woman's Hospital has always been high, this program, during its testing stage, brought the food service satisfaction rating to 99%.

Pharmacy

The Pharmacy Department follows the mission of the American Society of Health-System Pharmacists by helping to ensure the best use of medications. Pharmacy services include dispensing oral and intravenous medications, chemotherapy, and drugs used in clinical trials. The pharmacy also provides drug information services.

To ensure patient safety, a pharmacist reviews each chemotherapy order for accuracy by comparing it with current dosing recommendations from the manufacturer or the investigational protocol dosing regimen. A second pharmacist double checks the computer entry information and verifies the drug vial and dosage amount before preparation.

PHARMACY HONORED FOR COURAGEOUS SERVICE

In June 2006, the American Society of Health-System Pharmacists (ASHP) presented the staff of the Pharmacy with an award for "specific incidents of inspiring, unselfish service under adverse conditions" for service during and after hurricanes Katrina, Rita, and Wilma in 2005.

The ASHP Executive Vice-President's Award for Courageous Service recognizes those in the health-system pharmacy sector who go "beyond the call or assignment of duty to serve patients or assist pharmacists in serving patients" during emergency conditions, natural disaster, or other cataclysmic events.

Respiratory Care

Respiratory Care provides both diagnostic and therapeutic services to all patients, in both inpatient and outpatient settings. The respiratory care practitioners work in collaboration with physicians and nurses to maintain physiological homeostasis of the patient. Under the direction of a physician, they evaluate, treat, and care for patients with breathing disorders. Respiratory care practitioners are a vital part of the hospital's lifesaving response team with current Louisiana RCP licensure, BCLS, PALS, NRP, and ACLS certifications.

Therapy Services

Therapy Services at Woman's Center for Wellness offers patients a broad spectrum of treatments. Patients who are on extended bed rest may need the help of physical and occupational therapies to become as independent as possible in daily activities. Physical or occupational therapists evaluate each patient's level of physical activity and prescribe exercises to maintain or increase functional ability.

Woman's Hospital also offers a comprehensive lymphedema management program, including exercise, education, manual lymphatic drainage, compression bandaging, and use of a gradient sequential pump. Included in the lymphedema management program is a class in which patients are instructed in prevention and treatment options.

Outpatient services are available if there is an ongoing need for rehabilitation following breast or abdominal surgery or for generalized weakness after prolonged illness. To help clients successfully transition from therapy to independent exercise, the Forward Motion program was established in 2003. This program bridges the gap between patients who are discharged from physical therapy but who still need support in maintaining a therapy program. All Forward Motion participants are guided through individualized exercise programs that incorporate different wellness components, such as flexibility, strength, endurance, body composition, and cardiovascular and stress management.

Elements of the Forward Motion program were incorporated into a new program created in 2006. Recognizing another group of patients who need support in maintaining strength, the Cancer Health and Fitness program is designed for patients who are receiving treatment as well as for those who want to start exercising but who need guidance for what they can safely do. This program helps to improve overall fitness by increasing strength and endurance, reducing pain, and improving function. The program consists of three levels: Therapy, Forward Motion, and Independent Exercise.

Woman's Center For Wellness

The Fitness Club at Woman's Center for Wellness specializes in designing exercise programs to help women feel and look better. In addition to aerobic exercise tailored to a woman's individual needs, the Fitness Club offers mind-body programs such as yoga, which has been shown to reduce stress and increase flexibility and balance. The Spa offers soothing treatments, including massages and facials, that patients with cancer may wish to use to feel better.

Woman's Health Research Institute

Founded in 1994, Woman's Health Research Institute (WHRI) provides clinical and molecular biology/genetic research services for the hospital. The goal of WHRI is to promote women's and infants' health research while enhancing medical care and improving patient outcomes. The WHRI staff provides technical and administrative support to Woman's Hospital staff who conduct research.

WHRI and Woman's Hospital researchers collaborate with many researchers at institutions across the United States, including the American College of Surgeons Oncology Group, Florida State University, Gynecologic Oncology Group, H. Lee Moffitt Cancer Center, Louisiana State University, National Human Genome Research Institute, Penn State University, Southeastern Louisiana University, Texas Tech University, University of Washington at Seattle, and several pharmaceutical companies.

MOLECULAR BIOLOGY/GENETICS/ ONCOLOGY DIVISION

The Molecular Biology/Genetics/Oncology Division conducts inherited breast cancer research and coordinates hospital studies involving gynecologic oncology, surgical treatment of breast cancer, genetics, and molecular biology. The Molecular Biology Laboratory utilizes advanced technology for mutation detection, allowing the WHRI staff to perform clinically relevant genetic research. The Pathology/Laboratory works closely with WHRI's research team to perform many of the studies.

CLINICAL DIVISION

The Clinical Division conducts hormonal research including research related to polycystic ovarian disease, metabolic syndrome and insulin resistance and coordinates hospital studies, such as those involving fertility and reproductive hormones, maternal-fetal medicine, neonatal medicine, investigational medications, physical therapy, exercise, and administrative and social issues.

WHRI is under the direction of the Woman's Hospital Research and Development Council. This council is a multidisciplinary group of individuals, appointed by the chairperson of Woman's Hospital Foundation with input from directors of WHRI. Research and Development Council members approve the policies and procedures of WHRI and review all research studies for feasibility, scientific merit, and the involvement of human subjects. Once a study is approved, the council forwards its parameters to the Woman's Hospital Foundation Institutional Review Board (IRB) for further approval.

WHRI's policies follow standards established by The Joint Commission and practice guidelines established by the Occupational Safety and Health Administration, Clinical Laboratory Improvement Amendments Program, Food and Drug Administration, US Department of Health and Human Services, National Institutes of Health, Office of Public Health and Science, and the Office of Recombinant DNA Activities.

INHERITED BREAST CANCER STUDY

In 2006, WHRI completed the first phase of a study investigating inherited breast cancer in Louisiana. The study was performed in collaboration with Mary-Claire King, PhD, at the University of Washington in Seattle. King discovered BRCA1, the first gene linked to inherited breast cancer. The study performed at Woman's Hospital involved the genetic analysis of 110 patients representing 15 families. The results showed that 1 family carried the BRCA1 gene and 3 families carried the BRCA2 gene. Six families showed linkage to BRCA1 or BRCA2 but no mutations were identified in the sequenced region of either gene. This suggests that the mutations are near these 2 genes but not in the coding regions. No gene has been identified to date in these regions.

The genetic changes in these families may represent yet undiscovered genes associated with inherited breast cancer. Five families showed patterns of inherited breast cancer but did not show any evidence of linkage in the BRCA1 or BRCA2 regions. The mutations in these families could exist anywhere along the entire genome. WHRI hopes to proceed to the second phase of the study, which would include identifying the mutations associated with cancer in these families.

2006 Cancer Committee

PHYSICIAN MEMBERS

Chair, Pathologist . . . . . Beverly Ogden, MD
Surgeon . . . . . Mary Elizabeth Christian, MD
Medical Oncologist . . . . . Frederic Billings, MD
Obstetrician-Gynecologist . . . . . Jeffery Janies, MD
Obstetrician-Gynecologist . . . . . Julius Mullins, MD
Radiologist . . . . . Chet Coles, MD
Gynecologic Oncologist . . . . . Sterling Sightler, MD
Medical Oncologist . . . . . Deborah Abernathy, MD
Surgeon . . . . . Peter Bostick, MD
Obstetrician-Gynecologist . . . . . Sarah Davis, MD
Gynecologic Oncologist . . . . . Giles Fort, MD
Radiation Oncologist . . . . . Maurice King, Jr., MD
Radiation Oncologist . . . . . Will Russell, MD
Surgeon . . . . . John Whitaker, MD

ADMINISTRATIVE LIAISONS

Vice President, Nursing Services . . . . . Patricia Johnson, RN, MN
Vice President, Medical Staff Services . . . . . Nancy Crawford, RHIA
Director, Health Information Management/Cancer Registry . . . . . Danielle Berthelot, RHIA
Manager, Health Information Management/Cancer Registry . . . . . Tonya Songy, RHIA, CPC
Cancer Program Coordinator . . . . . Kathy Probst, CTR, CCRA
Cancer Program Abstractor . . . . . Heather McCaslin, RHIT
Director, Quality/UM . . . . . Del Currier, RN, BSN, CPHQ
Social Services . . . . . Robin Maggio, LCSW
Director, Gynecology/Oncology . . . . . Mary Ann Smith, RN, OCN
Manager, Breast Center . . . . . Mary Salario, RN, BSN
Gynecologic Oncology . . . . . Sherry Noel, RN, BSN
Food and Nutrition Services . . . . . Paula Meeks, MS, LDN, RD
Medical Editor . . . . . Paula Zimlicki
Community Education Coordinator . . . . . Harriet Walters, RN, BSN
Director, Pharmacy . . . . . Peggy Dean, RPH

THE CANCER COMMITTEE SHALL:

- Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer
- Promote a coordinated, multidisciplinary approach to patient management
- Ensure that educational and consultative cancer conferences cover all major sites and related issues
- Ensure that an active supportive care system is in place for patients, families, and staff
- Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes
- Promote clinical research
- Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting
- Encourage data usage and regular reporting
- Ensure content of the annual report meets requirements
- Perform quality control of registry data

Cancer Registry 2006 Activities

The Cancer Registry Program of Woman's Hospital is a medical data collection system of patients diagnosed with cancer and/or receiving cancer treatment at the hospital. Cancer cases are abstracted and reported to the Louisiana State Tumor Registry in accordance with state and federal guidelines. The information gathered by the registry is used for presentation in the *Cancer Annual Report* as well as in other specialty reports as requested.

Within the Cancer Registry, coordination of the hospital's compliance with standards of the American College of Surgeons takes place to maintain accreditation. Woman's Hospital currently maintains full accreditation, and in February 2006 was a recipient of the 2005 Commission on Cancer Outstanding Achievement Award.

The reference date for the Cancer Registry is January 1, 1991. The total number of cases in the database is 7,757 with 6,812 cases being analytical and 945 cases being nonanalytical. The Cancer Registry at Woman's Hospital accessioned 591 new cases during 2006. Of the newly accessioned cases, 574 were analytical and 17 were nonanalytical. These numbers include in situ cases of the cervix, vagina, and vulva.

The cancer program coordinator and cancer program abstractor identify, for statistical purposes, all cancer cases according to established state and federal guidelines. Both individuals work directly with the medical staff, nursing, and other allied health professionals within the Baton Rouge area as well as personnel of the Baton Rouge Regional Tumor Registry, Louisiana State Tumor Registry, and tumor registrars across the country to gain access to information in abstracting and completing all pertinent cancer cases.

The cancer program coordinator at Woman's Hospital is a certified tumor registrar (CTR) and a certified clinical research professional (CCRP). She is a member of the Society of Clinical Research Associates. The cancer program abstractor is a registered health information technician (RHIT) and is gaining job experience to become a CTR. She is a member of the American Health Information Management Association. Both are members of the National Cancer Registrars Association (NCRA), the Louisiana Cancer Registrars Association (LCRA), and the Region II Cancer Registrar Forum.

Continuing Medical Education

Woman's Hospital is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. The mission of the hospital's continuing medical education program is to offer appropriate programs related to the healthcare of women, children, and infants.

The Use of MRI in Breast Cancer
Tuesday, November 14, 2006
Steven Sotile, MD
James Ruiz, MD
Baton Rouge, LA

Whatever you do, you need courage. Whatever course you decide upon, there is always someone to tell you that you are wrong. There are always difficulties arising that tempt you to believe your critics are right. To map out a course of action and follow it to an end requires some of the same courage that a soldier needs. Peace has its victories, but it takes brave men and women to win them.

—Ralph Waldo Emerson

Cancer Of The Breast
369 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
20–29	2	<1
30–39	25	7
40–49	89	24
50–59	97	26
60–69	75	20
70–79	57	15
80–89	22	6
90–99	2	<1

Race	Number of Cases	Percent
Caucasian	259	70
African American	108	29
Asian/Other	2	<1

Stage at Diagnosis	Number of Cases	Percent
Stage 0	83	22
Stage I	131	36
Stage II	89	24
Stage III	40	11
Stage IV	0	0
Unknown	26	7

Treatment First Course	Number of Cases	Percent
Surgery	152	41
Surgery/Chemotherapy	68	18
Surgery/Radiation	55	15
Surgery/Radiation/ Chemotherapy	32	9
Surgery/Hormone	21	6
None	17	5
Surgery/Radiation/Hormone	10	3
Surgery/Chemotherapy/ Hormone	5	1
Surgery/Radiation/ Chemotherapy/Hormone	4	1
Chemotherapy	2	<1
Chemotherapy/Hormone	1	<1
Radiation	1	<1
Radiation/Chemotherapy	1	<1

Histology	Number of Cases	Percent
Infiltrating Duct Carcinoma	229	62
Intraductal Carcinoma	58	16
Comedocarcinoma In Situ	27	7
Lobular Carcinoma	21	6
Ductal and Lobular Carcinoma	12	3
Mucinous Adenocarcinoma	10	3
Carcinoma, NOS	9	2
Inflammatory Carcinoma	2	<1
Carcinosarcoma	1	<1

Cancer Of The Cervix
29 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
20–29	2	7
30–39	6	21
40–49	11	38
50–59	3	10
60–69	4	14
70–79	1	<4
80–89	2	7

Race	Number of Cases	Percent
Caucasian	24	83
African American	4	14
Asian/Other	1	<4

Stage at Diagnosis	Number of Cases	Percent
Stage I	19	66
Stage II	3	10
Stage III	5	17
Stage IV	1	<4
Not Applicable*	1	<4

Treatment First Course	Number of Cases	Percent
Surgery	18	62
Surgery/Radiation/Chemotherapy	4	14
Radiation/Chemotherapy	3	10
Surgery/Radiation	2	7
Surgery/Chemotherapy	1	<4
None	1	<4

Histology	Number of Cases	Percent
Squamous Cell Carcinoma	21	72
Adenocarcinoma	4	14
Adenosquamous Carcinoma	2	7
Adenosarcoma	1	<4
Basoloid Squamous Carcinoma	1	<4

**Not applicable: histology not recognized by American Joint Commission on Cancer (AJCC)*

Cancer Of The Ovary
42 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
10–19	1	<3
20–29	3	7
30–39	3	7
40–49	2	5
50–59	12	29
60–69	7	17
70–79	11	26
80–89	3	7

Race	Number of Cases	Percent
Caucasian	36	86
African American	5	12
Asian	1	<3

Stage at Diagnosis	Number of Cases	Percent
Stage I	9	21
Stage II	7	17
Stage III	23	55
Stage IV	2	5
Not Applicable*	1	<3

Treatment First Course	Number of Cases	Percent
Surgery/Chemotherapy	32	76
Surgery	9	21
Surgery/Chemotherapy/Hormone	1	<3

Histology	Number of Cases	Percent
Papillary Serous Cystadenocarcinoma	20	48
Mucinous Cystadenocarcinoma	6	14
Endometrioid Carcinoma	5	12
Clear Cell Adenocarcinoma	3	7
Mullerian Mixed Tumor	2	5
Adenocarcinoma	1	<3
Carcinoid	1	<3
Carcinoma, NOS	1	<3
Carcinosarcoma	1	<3
Dysgerminoma	1	<3
Endodermal Sinus Tumor	1	<3

**Not applicable: histology not recognized by AJCC*

Cancer Of The Uterus
68 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
20–29	1	<2
30–39	4	6
40–49	7	10
50–59	17	25
60–69	18	26
70–79	13	19
80–89	8	12

Race	Number of Cases	Percent
Caucasian	48	71
African American	20	29

Stage at Diagnosis	Number of Cases	Percent
Stage I	40	59
Stage II	4	6
Stage III	15	22
Stage IV	3	4
Not Applicable*	6	9

Treatment First Course	Number of Cases	Percent
Surgery	47	69
Surgery/Radiation	8	12
Surgery/Chemotherapy	7	10
Surgery/Radiation/Chemotherapy	3	4
Surgery/Radiation/Hormone	1	<2
Surgery/Hormone	1	<2
Chemotherapy	1	<2

Histology	Number of Cases	Percent
Endometrioid Carcinoma	36	53
Adenocarcinoma	14	21
Leiomyosarcoma, NOS	5	7
Mullerian Mixed Tumor	4	6
Carcinosarcoma	4	6
Papillary Serous Cystadenocarcinoma	3	4
Endometrioid Carcinoma, In Situ	1	<2
Smooth Muscle Tumor, NOS	1	<2

**Not applicable: histology not recognized by AJCC*

Cancer Of The Vulva And Vagina
14 ANALYTIC CASES

Site	Number of Cases	Percent
Vulva	12	86
Vagina	2	14

Age at Diagnosis	Number of Cases	Percent
30–39	1	<8
40–49	2	14
50–59	4	29
60–69	2	14
70–79	3	21
80–89	2	14

Race	Number of Cases	Percent
Caucasian	11	79
African American	3	21

Stage at Diagnosis	Number of Cases	Percent
Stage I	7	50
Stage II	4	29
Stage III	0	0
Stage IV	0	0
Not Applicable*	3	21

Treatment First Course	Number of Cases	Percent
Surgery	11	79
Surgery/Radiation	1	<8
Surgery/Radiation/Chemotherapy	1	<8
Radiation	1	<8

Histology	Number of Cases	Percent
Squamous Cell Carcinoma	10	71
Basaloid Squamous Carcinoma	1	<8
Dermatofibrosarcoma	1	<8
Leiomyosarcoma	1	<8
Malignant Peripheral Nerve Sheath Tumor	1	<8

**Not applicable: histology not recognized by AJCC*

"You must understand the whole of life, not just one little part of it. That is why you must read, that is why you must look at the skies, that is why you must sing and dance, and write poems, and suffer, and understand, for all that is life."

—Jiddu Krishnamurti

2006 Tumor Report Site Distribution
ANALYTIC CASES ONLY

Site	Class	Stage						
Group	Analytic	Stage 0	Stage I	Stage II	Stage III	Stage IV	NA	Unknown
All Sites	**574**	**103**	**212**	**112**	**88**	**8**	**23**	**28**
Breast	**369**	**83**	**131**	**89**	**40**	**0**	**0**	**26**
Gynecologic	**179**	**18**	**77**	**18**	**47**	**6**	**13**	**0**
Cervix In Situ	18	18	0	0	0	0	0	0
Uterus*	68	0	40	4	15	3	6	0
Cervix Uteri	29	0	19	3	5	1	1	0
Ovary	42	0	9	7	23	2	1	0
Vagina*	2	0	0	0	0	0	2	0
Vulva*	12	0	7	4	0	0	1	0
Other Female Genital	8	0	2	0	4	0	2	0
Peritoneum, Omentum, Mesentery	**11**	**0**	**0**	**0**	**0**	**0**	**10**	**1**
Gastrointestinal	**8**	**1**	**1**	**3**	**1**	**2**	**0**	**0**
Colon	4	0	0	1	1	2	0	0
Rectum and Rectosigmoid	2	0	1	1	0	0	0	0
Anal	2	1	0	1	0	0	0	0
Soft Tissue	**2**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
Skin	**3**	**1**	**1**	**1**	**0**	**0**	**0**	**0**
Melanoma	1	0	1	0	0	0	0	0
Other Skin	2	1	0	1	0	0	0	0
Thyroid	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
Non-Hodgkin's Lymphoma	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**

** Excludes Borderline and In Situ*

Age At Diagnosis	Number	Percent
10–19	1	<1
20–29	16	<3
30–39	51	9
40–49	118	21
50–59	136	24
60–69	118	21
70–79	90	16
80–89	42	7
90<	2	<1

Race	Number	Percent
Caucasian	423	74
African American	146	25
Asian/Other	5	<1

Cancer Registry Report on Cases Presented at Breast Tumor Conference

January 2006–December 2006
Total conferences held: 12
Total cases presented: 39
Average number of attendees: 20
Total number of analytic breast cancer cases accessioned in 2006: 369

Age of Patients	Number of Cases	Percent
20–29	1	<3
30–39	5	13
40–49	10	26
50–59	12	31
60–69	6	15
70–79	3	8
80–89	2	5
Total	39	100

HISTOLOGY OF CASES PRESENTED:

Comedocarcinoma, noninfiltrating
Cribiform Carcinoma
Ductal Carcinoma In Situ
Infiltrating Ductal Carcinoma
Lobular Carcinoma
Mixed Carcinoma
Mucinous Carcinoma
Papillary Carcinoma

Cancer Registry Report on Cases Presented at Gynecologic Tumor Conference

January 2006–December 2006
Total conferences held: 10
Total cases presented: 58
Average number of attendees: 14
Total number of analytic gynecologic cancer cases accessioned in 2006: 179

Age of Patients	Number of Cases	Percent
20–29	2	3
30–39	6	10
40–49	11	19
50–59	14	24
60–69	12	21
70–79	8	14
80–89	5	9
Total	58	100

SITES PRESENTED:

Cecum
Cervix
Fallopian Tube
Nerve Sheath
Ovary
Pelvis
Peritoneum
Recto-vaginal
Urinary Bladder
Uterus
Vagina
Vulva

HISTOLOGY OF CASES PRESENTED:

Adenocarcinoma
Adenosquamous Carcinoma
Basaloid Squamous Cell Carcinoma
Carcinoma, Mixed
Carcinoma, NOS
Carcinoid Tumor
Carcinosarcoma
Clear Cell Adenocarcinoma
Cyst, Bartholin
Dermatofibroma Protuberans
Desmoid Tumor
Dysgerminoma
Endometrioid Adenocarcinoma
Glassy Cell Carcinoma
Leiomyomatosis
Leiomyosarcoma
Malignant Mixed Mullerian Tumor
Mesothelioma, Malignant
Papillary Serous Adenocarcinoma
Peripheral Nerve Sheath Tumor
Sarcomatoid Renal Cell Carcinoma
Squamous Cell Carcinoma
Squamous Cell Carcinoma In Situ
Transitional Cell Carcinoma

About Woman's Hospital

Woman's Hospital opened in 1968 to meet the unique needs of women requiring specialized care. We have more experience with gynecologic and other surgery for women than most other hospitals in Louisiana. Today we offer the latest diagnostic technology and surgical techniques. Woman's Hospital also has more doctors and nurses with exceptional experience in caring for women before, during, and after surgery. We are here to provide the resources women need through all the changes and stages of their lives.

Woman's Hospital is a 501(c)(3) not-for-profit organization governed by a board of community volunteers. Contributions, along with proceeds from hospital operations, are reinvested in research, community education, service programs, equipment, and facilities.

Woman's Hospital is a Magnet hospital signifying nursing excellence and quality patient care.

Woman's Hospital

Woman's Hospital is accredited by The Joint Commission.
The oncology program is also accredited by the American College of Surgeons.