Teri G. Fontenot, FACHE
President and CEO

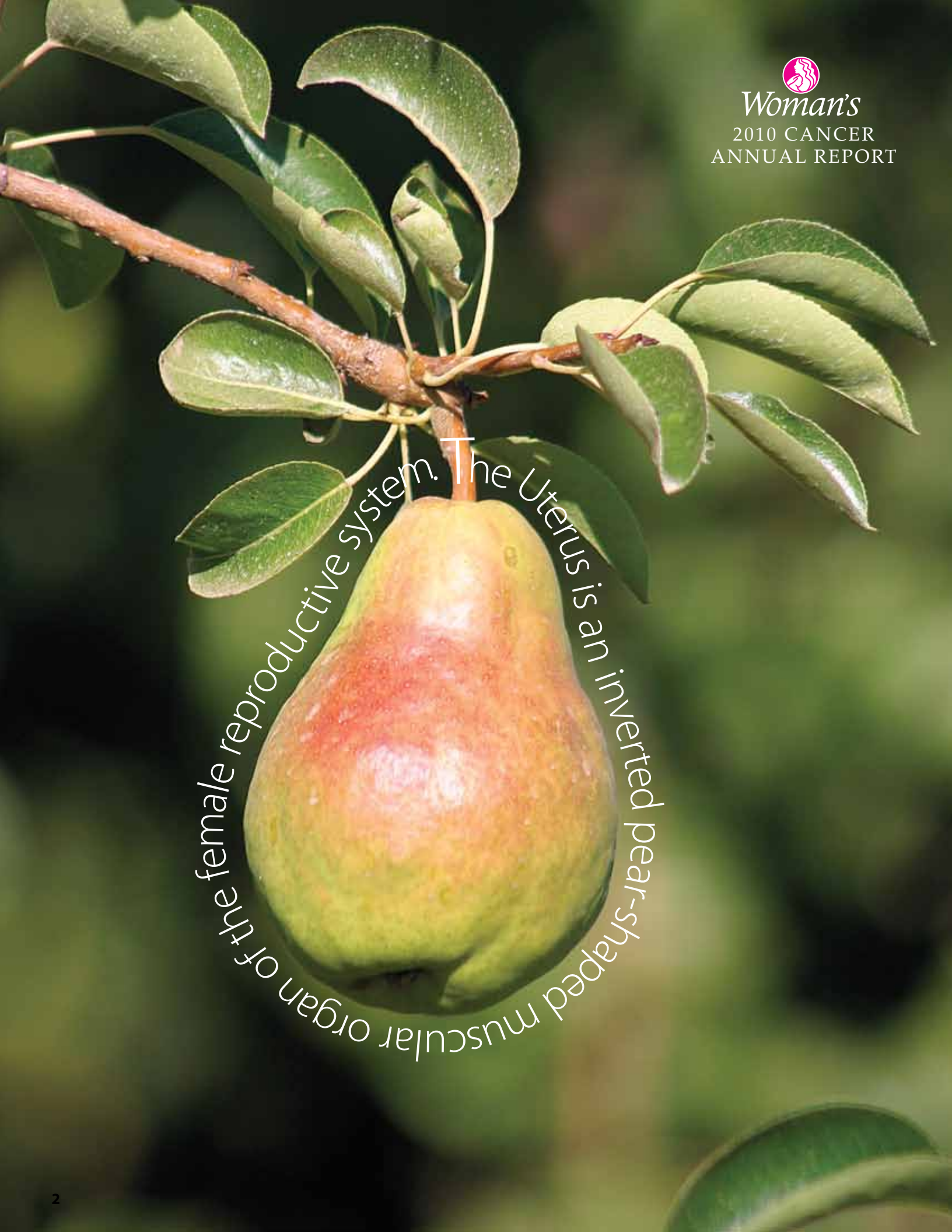
Woman's
exceptional care,
centered on you

November 22, 2010

As Chairperson of the Woman's Hospital Cancer Committee and the Cancer Liaison for Woman's Hospital, we are happy to present to you the 2010 Cancer Program Annual Report. This year's report includes analysis of 758 cases of endometrial cancer diagnosed in the last 10 years. It is estimated that over 42,000 women in the United States are diagnosed each year with endometrial cancer and approximately 7700 women die from this disease. The most important prognostic factors for endometrial carcinoma continue to be tumor grade and depth of invasion. Over the last 10 years, there have been significant changes in the staging system for endometrial cancer, significant advances in radiation therapy including a trend toward brachytherapy, and the availability of minimally invasive surgical procedures using robotic surgical assistance. Our age distribution and stage of cases of endometrial cancer parallel the National Cancer Data Base. We have seen a continued increase in the number of endometrial cancers diagnosed each year with 47 cases diagnosed in 1999 and 99 cases diagnosed in 2009. Our 5 year survival rates are better among patients less than 50 years as compared to older women. African-American women show a decreased five year survival, a statistic that has been consistent in previous annual reviews of our tumor registry data base. This warrants further evaluation.

Lastly, we would like to thank Dr Sterling Sightler for her loyalty to Woman's Hospital, her dedication to her patients, her tireless pursuit of improving the accuracy of the data in our tumor registry and her countless hours dedicated to helping us generate our cancer annual report each year. We wish her well in her upcoming retirement.

David Boudreaux, MD
Beverly Ogden, MD


Woman's
2010 CANCER
ANNUAL REPORT
The Uterus is an inverted pear-shaped muscular organ of the female reproductive system.

Overview of Changes in the Prognosis of Endometrial Adenocarcinoma

Over 42,000 women in the United States are diagnosed each year with endometrial cancer and approximately 7,700 women die from this disease. New trends in the treatment of endometrial cancer have included the increased utilization of laparoscopic minimally invasive surgical procedures. In addition, there has been a trend toward brachytherapy instead of whole pelvic radiation.

The most important prognostic factors for endometrial carcinoma continue to be tumor grade and depth of invasion. There has recently been a major change in the way that uterine cancer is staged. In the 1970's and 1980's, endometrial cancer was staged clinically. Then in 1988, the International Federation of Gynecology and Obstetrics (FIGO) established a staging system based on surgical staging. In 2009, FIGO proposed a significant revision of the classification for endometrial cancer incorporating a number of changes including the development of a separate staging system for uterine sarcomas - although carcinosarcomas of the endometrium were reclassified as dedifferentiated endometrial carcinoma.

In the 1988 staging system, Stage I endometrial cancers were divided into 3 groups depending on depth of invasion: 1A no invasion; 1B less than 50% invasion; 1C equal to or greater than 50% invasion. Subsequently, since national tumor registry data demonstrated no significant difference in 5 year survival among Grade 1 Stage IA and 1B tumors and Grade II Stage IA and 1B tumors, the previous Stage 1A and 1B cancers are now combined. The new Stage 1A is now defined as endometrial cancer confined to the uterus with no invasion or less than 50% myometrial invasion. The new Stage IB includes cancers confined to the uterus with equal to or greater than 50% depth of invasion. Stage II includes endometrial cancers that extend to the cervix with stromal involvement (previous IIB). Previous stage IIA (cervical glandular involvement) is now included in Stage I.

Stage IIIA disease includes neoplastic extension to the uterine serosa or adnexa. However, positive peritoneal cytology is no longer included in the staging system because it does not appear to be an independent adverse prognostic factor, even though it still should be looked for and reported separately. Stage IIIB now includes extension to the parametrium in addition to vaginal metastasis.

Stage IIIC has now been divided into IIIC1 for pelvic lymph node involvement and IIIC2 for paraaortic lymph node involvement. Stage IV has maintained the same criteria as previously established in the 1988 staging system.

The prognosis for most women with uterine cancer confined to the uterus is excellent. The 5 year survival for women with early myometrial invasion is 89%. Tumor grade and depth of invasion are the most important prognostic factors overshadowing the prognostic significance of endocervical glandular involvement. There is a clearly more favorable survival in women with pelvic nodal metastasis only (58% survival) versus those with paraaortic nodal metastases (51% survival). It is still controversial whether more extensive staging procedures are necessary or desirable.

David Boudreaux, MD
Pathologist, Cancer Liaison Physician

Beverly Ogden, MD
Chief Pathologist, Cancer Committee Chair

Sterling Sightler, MD
GYN Oncologist

Advances in Radiation Therapy for Endometrial Adenocarcinoma

The treatment of uterine cancer with irradiation has a long history beginning with pioneers at the Radium Institute of the University of Paris, The Radium Hemmet in Stockholm, and the Oswald Foundation for the Application of Physics to Medicine in Frankfurt, Germany. The gift of radium to the Memorial Sloan-Kettering Cancer Center by the Curies in the nineteenth century allowed pioneering treatment of uterine cancer in this country. Since that time, we have certainly come a long way.

Cooperative studies, primarily initiated through the Gynecologic Oncology Group and Radiation Therapy Oncology Group, continue to help us understand the appropriate use of irradiation in endometrial cancer. Subsequent advances in medical imaging, diagnostic pathology, robotic surgery and molecular biochemistry are helping to define the appropriate use of irradiation for improved results in terms of function and outcome in this large group of patients of all ages.

Advances in imaging, particularly the use of PET scanning and MRI pelvic imaging, have greatly assisted in target definition and improved techniques of irradiation delivery. As radiotherapy delivery has moved forward with intensity-modulated radiotherapy, which allows more precise targeting of tumors, the use of gating has allowed radiotherapists to account for tumor motion during treatment delivery. The ability to define complicated targets, shape beams, dose around these targets, and account for target motion will hopefully result in decreased short and long-term side effects for women undergoing irradiation as part of their treatment regimen.

Group studies are helping us to define the role of irradiation. Over the last decade we have seen an increasing role for chemotherapy over irradiation in the treatment of some patients with endometrial cancer, as well as a better understanding of the use of external-beam irradiation versus brachytherapy, the latter involving applications of isotopes directly to high-risk areas. Studies which have matured, as well as ongoing studies continue to help us better define and treat these patient groups.

The patients of Woman's Hospital are fortunate in that they have a dedicated team of physicians including gynecologic oncologists, diagnostic radiologists, specialized pathologists, and radiation oncologists who work in a cooperative atmosphere to ensure delivery of the most appropriate and advanced care available. Our team approaches each patient not only as a person with cancer, but also with a unique perspective and needs.

William E Russell, MD
Radiation Oncologist

Over 42,000 women in the United States are diagnosed each year with endometrial cancer and approximately 7,700 will die from this disease.

Figure I
Uterine Cases Age at Diagnosis: Years 1999-2009

	Woman's Hospital		NCDB**	
Age at Diagnosis	Number	Percent	Number	Percent
Under 20	0	0	46	<1
20-29	6	1	1,040	<1
30-39	34	5	7,141	3
40-49	90	12	25,359	11
50-59	182	24	63,818	27
60-69	213	28	64,801	28
70-79	155	20	47,902	20
80-89	74	10	22,961	10
90-99	4	<1	2,487	1
Total	758	100	235,555	100

***NCDB data only available for years 2000-2007.*

Our local data very closely parallel those of the National Cancer Data Base (NCDB). Peak incidence of uterine cancer is in the seventh decade, with only rare cases diagnosed in the first three decades of life. The steep drop in incidence after the eighth decade may reflect an accelerated mortality from all causes in these elderly patients.

Figure II
Uterine Cases Race: Years 1999-2009

	Woman's Hospital		NCDB**	
Race	Number	Percent	Number	Percent
Caucasian	559	74	193,721	82
African American	186	25	20,388	9
Asian	4	<1	5,118	2
Other*	9	1	16,328	7
Total	758	100	235,555	100

**Other category includes Native American and Hispanic.*
***NCDB data only available for years 2000-2007.*

The variation noted between Woman's data for racial incidence and the NCDB data most likely reflects the differences in the regional population mix compared to the national population as a whole.

Figure III
Uterine cases Year of Diagnosis: Years 1999-2009

Year of Diagnosis *	Woman's Hospital Number of Uterine Cancer Cases	Percent
1999	47	6
2000	58	8
2001	67	9
2002	69	9
2003	69	9
2004	68	9
2005	72	9
2006	68	9
2007	62	8
2008	79	11
2009	99	13
Total	758	100

** Year of diagnosis is based on accession year.*

An apparent increase in the numbers of uterine cancer cases over the past two years, compared to a fairly constant case number over the better part of the previous decade, is noted. The significance of this is unclear but may merit further study.

Figure IV
Uterine Cases Histology: Years 1999-2009

Cell Type	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Endometrioid Carcinoma In-Situ	3	<1		
Endometrioid Adenocarcinoma	346	46	135,405	57
Adenocarcinoma, NOS	166	22	46,479	20
Serous Adenocarcinoma	67	9		
Adenosquamous Carcinoma	18	2		
Clear Cell Adenocarcinoma	14	2		
Mucinous Adenocarcinoma	7	1		
Mixed Cell Adenocarcinoma	4	<1		
Small Cell Carcinoma	2	<1		
Carcinoma, NOS	2	<1		
Mullerian Mixed Tumor	66	9		
Adenosarcoma	3	<1		
Leiomyosarcoma	35	5		
Endometrial Stromal Sarcoma	24	3		
Sarcoma, NOS	1	<1		
Other Specified Types			53,671	23
Total	758	100	235,555	100

**NCDB data only available for years 2000-2007.*

There are numerous histopathologic types of uterine cancer, as shown in this table which itself lists the major types diagnosed at Woman's during this study period. Available national data (NCDB) are more limited with regard to tumor subclassification for comparative purposes, but clearly endometrioid adenocarcinoma is the preeminent uterine cancer both locally and nationally.

Figure V
Uterine Cancer Cases Stage at Diagnosis: Years 1999-2009

Stage at Diagnosis	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
0	**4**	**<1**	**3,099**	**1**
I	**465**	**61**	**122,738**	**52**
I	10			
IA	105			
IB	281			
IC	69			
II	**47**	**6**	**17,592**	**7**
II	1			
IIA	21			
IIB	25			
III	**97**	**13**	**25,922**	**11**
IIIA	43			
IIIB	5			
IIIC	49			
IV	**51**	**7**	**13,111**	**6**
IV	1			
IVA	5			
IVB	45			
Unknown/Not Applicable	**94**	**12**	**53,093**	**23**
Total	**758**	**100**	**235,555**	**100**

**NCDB data only available for years 2000-2007.*

Comparison of local staging at the time of diagnosis of uterine cancer fairly closely parallels the national data. The smaller percentage of cancers of unknown stage locally may reflect a more aggressive effort to stage tumors than seen nationwide.

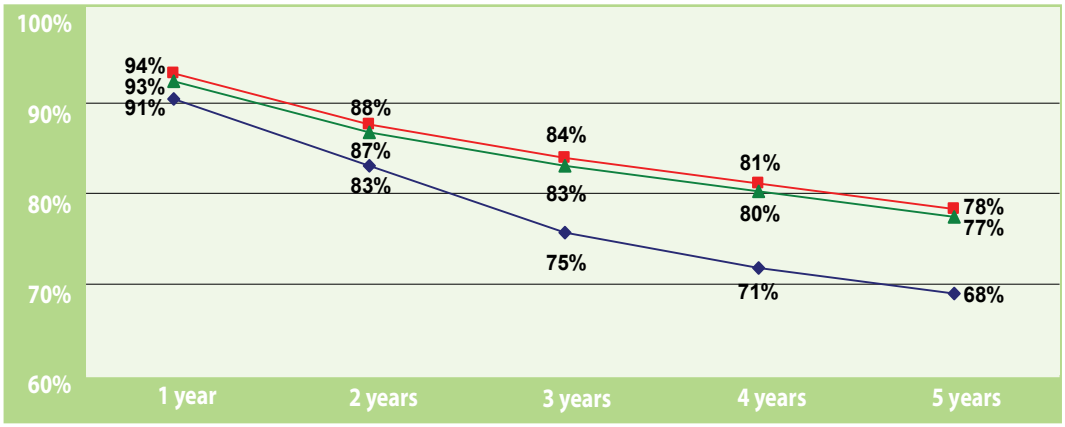
Figure VI • Uterine Cases • NCDB Comparison First Course of Treatment

Treatment First Course	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Chemotherapy	3	<1		
Hormone Therapy	2	<1		
Radiation	1	<1		
Surgery	452	60	135,339	57
Surgery / Radiation	156	21	43,117	18
Surgery / Chemotherapy	74	10	13,256	6
Surgery / Radiation/ Chemotherapy	49	6	10,413	4
Surgery / Radiation/ Hormone Therapy	4	<1		
Surgery / Hormone Therapy	8	1		
None	9	1	17,605	7
Other Specified Therapy	0	0	15,825	8
TOTAL	758	100	235,555	100

*NCDB data only available for years 2000-2007.

Comparison of first courses of treatment for uterine cancer locally with national (NCDB) data demonstrates a quite similar distribution of treatment modalities. The use of surgery alone is greatly predominant both locally and nationally.

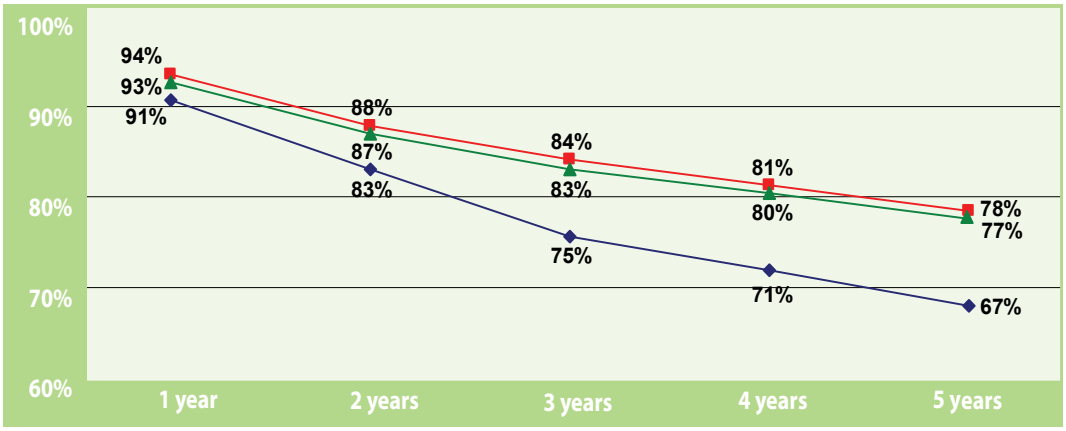
Figure VII A
Uterine Cancer
5-Year Survival
(All Histologies)



WH Overall
NCDB
Southeast*

* Southeast:
DE, FL, GA, MD, NC, SC, VA, DC, WV

Figure VII B
Uterine Cancer
5-Year Survival
(No Sarcomas)

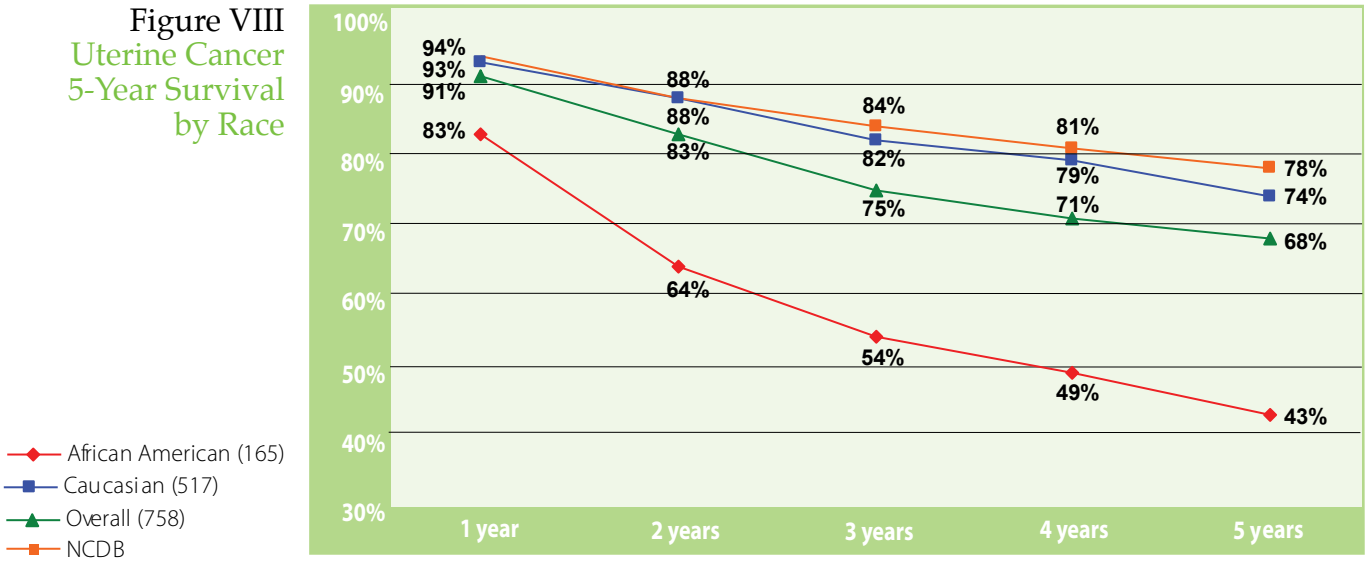


WH Overall
NCDB
Southeast*

* Southeast:
DE, FL, GA, MD, NC, SC, VA, DC, WV

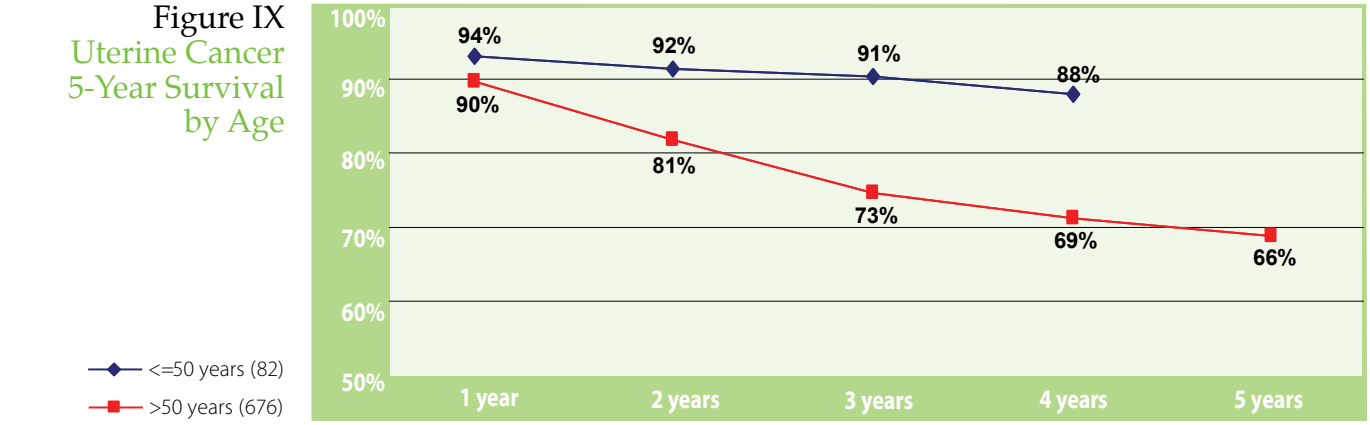
Considering all forms of uterine cancer, the five year survival percentages for Woman's cases are consistently lower than the national (NCDB) and Southeast regional percentages – the latter nearly identical. Even when uterine sarcomas are excluded, this difference persists nearly unchanged.

Figure VIII
Uterine Cancer 5-Year Survival by Race



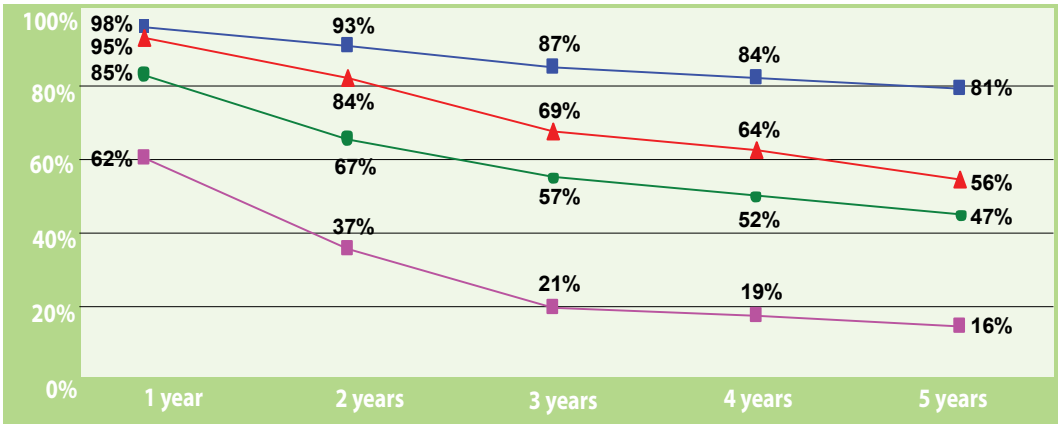
Examination of five year survival rates by race also demonstrates some divergence from national statistics. Our local Caucasian patients with uterine cancer exhibit nearly identical rates to those reported in the NCDB data. By contrast, our local African American patients exhibit significantly worse five year survival rates than seen among the local Caucasian group as well as in the NCDB data. It would appear that the poorer survival statistics for uterine cancer seen locally largely reflect this local racial difference, which clearly also merits further study.

Figure IX
Uterine Cancer 5-Year Survival by Age



As might be expected, five year survival rates are appreciably better among patients younger than 50 years of age than among older patients.

Figure X
5-Year Survival: Uterine Cancer by Stage (Woman's Hospital Cases)



As might be expected, five year survival rates for uterine cancers stages I through IV demonstrate consistently poorer survival rates as the stage increases. Over a five year period, as stage increases, the likelihood of survival diminishes progressively.

Figure XI A
Uterine Cancer 5-Year Survival: Stage I

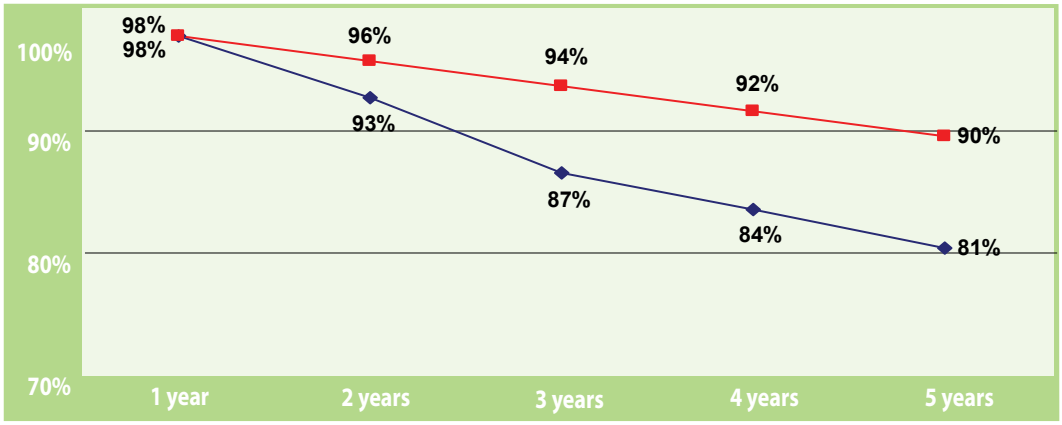


Figure XI B
Uterine Cancer 5-Year Survival: Stage II

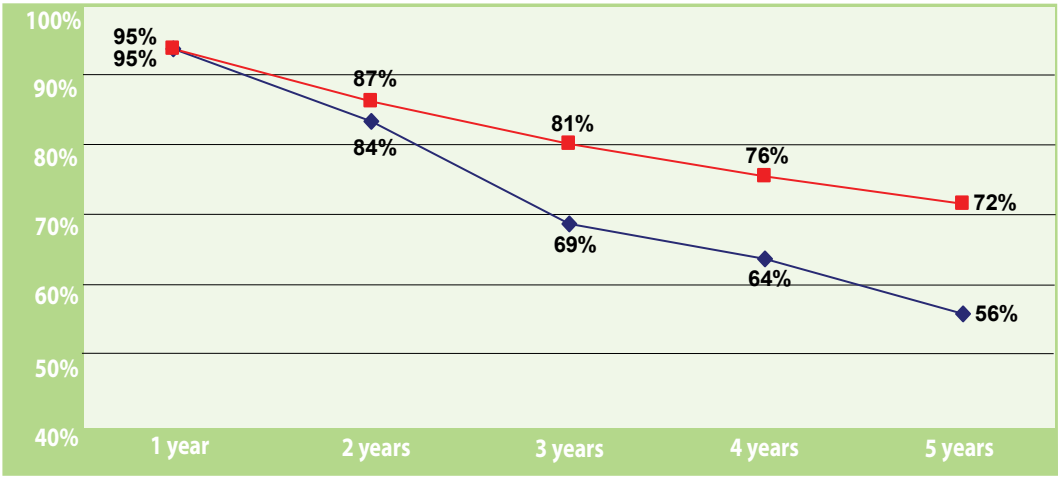


Figure XI C
Uterine Cancer
5-Year Survival:
Stage III

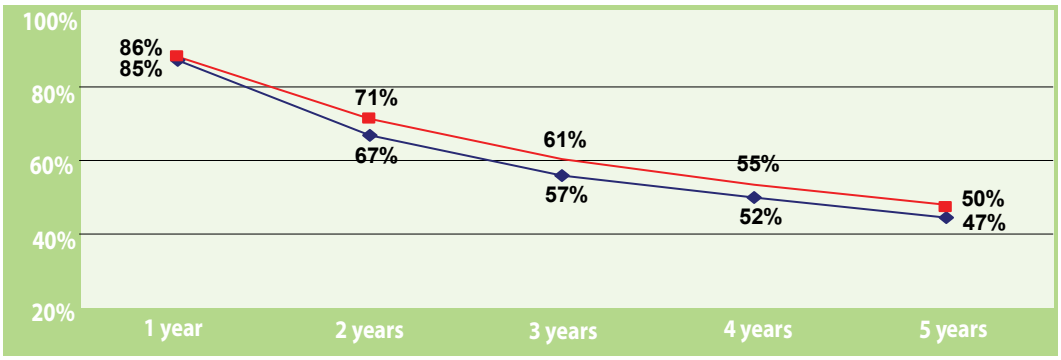
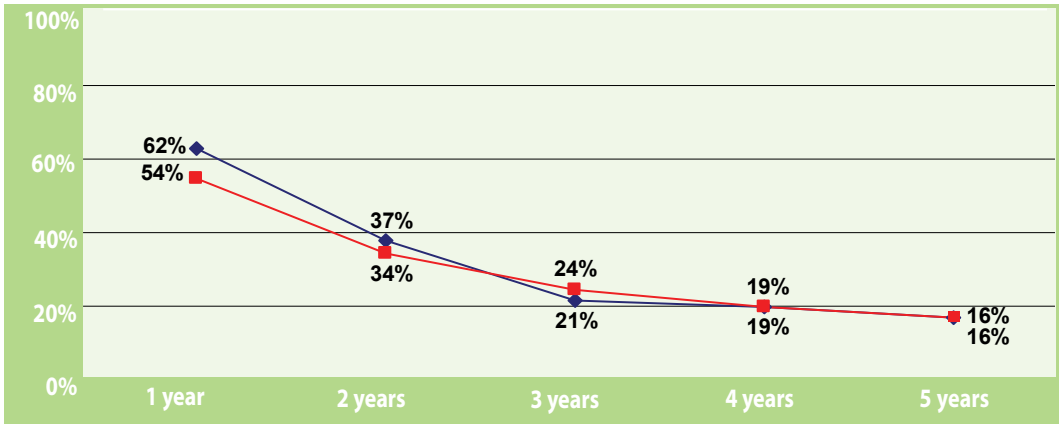
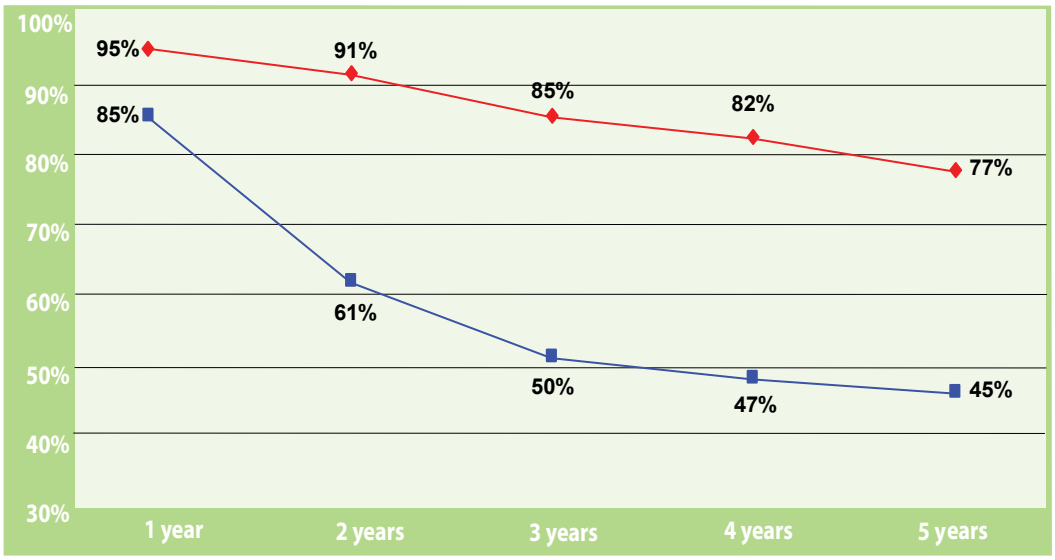


Figure XI D
Uterine Cancer
5-Year Survival:
Stage IV



Closer analysis of five year survival data, comparing Woman's and national (NCDB) data by stage demonstrates at least two salient points: Local survival rates are worse than seen nationally for Stage I and II uterine cancers, and local and national five year survival rates are nearly identical for Stage III and IV patients. Considering the great predominance of Stage I cancers both locally and nationally, our local variance in five year survival overall appears to be primarily due to the poor survival of our Stage I and Stage II patients. The reason for this clearly merits additional study.

Figure XII
Uterine Cancer
5-Year Survival by
Carcinoma Groups



These include clear cell, serous, and mixed mullerian tumors.

The most important prognostic factors for endometrial carcinoma continue to be tumor grade and depth of invasion.

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.

As part of continuing medical education, Dr. Edward Partridge presented a CME program entitled, "Identification and Management of Ovarian Cancer" on August 14, 2009, and Dr. Duane Superneau presented a CME program entitled, "Genetic Testing for Breast Cancer" on October 29, 2009.

Development

Philanthropic giving allows individuals, corporations and private foundations to invest in organizations like Woman's Hospital and other non-profits that are addressing critical community needs. The Office of Development remains committed to helping donors make a difference. Its mission is "to raise funds to support the mission of the Hospital by building long-term relationships between the Hospital and the community through communication, education, and stewardship."

Woman's is focused on building a comprehensive development program consisting of an annual giving program, a major gifts program, and a planned giving program. The following events/programs were held in 2009 as part of the annual giving program:

Tour of Ponds

The Tenth Annual Tour of Ponds, held on Saturday, June 6 and Sunday, June 7, showcased more than 25 private water gardens in the Greater Baton Rouge area. Since its inception, the Tour of Ponds has raised more than $72,000 to benefit the breast and gynecologic cancer programs of Woman's Hospital.

Circle of Giving Employee Campaign

The Circle of Giving is an annual campaign in which Woman's employees give back to the hospital. More than 150 employees were involved in planning, organizing, and implementing this year's philanthropic effort to raise funds for the improvement of patient rooms. With 57% participation from employees, the campaign exceeded its goals raising over $79,000.

Woman's Victory Open

Woman's Victory Open, the premier women's charity golf event in Louisiana, is an exciting all-women's golf tournament that supports breast cancer outreach and education. The 11th annual Woman's Victory Open golf tournament was held on Monday, October 12. Underwritten by All Star Automotive Group and presented by Capital One Bank, Long Law Firm and Wright & Percy Insurance, the event netted over $134,000. Since its inception, funds raised have exceeded $800,000, helping to support the mobile outreach program provided by Woman's Mobile Mammography Coach, which helps educate women in the community about early detection and offers screenings for women who need it most.

Food and Nutrition Services

Registered dietitians ensure patients receive adequate nutrition. The education of patients involves stressing the importance of eating properly and developing a nutritional care plan. The plan provides patients with coping strategies 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. However, in 2004, Woman's initiated a pilot room service plan on the oncology unit. The innovative program allows patients to order meals when they are hungry rather than delivering trays at pre-determined times. By 2005, this program—the first of its kind in area hospitals—was expanded to include all units. While patient satisfaction with the quality of food served at Woman's has always been high, this pilot program brought the food service satisfaction rating to 96%.

Gynecologic Oncology Services

Woman's provides inpatient and outpatient diagnostic services, surgery, chemotherapy administration, symptom management, and supportive care for women with a diagnosis of gynecologic cancer. **Woman-to-Woman**, a monthly support group, provides educational seminars and a means of sharing information about local resources, local support groups, and reliable websites. 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.

Gynecologic Oncology Group (GOG)

Woman's 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 (NCI). GOG is the only group that focuses its research on women with pelvic malignancies, such as cancer of the ovary, uterus, and cervix.

A group of leading oncologists founded the GOG in 1970. They believed a nationwide cooperative effort by a variety of specialists 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. GOG continues to pave the way in gynecologic oncology trials, setting the standard for cancer research and treatment.

The GOG program at Woman's was initiated in 1988. Gynecologic Oncologist Giles Fort, MD, directs the gynecologic oncology research program at Woman's; which is affiliated with the GOG through Wake Forest University School of Medicine in Winston-Salem, N.C. Through this affiliation, Woman's participates in GOG protocols and registers patients in clinical trials, giving women access to the latest treatments. Our gynecologic oncology patients have access to presentations at the multidisciplinary Gynecologic Tumor Conference, genetic counseling, and participation in national trials.

The oncology data manager, a registered nurse at Woman's, works with the gynecologic oncologists at Woman's and with GOG to provide the best possible treatment for patients. The oncology data manager registers patients on GOG clinical trials to assure the staff adheres to the criteria involved in the research protocol. A nurse phones each gynecologic oncology patient (even those not participating in a research protocol) within 7 to 10 days after chemotherapy administration. The nurse reviews potential side effects, offers emotional support, answers questions as approved by the physicians, continues the education program initiated during the initial chemotherapy visit, and may refer the patient with complex issues to a physician, social worker or dietitian. The purpose of this follow-up is to minimize side effects, continue teaching, and reinforce the hospital's commitment to the patient's well-being.

In 2009, the oncology data manager made 394 calls to patients. Subsequently, 8 patients were referred to their physician, and 3 were referred to social services. Below is a summary of participation in GOG studies for 2009:

- 3 patients were registered on GOG treatment protocols;
- 216 patients were reviewed for GOG protocols;
- 192 patients were ineligible for GOG treatment protocols;
- 26 patients were registered on GOG non-treatment protocols;
- 4 GOG protocols were approved by the Institutional Review Board;
- 64 patients are being actively followed on GOG studies.

Imaging Services

The imaging services department offers general diagnostic radiology and fluoroscopy imaging, ultrasound examinations, nuclear medicine, Computed Tomography (CT), and Magnetic Resonance Imaging (MRI) for both inpatients and outpatients.

A staff of board-certified radiologists, registered nurses, technologists and support staff provide a supportive atmosphere for patients in all imaging services.

Our breast imaging services staff provides screening and diagnostic mammography, needle localization, galactography, and cyst aspiration, as well as stereotatic, ultrasound-guided, and MRI-guided breast core biopsy. All mammography studies are read by two board-certified radiologists and Computer-Assisted Detection (CAD) as well, providing triple review for all mammography studies.

Woman's also provides digital screening mammography services using a state-of-the-art mobile mammography coach. Our mobile program, which provided screening mammography for 5,300 patients last year in 15 surrounding parishes, is built on a collaborative partnership which enables us to provide breast care to low-income, at-risk, uninsured, and underinsured women in outlying areas. Our collaborative partners include Mary Bird Perkins CARE Network, YWCA, Encore plus, LSU Health Care System, Louisiana Breast and Cervical Health Program, Susan G. Komen Foundation, Foundation 56, and DOWGives. The mobile program identified 27 cancers last year among women whose cancers may not have otherwise been detected.

Pathology/Laboratory

Pathology/Laboratory offers anatomic pathology, bacteriology/serology/virology, blood transfusions, clinical chemistry, cytogenetics, cytology, hematology/coagulation/urinalysis, special chemistry, and molecular biology. These services include testing that is related to cancer diagnoses and monitoring, such as CA-125, CEA, CA15-3, AFP, B-HCG, 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.

Cancer Detection Laboratory

The concept of Pap smears as a means of detecting precancerous lesions was in its infancy when Cary Dougherty, MD, founded the Cancer Detection Laboratory (CDL) in 1958. In the 50+ years since, more than 1 million Pap smears have been processed at Woman's, and the CDL has received recognition for its quality assurance practices, which exceed all regulation 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 90,000 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.

Directed by a pathologist board-certified in cytopathology and staffed by certified experienced cytotechnologists, CDL performs cytological and histological correlations on abnormal Pap smears and participates in nationally recognized proficiency surveys. The lab adheres to the workload standards set by the American Society of Cytology. The lab has also passed inspection by and met the accreditation requirements of the College of American Pathologists.

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.

For patient safety, one pharmacist reviews each chemotherapy order for accuracy by comparing it with current dosing recommendations in medical literature or the protocol's dosing regimen for research study patients. A second pharmacist checks the drug order information entered in the patient's medication profile and verifies the correct drug and dose have been selected prior to preparation.

Respiratory Care

Respiratory care provides diagnostic and therapeutic services to both inpatients and outpatients. Respiratory care practitioners collaborate with physicians and nurses to maintain physiological homeostasis of the patient. Under the direction of a physician, therapists 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.

Social Services

Woman's Social Services provides emotional support for cancer patients and their families by helping them to understand their feelings and better manage their condition. Whether it requires an overnight stay or outpatient care, oncology social workers can help patients manage all of the phases of their cancer journey.

Social workers can provide patients with additional information on their diagnosis and treatment and an accurate understanding of how it will impact their daily activities, including their ability to work and effects on the family. Helping patients cope through relaxation techniques, support groups, and counseling, as well as, providing a better understanding of financial concerns, home health, hospice, and transportation options is the role of Woman's Social Services.

Surgical Services

The staff of surgical services specializes in oncologic, reconstructive plastic, breast, general, gynecologic, and urogynecologic surgery, and minimally invasive endoscopic surgical procedures. In November 2007, Woman's added the daVinci® robotic system to its surgical repertoire. Robotic surgery is a minimally invasive technique that reduces recovery time associated with hysterectomies and other gynecological surgeries.

The day surgery staff preoperatively cares for ambulatory surgery patients and inpatients in private rooms. After surgery, ambulatory surgery patients recover in their preoperative room, and inpatients are admitted to a private room on a nursing unit. In addition, critical care professionals staff the adult intensive care unit (AICU) 24 hours a day/7days a week. To ensure post-surgical patients receive adequate pain control, board-certified anesthesiologists remain in the hospital 24 hours a day to provide pain management and anesthesia care.

Therapy Services

Therapy services at Woman's Center for Wellness offer patients a broad spectrum of treatments. Patients who are on extended bed rest may require 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 also offers a comprehensive lymphedema management program, which includes exercise, education, manual lymphatic techniques, compression bandaging, and use of a gradient sequential pump. The lymphedema management program educates patients about prevention and treatment options.

Outpatient services are available for patients who need ongoing rehabilitation after breast or abdominal surgery or for generalized weakness after prolonged illness. The Forward Motion program was established in 2003 to help these women successfully transition from therapy to independent exercise and bridges the gap for patients who are discharged from physical therapy and need support to maintain a therapy program. Therapists guide Forward Motion patients through individualized exercise programs that incorporate different wellness components such as flexibility, strength, endurance, body composition, cardiovascular, and stress management.

In 2006, elements of the Forward Motion program were incorporated into a program to help cancer patients maintain their 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 need guidance in determining a safe level of physical exertion. This program combines therapy, Forward Motion techniques, and independent exercise to help improve overall fitness by increasing strength and endurance, reducing pain, and improving function.

Woman's Center for Wellness

Our center can be considered a place of refuge offering wellness services for the entire spectrum of health. The Fitness Club staff develops an individualized program to meet each member's unique health needs. The club creates classes and programs for the mind, body, and spirit.

Many educational offerings are available to members and the general public. These programs are focused on restoration of better health through stress reduction, nutrition, strength, flexibility, and improved balance. Nutrition plays an integral role in healing, disease prevention, and treatment. Women throughout the city are invited to participate in a variety of nutrition offerings—consultations, cooking classes, grocery tours, and support groups. Located within Woman's Center for Wellness, our spa offers soothing treatments, including massages, facials, manicures, and pedicures. All of these services and programs aid in health maintenance as well as healing.

Woman's Health Research Department

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

The Department has two divisions:

I. Clinical Division

The clinical division conducts research related to polycystic ovarian disease, metabolic syndrome, and insulin resistance. This division 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.

II. Molecular Biology/ Genetics/ Oncology Division

The molecular biology/genetics/ oncology division conducts translational cancer research studies including looking at inherited cancer and tumor markers. This division 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 research team to perform clinically relevant genetic research. The pathology laboratory works closely with the research team to perform many of these studies.

In 2009, the Woman's Health Research Department had 46 active research studies, 24 of which were cancer-related studies, and 16 of which were GOG sponsored studies.

The following eight studies are related to endometrial cancer diagnosis or treatment:

1. Acquisition of Human Gynecologic Specimens and Serum to be Used in Studying the Causes, Diagnosis, Prevention, and Treatment of Cancer (GOG 136)
2. Randomized Phase III Trial of Doxorubicin/Cisplatin/Paclitaxel and G-CSF Versus Carboplatin/Paclitaxel in Patients with Stage II-V or Recurrent Endometrial Cancer (GOG 209)
3. A Phase II Evaluation of Paclitaxel, Carboplatin and BSI-201 in the Treatment of Advanced, Persistent, or Recurrent Uterine Carcinosarcoma (GOG 232-C)
4. A Randomized Trial of Pelvic Irradiation With or Without Concurrent Weekly Cisplatin in Patients With Pelvic-Only Recurrence of Carcinoma of the Uterine Corpus (GOG 238)
5. A Phase III Trial of Pelvic Radiation Therapy versus Vaginal Cuff Brachytherapy plus Chemotherapy in Patients with High Risk, Early Stage Endometrial Carcinoma (GOG 249)
6. A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel Versus Carboplatin and Paclitaxel for Optimally Debulked, Advanced Endometrial Carcinoma (G0G 258)
7. A Randomized Phase III Trial of Paclitaxel Plus Carboplatin Versus Ifosfamide Plus Paclitaxel in Chemotherapy-Naïve Patients with Newly Diagnosed Stage I-IV or Persistent Carcinosarcoma of the Uterus and Ovary (GOG 261)
8. Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometrium, and Ovary

The prognosis for most women with uterine cancer confined to the uterus is excellent. 5-year survival for women with early myometrial invasion is 89%.

Physician Members

Chair, Pathologist	Beverly Ogden, MD
Vice-Chair and Cancer Liaison Physician (MEC Liaison)	David Boudreaux, MD
Medical Oncologist	Kellie Schmeeckle, MD
Medical Oncologist	Deborah Abernathy, MD
Radiologist	James Ruiz, MD
Radiation Oncologist	Charles Wood, MD
Radiation Oncologist	Maurice King, Jr., MD
Ob/Gyn	Edison Foret, MD
Ob/Gyn	Jill Bader, MD
Ob/Gyn	Julius Mullins, MD
Gyn Oncologist	Giles Fort, MD
Gyn Oncologist	Jacob Estes, MD
Gyn Oncologist	Sterling Sightler, MD
Surgeon	Samuel Harelson, MD
Surgeon	Michael Hailey, MD

Administrative Liaisons

Senior Vice President/CNE	Tricia Johnson
Senior Vice President	Nancy Crawford
Senior Vice President	Jamie Haeuser
Director, Health Information Management	Danielle Berthelot
Manager, Health Information Management	Tonya Songy
Cancer Registrar	Heather McCaslin
Cancer Registrar	Gina Sommers
Director, Quality /UM	Del Currier
Social Services	Robin Maggio
Director, Gyn/Onc	Mary Ann Smith
Manager, Breast Center	Mary Salario
Data Manager/Oncology	Jennifer Arceneaux
Dietary	Paula Meeks
Corporate Communications	Merri Alessi
Director, Pharmacy	Peggy Dean

The Cancer Committee shall:

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

CANCER REGISTRY 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.

Within the Cancer Registry, coordination of the hospital's compliance with standards of the American College of Surgeons' Commission on Cancer (CoC) takes place to maintain accreditation. To meet and maintain approval through the CoC, a facility must undergo a rigorous evaluation and review of its performance in many areas of the facility's cancer program. This review is performed onsite every three years. Woman's currently maintains full accreditation with commendation.

Approved cancer programs are encouraged to improve their quality of patient care through various cancer-related programs. These programs focus on a full range of medical services involved in the diagnosis and treatment of cancer including: prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, psychosocial support, and care at the end of life.

The reference date for the Cancer Registry is January 1, 1991. The total number of cases in the database is 7,813 with 7,226 cases being analytical and 587 cases being non-analytical. The Cancer Registry at Woman's accessioned 593 new cases during 2009. Of the newly accessioned cases, all were analytical. These numbers include in-situ cancers of the breast, cervix, vagina and vulva.

The cancer program coordinator and cancer program abstractors identify all cancer cases according to established state and federal guidelines. These 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.

To stay abreast of the most recent changes in the field of cancer registry, the staff attends educational conferences at the local and national levels. In 2009, staff members attended the LCRA state meeting held in Alexandria and the NCRA annual conference held in New Orleans.

Heather McCaslin, cancer program coordinator at Woman's, is a Certified Tumor Registrar (CTR) and a Registered Health Information Technician (RHIT). She is a member of the American Health Information Management Association (AHIMA). There are two cancer program abstractors. Gina Sommers is a certified abstractor and holds the CTR credential. The second abstractor, Ashley Hebert, is a Registered Health Information Management Administrator (RHIA) and a member of the AHIMA. She is currently gaining experience to be eligible to sit for the CTR exam. Tonya Songy, a Registered Health Information Administrator (RHIA) and Certified Professional Coder (CPC), manages the department. She is also a member of the AHIMA, the American Academy of Professional Coders (AAPC), and the Louisiana Cancer Control Partnership (LCCP). All four are members of the National Cancer Registrars Association (NCRA) and the Louisiana Cancer Registrars Association (LCRA), and the Region II Cancer Registrar Forum.


The uterus is a pear-shaped organ in the female pelvis in which the fetus develops until birth.

CANCER OF THE BREAST

401 Analytic Cases 2009

Age at Diagnosis	Number of Cases	Percent
20-29	5	1
30-39	24	6
40-49	71	18
50-59	112	28
60-69	105	26
70-79	55	14
80-89	29	7
Total	401	100

Race	Number of Cases	Percent
Caucasian	295	74
African American	101	25
Asian/Other	5	1
Total	401	100

Stage at Diagnosis	Number of Cases	Percent
Stage 0	84	21
Stage I	142	35
Stage II	123	31
Stage III	28	7
Stage IV	3	1
Unknown/Not Applicable	21	5
Total	401	100

Treatment First Course	Number of Cases	Percent
Surgery	164	41
Surgery/Chemotherapy	43	11
Surgery/Radiation	34	9
Surgery/Radiation/Chemotherapy	18	4
Surgery/Hormone	53	13
Surgery/Radiation/Hormone	59	15
Surgery/Chemotherapy/Hormone	12	3
Surgery/Radiation/Chemotherapy/Hormone	18	4
Total	401	100

Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	85	21
Lobular Carcinoma In-Situ	2	<1
Paget Disease In- Situ	2	<1
Infiltrating Ductal Carcinoma	269	67
Lobular Carcinoma	28	7
Infiltrating Ductal & Lobular Carcinoma	3	<1
Mucinous adenocarcinoma	4	<1
Inflammatory Carcinoma	1	<1
Metaplastic Carcinoma	1	<1
Large Cell Neuroendocrine Carcinoma	2	<1
Phyllodes Tumor	1	<1
Carcinosarcoma	2	<1
Medullary Carcinoma	1	<1
Total	401	100

CANCER OF THE UTERUS

99 Analytic Cases 2009

Age at Diagnosis	Number of Cases	Percent
20-29	2	2
30-39	3	3
40-49	10	10
50-59	21	21
60-69	33	34
70-79	24	24
80-89	6	6
Total	99	100

Race	Number of Cases	Percent
Caucasian	67	68
African American	31	31
Asian/Other	1	1
Total	99	100

Stage at Diagnosis	Number of Cases	Percent
Stage I	61	62
Stage II	8	8
Stage III	15	15
Stage IV	5	5
Unknown/Not Applicable	10	10
Total	99	100

Treatment First Course	Number of Cases	Percent
Surgery	56	57
Surgery/Chemotherapy	12	12
Surgery/Radiation	19	19
Surgery/Radiation/Chemotherapy	9	9
Surgery/Hormone	2	2
Surgery/Radiation/Hormone	1	1
Total	99	100

Histology	Number of Cases	Percent
Adenocarcinoma, NOS	64	65
Serous Adenocarcinoma	8	8
Adenosquamous Carcinoma	5	5
Clear Cell Adenocarcinoma	3	3
Mucinous Adenocarcinoma	2	2
Mixed Mullerian Tumor	9	9
Adenosarcoma	1	1
Leiomyosarcoma	2	2
Endometrial Stromal Sarcoma	4	4
Sarcoma, NOS	1	1
Total	99	100

CANCER OF THE OVARY

49 Analytic Cases 2009

Age at Diagnosis	Number of Cases	Percent
20-29	2	4
30-39	0	0
40-49	3	6
50-59	15	31
60-69	15	31
70-79	11	22
80-89	3	6
Total	49	100

Race	Number of Cases	Percent
Caucasian	41	84
African American	7	14
Asian/Other	1	2
Total	49	100

Stage at Diagnosis	Number of Cases	Percent
Stage I	13	27
Stage II	1	2
Stage III	32	65
Stage IV	1	2
Unknown/Not Applicable	2	4
Total	49	100

Treatment First Course	Number of Cases	Percent
Surgery	10	20
Surgery/Chemotherapy	38	78
Surgery/Radiation	0	0
Surgery/Radiation/Chemotherapy	0	0
Surgery/Hormone	0	0
Surgery/Radiation/Hormone	0	0
Surgery/Chemotherapy/Hormone	1	2
Surgery/Radiation/Chemotherapy/Hormone	0	0
Total	49	100

Histology	Number of Cases	Percent
Papillary Serous Adenocarcinoma	26	54
Endometrioid Adenocarcinoma	6	12
Clear Cell Adenocarcinoma	2	4
Mucinous Adenocarcinoma	2	4
Adenocarcinoma/Other	6	12
Mixed Mullerian Tumor	4	8
Carcinosarcoma	2	4
Sertoli-Leydig Cell Tumor	1	2
Total	49	100

30 Analytic Cases 2009

Age at Diagnosis	Number of Cases	Percent
20-29	4	13
30-39	7	23
40-49	5	17
50-59	10	34
60-69	3	10
70-79	1	3
80-89	0	0
Total	30	100

Race	Number of Cases	Percent
Caucasian	24	80
African American	6	20
Asian/Other	0	0
Total	30	100

Stage at Diagnosis	Number of Cases	Percent
Stage I	23	77
Stage II	0	0
Stage III	7	23
Stage IV	0	0
Unknown/Not Applicable	0	0
Total	30	100

Treatment First Course	Number of Cases	Percent
Surgery	21	70
Surgery/Chemotherapy	1	<4
Surgery/Radiation	1	<4
Surgery/Radiation/Chemotherapy	2	7
Surgery/Hormone	0	0
Surgery/Radiation/Hormone	0	0
Surgery/Chemotherapy/Hormone	0	0
Surgery/Radiation/Chemotherapy/Hormone	0	0
Chemotherapy	1	<4
Chemotherapy/Radiation	3	10
None	1	<4
Total	30	100

Histology	Number of Cases	Percent
Squamous Cell Carcinoma	21	70
Squamous Cell Carcinoma, Microinvasive	2	7
Adenocarcinoma, Endocervical Type	6	20
Carcinoma NOS	1	3
Total	30	100

CANCER OF THE VULVA AND VAGINA

29 Analytic Cases 2009

Site	Number of Cases	Percent
Vulva	22	76
Vagina	7	24
Total	29	100

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	1	3
40-49	3	10
50-59	9	31
60-69	8	28
70-79	4	14
80-89	4	14
Total	29	100

Race	Number of Cases	Percent
Caucasian	23	79
African American	6	21
Asian/Other	0	0
Total	29	100

Stage at Diagnosis	Number of Cases	Percent
Stage 0	9	31
Stage I	5	17
Stage II	5	17
Stage III	3	10
Stage IV	1	4
Unknown/Not Applicable	6	21
Total	29	100

Treatment First Course	Number of Cases	Percent
Surgery	21	72
Surgery/Chemotherapy	1	<4
Surgery/Radiation	2	7
Surgery/Radiation/Chemotherapy	1	<4
Surgery/Hormone	0	0
Surgery/Radiation/Hormone	1	<4
Surgery/Chemotherapy/Hormone	0	0
Surgery/Radiation/Chemotherapy/Hormone	0	0
Chemotherapy	2	7
Radiation/Chemotherapy	1	<4
Total	29	100

Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	9	31
Paget's Disease Extramammary In-Situ	2	7
Squamous Cell Carcinoma Microinvasive	2	7
Squamous Cell Carcinoma	10	34
Adenocarcinoma	3	10
Clear Cell Adenocarcinoma	1	<4
Basal Cell Carcinoma	1	<4
Melanoma	1	<4
Total	29	100

2009 TUMOR REPORT
SITE DISTRIBUTION

Analytic Cases Only

Site Group	Class Analytic	Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Applicable	Unknown
All Sites	628	94	246	143	86	12	16	31
Breast	401	84	142	123	28	3	0	21
Corpus Uteri	99	0	61	8	15	5	9	1
Ovary	49	0	13	1	32	1	1	1
Cervix Uteri	30	0	23	0	7	0	0	0
Vulva	22	9	4	5	2	0	0	2
Vagina	7	0	1	0	1	1	1	3
Peritoneum, Omentum, Mesent	4	0	0	0	0	0	4	0
Colon	4	0	1	2	0	1	0	0
Other Female Genital	3	0	0	3	0	0	0	0
Non-Hodgkin's Lymphoma	3	0	0	1	0	0	0	2
Bladder	1	0	0	0	0	0	0	1
Small Intestine	1	0	0	0	0	1	0	0
Anus, Anal Canal, Anorectum	1	1	0	0	0	0	0	0
Unknown Or Ill-Defined	1	0	0	0	0	0	1	0
Salivary Glands, Major	1	0	0	0	1	0	0	0
Thyroid	1	0	1	0	0	0	0	0

2009 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
20-29	14	2
30-39	37	6
40-49	94	15
50-59	174	28
60-69	168	27
70-79	99	16
80-89	42	6
Total	628	100

2009 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	466	74
African American	155	25
Asian/Other	7	1
Total	628	100

Cases Presented at Breast Cancer Conferences January 2009-December 2009

Total Conferences held 11
Total Cases Presented 33
Average number of attendees 24
Total number of analytic breast cancer cases accessioned in 2009 401

Age at Diagnosis	Number of Cases	Percent
20-29	2	6
30-39	3	12
40-49	6	15
50-59	6	18
60-69	10	30
70-79	5	15
80-89	1	<4
Total	33	100

Histology of Cases Presented:

Mucoepidermoid Carcinoma
Infiltrating Ductal Carcinoma
Lobular Carcinoma
Ductal Carcinoma In Situ
Micropapillary and Cribriform Ductal Carcinoma In Situ
Mucinous Colloid Adenocarcinoma
Malignant Phyllodes Tumor
Large B Cell Lymphoma
Lobular Carcinoma In Situ

Cases Presented at Gynecologic Cancer Conference January 2009-December 2009

Total conferences held. 11
Total cases presented 47
Average number of attendees 18
Total number of analytic gynecologic cases accessioned in 2009 207

Age at Diagnosis	Number of Cases	Percent
20-29	1	<3
30-39	2	6
40-49	4	8
50-59	13	25
60-69	12	25
70-79	11	25
80-89	4	8
Total	47	100

Sites Presented:
Endometrium
Vagina
Cervix
Ileocecum
Vulvar
Ovary
Pelvis
Colon

Histology of Cases Presented:
Leiomyosarcoma
Endometrioid Adenocarcinoma
Mixed Mullerian Malignant Tumor
Squamous Cell Carcinoma
Endometrial Stromal Sarcoma
Papillary Adenocarcinoma
Mixed Mullerian Carcinosarcoma
Squamous Cell Carcinoma
Adenocarcinoma
Mucinous Adenocarcinoma
Mixed Adenosquamous Carcinoma
Mucinous Cervical Adenocarcinoma
Schwannoma

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Woman's exceptional care, centered on you

Founded in 1968, Woman's is a nonprofit organization, governed by a board of community volunteers, which funds research, community education, and services in order to improve the health of women and infants. Towards this goal, Woman's provides comprehensive services including, but not limited to, pregnancy and childbirth, surgery, cancer treatment and wellness programs. Joint Commission accredited and a Nursing Magnet hospital, Woman's signifies excellence and quality patient care.

CAAR2010/12-10