2012 Cancer Annual Report

You gain strength, courage and confidence by every experience in which you really stop to look fear in the face.

—ELEANOR ROOSEVELT

Woman's

Cervical Cancer

December 7, 2012

As Chairperson of the Cancer Committee and Cancer Liaison for Woman's Hospital, we are pleased to present the 2012 Cancer Program Annual Report. This report focuses on 348 cases of cervical cancer diagnosed between the years 2000 and 2011. Cervical cancer screening has resulted in a significant decrease in mortality due to cervical cancer over the last 30 years. In spite of this, there have been recent changes in the recommendations for cervical cancer screening published by the American Cancer Society, the American Society of Colposcopy and Cervical Pathology, and the American Society of Clinical Pathology. One of the recommendations in the guidelines is to delay initial cervical cancer screening until the age of 21 regardless of risk factors. As we have noted in past reports and again in this report, we have an aggressive subset of tumors in women 25 years and younger ranging from ages 14 to 25. Fourteen cancers were diagnosed in women under the age of 25 years old; three of these patients died of their disease. Another recommendation in the new guidelines is to permanently discontinue cervical cancer screening in women over 65 in whom there have been three negative Pap smears. Review of our data in the report shows that 66 cases of cervical cancer were diagnosed over the age of 65 and 43 of these women died of their disease. In addition, in the last two years, six cases of endometrial cancer were detected on routine Pap smear in women over the age of 65. The Tumor Registry Department at Woman's Hospital will play a critical role in trending the impact of these guidelines on the health and well being of the women in our community. We would like to thank Heather McCaslin and Hilde Chenevert, PhD for their continued support in providing a meaningful review of the cancer statistics for Woman's Hospital.

Beverly Ogden, MD
Chairman, Cancer Committee

David Boudreaux, MD
Cancer Liaison Physician

Cancer Discussion

The Pap smear is the second most effective health tool we have in preventing death, second only to vaccination. The incidence of cervical cancer and the deaths related to cervical cancer have decreased more than 50% due to the widespread use of cervical cancer Pap smear screening. It is estimated that approximately 11,000 new cases of cervical cancer will be diagnosed each year with 4,000 deaths due to this disease. Nearly 100% of cervical cancer cases test positive for HPV, with type 16 accounting for approximately 50-60% of all cervical cancers. HPV 18, another common carcinogenic strain, accounts for approximately 10-15% of cervical cancers and is associated with the development of adenocarcinoma. It is believed that most HPV infections are short-lived and become undetectable within 2 years. Persistence of infection with HPV is associated with the development of high grade cervical lesions. There are two HPV vaccines available in the United States which potentially prevent the 70% of cervical cancers associated with HPV types 16 and 18. However, in the United States only 32% of eligible girls and women received all three recommended HPV vaccine doses. Furthermore, 30% of cancers will not be prevented because they are associated with HPV types other than 16 or 18.

In Baton Rouge, Caucasian women have one of the lowest mortality rates associated with cervical cancer when compared with state and national statistics: 2.1/100,000 women for Baton Rouge, 2.5/100,000 for Louisiana women overall and 2.2/100,000 for women nationally. The mortality rates for African-American women are higher: 4.5/100,000 in Baton Rouge, 5.7/100,000 in Louisiana overall, 4.3/100,000 nationally. The peak incidence of cervical cancer diagnosed at Woman's Hospital is in the third and fourth decades compared with national data which show a peak incidence in the fifth decade. Sixty seven percent of all cervical cancers diagnosed at Woman's Hospital are diagnosed in Stage I. Stage I cancers are 38% of the total cervical cancers documented in the NCDB database. Overall 5-year survival in patients diagnosed at Woman's Hospital is significantly better than documented in the NCDB database.

The American Cancer Society, the American Society of Colposcopy and Cervical Pathology and the American Society of Clinical Pathology convened in 2012 and submitted screening guidelines for the prevention and early detection of cervical cancer. The new screening guidelines were published in the American Journal of Clinical Pathology in 2012 and addressed age-appropriate screening strategies, including the use of Pap smears and HPV testing, follow-up and an age at which screening is no longer recommended.

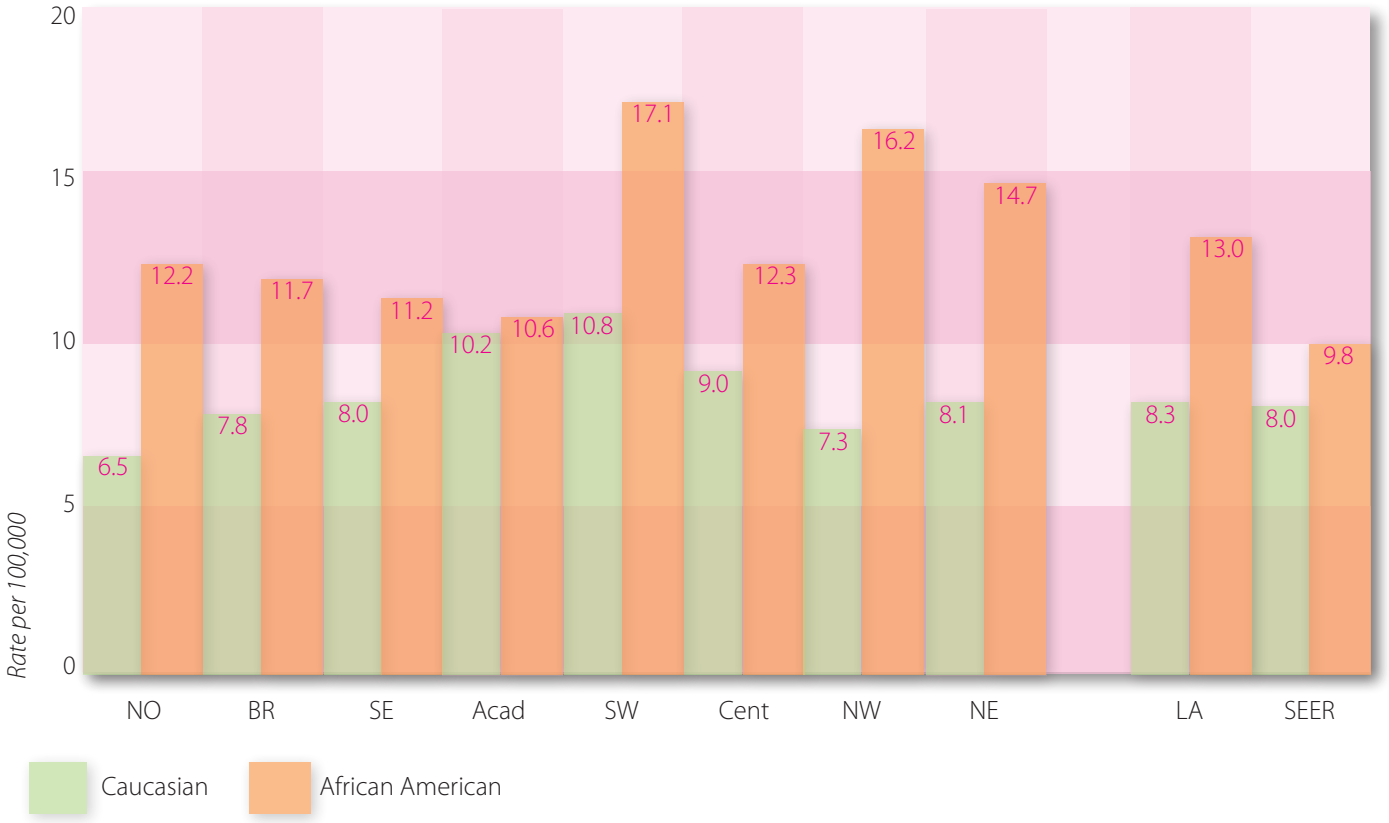
These guidelines include the recommendation that cervical cancer screening should begin at age 21 and women younger should not be screened regardless of risk factors. On review of the Woman's Hospital data submitted in this report, we found an aggressive subset of tumors in women 25 years and younger ranging from ages 14 to 25. Fourteen total cancers were diagnosed at Woman's Hospital in women less than 25 and three of these patients died of their disease.

The guidelines also include the recommendation that for women over 65 in whom there have been 3 negative cytology results within the last 10 years, screening should be discontinued and should not resume for any reason, even if a woman reports having a new sexual partner. Review of the Woman's Hospital data in this report shows that 66 cases of cervical cancer were diagnosed over the age of 65, and 43 of these women died of their disease. In addition, within the last two years, six cases of endometrial cancer were detected in women over the age of 65 on routine pap smears.

Cervical cancer screening over the last 30 years has resulted in a significant decrease in mortality due to cervical cancer. The death rate due to cervical cancer, which was 14.8/100,000 in 1975, is now 7.4/100,000 in the most recently available data (2009). It will take at least 20 years to see what impact the changes recommended in these new guidelines will have on mortality associated with cervical cancer.

Graph I

Cervical Cancer incidence Rates*
By Region and Race: 2005-2009



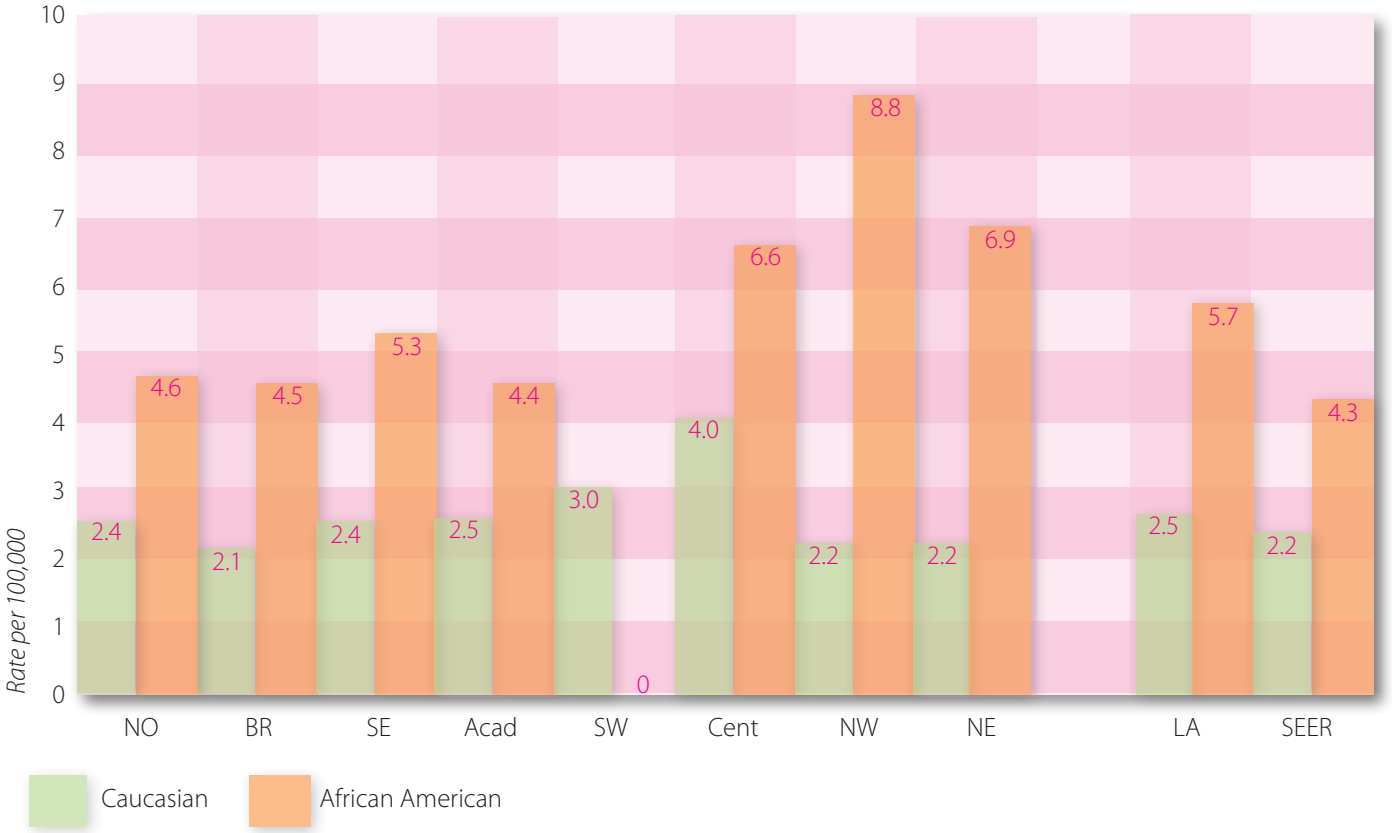
The incidence rates for cervical cancer in specified regions of Louisiana among its two major racial groups (Caucasian and African American) are compared in this bar graph with one another and with the Surveillance Epidemiology and End Results (SEER) national data. Although some variation in incidence may be seen in white women from different regions of the state, these incidence rates tend to rather closely cluster about the mean rate for Louisiana as a whole, the latter also closely matching the SEER incidence rate among white women. By contrast, incidence rates among black women in Louisiana show considerably greater variation from region to region and these rates are higher in every region and for the state as a whole for black women as compared to white women. Furthermore, the incidence rate for cervical cancer, while modestly higher among black women compared to white women nationally, shows a considerably more pronounced difference in Louisiana. The reasons for these differences may, in part, reflect access to healthcare among other socioeconomic issues or other variables, but clearly merit additional scrutiny.

**Age-adjusted to the 2000 US standard population. The US data were from the 18 SEER registries.*

The U.S. rates represents data collected by the 18 Surveillance, Epidemiology and End Results Programs (SEER) Registries and was supplied by Louisiana Tumor Registry and the National Cancer Institute.

Graph II

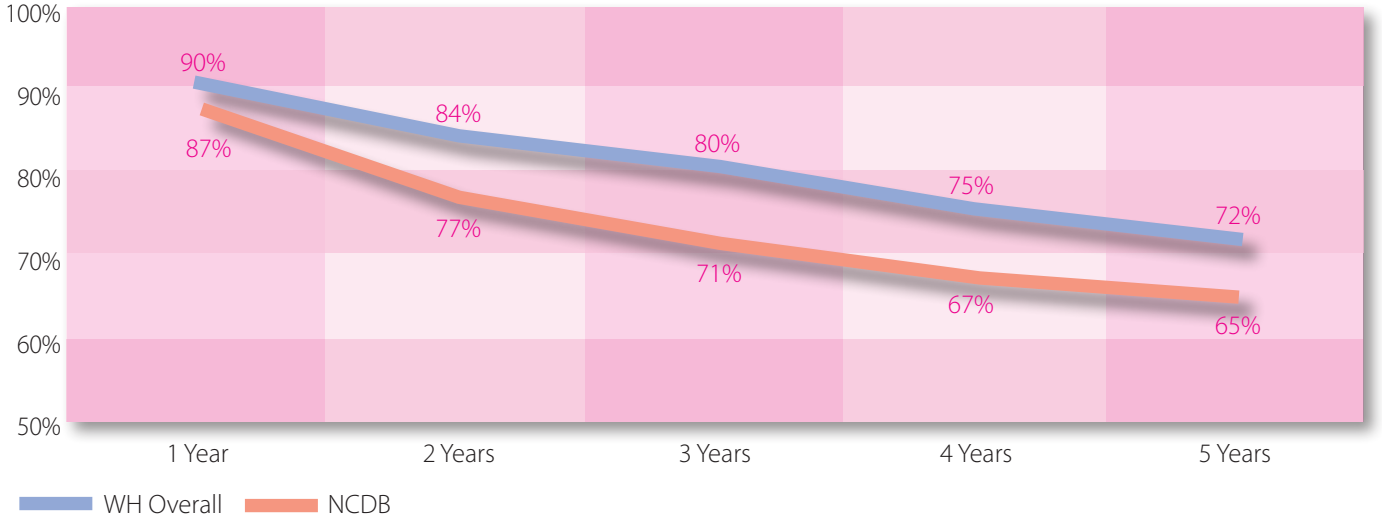
Cervical Cancer Mortality Rates* By Regions and Race: 2005-2009



The mortality rates for cervical cancer in specified regions of Louisiana among its two major racial groups (Caucasian and African American) are compared in this bar graph with one another and with the Surveillance Epidemiology and End Results (SEER) national data. As noted in the discussion of incidence rates, mortality rates among white women tend to cluster about the mean rate for Louisiana as a whole. Also, the mortality rate for Louisiana white women is only slightly higher than for white women nationally. Mortality rates for black women, by contrast, again demonstrate considerably greater variation in various regions of the state and are higher in all regions than seen among white women – often showing a two, three or four-fold increase. A similar but less extreme disproportion in mortality rates between black and white populations is also noted in the SEER national data. Once again, these differences could reflect more limited access to healthcare among other socioeconomic issues, or other variables, and also merit further study.

**Age-adjusted to the 2000 US standard population. Mortality data provided by NCHS (www.cdc.gov/nchs).*
^Statistic not displayed due to fewer than 10 cases.

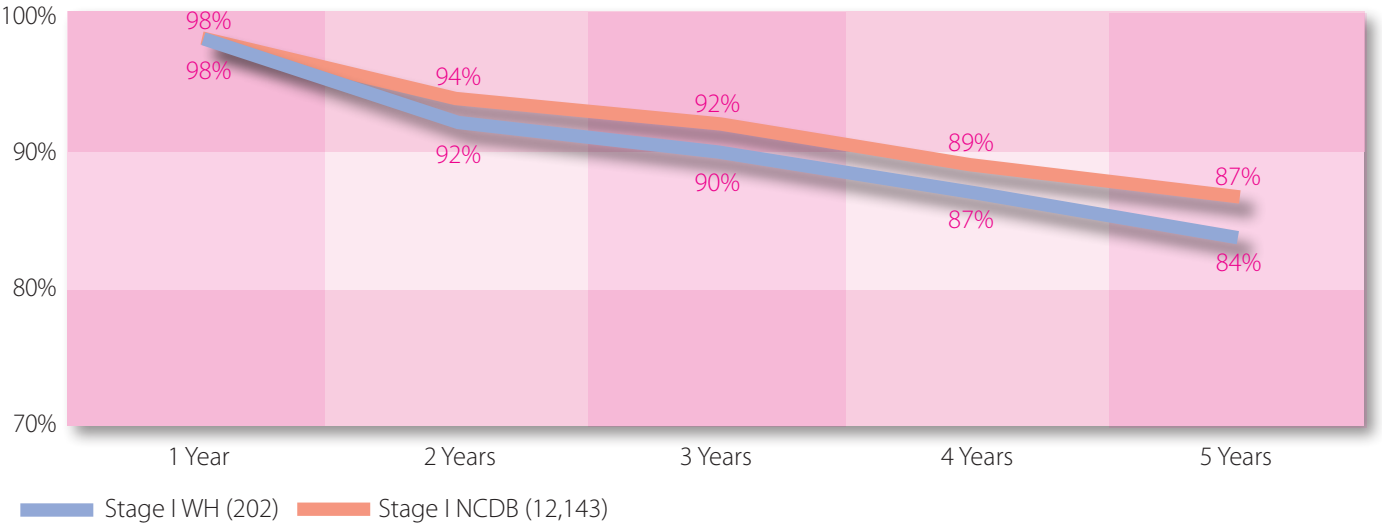
Graph III
Cervical Cancer 5-Year Survival



Woman's Hospital overall data are for years 2000-2011 inclusive.
National Cancer Data Base (NCDB) data are for years 2000-2009 inclusive.

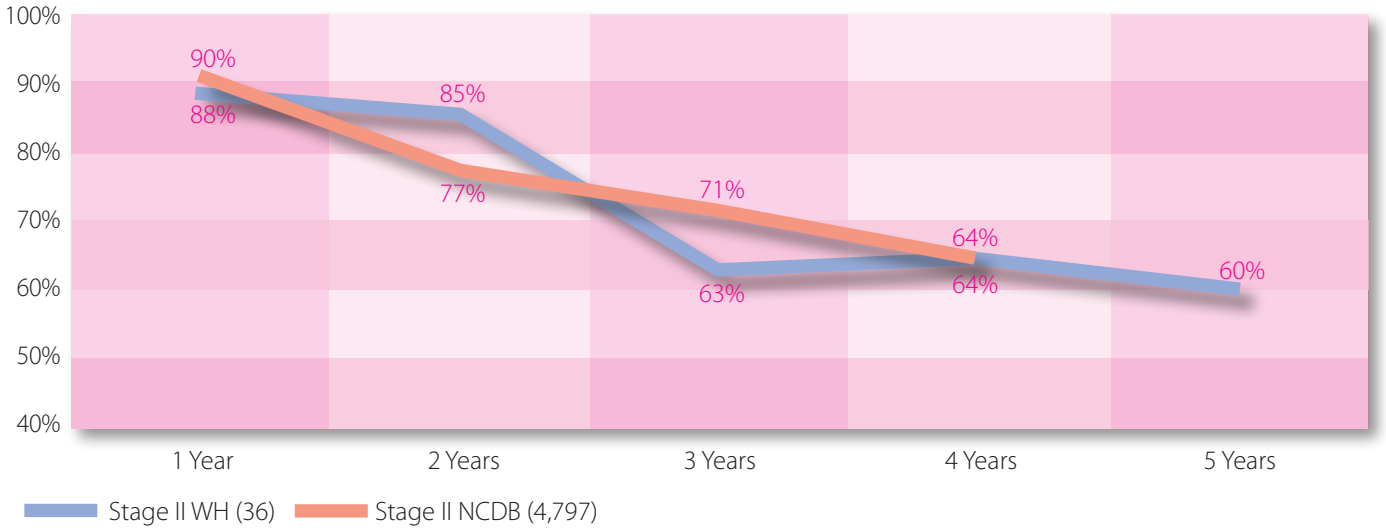
The overall 5-year survival rates for cervical cancer at all stages are significantly better for patients diagnosed at Woman's Hospital compared to the National Cancer Data Base (NCDB).

Graph IV A
Cervical Cancer 5-Year Survival: Stage I



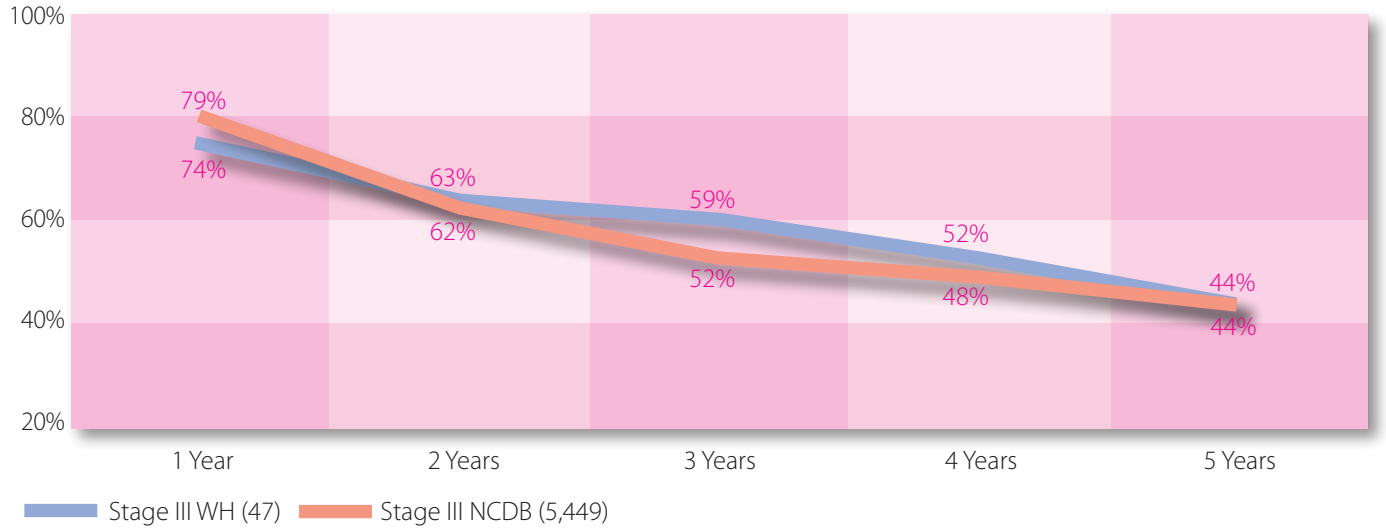
Woman's Hospital overall data are for years 2000-2011 inclusive.
National Cancer Data Base (NCDB) data are for years 2000-2009 inclusive.

Graph IV B
Cervical Cancer 5-Year Survival: Stage II



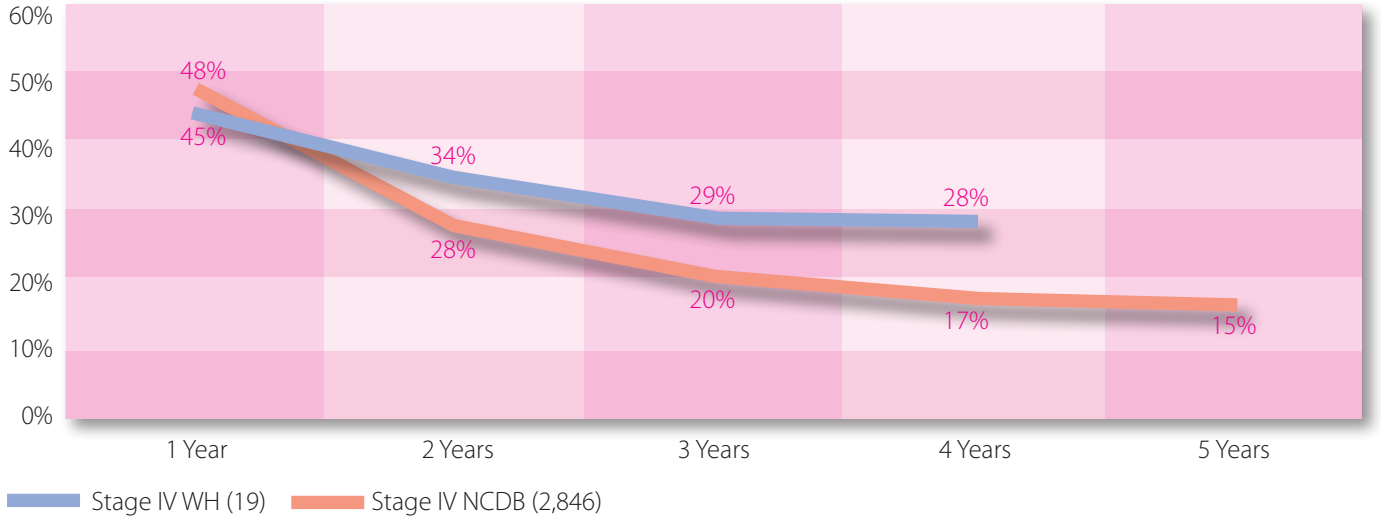
Woman's Hospital overall data are for years 2000-2011 inclusive.
National Cancer Data Base (NCDB) data are for years 2000-2009 inclusive.

Graph IV C
Cervical Cancer 5-Year Survival: Stage III



Woman's Hospital overall data are for years 2000-2011 inclusive.
National Cancer Data Base (NCDB) data are for years 2000-2009 inclusive.

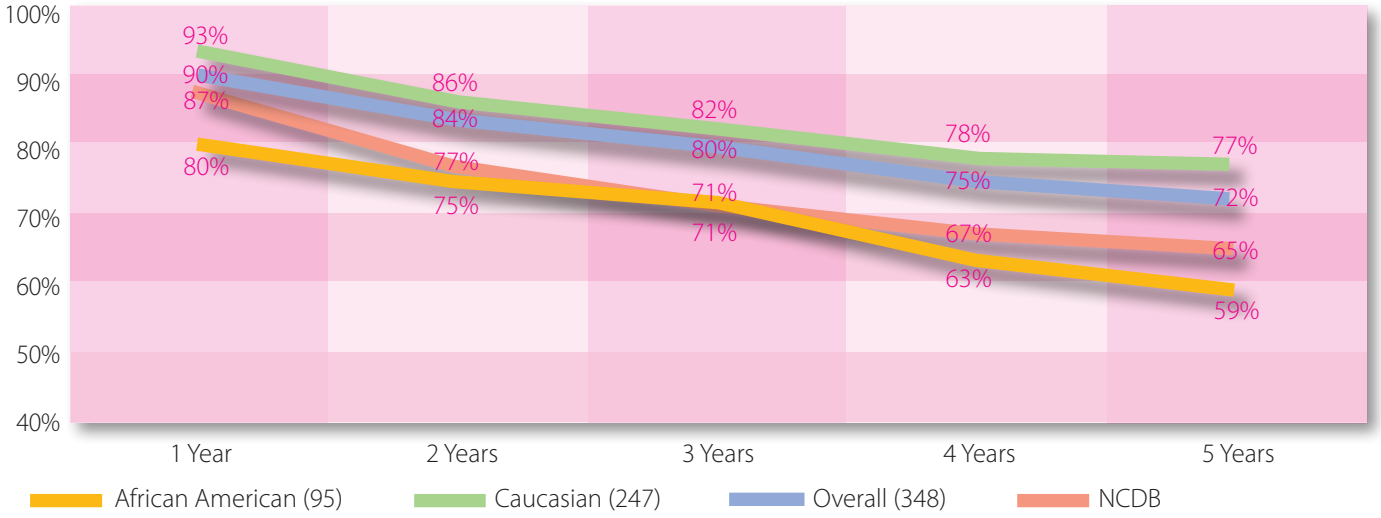
Graph IV D
Cervical Cancer 5-Year Survival: Stage IV



Woman's Hospital overall data are for years 2000-2011 inclusive.
National Cancer Data Base (NCDB) data are for years 2000-2009 inclusive.

Comparison of 5-year survival rates for cervical cancer by stage at diagnosis at Woman's Hospital with the National Cancer Data Base (NCDB) demonstrates some differences: Woman's Hospital patients with Stage I and Stage IV cancer exhibit improved survival when compared to women nationally. No significant differences in 5-year survival between Woman's Hospital patients and the national patient population are apparent for cancers diagnosed with Stage II or III disease.

Graph V
Cervical Cancer 5-Year Survival by Race



Woman's Hospital overall data are for years 2000-2011 inclusive.
National Cancer Data Base (NCDB) data are for years 2000-2009 inclusive.

Examination of 5-year survival rates for cervical cancer by race indicates better survival for Caucasian women at Woman's Hospital compared to the National Cancer Data Base (NCDB) patient population. However, the 5-year survival rates for African-American women at Woman's Hospital are not only lower than our Caucasian patients but also generally lower than demonstrated nationally.

Figure I
Cervix Uteri Malignant Tumors
Age at Diagnosis: Years 2000-2011

Age at Diagnosis	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Under 20	2	<1	159	0.15
20-29	27	8	5,448	5.18
30-39	79	23	21,977	20.89
40-49	82	24	28,242	26.85
50-59	67	19	21,108	20.07
60-69	49	14	14,078	13.38
70-79	27	8	8,973	8.53
80-89	13	4	4,487	4.26
90-99	2	<1	722	0.69
Total	**348**	**100**	**105,194**	**100**

**NCDB data available for years 2000–2009.*

The age at diagnosis of malignant tumors of the uterine cervix for Woman's Hospital patients during the years 2000 to 2011 inclusive was compared to the age at diagnosis for these cancers among a national patient population for the years 2000 to 2009 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Our data and the NCDB data demonstrate a slightly left-shifted bell shaped distribution, with a peak incidence in the fifth decade (age 40-49). There appears to be slightly greater percentages of local women diagnosed with cervical cancer in the third and fourth decades (ages 20-29 and 30-39) than seen nationally. The reasons for these minor differences — if they can be shown to be significant — may merit closer evaluation and discussion. Otherwise, our percentages in each decade very closely parallel those of the national data.

Figure II
Cervix Uteri Malignant Tumors
Race: Years 2000-2011

Race	Woman's Hospital Number	Woman's Hospital Percent	NCDB** Number	NCDB** Percent
Caucasian	247	71	67,999	64.64
African American	95	27	16,963	16.13
Asian	4	1	3,969	3.77
Other*	2	1	16,263	15.46
Total	**348**	**100**	**105,194**	**100**

**Other category includes Native American and Hispanic.*
***NCDB data only available for years 2000–2009.*

The racial mix of malignant tumors of the uterine cervix for Woman's Hospital patients during the years 2000 to 2011 inclusive was compared to the racial composition for these cancers among a national population for the years 2000 to 2009 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Our data and the NCDB demonstrate different racial ratios. Although our data may be somewhat skewed due to the negligible percentage of both Asian and Other category patients in our data compared to the national population, in both sets of data the incidence of malignant cervical tumors appears to be greater among African American women than in Caucasian women. The reasons for this apparent difference are not fully understood, but may well be multifactorial and, in part, socioeconomic.

Figure III
Cervix Uteri Malignant Tumors
Year of Diagnosis: Years 2000-2011

Year of Diagnosis *	Woman's Hospital Number	Percent
2000	42	12
2001	37	11
2002	29	8
2003	26	8
2004	28	8
2005	33	9
2006	29	8
2007	25	7
2008	34	10
2009	29	8
2010	20	6
2011	16	5
Total	**348**	**100**

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

The number of malignant tumors of the uterine cervix diagnosed annually among Woman's Hospital patients for the years 2000 to 2011 inclusive is given in this Figure.

Examination of the data demonstrates what appears to be a decreasing number of newly diagnosed cases over this time period. Whether this represents a statistically significant trend will require further analysis, and, should this prove the case, would merit greater scrutiny to establish reasons for any such trend.

Figure IV
Cervix Uteri Malignant Tumors
Histology: Years 2000-2011

Cell Type	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Squamous Cell Carcinoma	256	73	69,650	52.15
Large Cell Neuroendocrine Carcinoma	1	<1		
Glassy Cell Carcinoma	2	1		
Basaloid Squamous Cell Carcinoma	2	1		
Adenocarcinoma, NOS	66	19	13,976	13.29
Mixed Adenocarcinoma	1	<1		
Clear Cell Adenocarcinoma	2	1		
Adenosquamous Carcinoma	12	3	3,785	3.6
Leiomyosarcoma	1	<1		
Embryonal Rhabdomyosarcoma	1	<1		
Adenosarcoma	3	1		
Carcinosarcoma	1	<1		
Other Specified Types			17,783	16.9
Total	**348**	**100**	**105,194**	**100**

**NCDB data available for years 2000–2009.*

The major types of malignant tumors of the uterine cervix diagnosed at Woman's Hospital for the years 2000 to 2011 inclusive are listed here, including their relative percentages. Comparison with national statistics, obtained from NCDB data for the years 2000 to 2009 inclusive, is challenging due to the considerably smaller number of types of malignancy recorded in the national data. Interestingly, the ratio between the most prevalent malignancy, i.e. "Squamous Cell Carcinoma" and the second most frequent malignancy, i.e. "Adenocarcinoma, NOS" is virtually identical in both our data and the national data-despite the percentage variability. Also, the percentage of tumors diagnosed as "Adenosquamous Carcinoma" is nearly the same locally and nationally. The absence of cases in the "Other" diagnostic category among our patients compared to the rather large percentage of such cases nationally may reflect a more sustained effort to assign a diagnostic category to these patients locally.

Figure V
Cervix Uteri Malignant Tumors
Stage at Diagnosis: Years 2000-2011

Stage at Diagnosis	Woman's Hospital Number	Woman's Hospital Percent	NCDB** Number	NCDB** Percent
0	0	0	786	0.75
I	233	67	39,819	37.85
I	1	<1		
IA	74	21		
IB	158	45		
II	39	11	18,259	17.36
II	1	<1		
IIA	7	2		
IIB	31	9		
III	47	13	20,532	19.52
IIIA	6	2		
IIIB	41	12		
IV	20	6	11,062	10.52
IVA	6	2		
IVB	14	4		
Unknown/ Not Applicable	9	3	14,736	14.00
Total	**348**	**100**	**105,194**	**100**

**NCDB data available for years 2000–2009.*

The stage at diagnosis of malignant tumors of the uterine cervix for Woman's Hospital patients during the years 2000–2011 inclusive was compared to the stage at diagnosis for these cancers among a national population for the years 2000 to 2009 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Our data and the NCDB data are not clearly parallel, with a considerably greater percentage of Woman's cases diagnosed at Stage I and lower percentages at Woman's across the spectrum of higher stage tumors. The reasons for these differences are unclear, but may merit closer evaluation and discussion. Also a much smaller percentage of Woman's patients were classified as "Unknown/Not Applicable" stage at diagnosis than reported nationally. This may signal a more aggressive effort to stage such patients locally.

Figure VI
Cervix Uteri Malignant Tumors
First Course of Treatment: Years 2000–2011

Stage at Diagnosis	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Radiation/Chemotherapy	51	15	29,542	28.08
Surgery	189	54	35,704	33.94
Surgery/Radiation/ Chemotherapy	41	12	13,109	12.46
Surgery/Radiation	38	11	7,279	6.92
Chemotherapy	3	1		
Radiation	16	5	8,730	8.3
Surgery/Chemotherapy	7	2		
None	2	<1	6,096	5.8
Radiation/Chemotherapy/ Hormone	1	<1		
Other Specified Therapy	0	0	4,734	4.5
Total	**348**	**100**	**105,194**	**100**

**NCDB data available for years 2000–2009.*

The first course of treatment of malignant tumors of the uterine cervix for Woman's Hospital patients during the years 2000 to 2011 inclusive was compared to the first course of treatment for such cancers among a national patient population for the years 2000 to 2009 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Our data and the NCDB data are similar in some respects, but also demonstrate distinct differences – although some differences may reflect variance in methods of reporting these statistics. For example, a substantially greater percentage of Woman's patients had surgery as their first course of treatment than reported nationally, and fewer of our patients had combined radiation and chemotherapy initially than nationally reported. Also, a very small percentage of Woman's patients had only chemotherapy as a first course, but no such patients were reported in the NCDB data. Very few of our patients had no first course of treatment, whereas a small, but still significant percentage of the national population (5.8%) of such patients were so identified. Furthermore, no Woman's patients were reported in the Other Specified Therapy category, while 4.5% of national patients were. In other categories of treatment, our data and the NCDB data appear to be generally similar.

Support Services

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, Jacob Estes, MD, presented a CME program titled, "Update in the Management of Cervical Dysplasia," at Woman's Hospital on October 21, 2011.

Development

Philanthropic giving allows individuals, corporations and private foundations to invest in organizations like Woman's Hospital and other nonprofits 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 committed to building a strong comprehensive development program consisting of an annual giving program, a major gifts program and a planned giving program. The following are some of the events and programs that were held in 2011:

Annual Giving

The Annual Giving Campaign raises funds for specific programs and services centered on women, babies and women with cancer that are meeting critical community needs. These programs are addressing vital healthcare issues and serve a significant percentage of Medicaid and indigent patients. Without philanthropic support, these programs are at risk of being reduced or eliminated. The Annual Giving Campaign raised over $430,000. The Employee Giving Campaign gives all hospital employees the opportunity to give a charitable contribution to the hospital. More than 100 employees were involved in planning, organizing and implementing this year's philanthropic effort to raise funds to supplement an Employee Emergency Fund as well as to help fund a number of programs and services meeting critical community needs. Fifty-eight percent of employees participated in this year's campaign.

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 13th Annual Woman's Victory Open golf tournament was held on Monday, October 3, 2011. The event netted over $150,000. Since its inception, funds raised have exceeded $1.1 million, helping to support breast cancer outreach and education programs. This includes Woman's Mobile Mammography Coach, which helps educate women in the community about early detection and offers screenings for women who lack financial resources.

New Campus Gifts Initiative

Due in part to the age and space constraints of our Goodwood location, Woman's resolved to build a larger replacement hospital. In addition, our mission and vision called us to expand our care and increase our capabilities in areas like neonatal intensive care, cancer treatment, proactive wellness and more. The Campaign for Woman's — Transforming Healthcare for Women and Babies — seeks philanthropic investments to add critical components back into the new campus to upgrade technology and equipment in order to provide an unprecedented patient experience, and more importantly, save lives of babies and women.

Food and Nutrition Services

Registered dietitians ensure patients receive adequate nutrition. Patient education stresses 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. The innovative program allows patients to order meals when they are hungry rather than delivering trays at pre-determined times. To allow guests to remain with their loved one, a guest may also order a meal to be delivered to the patient's room.

Oncology Services

Woman's provides inpatient and outpatient diagnostic services and surgical care for patients with gynecologic and breast cancer. State-of-the-art equipment and skilled staff allow for sentinel lymph node biopsy, breast conserving surgery and for minimally invasive surgery for GYN cancers. In addition, inpatient and outpatient chemotherapy, symptom management and supportive care are provided for women with gynecologic cancer. Patient satisfaction with this comprehensive approach to their care is extremely high. ***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 programs are held each year for cancer survivors and their families: ***Celebrate Life*** in the spring with a fun celebratory theme and ***Women Living with Cancer,*** an educational program, in the fall.

Woman's Center for Wellness

Woman's Center for Wellness uses a comprehensive approach to helping women achieve a balanced, healthy lifestyle with a first-rate Fitness Club and Day Spa and several wellness programs. Woman's provides the tools needed for women to look and feel their very best.

Individual attention allows women to achieve their fitness related goals. The trainers are experts in designing safe and appropriate exercise programs for each member.

While it is important to take care of one's body, it is equally important to take care of one's mind. Woman's Center for Wellness offers yoga, pilates and tai chi classes as tools to reconnect the mind and body.

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 and flexibility and improved balance. Nutrition plays an integral role in healing, disease prevention and treatment. Members and the general public benefit from consultation services, grocery tours and cooking classes offered by a team of registered dietitians and weight loss coaches.

Located within Woman's Center for Wellness, the Day Spa offers soothing treatments, including massages, facials, manicures and pedicures. All of these services and programs aid in health maintenance as well as healing.

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. All of 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 seven to 10 days after chemotherapy administration. The nurse reviews potential side effects, offers emotional support, answers questions approved by the physicians, continues 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 2011, the oncology data manager made 205 calls to patients. Subsequently, 14 patients were referred to their physician, 5 were referred to social services and none were referred to the dietitian. Below is a summary of participation in GOG studies for 2011:

- 4 patients were registered on GOG treatment protocol
- 394 patients were reviewed for GOG protocols
- 147 patients were ineligible for GOG treatment protocols
- 19 patients were registered on GOG non-treatment protocols
- 0 GOG protocols were approved by the Institutional Review Board
- 21 patients were being actively followed on GOG studies

Imaging Services

Imaging Services 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 5,500 patients last year in 18 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.

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, Urovysion FISH and HPV screening. 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 one 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 75,000 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

Woman's Pharmacy 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 State Board of Medical Examiner licensure, BLS, 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.

Breast Cancer Patient Navigator

Cancer is a complex disease and getting through treatment can sometimes be overwhelming. Woman's Breast Cancer Patient Navigator Program provides women with one-on-one help during their journey. This free support service assists women in getting the resources they need in a timely manner. The program improves access to treatment and coordination of care by helping schedule appointments, reviewing paperwork, improving patient communication during treatment, and providing seamless care within Woman's multidisciplinary team throughout survivorship.

The goal of the Woman's Breast Cancer Patient Navigator Program is to promote a strong and trusting relationship between patients and the Woman's healthcare team.

Perioperative Services

In the Pre-Surgery Center, patients are evaluated, assessed and educated to prepare them and their families for a successful and safe hospital experience at Woman's. During the preadmission process, information about medical and surgical history is obtained, and instructions on how to prepare for their upcoming surgery are provided. Pre-Surgery testing will be done during the appointment if required by the physician and may include EKG, blood work and X-rays.

The Surgical Care staff preoperatively cares for all scheduled surgical patients in private rooms. The team provides compassionate individualized care to patients and families. This unit continues the care that was initiated in the Pre-Surgery Center. After surgery, ambulatory surgery patients recover in their preoperative rooms. A patient requiring an overnight stay is admitted to a private room on a medical surgical unit. The Surgical Care team manages the patient's pain control and further prepares her for discharge.

The surgical staff in the Operating Room provides care in the following specialties: Breast, Colonoscopy, General, Gynecology, Minimally Invasive, Oncology, Plastics and Urogynecologic surgical procedures. Woman's recently purchased two new daVinci® robots with the most advanced technology available. Robotic surgery is a minimally invasive technique that reduces recovery time associated with hysterectomies, gynecological and general surgery procedures.

Sterile Processing prepares, controls, and distributes sterile instrumentation and patient care items that have been high-level disinfected. Additional responsibilities include the disinfection of patient care equipment used in clinical areas of the hospital. Sterile Processing follows the standards recognized by the Association of Perioperative Registered Nurses, Association of the Advancement of Medical Instrumentation and Occupational Safety and Health Administration.

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, including 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 and cardiovascular and stress management.

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 2011, the Woman's Health Research Department had 59 active research studies, 22 of which were cancer-related studies, 11 of which were GOG sponsored studies. The following are active studies related to cancer diagnosis or treatment:

1. A Phase III Trial of Paclitaxel and Carboplatin versus Triplet or Sequential Doublet Combinations in Patients with Epithelial Ovarian or Primary Peritoneal Carcinoma (GOG#182)
2. Randomized Phase III Trial of Doxorubicin/Cisplatin/Paclitaxel and G-CSF Versus Carboplatin/ Paclitaxel in Patients with Stage II and IV or Recurrent Endometrial Cancer (GOG 209)
3. 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)
4. A Phase III Trial of Pelvic Radiation Therapy versus Vaginal Cuff Brachytherapy Chemotherapy in Patients with High Risk, Early Stage Endometrial Carcinoma (GOG 249)
5. 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)
6. 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 Mesodermal Tumors of the Uterus (GOG 261)
7. A Randomized Phase III Trial of IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q 21 Days X 3 Courses Plus Low Dose Paclitaxel 40 MG/M2/Wk Versus IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q 21 Days X 3 Courses Plus observation in Patients with Early Stage Ovarian Carcinoma (GOG 175)
8. A Phase III Randomized Trial Paclitaxel and Carboplatin Versus Triplet or Sequential Doublet Combinations in Patients with Epithelial Ovarian or Primary Peritoneal Carcinoma (GOG 182)
9. A Prospective, Longitudinal Study of YKL-40 in Patients with Figo Stage III or IV Invasive Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancer Undergoing Primary Chemotherapy (GOG 235)
10. A Phase III Randomized Controlled Clinical Trial of Carboplatin and Paclitaxel Alone or in Combination with Bevacizumab (NSC #704865, IND#7921) Followed by Bevacizumab and Secondary Cytoreductive Surgery in Platinum-Sensitive, Recurrent Ovarian, Fallopian Tube and Peritoneal Primary Cancer (GOG 213)
11. A Phase III Clinical Trial of Bevacizumab with IV Versus IP Chemotherapy in Ovarian, Fallopian Tube, and Primary Peritoneal Carcinoma (GOG 252)
12. A Prospective Study of Cognitive Function During Chemotherapy for Front-line Treatment of Ovarian, Primary Peritoneal or Fallopian Tube Cancer (GOG 256)
13. A Randomized Phase III Trial of Cisplatin Plus Paclitaxel with and without NCI-Supplied Bevacizumab (NSC #704865, IND #7921) Versus the Non-Platinum Doublet, Topotecan Plus Paclitaxel, with and without NCI-Supplied Bevacizumab, in Stage IVB, Recurrent or Persistent Carcinoma of the Cervix (GOG 240)
14. Randomized Phase III Clinical Trial of Adjuvant Radiation Versus Chemo-Radiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (GOG 263)
15. Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometruim and Ovary
16. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
17. Molecular Analysis of Human Breast Cancer (LABR)
18. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)
19. A Prognostic Study of Sentinel Node and Bone Marrow Micrometastases in Women with Clinical T1 or T2 NO MO Breast Cancer (Z0010)
20. A Clinical Trial Comparing 5-Fluorouracil (5-FU) Plus Leucovorin (LV) and Oxaliplatin with 5-FU Plus LV for the Treatment of Patients with Stages II and III Carcinoma of the Colon (NSABP-C-07)
21. A Three-Arm Randomized Trial to Compare Adjuvant Adriamycin and Cyclophosphamide Followed by Taxotere (AC→T) Adriamycin and Taxotere (AT); and Adriamycin, Taxotere, and Cyclophosphamide (ATC) in Breast Cancer Patients with Positive Axillary Lymph Nodes (NSABP-B-30)
22. Study of Tamoxifen and Raloxifene (STAR) for the Prevention of Breast Cancer (NSABP-P-2)

Cancer Registry Activities

The Cancer Registry program of Woman's 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 includes but is not limited to: patient demographics, primary site, histology, stage of disease, treatment, recurrence and follow-up data. This recorded data 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. In 2011, the Cancer Program at Woman's Hospital underwent the extensive review by the Commission on Cancer for this re-evaluation process. The process involved extensive documentation gathering of all cancer program activities and coordination by the Cancer Registry leadership, including completion of an all-encompassing Survey Application Record and coordination with other departments, cancer program physicians and staff for participation in compilation of required documentation.

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.

Following almost two years of dedication and determination, Woman's Hospital was surveyed and received full three-year accreditation by the National Accreditation Program for Breast Centers (NAPBC) in January, 2011. Accreditation through the NAPBC requires a separate meticulous evaluation of the facility's performance and compliance with the twenty-seven NAPBC standards, including an on-site survey. To maintain accreditation, centers must undergo an evaluation and on-site review every three years. Maintenance and coordination of these standards and required documentation is held in the responsibilities of the Cancer Registry.

The reference date for the Cancer Registry is January 1, 1991. The total number of cases in the database is 7,939 with 7,813 cases being analytical and 126 cases being non-analytical. The Cancer Registry at Woman's accessioned 527 new cases during 2011. 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 2011, staff members attended the LCRA state meetings held in Baton Rouge and Marksville and one of the cancer program abstractors attended the NCRA annual conference held in Orlando, FL.

The 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). She serves as Membership Chair for the Louisiana Cancer Registrars Association and as Secretary for the Southeast Louisiana Health Information Management Association (SELHIMA). There are three cancer program abstractors. The first abstractor is a Certified Tumor Registrar. The two remaining abstractors are both Registered Health Information Management Administrators (RHIA) and members of the AHIMA. One of these is also a Certified Tumor Registrar, and the second is currently gaining experience to be eligible to sit for the CTR exam. A Registered Health Information Administrator (RHIA), who is also a 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). She currently serves as President for the SELHIMA and district representative on the Louisiana Health Information Management Association Board of Directors. All five members of the department are members of the National Cancer Registrars Association (NCRA) and the Louisiana Cancer Registrars Association (LCRA), and the Region II Cancer Registrar Forum.

2011 *Cancer* Committee

Physician Members

Chair, Pathologist . . . . . Beverly Ogden, MD
Cancer Liaison Physician . . . . David Boudreaux, MD
Gynecology . . . . . Miriam Krober, MD
Gyn Oncologist . . . . . Giles Fort, MD
Medical Oncologist . . . . . Kellie Schmeeckle, MD
Medical Oncologist . . . . . Deborah Abernathy, MD
Ob/Gyn . . . . . Edison Foret, MD
Ob/Gyn . . . . . Julius Mullins, MD
Ob/Gyn (MEC Liaison) . . . . . Terrie Thomas, MD
Plastic Surgeon . . . . . Gary Cox, MD
Radiologist . . . . . James Ruiz, MD
Radiologist . . . . . Steven Sotile, MD
Radiation Oncologist . . . . . Renee Levine, MD
Radiation Oncologist . . . . . Sheldon Johnson, MD
Surgeon . . . . . Mary Elizabeth Christian, MD
Surgeon . . . . . Cecilia Cuntz, MD
Surgeon . . . . . Everett Bonner, Jr., MD

Administrative Liaisons

Senior Vice President/CNE . . . . . Tricia Johnson
Senior Vice President . . . . . Nancy Crawford
Senior Vice President . . . . . Jamie Haeuser
Director, Health Information Management and Utilization Management . . . . . Danielle Berthelot
Manager, Health Information Management . . Tonya Songy
Cancer Registrar . . . . . Heather McCaslin
Cancer Registrar . . . . . Ashley Hebert
Cancer Registrar . . . . . Rachel Talbot
Manager, Quality & Data Analysis . . . . Hilde Chenevert
Social Services . . . . . Robin Maggio
Director, Gyn/Onc . . . . . Mary Ann Smith
Manager, Breast Center . . . . . Mary Salario
Data Manager/Oncology . . . . . Jennifer Arceneaux
Dietary . . . . . Paula Meeks
Director, Marketing and Public Relations . . . . 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 of the *Breast*

2011
361 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	2	<1
30-39	17	5
40-49	66	18
50-59	100	27
60-69	92	26
70-79	57	16
80-89	24	7
90-99	3	<1
Total	**361**	**100**

Race	Number of Cases	Percent
Caucasian	261	7
African American	98	27
Asian/Other	2	<1
Total	**361**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	67	19
Stage I	146	40
Stage II	106	29
Stage III	35	10
Stage IV	6	<1
Unknown/Not Applicable	1	<1
Total	**361**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	94	26
Chemotherapy	5	<1
Surgery/Chemotherapy	54	15
Surgery/Radiation	49	14
Surgery/Radiation/Chemotherapy	25	7
Surgery/Hormone	39	11
Surgery/Radiation/Hormone	72	20
Surgery/Chemotherapy/Hormone	9	2
Surgery/Radiation/Chemotherapy/Hormone	14	4
Total	**361**	**100**

Histology	Number of Cases	Percent
Intraductal Carcinoma	24	7
DCIS & Mixed w/other In-Situ	43	12
Infiltrating Ductal Carcinoma	256	71
Lobular Carcinoma	27	7
Infiltrating Ductal & Lobular Carcinoma	2	<1
Infiltrating Ductal Mixed w/other types of carcinoma	4	<1
Phyllodes Tumor	1	<1
Metaplastic Carcinoma	1	<1
Paget Disease	1	<1
Carcinoma, NOS	1	<1
Squamous Cell Carcinoma	1	<1
Total	**361**	**100**

Cancer of the *Cervix*

2011
16 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	4	25
40-49	2	<13
50-59	2	<13
60-69	5	31
70-79	0	0
80-89	2	<13
90-99	1	6
Total	**16**	**100**

Race	Number of Cases	Percent
Caucasian	11	69
African American	5	31
Asian/Other	0	0
Total	**16**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	10	62
Stage II	3	19
Stage III	0	0
Stage IV	3	19
Unknown/Not Applicable	0	0
Total	**16**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	6	38
Surgery/Chemotherapy	2	<13
Surgery/Radiation	2	<13
Surgery/Radiation/Chemotherapy	1	6
Radiation/Chemotherapy	4	25
Radiation/Chemotherapy/Hormone	1	6
None	0	0
Total	**16**	**100**

Histology	Number of Cases	Percent
Squamous Cell Carcinoma	14	88
Squamous Cell Carcinoma Large Cell Nonkeratinizing, NOS	1	6
Adenocarcinoma, NOS	1	6
Total	**16**	**100**

Cancer of the *Ovary*

2011
23 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	3	13
40-49	0	0
50-59	1	4
60-69	10	44
70-79	9	39
80-89	0	0
90-99	0	0
Total	**23**	**100**

Race	Number of Cases	Percent
Caucasian	17	74
African American	6	26
Asian/Other	0	0
Total	**23**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	5	22
Stage II	1	4
Stage III	16	70
Stage IV	0	0
Unknown/Not Applicable	1	4
Total	**23**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	2	9
Surgery/Chemotherapy	20	87
Surgery/Radiation/Chemotherapy	1	4
Total	**23**	**100**

Histology	Number of Cases	Percent
Adenocarcinoma	13	57
Mixed Cell Adenocarcinoma	1	4
Serous Cystadenocarcinoma, NOS	7	31
Granulosa Cell	1	4
Carcinosarcoma	1	4
Total	**23**	**100**

Cancer of the *Uterus*

2011
93 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
30-39	1	1
40-49	11	12
50-59	27	29
60-69	32	34
70-79	17	19
80-89	3	3
90-99	2	2
Total	**93**	**100**

Race	Number of Cases	Percent
Caucasian	61	66
African American	31	34
Asian/Other	1	<1
Total	**93**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	77	84
Stage II	3	3
Stage III	10	11
Stage IV	2	2
Unknown/Not Applicable	1	<1
Total	**93**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	67	73
Surgery/Chemotherapy	10	10
Surgery/Radiation	11	12
Surgery/Radiation/Chemotherapy	3	3
Surgery/Hormone	2	2
Total	**93**	**100**

Histology	Number of Cases	Percent
Adenocarcinoma, NOS	74	80
Serous Adenocarcinoma	3	3
Adenosquamous Carcinoma	2	2
Mixed Cell Adenocarcinoma	1	1
Leiomyosarcoma	2	2
Endometrial Stromal Sarcoma	4	4
Adenosarcoma	1	1
Carcinosarcoma, NOS	5	6
Squamous Cell Carcinoma	1	1
Total	**93**	**100**

Cancer of the *Vulva and Vagina*

2011
19 Analytic Cases

Site	Number of Cases	Percent
Vulva	16	84
Vagina	3	16
Total	**19**	**100**

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	0	0
40-49	0	0
50-59	6	32
60-69	7	37
70-79	5	26
80-89	1	5
Total	**19**	**100**

Race	Number of Cases	Percent
Caucasian	14	74
African American	5	26
Asian/Other	0	0
Total	**19**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	4	21
Stage I	10	53
Stage II	1	5
Stage III	3	16
Stage IV	1	5
Unknown/Not Applicable	0	0
Total	**19**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	16	85
Surgery/Chemotherapy	1	5
Radiation/Chemotherapy/Hormone	1	5
None	1	5
Total	**19**	**100**

Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	4	21
Squamous Cell Carcinoma	13	69
Keratinizing Basal Cell Carcinoma	1	5
Melanoma	1	5
Total	**19**	**100**

2011 *Tumor Report* Site Distribution

Analytic Cases Only

SITE Group	CLASS Analytic	STAGE Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Applicable	Unknown
All Sites	527	73	254	114	68	14	3	2
Breast	361	67	146	106	35	6	1	0
Corpus Uteri	93	0	77	3	10	2	1	0
Ovary	23	0	5	1	16	0	0	1
Cervix Uteri	16	0	10	3	0	3	0	0
Vulva	16	3	10	1	2	0	0	0
Vagina	3	1	0	0	1	1	0	0
Peritoneum, Omentum, Mesentery	2	0	0	0	2	0	0	0
Other Female Genital	2	0	1	0	0	0	1	0
Anal	2	1	1	0	0	0	0	0
Thyroid	2	0	2	0	0	0	0	0
Non-Hodgkin's Lymphoma	2	0	1	0	0	0	0	1
Small Intestine	1	0	1	0	0	0	0	0
Rectum & Rectosigmoid	1	0	0	0	1	0	0	0
Pancreas	1	0	0	0	0	1	0	0
Other Skin Cancer	1	0	0	0	0	1	0	0
Unknown or Ill-Defined	1	0	0	0	0	0	1	0

2011 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
20-29	2	<1
30-39	26	5
40-49	81	15
50-59	141	27
60-69	151	29
70-79	89	17
80-89	31	6
90-99	6	1
Total	**527**	**100**

2011 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	377	72
African/American	147	28
Asian/Other	3	<1
Total	**527**	**100**

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2011 – December 2011

Total conferences held 44
Total cases presented 99
Average number of attendees 22
Total number of analytic breast cancer cases accessioned in 2011 361

Age of Patients	Number of Cases	Percent
30-39	8	8
40-49	17	17
50-59	36	36
60-69	15	15
70-79	15	15
80-89	7	8
90-99	1	1
Total	**99**	**100**

Histology of Cases Presented

Infiltrating Ductal Carcinoma
Intraductal Carcinoma
Mixed Intraductal Carcinoma
Lobular Carcinoma
Angiosarcoma
Diffuse Large B Cell Lymphoma
Paget's Disease
Small Cell Carcinoma
Cystosarcoma Phyllodes Tumor

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conference

January 2011 – December 2011

Total conferences held 10
Total cases presented 62
Average number of attendees 15
Total number of analytic gynecologic cases accessioned in 2011 167

Sites Presented

Cervix
Endometrium
Lung
Lymph Nodes
Omentum
Ovary
Placenta
Small Bowel
Vulva

Age of Patients	Number of Cases	Percent
Under 20	2	3
20-29	2	3
30-39	6	9
40-49	10	16
50-59	9	15
60-69	18	29
70-79	9	15
80-89	4	7
90-99	2	3
Total	**62**	**100**

Histology of Cases Presented

Endometrioid Adenocarcinoma
Gastrointestinal Stromal Tumor
Squamous Cell Carcinoma
Papillary Serous Adenocarcinoma
Carcinosarcoma
Serous Adenocarcinoma
Endometrial Stromal Sarcoma
Granulosa Cell Tumor
Chondroid Syrinogoma
Choriocarcinoma
Endocervical Adenocarcinoma
Sex Cord Tumor
B-Lymphoblastic Leukemia/Lymphoma

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exceptional care, centered on you

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

CAR13-038/12-12