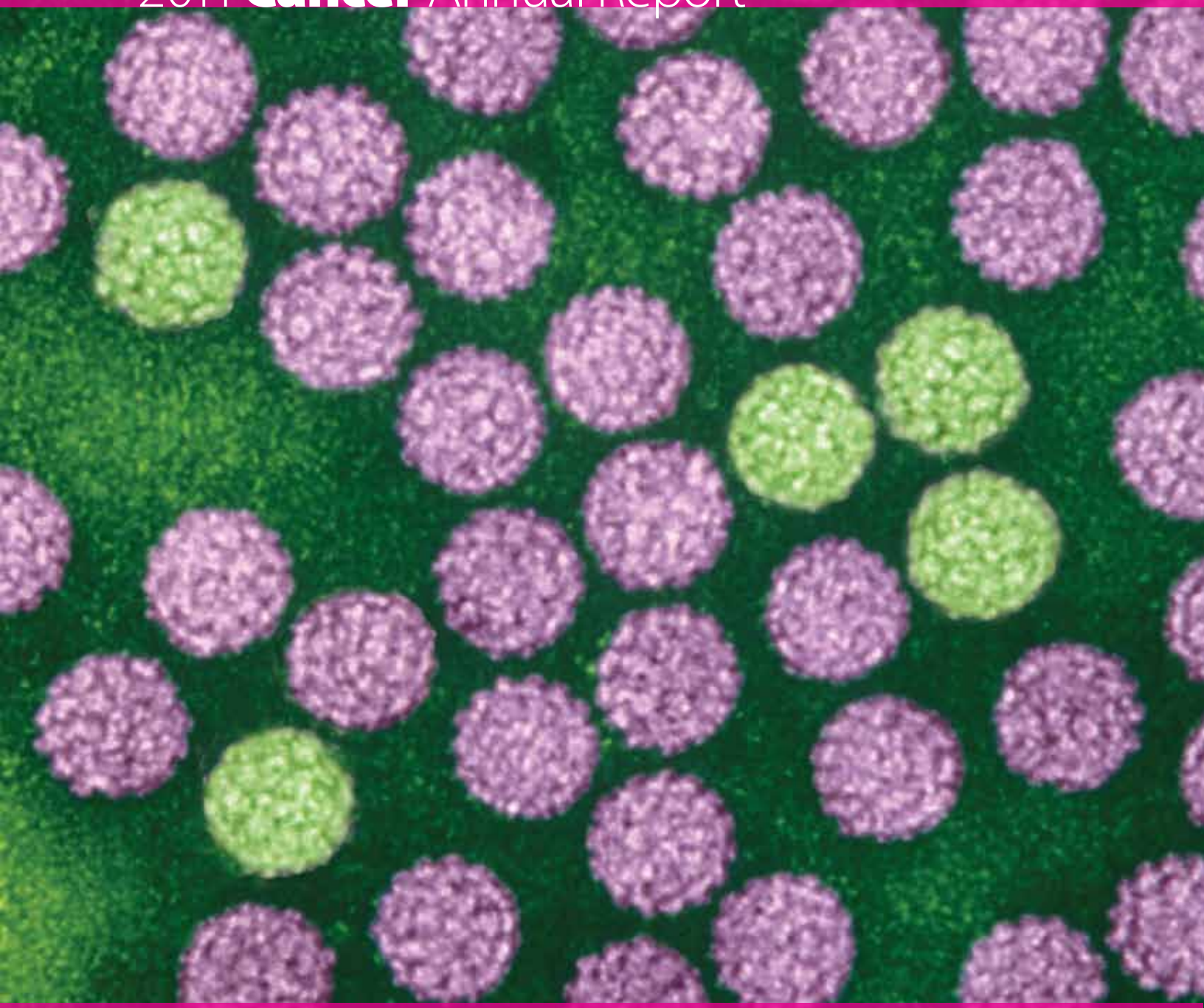
2011 **Cancer** Annual Report



Woman's
exceptional care,
centered on you

The cover depicts the intricate structure of the surface, or capsid, of the human papilloma virus as revealed by the scanning electron microscope. The spherical capsid is composed of 72 pentagonal, star-shaped capsomers.

October 7, 2011

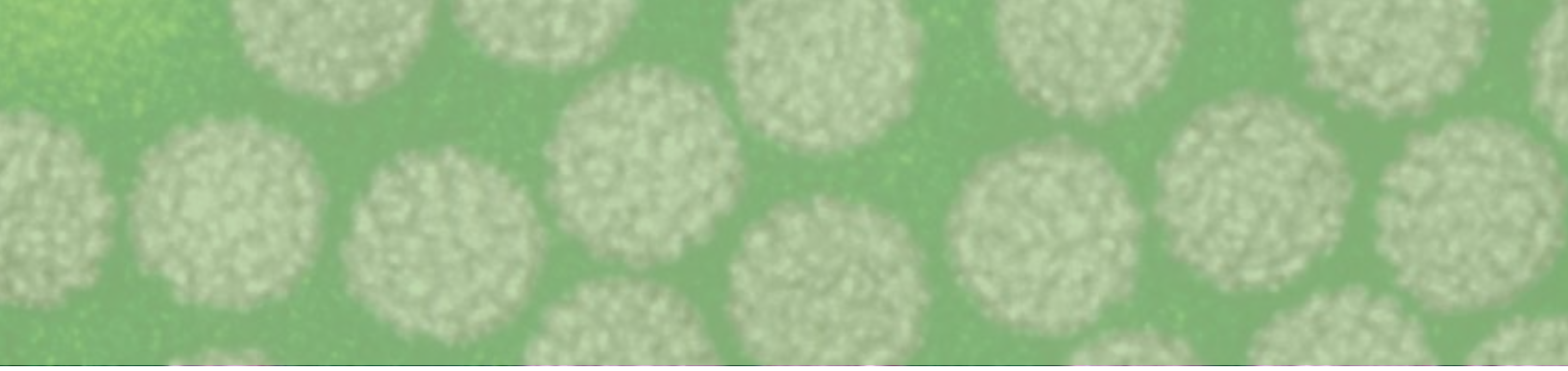
As Woman's Hospital Cancer Committee Chairperson and Woman's Hospital Cancer Liaison, we are pleased to present the 2011 Cancer Program Annual Report.

This year's report includes the analysis of 229 vulvar cancers and 49 vaginal cancers diagnosed between the years 2000 and 2010. A disturbing trend noted in the data is that vulvar cancers represent 13% of all of the reproductive organ cancers diagnosed at Woman's, while nationally they represent 4% of such tumors and, in overall Louisiana Tumor Registry statistics, vulvar cancer represents 6%. Another unsettling statistic with regard to smoking as a risk factor is that our patients with vulvar cancer have a higher incidence of smoking (38%) than the nationally reported percentage of all women who are smokers (17.9%). Another risk factor for vulvovaginal cancer is exposure to the human papilloma virus (HPV). We participated in a pilot study conducted by the Centers for Disease Control which looked at the incidence of HPV infections in cervical and vulvar cancers. Approximately 75% of our patients diagnosed with vulvar cancer showed evidence of HPV infection. Those results are included in this report.

In 2011, Woman's received a commendation with our accreditation as a specialty cancer center from the American College of Surgeons. We would like to thank all of our hospital staff for this honor, especially the members of our 2011 Cancer Committee for their time and support.

Also in 2011, Woman's Hospital became accredited by the National Accreditation Program for Breast Centers. We would like to acknowledge the hard work that was required to achieve this goal by members of the Woman's staff, especially Michael Hailey, MD and Steven Sotile, MD, who serve as Co-Chairmen for this program. We would also like to thank Heather McCaslin in the Tumor Registry Department and Hilde Chenevert, PhD, for their support and for tirelessly reprinting and regraphing our statistical data for us to review.

Beverly Ogden, MD
David Boudreaux, MD



The human papillomavirus (HPV) is a member of the Papovavirus family and is a small, non-enveloped DNA virus that is 55nm in diameter. It is capable of infecting humans. There are over 200 subtypes of HPV, with approximately 40 subtypes associated with human disease. Most of these viral subtypes cause simple skin or genital warts, but at least 15 subtypes are considered oncogenic and are associated with the development of precancer and cancer of the anogenital, oropharyngeal and other regions of the body by producing proteins that inhibit the regulation of the human cell cycle.

Cancer Discussion

Cancer of the vulva is not a common form of cancer with only approximately 4,000 cases diagnosed each year in the United States. This type of cancer usually develops slowly over several years and goes through premalignant phases. Its incidence is increasing in younger women presumably due to its associations with the human papilloma virus and smoking. Nationally, vulvar cancer accounts for approximately 4% of all reproductive organ cancers. Louisiana Tumor Registry statistics show vulvar cancers represent 6% of all reproductive organ cancers (Cancer in La 2003-2007 Volume 25. La Tumor Registry, New Orleans, Sept 2010). In our patient population, vulvar cancers represent 13% of all reproductive organ cancers. The 2005 Cancer Annual Report reported that vulvar cancer represented 14% of all reproductive organ cancers. The 2000 Cancer Annual Report reported 10%.

Smoking is considered a significant risk factor for the development of vulvar cancer. National statistics indicate that 17.9% of women are smokers. Review of our patients with vulvar cancer determined that 38% of these women were smokers, more than twice the national average. In the 2000 Cancer Annual Report, 41% of patients with vulvar cancer were noted to be smokers, whereas the 2005 Cancer Annual Report showed only 18% of such patients were smokers.

In 2010, Woman's participated in a national study conducted by the Centers for Disease Control looking at the incidence of HPV infection in malignancies. The results from our sampled cases indicated that 75% of these vulvar cancers showed evidence of HPV infection: Eight cases were positive for HPV subtype 16; three were positive for high risk HPV subtypes, not subtypes 16 or 18; and one was positive for a noncarcinogenic HPV subtype. Two cases showed infection with two different subtypes of HPV.

It is estimated that for the years 2000-2008, there were approximately 2,570 cases of vaginal cancer diagnosed in the United States with 780 deaths reported. Many vaginal tumors were secondary, either metastasic, or a direct extension from other reproductive organ cancers. Of those vaginal cancers which were primary, 90% were squamous cell carcinomas. Also, approximately 30% of patients with vaginal cancer had a history of cervical cancer. Nationally 75% of patients with vaginal squamous cell carcinoma were over 50 years old, whereas at Woman's, 84% of such patients were over 50 years old. Adenocarcinoma constituted most of the remaining vaginal cancers and was more commonly seen in younger patients. A form of adenocarcinoma, clear cell carcinoma, was most of the time associated with diethylstilbestrol exposure in women born between 1940 and 1971.

Figure I
Vulvar and Vaginal Malignant Tumors • Age at Diagnosis: Years 2000 – 2010

	Vulvar				Vagina			
	Woman's Hospital		NCDB*		Woman's Hospital		NCDB*	
Age at Diagnosis	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 20	0	0	243	.49	0	0	114	1.04
20 - 29	5	2	1,525	3.09	0	0	195	1.78
30 - 39	25	11	4,603	9.34	0	0	594	5.41
40 - 49	49	21	10,023	20.33	8	16	1,610	14.66
50 - 59	54	24	9,665	19.61	13	27	2,221	20.22
60 - 69	31	14	7,695	15.61	9	18	2,160	19.66
70 - 79	38	17	7,941	16.11	9	18	2,205	20.07
80 - 89	26	11	6,240	12.66	10	21	1,600	14.57
90 - 99	1	<1	1,363	2.76	0	0	285	2.59
Total	**229**	**100**	**49,298**	**100**	**49**	**100**	**10,984**	**100**

**NCDB data available for years 2000 – 2008.*

The age at diagnosis of both vulvar and vaginal tumors exhibited a peak in the sixth decade among Woman's patients. Although vulvar cancers were seen as early as the third decade, no vaginal cancers were diagnosed prior to the fifth decade. NCDB data generally demonstrated similar distributions, although the relatively few cases of vulvar and vaginal tumors diagnosed at earlier ages may reflect the much larger population base of the national sample.

Figure II
Vulvar and Vaginal Malignant Tumors • Race: Years 2000 – 2010

	Vulvar				Vagina			
	Woman's Hospital		NCDB**		Woman's Hospital		NCDB**	
Race	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Caucasian	197	86	41,880	84.95	41	84	8,109	73.83
African American	32	14	4,086	8.29	8	16	1,574	14.33
Other*	0	0	3,332	6.76	0	0	1,301	11.84
Total	**229**	**100**	**49,298**	**100**	**49**	**100**	**10,984**	**100**

**Other category includes Native American and Hispanic.*
***NCDB data only available for years 2000 – 2008.*

The occurrences of both vulvar and vaginal cancers within the Woman's Caucasian and African-American patient populations were nearly identical. Variations from the NCDB data most likely reflect our different population mix compared to the National Cancer Database. Our lack of other racial group representation for this time period is interesting given the local racial diversity and the small but distinct percentages reported nationally, but may reflect the makeup of our hospital population.

Figure III
Vulvar and Vaginal Malignant Cases • Year of Diagnosis: Years 2000 – 2010

	Vulvar		Vagina	
Year of Diagnosis*	Number	Percent	Number	Percent
2000	22	10	8	<17
2001	19	8	8	<17
2002	27	12	2	4
2003	13	6	4	8
2004	24	10	3	6
2005	13	6	2	4
2006	23	10	2	4
2007	24	10	3	6
2008	20	9	6	12
2009	21	9	7	14
2010	23	10	4	8
Total	**229**	**100**	**49**	**100**

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

The number of cases of vulvar and vaginal malignancy diagnosed annually at Woman's varied somewhat over this period of time, but demonstrated no apparent increasing or decreasing trend.

Figure IV
Vulvar and Vaginal Malignant Tumors • Histologies: Years 2000 – 2010

	Vulvar				Vagina			
	Woman's Hospital		NCDB*		Woman's Hospital		NCDB*	
Cell Type	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Carcinomas								
Squamous Cell Carcinoma In Situ/SIL-III	98	43	8,982	18.22	8	16	1,968	17.92
Squamous Cell Carcinoma, NOS	106	46	28,922	58.66	21	43	5,553	50.56
Mucinous Adenocarcinoma	1	<1	0	0	0	0	0	0
Malignant Melanoma	3	1	0	0	3	6	354	3.22
Paget Disease Extramammary In Situ	9	4	1,605	3.26	0	0	0	0
Carcinoma, NOS	0	0	3,012	6.11	1	2	645	5.87
Adenocarcinoma, NOS	1	<1	0	0	6	<13	620	5.64
Basal Cell Carcinoma	5	2	0	0	0	0	0	0
Granular Cell Carcinoma	1	<1	0	0	0	0	0	0
Melanoma In Situ	1	<1	0	0	0	0	0	0
Endometrioid Adenocarcinoma	0	0	0	0	2	4	0	0
Clear Cell Adenocarcinoma	0	0	0	0	1	2	0	0
Adenosquamous Carcinoma	1	<1	0	0	3	6	0	0
Sarcomas								
Myxoid Liposarcoma	1	<1	0	0	0	0	0	0
Dermatofibrosarcoma	1	<1	0	0	0	0	0	0
Sarcoma NOS	1	<1	0	0	0	0	0	0
Leiomyosarcoma	0	0	0	0	2	4	0	0
Malignant Peripheral Nerve Sheath Tumor	0	0	0	0	1	2	0	0
Spindle Cell Sarcoma	0	0	0	0	1	2	0	0
Other	0	0	6,777	13.75	0	0	1,844	16.79
Total	**229**	**100**	**49,298**	**100**	**49**	**100**	**10,984**	**100**

**NCDB data available for years 2000 – 2008.*

Examination of the histologic types of vaginal tumors diagnosed at Woman's demonstrates similar incidence of various malignancies compared to national statistics. However, a distinct difference is noted among the types of vulvar malignancies diagnosed over this period of time. At Woman's, roughly equal percentages of patients were diagnosed with vulvar squamous cell carcinoma in situ, (or SIL-III), as were diagnosed with invasive squamous cell carcinoma. This ratio is approximately one to three in the national statistics. The reasons for this difference are not apparent, and may not be simply due to greater local vigilance and detection of these vulvar cancers at an earlier stage.

Figure V
Vulvar and Vaginal Malignant Tumors • Stage at Diagnosis: Years 2000 – 2010

	Vulvar				Vagina			
	Woman's Hospital		NCDB*		Woman's Hospital		NCDB*	
Stage at Diagnosis	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0	**109**	**46**	**19,800**	**40.16**	**8**	**16**	**2,981**	**27.14**
I	**62**	**28**	**10,046**	**20.38**	**11**	**<23**	**1,884**	**17.15**
I	13							
IA	19							
IB	30							
II	**27**	**13**	**5,976**	**12.12**	**15**	**31**	**1,867**	**17**
III	**16**	**7**	**5,025**	**10.19**	**3**	**6**	**1,039**	**9.46**
IV	**8**	**<4**	**2,182**	**4.43**	**2**	**4**	**1,026**	**9.34**
IV	0				0			
IVA	7				1			
IVB	1				1			
Unknown / Not Applicable	**7**	**3**	**6,269**	**12.72**	**10**	**20**	**2,187**	**19.91**
Total	**229**	**100**	**49,298**	**100**	**49**	**100**	**10,984**	**100**

**NCDB data available for years 2000 – 2008.*

Comparison of stage at diagnosis of vulvar and vaginal tumors at Woman's and nationally demonstrates some interesting differences. A greater percentage of vulvar tumors appears to be detected at early stages (0 and I) at Woman's and there are clearly fewer cases of unknown stage than reported nationally. By contrast, detection of stage 0 vaginal tumors appears substantially less than nationally, and diagnosis of Stage I and II vaginal tumors is greater than seen in the NCDB data. These differences, however, could reflect the much smaller sample size of Woman's patients with vaginal cancer.

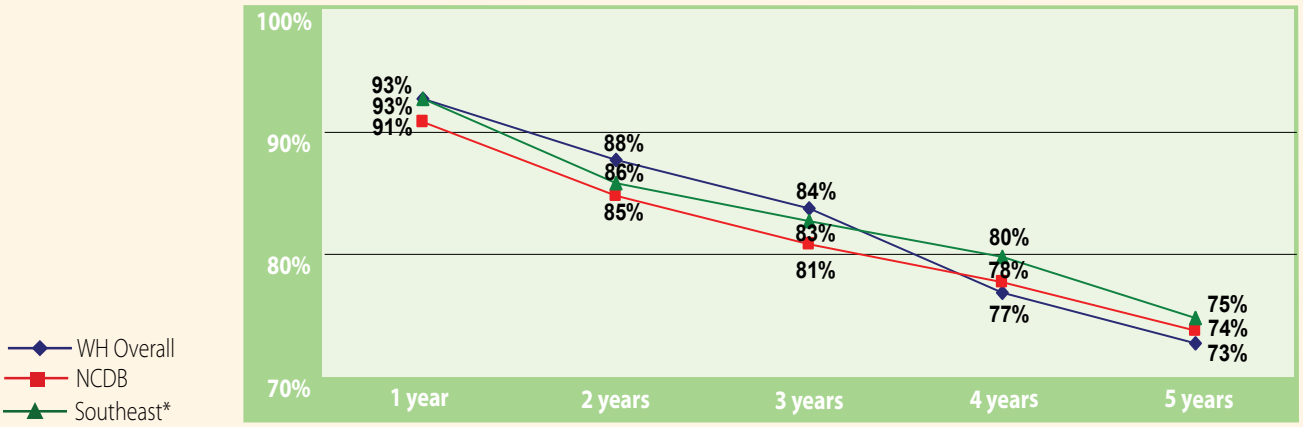
Figure VI
Vulvar and Vaginal Malignant Tumors • First Course of Treatment: Years 2000 – 2010

	Vulvar				Vagina			
	Woman's Hospital		NCDB*		Woman's Hospital		NCDB*	
Treatment First Course	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Surgery	200	88	39,208	79.53	17	35	3,733	33.99
Surgery/Chemotherapy	1	<1	0	0	1	2	0	0
Surgery/Radiation	8	4	2,485	5.04	9	18	828	7.54
Surgery/Radiation/ Chemotherapy	13	6	1,398	2.84	5	10	504	4.59
Surgery/Radiation/ Hormone	1	<1	0	0	0	0	0	0
Radiation	0	0	0	0	5	10	1,747	15.9
Radiation/ Chemotherapy	4	2	0	0	10	<21	2,004	18.24
Other Specified Therapy	0	0	4,285	8.69	0	0	910	8.28
None	2	<1	1,922	3.9	2	4	1,258	11.45
Total	**229**	**100**	**49,298**	**100**	**49**	**100**	**10,984**	**100**

**NCDB data available for years 2000 – 2008.*

Comparison of first course treatment modalities for vulvar and vaginal tumors for Woman's and the NCDB data suggests similar utilization of these various modalities except for a somewhat greater percentage of surgery only for vulvar tumors and surgery plus radiation for vaginal tumors among the Woman's patient group.

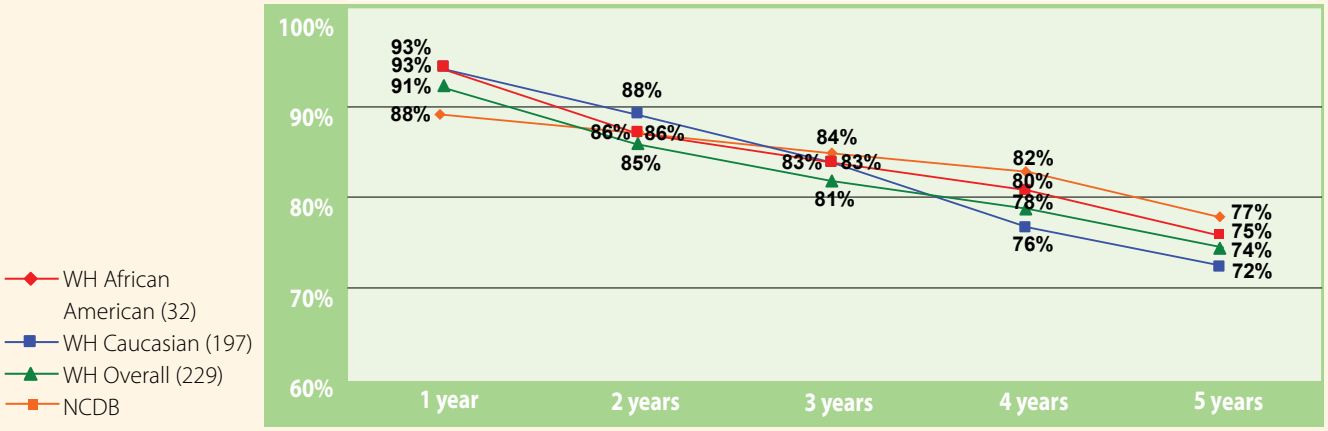
Figure VII A
Vulvar Cancer 5-Year Survival



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

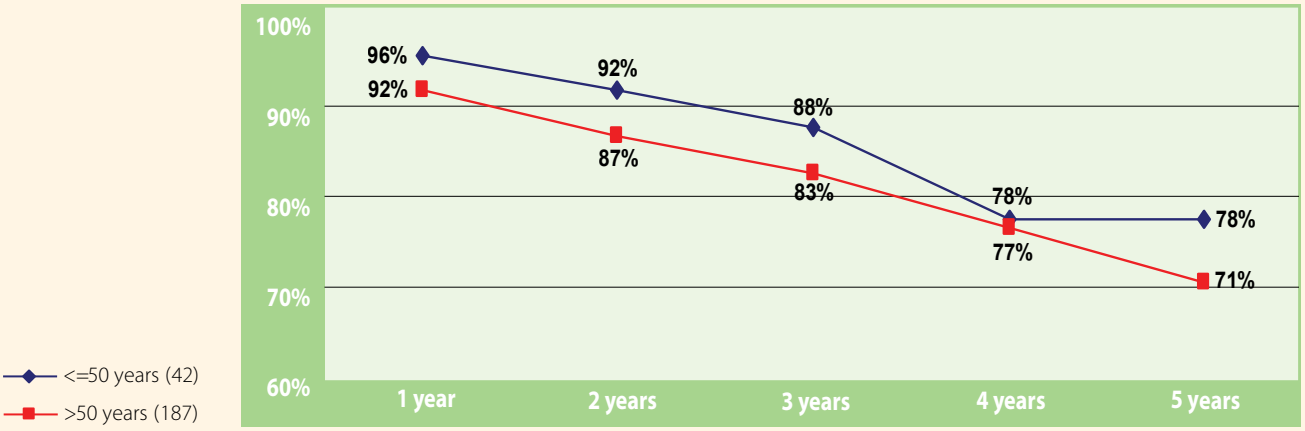
Comparative overall 5-year survival rates of vulvar cancer patients for Woman's, in the Southeast region and nationally, are similar for each of these populations.

Figure VII B
Vulvar Cancer 5-Year Survival by Race



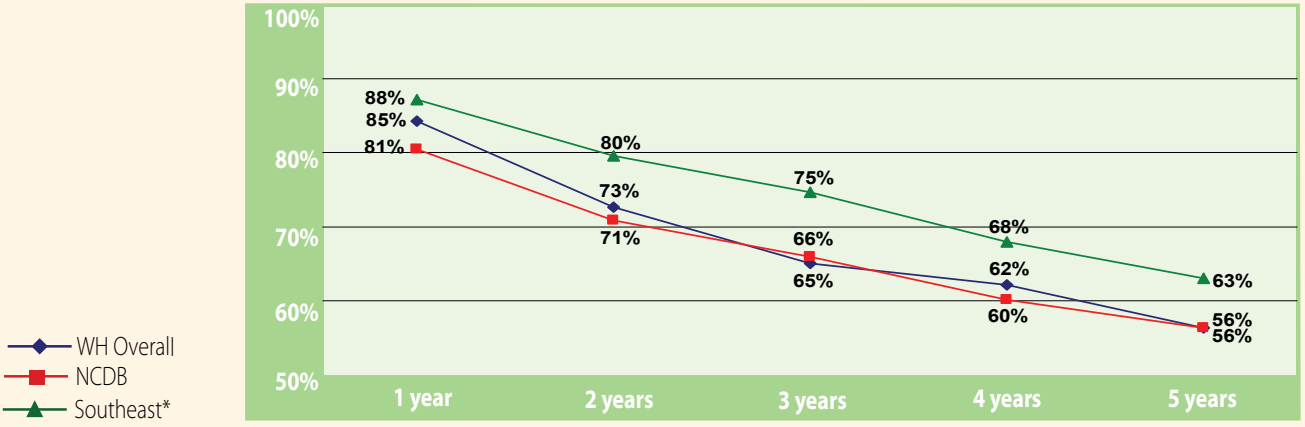
Comparison of 5-year survival of Woman's Hospital vulvar cancer patients by race demonstrates apparently greater survival at 5 years among African American women compared to Caucasian women as well as to the national population.

Figure VII C
Vulvar Cancer 5-Year Survival by Age



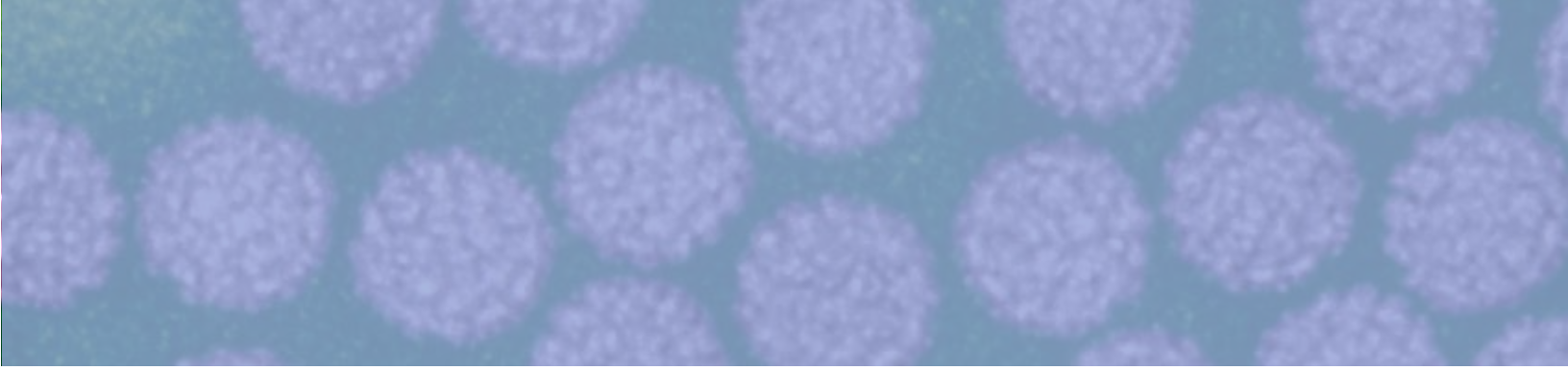
Comparison of vulvar cancer 5-year survival rates for Woman's patients greater and less than 50 years of age at diagnosis demonstrates a generally better survival rate for patients under 50. The reasons for this difference in survival are unclear, but may reflect an overall better state of general health among the younger group of patients.

Figure VIII
Vaginal Cancer 5–Year Survival



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

Comparison of overall 5-year survival of Woman's vaginal cancer patients with patients in the Southeast region and nationally demonstrates that Woman's patients have similar survival rates compared to the national population – but both exhibit consistently lower survival rates than the Southeast region patient population for years one through five. The reasons for this disparity are not immediately apparent.



The incidence of vulvar cancer is increasing and presumed due to increasing exposure to human papilloma virus. Approximately 75% of the cases of vulvar cancer diagnosed at Woman's show evidence of HPV infection.

Support Services

Continuing Medical Education

Woman's 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, Michael Straughn, MD presented a CME program titled, "Care of the Patient with Complex Uterine Atypical Hyperplasia,"on March 29, 2010, and Duane Superneau, MD presented a CME program titled, "Cancer Genetics," on December 14, 2010.

Development

Philanthropic giving allows individuals, corporations and private foundations to invest in organizations like Woman's 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 2010:

Annual Giving

The Annual Giving Campaign is conducted yearly to raise 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 head-on and serving 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 more than $413,000, including the "Be a Superhero" Employee Giving Campaign. 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 efforts to raise funds to create an Employee Emergency Fund as well as to help fund a number of programs and services meeting critical community needs. Sixty-nine percent of employees participated in this year's campaign.

Rock-n-CHAIRity

Rock-n-CHAIRity is a unique event that includes an art auction combined with an evening of fun, entertainment and food from area restaurants. Artists from the community create one-of-a-kind artwork pieces or chairs that are auctioned during the evening. The event helps support several of the hospital's baby-centered programs, such as the Neurodevelopmental Clinic, that are meeting critical community needs. The Rock-n-CHAIRity auction netted over $44,000.

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 12th annual Woman's Victory Open golf tournament was held on Monday, October 11. Underwritten by All Star Automotive Group and presented by Capital One Bank, Long Law Firm and Wright & Percy Insurance, the event netted more than $124,000. Since its inception, funds raised have exceeded $920,000, helping to support the breast cancer outreach 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 strive to ensure patients receive adequate nutrition. Patient education 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 percent.

Gynecologic 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.

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 cancers 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 for treatment. She also assists 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 ten days after chemotherapy administration. The nurse reviews potential side effects, offers emotional support, answers questions approved by the physicians, continues education programs 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 2010, the oncology data manager made 239 calls to patients. Subsequently, 11 patients were referred to their physician, 5 were referred to social services and 1 was referred to a dietitian. Below is a summary of participation in GOG studies for 2010:

- 3 patients were registered on GOG treatment protocol
- 191 patients were reviewed for GOG protocols
- 142 patients were ineligible for GOG treatment protocols
- 30 patients were registered on GOG non-treatment protocols
- 5 GOG protocols were approved by the Institutional Review Board
- 20 patients were 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 stereotactic, 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 16 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, and Susan G. Komen Foundation, Foundation 56 and DOWGives.

Pathology / Laboratory

The Pathology Laboratory offers anatomic pathology services as well as a broad range of clinical pathology services, including: 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) at Woman's Hospital 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

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 phases of their cancer experience.

Social workers can provide patients with additional information on their diagnosis and treatment and a more accurate understanding of how their daily activities will be impacted, 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 launched the Breast Cancer Patient Navigator program to provide women with one-on-one help during their experience. This is a free support service that aids 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 regular patient communication while undergoing treatment, and providing seamless care within Woman's multidisciplinary team all the way through 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.

Surgical Services

The surgical services staff specializes in oncologic, reconstructive plastic, breast, general, gynecologic and urogynecologic surgery, as well as in colonoscopies 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/seven days a week. To ensure post-surgical patients receive adequate pain control, board-certified anesthesiologists remain in the hospital at all times 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, 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 Center for Wellness

The Woman's Center for Wellness takes a comprehensive approach to helping women achieve balanced, healthy lifestyles through its Fitness Club and Day Spa and wellness programs.

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

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

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 2010, the Woman's Health Research Department had 40 active research studies, 23 of which were cancer-related studies, 15 of which were GOG-sponsored studies. The following are active studies related to 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 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. A Randomized Phase III Trial Of Every-3-Weeks Paclitaxel Versus Dose Dense Weekly Paclitaxel in Combination with Carboplatin with or without Concurrent and Consolidation Bevacizumab (NSC #704865, IND #7921) in the Treatment of Primary Stage III or IV Epithelial Ovarian, Peritoneal or Fallopian Tube Cancer (GOG 262)
16. Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometruim and Ovary
17. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
18. Molecular Analysis of Human Breast Cancer (LABR)
19. Human Papillomavirus and Genetic Cofactors in Angiogential Cancer (HPV)
20. A Prognostic Study of Sentinel Node and Bone Marrow Micrometastases in Women with Clinical T1 or T2 NO MO Breast Cancer (Z0010)
21. 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)
22. 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)
23. Study of Tamoxifen and Raloxifene (STAR) for the Prevention of Breast Cancer (NSABP-P-2)

Two HPV vaccines are available, Cervarix and Gardasil, which aim to prevent infection with HPV 16 and 18 subtypes. The specific subtypes of HPV that are associated with cancer vary from region to region as expected with such sexually transmitted infections. In limited studies in our region, HPV 16 is the most common HPV virus associated with precancer and cancer, but HPV 18 is only the fifth most common HPV virus. Since there are at least three other oncogenic viral subtypes that are more common than subtype 18, the two available vaccines may not be as effective in preventing anogenital/oropharyngeal cancer in our area as in other parts of the country.

Cancer Registry Activities

Woman's Cancer Registry program 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. These recorded data are 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 on-site every three years. Woman's currently maintains full accreditation with commendation. In 2010, Cancer Registry leadership began preparing for the next Commission on Cancer Survey, which was scheduled for May, 2011. Preparations included extensive documentation of all cancer program activities, completion of an all-encompassing Survey Application Record and coordination with other departments, cancer program physicians and staff for participation and 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.

In 2009, Cancer Registry leadership joined physicians and staff of other departments to begin the process of reviewing standards and documentation requirements to apply for accreditation through the American College of Surgeons' National Accreditation Program for Breast Centers (NAPBC). Following months of dedication and determination, an application for survey was submitted in 2010 and the survey date was scheduled for January 2011. Accreditation through the NAPBC requires a separate meticulous evaluation of the facility's performance and compliance with the 27 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 7,813 with 7,187 cases being analytical and 626 cases being non-analytical. The Cancer Registry at Woman's accessioned 564 new cases during 2010. 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 cancer registry field, the staff attends educational conferences at the local and national levels. In 2010, staff members attended the LCRA state meetings held in Baton Rouge and Lafayette and the program coordinator attended the NCRA annual conference held in Palm Springs, Ca. The manager of the Cancer Registry attended an accreditation workshop in Chicago, Il, for the NAPBC.

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. They are each 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), and she currently serves as President-Elect for the SELHIMA. All five are members of the National Cancer Registrars Association (NCRA) and the Louisiana Cancer Registrars Association (LCRA), and the Region II Cancer Registrar Forum.

Risk factors for vulvar cancer include exposure to human papilloma virus with 1/2 to 1/3 of cases associated with this virus; history of cervical cancer or precancer; immune deficiency including HIV infection; smoking; and chronic irritation or itching.

Risk factors for vaginal cancer include age; exposure to human papilloma virus; history of cervical cancer or precancer; previous radiation therapy; and diethylstilbestrol exposure.

2010 **Cancer** Committee

Physician Members

Co-Chair, Pathologist . . . . . .Beverly Ogden, MD
Co-Chair, Gyn Oncologist . . . . . Jacob Estes, MD
Cancer Liaison Physician (MEC Liaison) . David Boudreaux, MD
Medical Oncologist. . . . . .Kellie Schmeeckle, MD
Medical Oncologist. . . . . Deborah Abernathy, MD
Radiologist . . . . . James Ruiz, MD
Radiation Oncologist. . . . . Renee Levine, MD
Ob/Gyn . . . . . Edison Foret, MD
Ob/Gyn . . . . . Jill Bader, MD
Ob/Gyn . . . . . Julius Mullins, MD
Gyn Oncologist . . . . . Giles Fort, MD
Gyn Oncologist . . . . . Sterling Sightler, 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 . . 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
Director, Marketing . . . . . 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.

Symptoms of vulvar cancer include skin discoloration or change in texture; persistent itching, pain, burning or soreness; painful urination; bleeding; wart-like growths; and a lump or mass.

Symptoms of vaginal cancer include bleeding after intercourse; painless vaginal bleeding or discharge; and pain in the vagina or pelvis. But 5-10% of patients have no symptoms.

Cancer of the **Breast**

2010
356 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	<1
30-39	15	4
40-49	57	16
50-59	103	29
60-69	107	30
70-79	49	14
80-89	22	6
90-99	2	<1
Total	**356**	**100**

Race	Number of Cases	Percent
Caucasian	278	78
African American	77	22
Asian/Other	1	<1
Total	**356**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	75	21
Stage I	140	39
Stage II	98	28
Stage III	31	9
Stage IV	9	3
Unknown/Not Applicable	3	<1
Total	**356**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	71	20
Chemotherapy	2	<1
Chemotherapy/Hormone	1	<1
Surgery/Chemotherapy	45	13
Surgery/Radiation	38	11
Surgery/Radiation/Chemotherapy	44	12
Surgery/Hormone	38	11
Surgery/Radiation/Hormone	94	26
Surgery/Chemotherapy/Hormone	11	3
Surgery/Radiation/Chemotherapy/Hormone	12	3
Total	**356**	**100**

Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	19	5
Infiltrating Ductal Carcinoma	227	63
Lobular Carcinoma In-Situ	2	<1
Lobular Carcinoma	30	8
Mixed Ductal Carcinoma In-Situ with other In-Situ	56	16
Infiltrating Ductal & Lobular Carcinoma	5	1
Infiltrating Ductal Mixed with other types of carcinoma	3	<1
Mucinous Adenocarcinoma	9	3
Neuroendocrine Carcinoma, NOS	1	<1
Clear Cell Adenocarcinoma	1	<1
Metaplastic Carcinoma	3	<1
Total	**356**	**100**

Cancer of the **Uterus**

2010
89 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
30-39	5	<6
40-49	8	9
50-59	14	16
60-69	32	36
70-79	22	25
80-89	6	7
90-99	2	2
Total	**89**	**100**

Race	Number of Cases	Percent
Caucasian	68	76
African American	20	23
Asian/Other	1	1
Total	**89**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	1
Stage I	60	67
Stage II	1	1
Stage III	16	18
Stage IV	8	9
Unknown/Not Applicable	3	<4
Total	**89**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	1
Surgery	48	54
Surgery/Chemotherapy	19	21
Surgery/Radiation	13	15
Surgery/Radiation/Chemotherapy	6	7
Surgery/Hormone	2	2
Total	**89**	**100**

Histology	Number of Cases	Percent
Endometrioid Adenocarcinoma	66	74
Serous Adenocarcinoma	10	12
Clear Cell Adenocarcinoma	1	1
Mixed Cell Adenocarcinoma	1	1
Adenosquamous Carcinoma	2	2
Mixed Mullerian Tumor	6	7
Leiomyosarcoma	2	2
Rhabdomyosarcoma	1	1
Total	**89**	**100**

Cancer of the **Ovary**

2010
30 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	<4
30-39	1	<4
40-49	3	10
50-59	12	40
60-69	7	23
70-79	3	10
80-89	2	<7
90-99	1	<4
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 0	0	0
Stage I	8	27
Stage II	4	13
Stage III	14	47
Stage IV	2	<7
Unkown/Not Applicable	2	<7
Total	**30**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	2	<7
Surgery	3	10
Surgery/Chemotherapy	24	80
Surgery/Radiation/Chemotherapy	1	3
Total	**30**	**100**

Histology	Number of Cases	Percent
Papillary Serous Adenocarcinoma	10	33
Serous Cystadenocarcinoma, NOS	8	27
Endometrioid Adenocarcinoma	3	10
Mucinous Adenocarcinoma	3	10
Clear Cell Adenocarcinoma	1	<4
Mixed Adenocarcinoma	1	<4
Squamous Cell Carcinoma	1	<4
Transitional Cell Carcinoma	1	<4
Neuroendocrine Carcinoma, NOS	1	<4
Malignant Melanoma, NOS	1	<4
Total	**30**	**100**

Cancer of the **Cervix**

2010
23 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	2	9
30-39	5	22
40-49	5	22
50-59	4	17
60-69	7	30
70-79	0	0
80-89	0	0
Total	**23**	**100**

Race	Number of Cases	Percent
Caucasian	20	87
African American	3	13
Asian/Other	0	0
Total	**23**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	3	13
Stage I	18	78
Stage II	0	0
Stage III	2	9
Stage IV	0	0
Unknown/Not Applicable	0	0
Total	**23**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	18	78
Surgery/Radiation	1	<5
Surgery/Radiation/Chemotherapy	2	9
Radiation/Chemotherapy	1	<5
None	1	<5
Total	**23**	**100**

Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	3	13
Squamous Cell Carcinoma, Microinvasive	1	<5
Squamous Cell Carcinoma	14	61
Adenocarcinoma, NOS	2	9
Adenocarcinoma, Endometrioid Type	1	<5
Adenosquamous Carcinoma	1	<5
Mixed Cell Adenocarcinoma	1	<5
Total	**23**	**100**

Cancer of the **Vulva** and **Vagina**

2010
27 Analytic Cases

Site	Number of Cases	Percent
Vulva	23	85
Vagina	4	15
Total	**27**	**100**

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	4	15
40-49	3	11
50-59	7	26
60-69	1	<4
70-79	7	26
80-89	5	19
Total	**27**	**100**

Race	Number of Cases	Percent
Caucasian	23	85
African American	4	15
Asian/Other	0	0
Total	**27**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	11	41
Stage I	10	37
Stage II	5	19
Stage III	0	0
Stage IV	0	0
Unknown/Not Applicable	1	<4
Total	**27**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	21	78
Surgery/Radiation	2	7
Surgery/Radiation/Chemotherapy	2	7
Radiation	1	<4
None	1	<4
Total	**27**	**100**

Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	11	41
Squamous Cell Carcinoma	10	37
Squamous Cell Carcinoma Keratinizing	1	<4
Basal Cell Carcinoma	1	<4
Adenocarcinoma	2	7
Endometrioid Adenocarcinoma	1	<4
Melanoma	1	<4
Total	**27**	**100**

2010 **Tumor Report** Site Distribution

Analytic Cases Only

SITE	CLASS	STAGE						
Group	Analytic	Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Applicable	Unknown
All Sites	558	92	243	114	75	24	8	2
Breast	356	75	140	98	31	9	3	0
Corpus Uteri	89	1	60	1	16	8	2	1
Ovary	30	0	8	4	14	2	1	1
Vulva	23	11	9	3	0	0	0	0
Vagina	4	0	1	2	0	0	1	0
Cervix Uteri	23	3	18	0	2	0	0	0
Peritoneum, Omentum, Mesentery	11	0	1	0	9	1	0	0
Other Female Genital	7	0	3	3	0	0	1	0
Small Intestine	4	0	0	1	2	1	0	0
Colon	3	0	1	1	0	1	0	0
Other Skin Cancer	2	1	1	0	0	0	0	0
Rectum & Rectosigmoid	1	1	0	0	0	0	0	0
Melanoma Of Skin	1	0	0	0	1	0	0	0
Bladder	1	0	0	0	0	1	0	0
Ureter	1	0	0	0	0	1	0	0
Thyroid	1	0	1	0	0	0	0	0
Non-Hodgkin's Lymphoma	1	0	0	1	0	0	0	0

2010 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
20-29	4	<1
30-39	30	5
40-49	82	15
50-59	145	26
60-69	165	30
70-79	88	16
80-89	39	7
90-99	5	1
Total	**558**	**100**

2010 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	441	79
African American	114	20
Asian/Other	3	1
Total	**558**	**100**

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2010 – December 2010

Total conferences held 20
Total cases presented 65
Average number of attendees 23
Total number of analytic breast cancer cases accessioned in 2010 356

Age of Patients	Number of Cases	Percent
Under 20	1	2
20-29	2	3
30-39	5	8
40-49	10	15
50-59	19	29
60-69	15	23
70-79	10	15
80-89	3	5
Total	**65**	**100**

Histology of Cases Presented

Carcinoma, NOS
Mixed Intraductal Carcinoma
Intraductal Carcinoma
Infiltrating Ductal Carcinoma
Lobular Carcinoma
Metaplastic Carcinoma
Mucinous Carcinoma
Neuroendocrine Carcinoma
Papillary Adenocarcinoma

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conference

January 2010 – December 2010

Total conferences held 12
Total cases presented 56
Average number of attendees 18
Total number of analytic gynecologic cases accessioned in 2010 187

Sites Presented

Bladder
Cervix
Corpus Uteri
Endometrium
Fallopian Tube
Lymph Node
Myometrium
Ovary
Peritoneum
Small Bowel
Ileum
Vagina
Vulva

Age of Patients	Number of Cases	Percent
20-29	1	2
30-39	6	11
40-49	10	18
50-59	8	14
60-69	13	23
70-79	12	21
80-89	4	7
90-99	2	4
Total	**56**	**100**

Histology of Cases Presented

Adenocarcinoma, NOS
Adenosquamous Carcinoma
Carcinosarcoma, NOS
Endometrioid Adenocarcinoma
Squamous Cell Carcinoma
Malignant Melanoma
Mixed Mullerian Tumor
Gastrointestinal Stromal Tumor
Mucinous Adenocarcinoma
Leiomyosarcoma
Diffuse Large B – Cell Lymphoma
Papillary Serous Carcinoma

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womans.org

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.

CAAR2011/11-11