

2014 **Cancer** Annual Report



November 1, 2014

We are pleased to present the 2014 Cancer Annual Report, which focuses on the 3,761 breast cancer cases diagnosed at Woman's Hospital from 2003 to 2013. Breast cancer is the most common cancer diagnosed in women and the second leading cause of death in women in Louisiana. Nationally more than 200,000 newly diagnosed breast cancers and up to 45,000 deaths due to breast cancer are reported each year.

It is estimated that 1 in 9 women are expected to develop breast cancer in their lifetime. Approximately 5 to 8% of patients with breast cancer have an inherited gene that contributes to the development of breast and other cancers. Other known contributing factors for breast cancer development include obesity, sedentary lifestyle, alcohol use, early age of menarche and late age of menopause.

It is notable that breast cancer incidence rates are reported by country; the United States has the highest incidence rate and Japan has the lowest. Japanese women relocating to the United States quickly reflect the same incidence rate seen in American women. More investigation is needed to identify the environmental and lifestyle factors that contribute to the marked difference in breast cancer incidence rates in the United States.

The data in this annual report illustrates that, stage for stage, women diagnosed with breast cancer at Woman's have better survival rates than those reported nationally. A higher percentage of women under the age of 60 are diagnosed at Woman's compared to the National Cancer Data Base (NCDB). There is slight improved survival rates in patients diagnosed at Woman's with stage I, II and III breast cancer compared to the survival rates reported nationally. Women diagnosed with stage IV breast cancer at Woman's demonstrate a 50% survival rate five years after diagnosis compared to 21% reported nationally. Unfortunately, African-American women have poorer overall survival rates than Caucasian women. Much effort is needed to try to identify reasons for differences in survival rates.

It is reassuring to note that up to 94% of women diagnosed with stage I, 88% of women with stage II and 72% of patients with stage III breast cancer will survive. Please feel free to use this report and the data it contains to counsel your patients newly diagnosed with breast cancer.

Beverly Ogden, MD
Chairman, Cancer Committee

Deborah Cavalier, MD
Cancer Liaison Physician



This year's report focuses on the 3,761 cases of breast cancer diagnosed at Woman's Hospital between 2003 and 2013. Of these women, 55% were under the age of 60, compared to only 48% reported in the NCDB. This shift to a younger age demographic parallels the age demographic of screening mammography performed at Woman's. Tables comparing stage of diagnosis showed similar percentages at each stage reported with a slightly lower number of stage IV cancers diagnosed at Woman's. Comparisons of stage of diagnosis and treatment showed more aggressive treatment at Woman's than reported nationally. For stage 0 disease, 71% of patients at Woman's received treatment other than surgery alone, compared to only 52% reported nationally. For stage I disease, 86% received treatment other than surgery alone, compared to 80% reported nationally. For stage III disease, 66% of patients at Woman's received surgery, radiation and chemotherapy (plus or minus hormonal therapy) compared to 54% reported in the NCDB. For stage IV disease, 83% of patients received more treatment than surgery and radiation alone compared to 30% reported nationally. However, the NCDB reported 50% of cases with other therapies not specified and this may explain the difference in treatment reported.

As has been evident in previous cancer annual reports, overall survival is slightly better at Woman's for stage 0-III disease. However, what is different in this report is a significant increase in survival in the stage IV patients diagnosed at Woman's compared to the NCDB. A 50% 5-year survival is reported at Woman's versus 21% reported nationally. Further review of tumor registry data indicates that 56% of stage IV patients treated at Woman's received neoadjuvant chemotherapy. Additional investigation is required to explain the improved survival reported for stage IV disease diagnosed at Woman's. As has been reported in all recent cancer annual reports, survival for African-American patients at Woman's remains lower than survival reported for Caucasian women. Co-morbidities may play a role in the survival differences but this has not been investigated. Further study is warranted to finally identify reasons for differences in survival by race.



Malignant Tumors of the Breast:
Comparative analysis of local and national patient populations

Figure I Breast Malignant Tumors Age at Diagnosis: Years 2003-2013	Age at Diagnosis	Woman's		NCDB*	
		Number	Percent	Number	Percent
	Under 20	0	0	209	<1
	20-29	24	<1	10,397	<1
	30-39	212	6	101,830	4
	40-49	764	20	419,954	18
	50-59	1,067	28	576,133	25
	60-69	921	25	538,724	24
	70-79	555	15	412,134	18
	80-89	193	5	206,106	9
	90-99	25	<1	26,243	1
	Unknown	0	0	1	<1
	Total	3,761	100	2,291,731	100

*NCDB data are only available for years 2000-2011.

Woman's data for age at diagnosis of malignant tumors of the breast shows the highest incidence in the sixth decade (50-59) followed closely by the seventh decade (60-69). Similar findings are reported in the NCDB. However, at Woman's, 55% of all breast cancers are diagnosed before the age of 60, compared to 48% reported in the NCDB. The age distribution at Woman's is similar to the age distribution of screening mammography performed (see Figure I-A).

Figure I-A	Age	Woman's	National Mammography Database (84 facilities, over 1 million exams)
	0-29	.07%	.06%
	30-39	4.40%	1.61%
	40-49	30.90%	23.89%
	50-59	33.65%	30.85%
	60-69	21.39%	25.68%
	70-79	7.58%	13.57%
	80+	2.01%	4.34%



Figure II**Breast Malignant Tumors
Race: Years 2003–2013**

Race	Woman's		NCDB*	
	Number	Percent	Number	Percent
Caucasian	2,730	73	1,841,142	80
African American	1,005	27	239,127	11
Asian	19	<1	0	0
Other**/Unknown	7	<1	211,462	9
Total	3,761	100	2,291,731	100

*NCDB data are only available for years 2000-2011.

**Other category includes Native American and Hispanic.

The race distribution reported in the NCDB data varies slightly from the distribution by race reported at Woman's. The 2009 Cancer Annual Report review of breast cancers also showed a higher incidence in the African-American population. The difference in race distribution is due to the demographics of the referral region for Woman's.

Figure III**Breast Malignant Tumors
Year of Diagnosis:
Years 2003-2013**

Year of Diagnosis *	Woman's
2003	255
2004	303
2005	257
2006	319
2007	379
2008	376
2009	406
2010	356
2011	364
2012	391
2013	355
Total	3,761

*Year of diagnosis is based on accession year.



Figure IV

**Breast Malignant Tumors
Histology:
Years 2003–2013**

Cell Type	Woman's		NCDB*	
	Number	Percent	Number	Percent
In-Situ				
Ductal Carcinoma In-Situ	362	50	N/A	N/A
Lobular Carcinoma In-Situ	10	1	N/A	N/A
Ductal Carcinoma In-Situ mixed with other Carcinoma In-Situ	359	49	N/A	N/A
Total	731	100	N/A	N/A
Invasive				
Carcinoma, NOS	5	1		
Large Cell Neuroendocrine Carcinoma	1	<1		
Small Cell Neuroendocrine Carcinoma	1	<1		
Squamous Cell Carcinoma, NOS	2	<1		
Adenoid Cystic Carcinoma	2	<1		
Tubular Adenocarcinoma	15	1		
Neuroendocrine Carcinoma	3	<1		
Adenocarcinoma with Mixed Subtypes	1	<1		
Clear Cell Adenocarcinoma, NOS	1	<1		
Mixed Cell Adenocarcinoma	1	<1		
Mucinous Adenocarcinoma	58	2		
Infiltrating Ductal Carcinoma	2,550	83	1,523,656	66
Secretory Carcinoma	1	<1		
Medullary Carcinoma, NOS	1	<1		
Lobular Carcinoma, NOS	244	8	214,534	9
Infiltrating Ductal and Lobular Carcinoma	61	2	126,429	6
Infiltrating Ductal Mixed with other types of Carcinoma	31	1	115,148	5
Inflammatory Carcinoma	10	<1		
Paget Disease	16	1		
Adenosquamous Carcinoma	2	<1		
Metaplastic Carcinoma	12	1		
Dermatofibrosarcoma, NOS	1	<1		
Carcinosarcoma	5	<1		
Phyllodes Malignant Tumor	5	<1		
Hemangiosarcoma	1	<1		
Other Specified Types	0	0	311,964	14
Total	3,030	100	2,291,731	100

*NCDB data are only available for years 2000-2011.

The above data indicates that most of the breast cases diagnosed at Woman's from 2003-2013 are invasive ductal carcinomas. There is no comparable data available for in-situ breast tumors by the NCDB.



Figure V

Breast Malignant Tumors
Stage at Diagnosis:
Years 2003-2013

Stage at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
0	746	20	443,387	19
I	1,467	39	880,072	38
I	888	23		
IA	552	15		
IB	27	<1		
II	1,093	29	593,532	27
II	19	<1		
IIA	745	20		
IIB	329	9		
III	374	10	191,766	8
IIIA	246	7		
IIIB	73	2		
IIIC	55	1		
IV	44	1	81,482	4
Unknown / Not Applicable	37	1	101,492	4
Total	3,761	100	2,291,731	100

*NCDB data are only available for years 2000-2011.

Of cases diagnosed at Woman's, 59% were either stage 0 or stage I compared to 57% reported in the NCDB. The percentage of stage II and stage III breast cancer diagnosed at Woman's is slightly higher (39%) than cases reported nationally (35%). Fewer cases are diagnosed at stage IV at Woman's (1%) compared to 4% reported nationally. These statistics reflect a slight trend in earlier detection at Woman's than reported in the NCDB.



Figure VI

**Breast Malignant Tumors
First Course of Treatment:
Years 2003–2013**

Treatment First Course	Woman's		NCDB*	
	Number	Percent	Number	Percent
Chemotherapy	8	<1	0	0
Surgery	588	16	489,554	21
Surgery/Radiation	461	12	237,317	10
Surgery/Hormone	411	11	225,793	10
Radiation/Chemotherapy	1	<1	0	0
Surgery/Chemotherapy	204	6	162,363	7
Surgery/Chemotherapy/Hormone	157	4	110,734	5
Surgery/Chemotherapy/ Hormone/Immunotherapy	2	<1		
Surgery/Chemotherapy/ Immunotherapy	7	<1		
Surgery/Radiation/ Chemotherapy/Hormone	544	15	245,478	11
Surgery/Radiation/Hormone	878	23	404,856	18
Surgery/Radiation/Chemotherapy	485	13	206,587	9
Surgery/Immunotherapy	1	<1		
Hormone	1	<1		
Surgery/Radiation/Immunotherapy	1	<1		
Surgery/Radiation/ Chemotherapy/Immunotherapy	6	<1		
Surgery/Radiation/Chemotherapy/ Hormone/Immunotherapy	3	<1		
Other Specified Therapy	0		143,624	6
None	3		64,989	3
Total	3,761	100	2,291,295	100

*NCDB data are only available for years 2000-2011.

Figure VII

**Breast Cancer:
Treatment by
Stage: Years
2003-2013
(Stage 0 at Diagnosis)**

Treatment	Woman's		NCDB*	
	Number	Percent	Number	Percent
Surgery	222	29	188,543	43
Surgery/Radiation	206	29	90,326	20
Surgery/Radiation/Hormone	226	30	79,913	18
Surgery/Hormone	92	12	42,214	9
Surgery/Chemotherapy	0	0	3,301	<1
Surgery/Radiation/Chemotherapy	0	0	2,416	<1
Surgery/Radiation/Chemotherapy/ Hormone	0	0	1,637	<1
Surgery/Chemotherapy/Hormone	0	0	2,050	<1
Other Specified Therapy	0	0	20,495	5
None	0	0	12,398	3
Total	746	100	443,293	100

*NCDB data are only available for years 2000-2011.

Of patients diagnosed at Woman's with stage 0, 71% received additional treatments beyond surgery compared to only 52% reported nationally.



Figure VII-A

**Breast Cancer:
Treatment by
Stage: Years
2003-2013
(Stage I at Diagnosis)**

Treatment	Woman's		NCDB*	
	Number	Percent	Number	Percent
Surgery	194	13	171,094	19
Surgery/Radiation	183	12	114,609	13
Surgery/Radiation/Hormone	487	33	251,943	29
Surgery/Hormone	210	14	112,359	13
Surgery/Chemotherapy	68	5	41,149	5
Surgery/Radiation/Chemotherapy	147	10	58,128	7
Surgery/Radiation/Chemotherapy/ Hormone	115	8	60,003	7
Surgery/Chemotherapy/Hormone	56	4	30,664	3
Other Specified Therapy	0	0	29,692	3
Surgery/Immunotherapy	1	<1	0	<1
Chemotherapy	1	<1	0	<1
Surgery/Chemotherapy/ Immunotherapy	1	<1	0	<1
Surgery/Chemotherapy/Hormone/ Immunotherapy	1	<1	0	<1
Surgery/Radiation/Immunotherapy	1	<1	0	<1
Surgery/Radiation/Chemotherapy/ Immunotherapy	2	<1	0	<1
None	0	0	10,262	1
Total	1,467	100	879,903	100

*NCDB data are only available for years 2000-2011.

Of note at Woman's, 86% of women received treatment other than surgery alone compared to 80% reported nationally.

Figure VII-B

**Breast Cancer:
Treatment by
Stage: Years
2003-2013
(Stage II at Diagnosis)**

Treatment	Woman's		NCDB*	
	Number	Percent	Number	Percent
Surgery	121	11	82,859	14
Surgery/Radiation	52	5	20,789	4
Surgery/Radiation/Hormone	137	13	54,984	9
Surgery/Hormone	100	9	53,147	9
Surgery/Chemotherapy	96	9	79,496	13
Surgery/Radiation/Chemotherapy	205	19	93,015	16
Surgery/Radiation/Chemotherapy/ Hormone	286	26	117,103	20
Surgery/Chemotherapy/Hormone	88	8	61,312	10
Other Specified Therapy	0	0	23,887	4
Chemotherapy	1	<1	0	0
Surgery/Chemotherapy/ Immunotherapy	3	<1	0	0
Surgery/Radiation/Chemotherapy/ Immunotherapy	2	<1	0	0
Surgery/Radiation/Chemotherapy/ Hormone/Immunotherapy	2	<1	0	0
None	0	0	6,826	1
Total	1,093	100	593,418	100

*NCDB data are only available for years 2000-2011.

Review of recorded treatment for stage II breast cancer showed a similar distribution at Woman's to that reported nationally.



Figure VII-C

**Breast Cancer:
Treatment by
Stage: Years
2003-2013
(Stage III at Diagnosis)**

Treatment	Woman's		NCDB*	
	Number	Percent	Number	Percent
Surgery	35	9	15,860	8
Surgery/Radiation	16	4	3,515	2
Surgery/Radiation/Hormone	22	6	8,257	4
Surgery/Hormone	7	2	7,578	4
Surgery/Chemotherapy	31	8	24,756	13
Surgery/Radiation/Chemotherapy	116	31	43,443	23
Surgery/Radiation/Chemotherapy/ Hormone	131	35	59,459	31
Surgery/Chemotherapy/Hormone	9	2	11,078	6
Other Specified Therapy	0	0	14,876	8
Chemotherapy	3	<1	0	0
Surgery/Chemotherapy/ Immunotherapy	1	<1	0	0
Surgery/Chemotherapy/Hormone/ Immunotherapy	1	<1	0	0
Surgery/Radiation/Chemotherapy/ Immunotherapy	1	<1	0	0
Surgery/Radiation/Chemotherapy/ Hormone/Immunotherapy	1	<1	0	0
None	0	0	2,917	1
Total	374	100	191,739	100

*NCDB data are only available for years 2000-2011.

Review of stage III breast cancer treatment showed 66% of patients at Woman's received surgery, radiation and chemotherapy plus or minus hormonal therapy compared to 54% reported in the NCDB.

Figure VII-D

**Breast Cancer:
Treatment by
Stage: Years
2003-2013
(Stage IV at Diagnosis)**

Treatment	Woman's		NCDB*	
	Number	Percent	Number	Percent
Surgery	3	7	3,347	4
Surgery/Radiation	1	2	1,071	1
Surgery/Hormone	0	0	3,428	4
Surgery/Radiation/Hormone	2	5	2,641	3
Surgery/Chemotherapy	6	14	7,007	9
Surgery/Radiation/Chemotherapy	14	32	4,844	6
Surgery/Radiation/Chemotherapy/ Hormone	11	25	3,564	5
Surgery/Chemotherapy/Hormone	3	7	2,769	3
Other Specified Therapy	0	0	42,333	52
Chemotherapy	1	2	0	0
Radiation/Chemotherapy	1	2	0	0
Hormone	1	2	0	0
None	1	2	10,472	13
Total	44	100	81,476	100

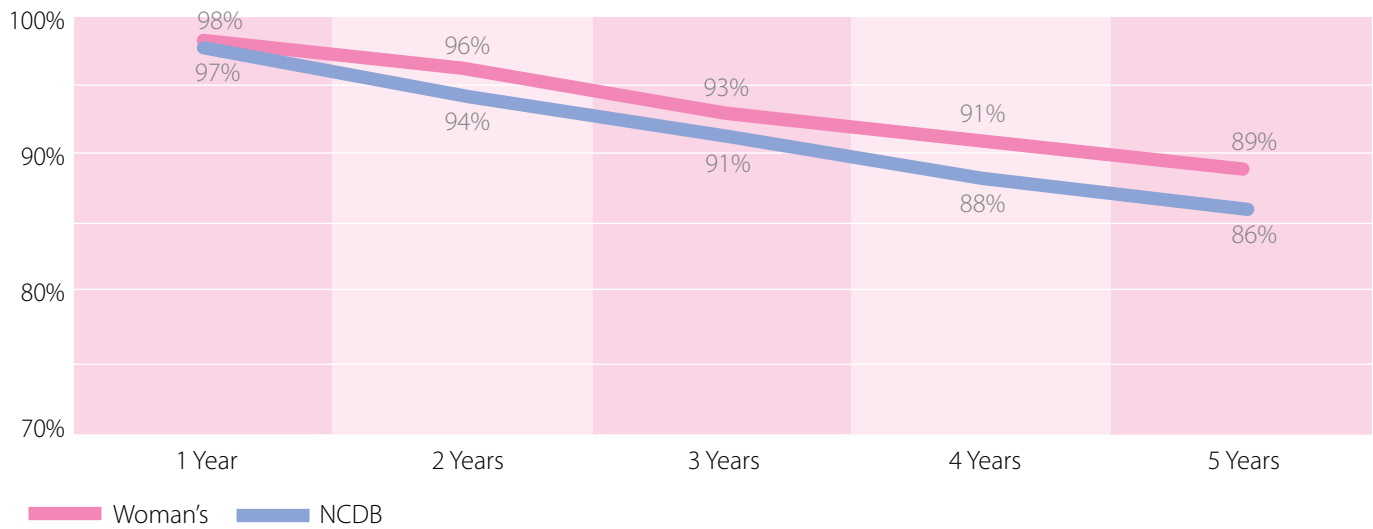
*NCDB data are only available for years 2000-2011.

Marked differences are noted in the treatment of stage IV cancers; 83% of patients at Woman's received treatment other than surgery and radiation compared to only 30% of patients reported nationally. The NCDB does have a high number of cases in the other specified treatment category and this may account for the difference in treatment reported.



Graph I

Breast Cancer Five-Year Survival



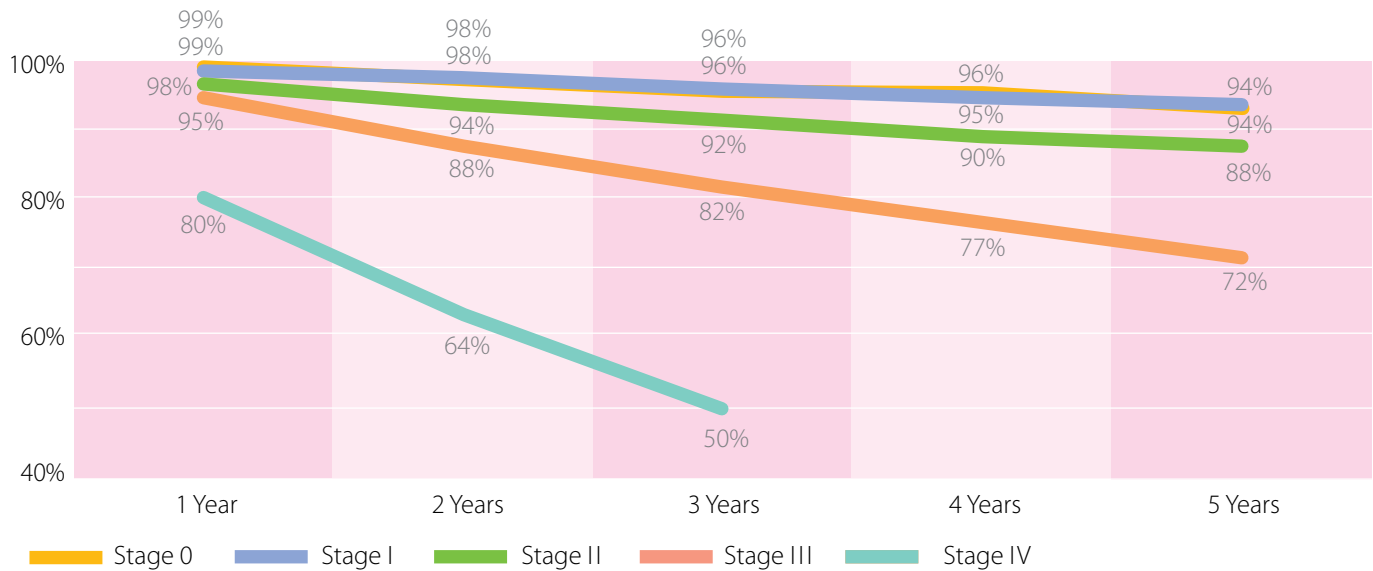
Woman's overall data are for years 2003-2013.

National Cancer Data Base (NCDB) data are for years 2000-2011.

Patients diagnosed at Woman's show improved overall five-year survival compared to NCDB reported statistics.

Graph II

Breast Cancer Five-Year Survival by Stage

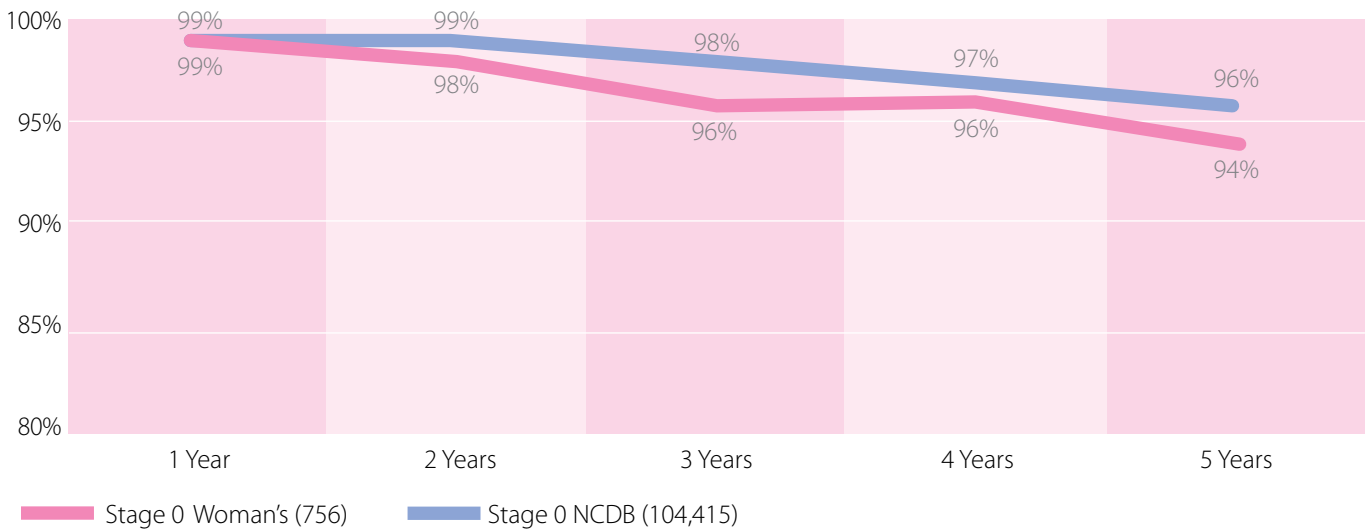


No additional deaths were reported between three and five years for patients with stage IV disease leaving five-year survival rates of 50%.



Graph III-A

Breast Cancer Five-Year Survival: Stage 0



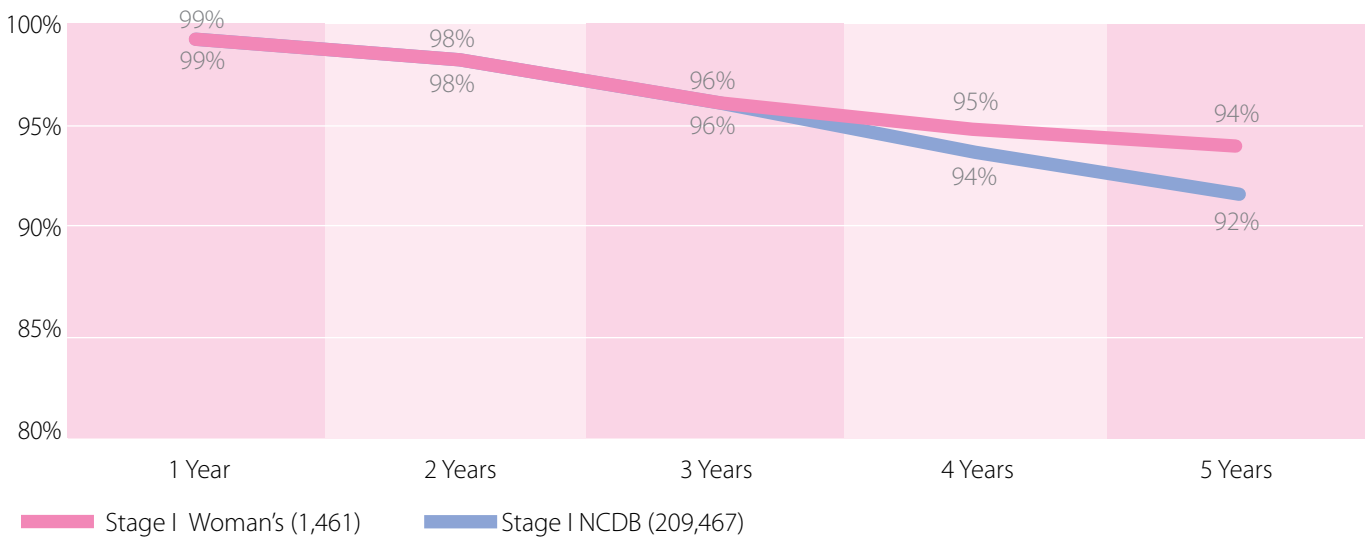
Woman's overall data are for years 2003-2013.

National Cancer Data Base (NCDB) data are for years 2000-2011.

Slightly improved survival is noted in stage 0 patients in the NCDB than reported at Woman's.

Graph III-B

Breast Cancer Five-Year Survival: Stage I



Woman's overall data are for years 2003-2013.

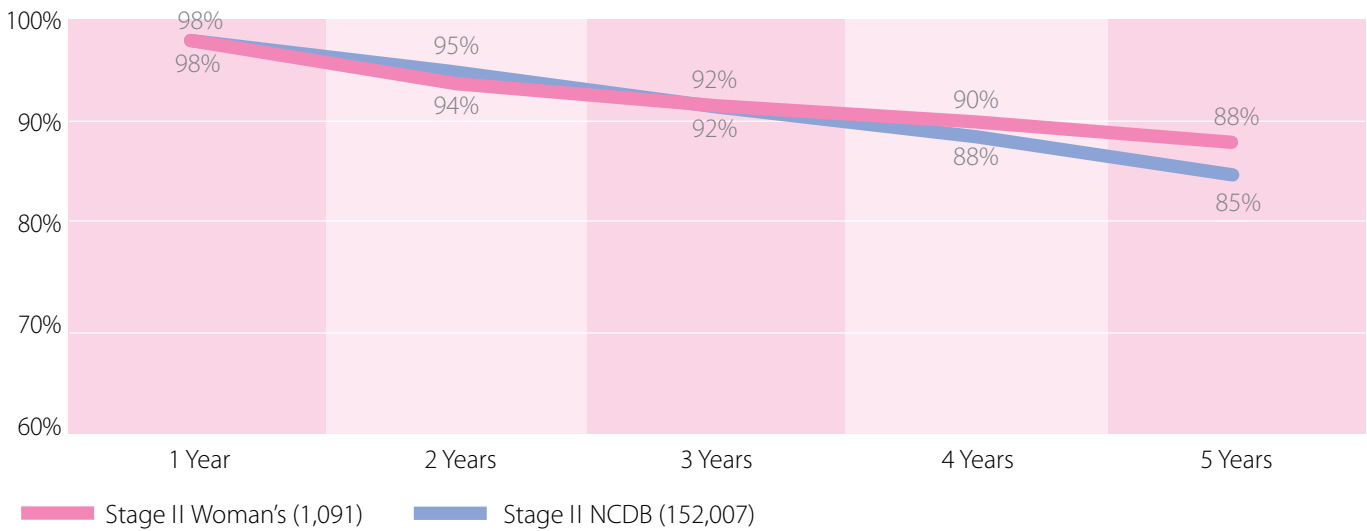
National Cancer Data Base (NCDB) data are for years 2000-2011.

Improved five-year survival is noted in stage I patients diagnosed at Woman's compared to the NCDB.



Graph III-C

Breast Cancer Five-Year Survival: Stage II



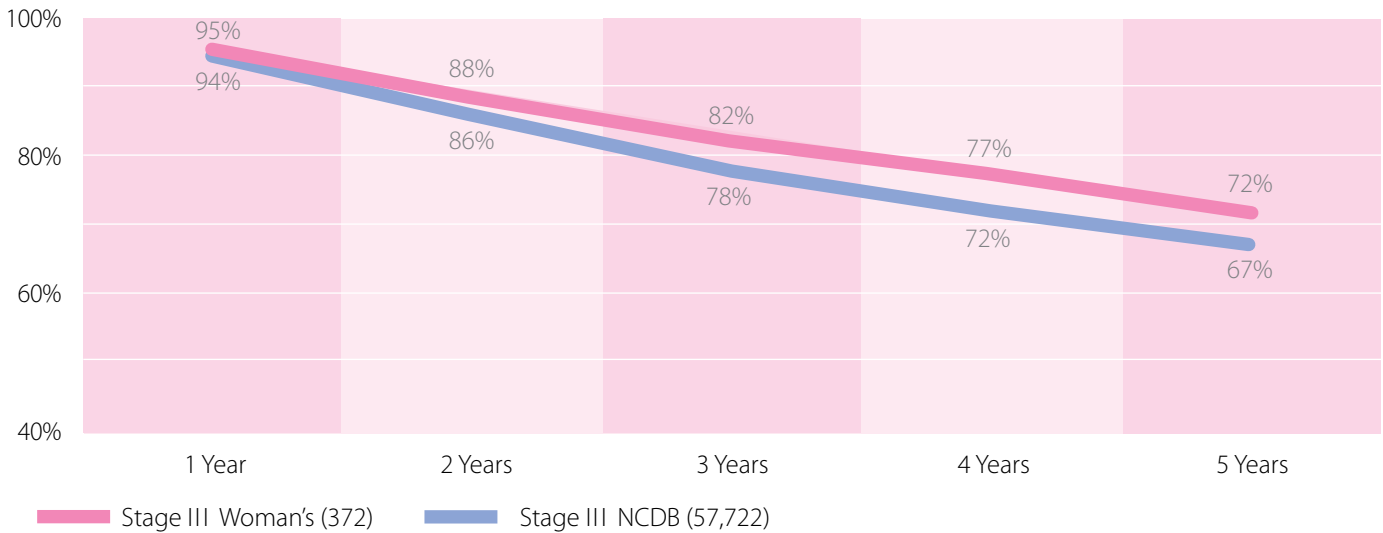
Woman's overall data are for years 2003-2013.

National Cancer Data Base (NCDB) data are for years 2000-2011.

Improved five-year survival is noted in stage II patients diagnosed at Woman's compared to the NCDB.

Graph III-D

Breast Cancer Five-Year Survival: Stage III



Woman's overall data are for years 2003-2013.

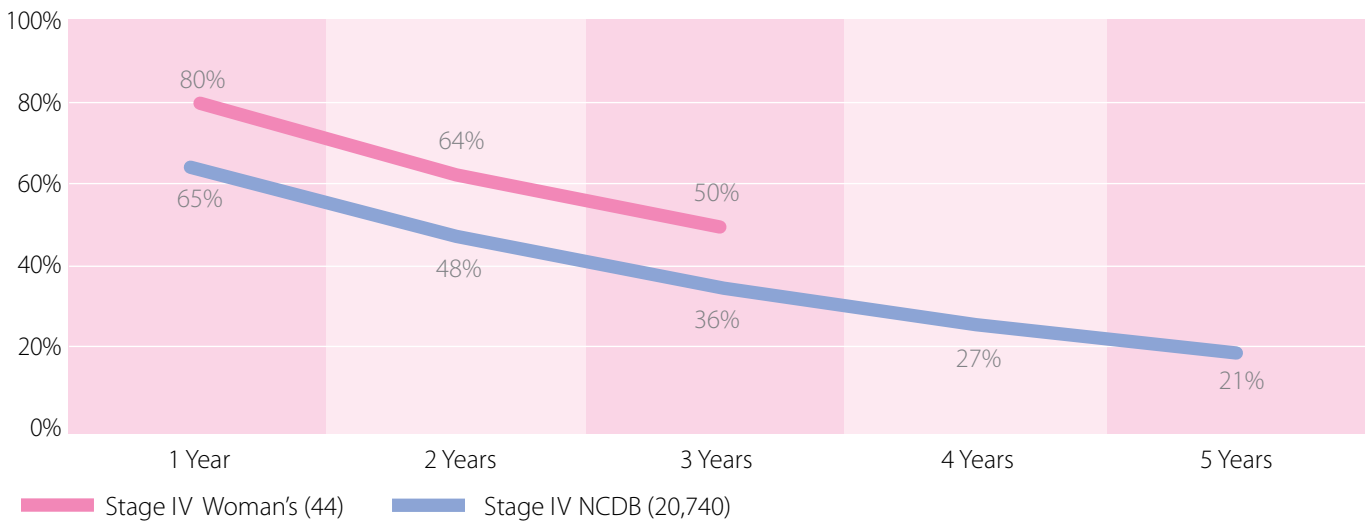
National Cancer Data Base (NCDB) data are for years 2000-2011.

Improved five-year survival is noted in stage III patients diagnosed at Woman's compared to the NCDB.



Graph III-E

Breast Cancer Five-Year Survival: Stage IV*



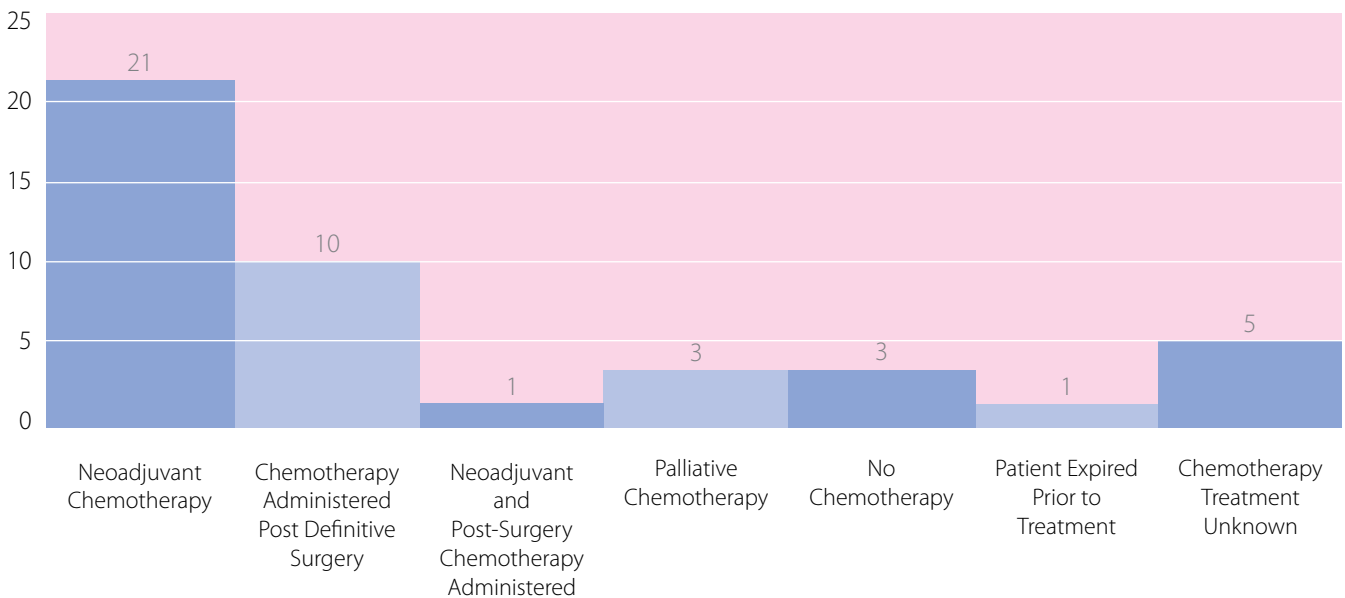
Woman's overall data are for years 2003-2013. National Cancer Data Base (NCDB) data are for years 2000-2011.

There were no additional deaths reported at Woman's between years three and five. The five-year survival rate is 50%, a significant difference from that reported in the NCDB. As previously noted, 83% of stage IV patients at Woman's received more treatment than surgery and radiation alone compared to 54% reported in the NCDB. Review of our tumor registry data showed 56% of stage IV patients received neoadjuvant chemotherapy. Additional investigation is required to explain the improved survival in our patients.

*No deaths in stage IV Woman's data in the past two years.

Graph III-F

Stage IV Woman's Breast Cancer Cases: Chemotherapy

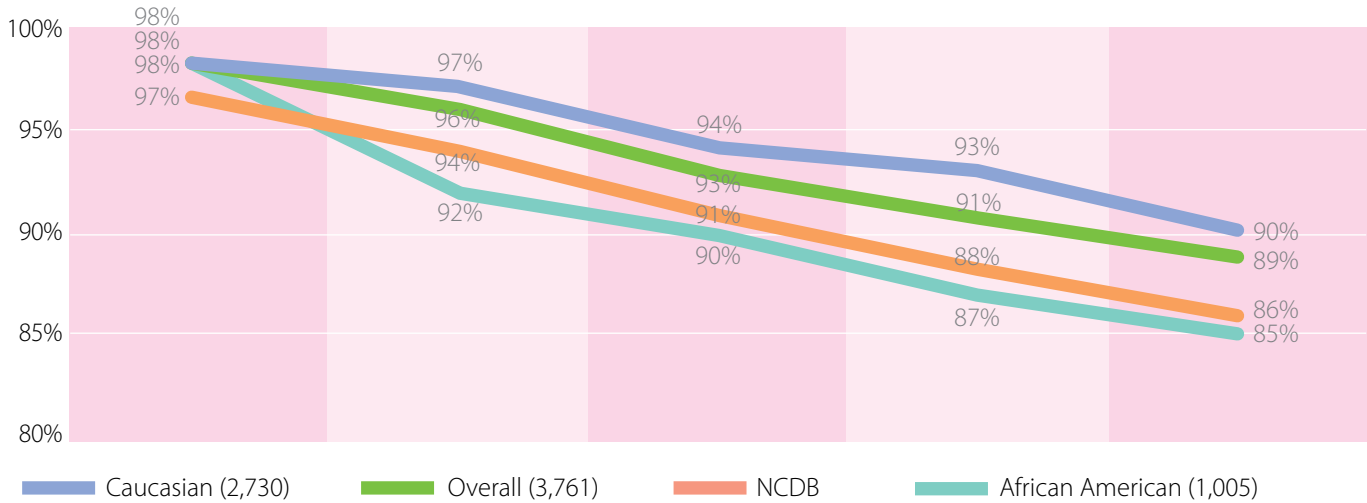


Total stage IV cases: 44



Graph IV

Breast Cancer Five-Year Survival by Race



Woman's overall data are for years 2003-2013. National Cancer Data Base (NCDB) data are for years 2000-2011.

As has been reported in previous annual reports, survival for the African-American patient at Woman's remains lower than that reported for Caucasian women and lower than overall survival reported in the NCDB.



Breast Cancer Patient Navigator

Breast cancer is a complex disease and cancer treatment can be overwhelming. Woman's Breast Cancer Patient Navigator provides women with one-on-one support during their cancer journey. The role of the Woman's Breast Cancer Patient Navigator is to promote a strong and trusting relationship between patients and the Woman's healthcare team. The navigator assists women in finding resources in a timely manner, improves access to treatment and coordinates care by helping to schedule appointments and review paperwork. The navigator improves patient communication during treatment and provides seamless care within Woman's multidisciplinary team throughout survivorship.

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 programming, Dr. Duane Superneau presented a CME program entitled, "Hereditary Cancer Risk Assessment," on March 19, 2013.

Cancer Detection Laboratory

The concept of pap smears as a means of detecting precancerous lesions was in its infancy at Woman's Hospital when Cary Dougherty, MD, founded the Cancer Detection Laboratory (CDL) in 1958. In the 50 plus 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 operation, 4,732 pap smears were processed compared to more than 75,000 today. The fees charged during the early days of the CDL were used to pay the \$64,000 purchase price for the land on which the original Woman's Hospital was built.

Directed by a pathologist board certified in cytopathology and staffed by certified experienced cytotechnologists, the 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 met the accreditation requirements of the College of American Pathologists.



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. The Office of Development's 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." In 2013, Woman's Office of Development supported the following programs and services:

Comprehensive Cancer Support

Woman's Breast Cancer Navigator helps guide patients from diagnosis to survivorship, linking them with services to reduce barriers to treatment, coordinating care among medical specialists, and providing educational and emotional support. Philanthropy dollars also support a Gynecologic Cancer Navigator who guides cervical, ovarian, uterine, vaginal and vulvar cancer patients.

Breast Cancer Outreach

In 2013, Woman's Mobile Mammography Coach traveled 14,115 miles, making 237 trips to 76 different locations in 15 parishes. Lifesaving screenings were provided for 5,500 women; 50% percent of the patients screened in 2013 were uninsured or underinsured. Since 2006,

Woman's Mobile Mammography Coach has performed more than 35,000 mammograms and detected undiagnosed cancers in several hundred women. It costs over \$365,000 every year to keep the coach operational – a large portion of which is paid for by philanthropy. Future plans include refurbishing the existing coach and purchasing a second.

Healing Arts Program

Woman's launched a Healing Arts Program in 2013 to enhance the hospital experience for patients and their families through music, poetry, dance and art. Current projects include monthly progressive concerts, scrapbooking for NICU parents, and art activities for cancer patients receiving infusions.

Palliative Care Program

Woman's Palliative Care Program offers support and training for families facing difficult decisions, recognizing that the patient and the patient's family are part of the care team. Palliative care is offered to people of all ages and at any stage of illness. It includes symptom relief and pain management; individual care is based on the patient's wishes as well as spiritual and cultural beliefs.



Food and Nutrition Services

Registered dietitians ensure that patients receive adequate nutrition during their hospital stay. Patient education includes the importance of eating properly, a nutritional care plan and coping strategies to deal with the possible side effects of treatments.

Room service is a concept most women equate with a high-end hotel, not a hospital. The innovative room service program allows patients to order their meals when they are hungry, instead of delivering trays at pre-determined times. To allow guests to remain with their loved one, we also offer a guest menu and deliver their meals along with that of the patient's.

Gynecologic Oncology Group (GOG)

Woman's is one of five institutions in Louisiana that participate in the Gynecologic Oncology Group (GOG), a national collaborative 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 because 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 treatments. 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. Presently, 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 in GOG clinical trials to ensure the staff adheres to the criteria involved in the research protocol. A nurse phones each gynecologic oncology patient

(including 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 the education program initiated during the initial chemotherapy visit and may refer the patient with complex issues to a physician, social worker or dietitian. The purpose of this follow-up contact is to minimize side effects, continue teaching and reinforce the hospital's commitment to the patient's well-being. Woman's also employs a gynecology oncology patient navigator, also a registered nurse, who oversees the navigation of women diagnosed with gynecologic cancers.

The following is a brief summary of the activities from the Oncology Data Management Office that have taken place during the past year.

January-December 2013:

- Number of Patients Registered on GOG treatment protocols: **4**
- Number of patients Ineligible for GOG treatment protocols: **180**
- Number of patients ELIGIBLE but not registered: **23**
- Number of patients with NO cancer or Non-GYN cancer: **208**
- Number of Patients registered on GOG Non-treatment Protocols: **3**
- Total number of patients reviewed for GOG protocols: **417**
- Number of GOG protocols approved by IRB: **5**
- Number of follow-up contacts: **20**
- Number of open protocols (treatment and non-treatment) (as of December 2013): **9**



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, as well as Computer-Assisted Detection (CAD), 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 15 surrounding parishes, is built on a collaborative partnership which enables us to provide breast care to low-income, at-risk, uninsured and underinsured women in outlying areas. Our collaborative partners include Mary Bird Perkins CARE Network, YWCA, Encore plus, LSU HSC School of Public Health's 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 services. These services include testing that is related to cancer diagnoses and monitoring, such as CA-125, CEA, CA15-3, CA27.29, AFP, B-HCG, HER2/neu FISH, Urovysion FISH and HPV screening. The laboratory is under the direction of board-certified pathologists and is accredited by the College of American Pathologists.

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 minimally invasive surgery for GYN cancers. Additionally, inpatient and outpatient chemotherapy, symptom management and supportive care are provided for women with gynecologic cancer.

Woman's employs two oncology patient navigators; a breast cancer patient navigator and a gynecologic oncology patient navigator to support cancer patients throughout their cancer journey. Patient satisfaction of this comprehensive approach to care is extremely high. Woman's offers a monthly support group that 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 is in the spring and has a fun celebratory theme, and Women Living with Cancer is in the fall, and is an educational program.



Perioperative Services

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

Surgical Care Unit - The Surgical Care team preoperatively cares for surgical patients in private rooms. The team provides compassionate, individualized care to patients and families. This team continues the care that was initiated in the Pre-Surgery center. After surgery, ambulatory surgery patients recover in their preoperative rooms. The Surgical Care team manages the patient's pain control and further prepares them for discharge.

Patients requiring an overnight stay are admitted to a private room on a medical surgical unit.

Operating Room - The surgical staff in the Operating Room provide care in the following specialties: breast, colonoscopy, general, gynecology, laparoscopy, oncology, plastics and urogynecologic surgical procedures. Two daVinci® surgical system robots provide 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 - The Sterile Processing department 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.

Pharmacy

Pharmacists have specialized knowledge about medications and use this knowledge in working with physicians, nurses and other hospital staff to optimize chemotherapy and minimize toxicities. Pharmacy services include chemotherapy dose preparation, prescription safety checks and drug information. Each chemotherapy order is reviewed by two pharmacists for accuracy at the time of receipt, prior to preparation and at final dispensation.

Respiratory Care

Respiratory therapists are specialists in cardiology and pulmonology, working as practitioners under the direction of a physician. Respiratory therapists have a broad scope of practice with advanced clinical skills and competencies in cardiopulmonary resuscitation, airway management, establishing and maintaining patient stabilization, laboratory analysis, critical care and surgical units, and hospital-to-hospital neonatal ground transport services.

Respiratory therapists provide a wide range of therapeutic, diagnostic and education services to inpatients and outpatients, including neonatal, pediatric, adult and geriatric patients with lung dysfunction, breathing difficulties and/or pulmonary diseases. They have a sound understanding of the physiological and psychological needs of the patient, the role of the various therapeutic interventions in the patient care plan and the development of broad-based skills to effectively contribute to the overall care and outcome of the patient. Respiratory therapists are a vital part of the hospital's lifesaving response team and have current Louisiana State Board of Medical Examiner licensure with BLS, PALS, NRP and ACLS certifications.



Social Services

Oncology social workers assess each patient diagnosed with cancer as to their understanding of their diagnosis, recommended treatment and surveillance plan. This includes psychosocial needs (such as job, school and home environment) relationships, mental and emotional health and financial concerns. Referrals are made based on need and available resources.

Oncology social workers also coordinate services in order to maintain continuity of care. Services may include, but are not limited to, making referrals for supportive and/or complementary therapies, home health and hospice.

Therapy Services

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

Woman's also offers a comprehensive lymphedema management program, including exercise, education, manual techniques, compression bandaging and use of a gradient sequential pump. The 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. A medical exercise program helps 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 an exercise program. Therapists guide medical exercise clients through individualized exercise programs that incorporate different wellness components, such as flexibility, strength, endurance, body composition, cardiovascular and stress management.

Woman's Center for Wellness

Woman's Center for Wellness uses a comprehensive approach to helping women achieve a balanced, healthy lifestyle with fitness, nutrition, relaxation and therapy services. 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, Nia® 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, 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 health coaches. Located within Woman's Center for Wellness, Relaxation Services 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 ovary syndrome, 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 gene 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 2013, the Woman's Health Research Department had 46 active research studies, 17 of which were cancer-related studies, 12 of which were GOG-sponsored studies. The following are active studies related to cancer diagnosis or treatment:

1. 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)
2. 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)
3. 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 (GOG 258)
4. 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) closed to ppt entry
5. 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)
6. 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) closed to ppt entry
7. 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)
8. Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometrium and Ovary
9. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
10. Molecular Analysis of Human Breast Cancer (LABR)
11. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)
12. A Prognostic Study of Sentinel Node and Bone Marrow Micrometastases in Women with Clinical T1 or T2 NO MO Breast Cancer (Z0010)
13. A Randomized Phase II Study of NCI-Supplied Cabozantinib (NSC #761968 IND #116059) Versus Weekly Paclitaxel (NSC #673089) in the Treatment of Persistent or Recurrent Epithelial, Ovarian, Fallopian Tube, or Primary Peritoneal Cancer (GOG 186-K)
14. A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12 Monthly Cycles of Single Agent Paclitaxel of Xytotax (CT-2103) (IND #70177) Versus No Treatment Until Documented Relapse in Women with Advanced Ovarian or Primary Peritoneal Cancer who Achieve a Complete Clinical Response to Primary Platinum / Taxane Chemotherapy (GOG 212) – closed to ppt entry
15. Chemotherapy Toxicity in Elderly Women with Ovarian, Primary Peritoneal, or Fallopian Tube Cancer (GOG 273)
16. A Phase III Randomized Trial of Gemcitabine (NSC# 613327) Plus Docetaxel (NSC# 628503) Followed by Doxorubicin (NSC# 123127) Versus Observation for Uterus-Limited, High-Grade Uterine Leiomyosarcoma (GOG 277)
17. Evaluation of Physical Function and Quality of Life (QoL) Before and After Non-Radical Surgical Therapy (Extra Fascial Hysterectomy or Cone Biopsy with Pelvic Lymphadenectomy) for Stage IA1 (LVSI+ and IA2-IB1 (≤2cm) Cervical Cancer (GOG 278)



COMMITTEES

2013 Cancer Committee

Physician Members

<i>Chair, Pathologist</i>	Beverly Ogden, MD
<i>Vice Chair, Gyn Oncologist</i>	Giles Fort, MD
<i>Cancer Liaison Physician</i>	David Boudreaux, MD
<i>Geneticist</i>	Duane Superneau, MD
<i>Medical Oncologist</i>	Kellie Schmeackle, MD
<i>Ob/Gyn</i>	Julius Mullins, MD
<i>Gyn</i>	Tammy Dupuy, MD
<i>Radiologist</i>	Steven Sotile, MD
<i>Radiation Oncologist</i>	Sheldon Johnson, MD
<i>Surgeon</i>	Mary Elizabeth Christian, MD
<i>Surgeon (Medical Executive Committee Liaison)</i>
.....	Michael Puyau, MD

Administrative Liaisons

<i>Senior Vice President/CNE</i>	Tricia Johnson
<i>Senior Vice President</i>	Nancy Crawford
<i>Director, Health Information Management/Utilization Management</i>	Danielle Berthelot
<i>Manager, Health Information Management</i> ..	Tonya Songy
<i>Cancer Registrar</i>	Heather McCaslin
<i>Cancer Registrar</i>	Ashley Hebert
<i>Cancer Registrar</i>	Stephanie Coleman
<i>Social Services</i>	Robin Maggio
<i>Director, Gyn/Oncology</i>	Mary Ann Smith
<i>Imaging Services Compliance/Resource Coordinator</i>
.....	Mary Salario
<i>Manager, Quality Improvement</i> ..	Hilde Chenevert, PhD
<i>Data Manager/Oncology</i>	Jennifer Arceneaux
<i>Dietary</i>	Paula Meeks
<i>Director, Pharmacy</i>	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.



2013 Breast Cancer Ad-Hoc Committee

Physician Members

<i>Co-Chair, Surgeon</i>	Michael Hailey, MD
<i>Co-Chair, Radiologist</i>	Steven Sotile, MD
<i>OB/Gyn</i>	Carol Ridenour, MD
<i>OB/Gyn</i>	Charles Lawler, MD
<i>OB/Gyn</i>	Ellis Schwartzenburg, MD
<i>Radiation Oncologist</i>	Renee Levine, MD
<i>Medical Oncologist</i>	Derrick Spell, MD
<i>Pathologist</i>	Beverly Ogden, MD
<i>Geneticist</i>	Duane Superneau, MD
<i>Plastic Surgeon</i>	Gary Cox, MD
<i>Ob/Gyn (Resident PGY I)</i>	Diana Dietrich, MD
<i>Ob/Gyn (Resident PGY II)</i>	Mary Dark-Busch, MD

Administrative Liaisons

<i>Senior Vice President</i>	Nancy Crawford
<i>Senior Vice President/CNE</i>	Tricia Johnson
<i>Director, Health Information Management/Utilization Management</i>	Danielle Berthelot
<i>Director, Radiology</i>	Cynthia Rabalais
<i>Director, Gyn/Oncology</i>	Mary Ann Smith
<i>Social Services</i>	Robin Maggio
<i>Social Services</i>	Tracy Johnson
<i>*Director, Pharmacy</i>	Peggy Dean
<i>*Manager, Health Information Management</i>	Tonya Songy
<i>*Cancer Registrar</i>	Heather McCaslin
<i>*Staff Development</i>	Joan Ellis, PhD
<i>*Manager, Quality Improvement</i>	Hilde Chenevert, PhD

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

The Breast Program Leadership shall:

1. develop and evaluate annual goals and objectives for the clinical, educational, and programmatic activities related to the breast center;
2. plan, initiate and implement breast-related activities;
3. evaluate breast center activities annually;
4. audit interdisciplinary breast cancer center activities;
5. audit breast conservation rates;
6. audit sentinel lymph node biopsy rates;
7. audit needle biopsy rates;
8. promote clinical research and audit clinical trial accrual;
9. monitor quality and outcomes of the breast center activities, and
10. uphold medical ethical standards.



CANCER REGISTRY ACTIVITIES

The Cancer Registry is an essential part of the Woman's Cancer Program. The Cancer Registry is a data system designed for the collection, management and analysis of information based on the patient population at Woman's. Our cancer data management team of experts carefully tracks each patient diagnosed with cancer starting at the time of diagnosis, throughout treatment and for life. Accurate data collection provides our physicians and researchers with valuable information about how cancers are best diagnosed and treated, as well as the health status of patients following treatment.

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

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

The Cancer Registry coordinates the cancer program at Woman's and functions under the guidance of the Cancer Committee in accordance with all standards of the American College of Surgeons' Commission on Cancer (CoC) and National Accreditation Program for Breast Centers (NAPBC). Woman's currently maintains a full accreditation with commendation from the Commission on Cancer and a full accreditation with the National Accreditation Program for Breast Centers.



2013 Tumor Report Site Distribution

Analytic Cases Only

SITE Group	CLASS Analytic	STAGE					Not Applicable/Unknown
		Stage 0	Stage I	Stage II	Stage III	Stage IV	
All Sites	571	80	259	112	85	23	12
Breast	355	77	154	86	33	2	3
Corpus Uteri	94	0	66	6	13	7	2
Ovary	44	0	9	5	24	6	0
Cervix Uteri	42	0	20	11	7	4	0
Vulva	14	3	5	2	2	2	0
Vagina	2	0	1	0	1	0	0
Fallopian tube	2	0	0	0	2	0	0
Peritoneal	1	0	0	0	0	0	1
Thyroid	2	0	2	0	0	0	0
Non-Hodgkin's Lymphoma	1	0	0	1	0	0	0
Leukemia	3	0	0	0	0	0	3
Colon	2	0	0	1	1	0	0
Small Intestine	1	0	0	0	1	0	0
Rectum	1	0	0	0	0	1	0
Anus	1	0	0	0	1	0	0
Other Digestive	2	0	0	0	0	1	1
Bladder	2	0	1	0	0	0	1
Kidney and Renal Pelvis	1	0	1	0	0	0	0
Skin	1	0	0	0	0	0	1

2013 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
Under 20	0	0
20 - 29	8	1
30 - 39	25	4
40 - 49	94	16
50 - 59	173	31
60 - 69	159	28
70 - 79	84	15
80 - 89	22	4
90 - 99	6	1
Total	571	100

2013 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	411	72
African American	150	26
Asian/Other	10	2
Total	571	100



**Cancer of the Breast:
2013 Analytic Cases**

Age at Diagnosis	Number of Cases	Percent
20-29	2	1
30-39	8	2
40-49	59	17
50-59	118	34
60-69	108	30
70-79	43	12
80-89	12	3
90-99	5	1
Total	355	100
Race	Number of Cases	Percent
Caucasian	259	73
African American	90	25
Asian/Other	6	2
Total	355	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	77	22
Stage I	154	43
Stage II	86	24
Stage III	33	9
Stage IV	2	1
Unknown/Not Applicable	3	1
Total	355	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	5	1
Surgery	128	36
Surgery/Chemotherapy	37	10
Surgery/Radiation	42	12
Surgery/Radiation/Immunotherapy	1	<1
Surgery/Radiation/Chemotherapy	9	3
Surgery/Radiation/Chemotherapy/Immunotherapy	6	1
Surgery/Hormone	42	12
Surgery/Immunotherapy	1	<1
Surgery/Radiation/Hormone	56	16
Surgery/Chemotherapy/Hormone	1	<1
Surgery/Chemotherapy/Immunotherapy	7	2
Surgery/Chemotherapy/Hormone/Immunotherapy	2	1
Surgery/Radiation/Chemotherapy/Hormone	13	4
Surgery/Radiation/Chemotherapy/Hormone/Immunotherapy	3	1
None	2	1
Total	355	100
Histology	Number of Cases	Percent
DCIS Mixed w/other in-situ	70	20
Mucinous Adenocarcinoma	6	2
Infiltrating Ductal Carcinoma	251	70
Lobular Carcinoma	20	6
Infiltrating Ductal & Lobular Carcinoma	4	1
Paget Disease & Intraductal Carcinoma	1	<1
Phyllodes Tumor	1	<1
Neuroendocrine Carcinoma, NOS	2	1
Total	355	100



**Cancer of the Ovary:
2013 Analytic Cases**

Age at Diagnosis	Number of Cases	Percent
20-29	3	7
30-39	2	5
40-49	5	11
50-59	12	27
60-69	10	23
70-79	9	20
80-89	1	2
90-99	2	5
Total	44	100
Race	Number of Cases	Percent
Caucasian	35	80
African American	7	16
Asian/Other	2	4
Total	44	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	9	20
Stage II	5	11
Stage III	24	55
Stage IV	6	14
Unknown/Not Applicable	0	0
Total	44	100
Treatment First Course	Number of Cases	Percent
Surgery	13	29
Chemotherapy	2	5
Surgery/Chemotherapy	29	66
Total	44	100
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	8	18
Squamous Cell Carcinoma	1	2
Endometrioid Adenocarcinoma	8	18
Papillary Serous Adenocarcinoma	23	52
Mucinous Adenocarcinoma	2	5
Mullerian Mixed Tumor	2	5
Total	44	100



Cancer of the Cervix: 2013 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	3	7
30-39	10	24
40-49	11	26
50-59	5	12
60-69	8	19
70-79	4	10
80-89	1	2
90-99	0	0
Total	42	100
Race	Number of Cases	Percent
Caucasian	18	43
African American	24	57
Asian/Other	0	0
Total	42	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	20	48
Stage II	11	26
Stage III	7	17
Stage IV	4	9
Unknown/Not Applicable	0	0
Total	42	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	1	2
Surgery	16	39
Surgery/Chemotherapy	5	12
Surgery/Radiation	1	2
Surgery/Radiation/Chemotherapy	2	5
Radiation/Chemotherapy	17	40
Total	42	100
Histology	Number of Cases	Percent
Carcinoma, NOS	2	5
Large Cell Neuroendocrine Carcinoma	1	2
Small Cell Neuroendocrine Carcinoma	1	2
Squamous Cell Carcinoma, NOS	27	65
Microinvasive Squamous Cell Carcinoma	2	5
Clear Cell Adenocarcinoma, NOS	1	2
Squamous Cell Carcinoma Clear Cell Type	1	2
Adenocarcinoma, NOS	4	10
Adenosquamous Carcinoma	2	5
Endometrioid Adenocarcinoma	1	2
Total	42	100



Cancer of the Uterus: 2013 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
30-39	3	3
40-49	13	14
50-59	31	33
60-69	25	27
70-79	19	20
80-89	3	3
Total	94	100
Race	Number of Cases	Percent
Caucasian	64	68
African American	28	30
Asian/Other	2	2
Total	94	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	66	71
Stage II	6	6
Stage III	13	14
Stage IV	8	8
Unknown/Not Applicable	1	1
Total	94	100
Treatment First Course	Number of Cases	Percent
Surgery	75	81
Surgery/Chemotherapy	16	16
Surgery/Radiation	1	1
Surgery/Radiation/Chemotherapy	1	1
Surgery/Hormone	1	1
Total	94	100
Histology	Number of Cases	Percent
Adenocarcinoma	2	2
Clear Cell Adenocarcinoma, NOS	1	1
Endometrioid Adenocarcinoma, NOS	72	77
Serous Papillary Adenocarcinoma	7	7
Endometrial Stromal Sarcoma	3	3
Adenosarcoma	1	1
Mullerian Mixed Tumor	8	9
Total	94	100



**Cancer of the Vulva
and Vagina:
2013 Analytic Cases**

Site	Number of Cases	Percent
Vulva	14	88
Vagina	2	12
Total	16	100
Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	1	6
40-49	3	19
50-59	4	25
60-69	3	19
70-79	3	19
80-89	2	12
Total	16	100
Race	Number of Cases	Percent
Caucasian	14	88
African American	2	12
Asian/Other	0	0
Total	16	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	3	19
Stage I	6	38
Stage II	2	12
Stage III	3	19
Stage IV	2	12
Unknown/Not Applicable	0	0
Total	16	100
Treatment First Course	Number of Cases	Percent
Surgery	9	57
Surgery/Radiation	1	6
Chemotherapy/Radiation	4	25
None	2	12
Total	16	100
Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	3	19
Squamous Cell Carcinoma	12	75
Basal Cell Carcinoma	1	6
Total	16	100



Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2013-December 2013

Total Conferences held	56
Total Cases Presented	126
Average number of attendees	21
Total number of analytic breast cancer cases accessioned in 2013	355

Age of Patients	Number of Cases	Percent
20-29	5	4
30-39	6	5
40-49	20	16
50-59	40	32
60-69	36	28
70-79	10	8
80-89	4	3
90-99	5	4
Total	126	100

Histology of Cases Presented

Non-Invasive Tumors

- Solid, Cribriform and Micropapillary Ductal Carcinoma – In-Situ
- Cribriform & Comedo Ductal Carcinoma – In-Situ
- Solid & Cribriform Ductal Carcinoma – In-Situ
- Ductal Carcinoma – In-Situ
- Solid Ductal Carcinoma – In-Situ
- Cribriform Ductal Carcinoma – In-Situ
- Papillary Carcinoma – In-Situ
- Borderline Phyllodes Tumor
- Atypical Ductal Hyperplasia
- Atypical Papilloma

Invasive Tumors

- Infiltrating Ductal Carcinoma
- Lobular Carcinoma
- Infiltrating Ductal Carcinoma and Lobular Carcinoma
- Paget's Disease
- Malignant Phyllodes Tumor
- Invasive Small Cell Neuroendocrine Carcinoma
- Anaplastic Large Cell Lymphoma
- Intracystic Papillary Carcinoma
- Inflammatory Carcinoma
- Adenocarcinoma
- Carcinoma



Cancer Registry Report on Cases Presented at Gynecologic Cancer Conference

January 2013-December 2013

Total conferences held	11
Total cases presented	61
Average number of attendees.....	21
Total number of analytic gynecologic cases accessioned in 2013.....	199

Sites Presented

Cervix Uteri
 Uterus
 Bladder
 Kidney
 Endometrium
 Fallopian Tube
 Ovary
 Appendix
 Vagina
 Vulva
 Rectum

Age of Patients	Number of Cases	Percent
20-29	6	10
30-39	7	11
40-49	4	7
50-59	15	24
60-69	12	20
70-79	14	23
80-89	3	5
Total	61	100

Histology of Cases Presented

Endometrial Stromal Sarcoma
 Basal Cell Carcinoma
 Squamous Cell Carcinoma
 Endometrioid Adenocarcinoma
 Adenocarcinoma
 Serous Adenocarcinoma
 Clear Cell Carcinoma
 Urothelial Cell Carcinoma
 Micropapillary Serous Carcinoma
 Renal Cell Carcinoma
 Borderline Brenner Tumor
 Papillary Serous Carcinoma
 Mixed Mullerian Tumor
 Keratinizing Squamous Cell Carcinoma
 Squamous Cell Carcinoma – In-Situ
 Carcinosarcoma
 Borderline Ovarian Tumor
 Carcinoma
 Endometrial Cancer
 Mucinous Cystadenocarcinoma
 Endometrial Stromal Sarcoma
 Stromal Tumor



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