Woman's

2018 CANCER ANNUAL REPORT

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December 31, 2018

We are pleased to present the 2018 Cancer Annual Report that focuses on the 408 ovarian cancer cases diagnosed at Woman's Hospital from January 2007 through December 2017. Ovarian cancer represents only 1.3% of all new cancer cases diagnosed in women, but continues to be one of the most lethal malignancies. Review of our statistics show that overall survival of women diagnosed with ovarian cancer at Woman's Hospital was better than local, regional and national reports. Unfortunately, all of the reporting data bases continue to show racial disparity in survival between Caucasian and African American women, and needs to be continuously explored. We did notice significant improved survival with both racial groups diagnosed at Woman's Hospital when compared to our previous review, which is encouraging.

We want to thank our own tumor registry team, Tonya Songy and Heather McCaslin, for the wonderful work that they do in maintaining our cancer data base, organizing our tumor conferences and helping us meet the requirements of our Specialty Cancer Center Accreditation with the American College of Surgeons. We want to thank Landon Roy for reviewing our statistics, creating our charts and keeping us on schedule! We are always grateful to Woman's marketing team for putting together such an impressive report.

Beverly Ogden, MD
Co-chair, Cancer Committee

Deborah Cavalier, MD
Cancer Liaison Physician

Cancer Discussion

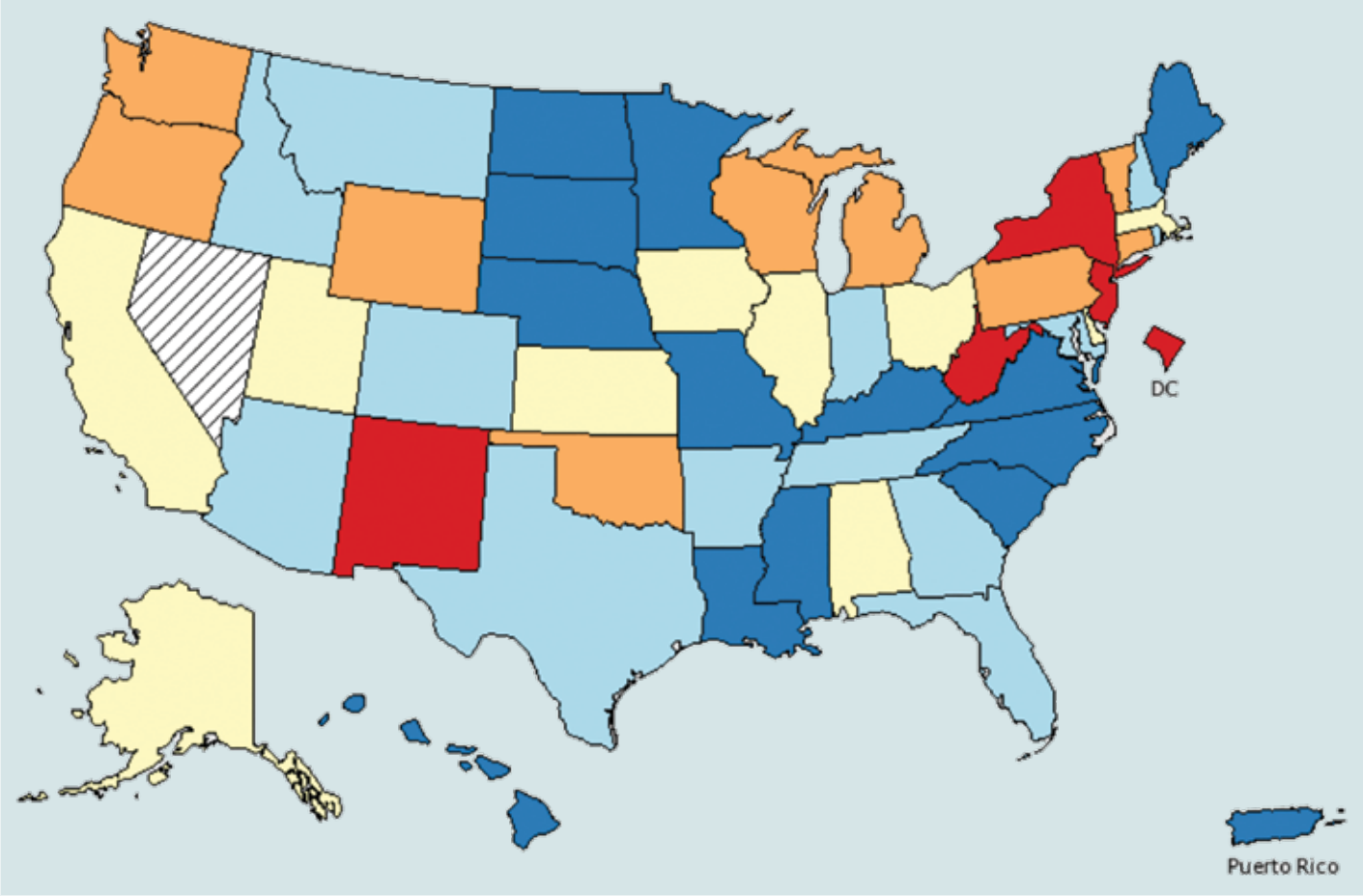
It is estimated that there will be 22,240 new cases of ovarian cancer diagnosed in 2018, with 14,070 deaths. Ovarian cancer accounts for 1.3% of all new cases of cancer diagnosed annually in women. This year's cancer annual report looked at all cases of ovarian cancer diagnosed within the years of 2007-2017. A total of 408 cases were reported during this time period, with 78% diagnosed in Caucasian women and 20% diagnosed in African American women. Ovarian cancer in other ethnic groups represents only 2% of cases diagnosed at Woman's Hospital. The highest incidence of ovarian cancer was seen in the 50-69 year age group, but 14 cases were diagnosed under the age of 30 and one case under the age of 20. The majority of cases of ovarian cancer diagnosed were various subtypes of adenocarcinoma, which is expected. However, as reported in our previous review of ovarian cancer in the 2013 Cancer Annual Report, we again see that 11% of our cases are carcinosarcomas (Malignant Mixed Mullerian Tumor), a rare, very aggressive form of ovarian cancer. We have begun discussions with the Louisiana Tumor Registry (LTR) to further investigate this finding, including identifying any clusters of this type of cancer in our state.

We noticed a difference in survival of Stage I cancers at Woman's Hospital in this report when compared to national and local statistics. Woman's Hospital's 5-year survival for Stage I ovarian cancer was 83.41% compared to 91.3% reported in the National Surveillance, Epidemiology, and End Results (SEER) data base. We reviewed all 20 cases of Stage I ovarian cancer deaths and found that 40% of these deaths were in women with high grade tumors (clear cell or grade III serous carcinoma) with evidence of tumors on the surface of the ovaries or cancer cells noted in the abdominal fluid (Stage IC). In addition, 10% of cases had a second primary tumor of higher stage that most likely contributed to the deaths in these women. Three women who died of Stage I ovarian cancer had very significant comorbidities that resulted in decreased survival.

Even though we saw decreased survival in Stage I ovarian cancers, the overall survival for women diagnosed with ovarian cancer at Woman's Hospital was noted to be better than that reported in local, regional and national statistics, including better overall survival for Stage IV cancers. Overall survival by race is also better at Woman's Hospital when compared to the other data bases. Even though we continue to see a disparity in survival by race, we did see improved survival for each racial group in this review when compared to the previous 2013 report, with overall survival for Caucasian women of 54.79% and African American women of 44.8%.

Incidence Rates* for United States • Ovary 2011-2015

All Races (includes Hispanic), Female, All Ages



8.3 to 10.8 | >10.8 to 11.2 | >11.2 to 11.6** | >11.6 to 12.1 | >12.1 to 12.7 | Data Not Available***

Note: Alaska, DC, Hawaii and Puerto Rico are not drawn to scale. Data for the United States does not include data from Nevada. State Cancer Registries may provide more current or more local data. Data presented on the State Cancer Profiles website may differ from statistics by the State Cancer Registries. Data for the United States does not include data from Puerto Rico.

* **Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population** (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in-situ) or unless otherwise specified. Rates calculated as modified by NCI. The 1969-2015 US Population Data File is used for SEER and NPCR incidence rates.

** US (SEER + NPCR); Rate (95% C.I.); 11.3 (11.3 - 11.4)

*** Data not available for the combination of geography, statistic, age and race/ethnicity.

Source: Louisiana Tumor Registry

Ovarian Cancer Staging

Stage I
The cancer is limited to the ovary / ovaries or fallopian tubes.

Stage II
The cancer involves one or both ovaries or fallopian tubes and has spread to other organs such as the uterus, bladder, the sigmoid colon or the rectum within the pelvis. It has not spread to nearby lymph nodes or distant sites.

Stage III
The cancer involves one or both ovaries or fallopian tubes and may have spread to organs outside of the pelvis. It may or may not have spread to the retroperitoneal lymph nodes but has not spread to other lymph nodes, the liver, spleen or distant sites.

Stage IV
Cancer cells are found in the fluid around the lungs or in the liver, spleen or lymph nodes other than the retroperitoneal lymph nodes and / or to other organs or tissues outside of the peritoneal cavity like lungs or bones.

Comparative Analysis of Local and National Patient Populations

Figure I
Ovary Malignant Tumors • Age at Diagnosis: Years 2007-2017

	Woman's (2007-2017)		NCDB (2005-2015)*	
Age at Diagnosis	Number	Percent	Number	Percent
Under 20	1	<1	1,627	1
20-29	14	3	3,384	2
30-39	19	5	6,592	4
40-49	42	10	20,096	12
50-59	110	27	38,238	23
60-69	118	29	41,727	25
70-79	81	20	32,160	20
80-89	20	5	17,885	11
90-99	3	1	2,648	2
Total	**408**	**100**	**164,357**	**100**

**National Cancer Data Base (NCDB) data only available for years 2005-2015.*

The age at diagnosis of malignant tumors of the ovary for Woman's patients during the years 2007-2017 inclusive was compared to the age at diagnosis for these cancers among a national patient population for the years 2005-2015 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Both our data and the NCDB data demonstrate a modestly right-shifted bell shaped distribution curve with a peak incidence in the sixth decade (age 50-59) and sixth through seventh decades (ages 50-69). Respectively, our percentages otherwise fairly closely parallel those reported nationally.

Figure II
Ovary Malignant Tumors • Race: Years 2007-2017

	Woman's (2007-2017)		NCDB (2005-2015)*	
Race	Number	Percent	Number	Percent
Caucasian	317	78	132,259	81
African American	83	20	13,573	8
Other**	8	2	18,525	11
Total	**408**	**100**	**164,357**	**100**

**NCDB data only available for years 2005-2015.*
***Other category includes Native American and Hispanic.*

The race distribution of women with ovarian cancer identified between 2007-2017 shows the majority of patients diagnosed with ovarian cancer at Woman's and in the NCDB are Caucasian (78% and 81% respectively). 20% of cases diagnosed at Woman's were in African American women, compared to 8% African American women reported in the NCDB. At Woman's, we only reported a 2% other category, with the NCDB showing 11%. In the NCDB, 6% of patients were Hispanic, 3% were Asian, 1.5% had unknown/unreported ethnicity and less than 1% were Native American.

Figure III
Ovary Malignant Tumors • Year of Diagnosis: 2007-2017

Year of Diagnosis*	Number	Percent of Total Annual Cases
2007	28	5%
2008	45	8%
2009	49	8%
2010	30	5%
2011	29	4%
2012	36	6%
2013	44	8%
2014	38	7%
2015	42	7%
2016	33	6%
2017	34	6%
Total	**408**	**15%**

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

The number of cases of ovarian cancer diagnosed between 2007-2017 ranged from a low of 28 cases in 2007 to a high of 49 cases in 2009.

Figure IV
Ovary Malignant Tumors • Histologies: Years 2007-2017

	Woman's (2007-2017)		NCDB (2005-2015)*	
Cell Types	Number	Percent	Number	Percent
Carcinoma, NOS	14	3	8,150	5
Adenocarcinoma	27	7	17,912	11
Carcinoid Tumor, NOS	1	<1		
Clear Cell Adenocarcinoma	11	3	8,309	5
Endometrioid Adenocarcinoma, NOS	47	12	14,859	9
Ependymoma, NOS	1	<1		
Epithelioid Leomyosarcoma	1	<1		
Fibrosarcoma, NOS	1	<1		
Granulosa Cell Tumor	9	2		
Melanoma, NOS	1	<1		
Mixed Cell Adenocarcinoma	11	3	6,691	4
Mucinous Adenocarcinoma	22	5	6,246	4
Mucinous Cystadenocarcinoma, NOS	6	1		
Mullerian Mixed Tumor	16	4		
Neoplasm, NOS	0	<1	3,954	2
Neuroendocrine Carcinoma, NOS	2	<1		
Papillary Serous Cystadenocarcinoma	229	56	74,877	46
Sex Cord Stromal Tumor	1	<1		
Signet Ring Cell Carcinoma	1	<1		
Squamous Cell Carcinoma, NOS	3	1		
Teratoma Malignant, NOS	2	<1		
Transitional Cell Carcinoma	1	<1		
Yolk Sac Tumor	1	<1		
Other Specified Types	0	<1	23,359	14
Total	**408**	**100**	**164,357**	**100**

**NCDB data only available for years 2005-2015.*

Of the 408 cases of ovarian cancer diagnosed at Woman's, 11 were cases of carcinosarcoma (Malignant Mixed Mullerian Tumor), representing 4% of all cases reported. A similar number of cases of carcinosarcoma were reported in the 2013 annual report. We are in contact with the Louisiana Tumor Registry to further investigate this finding, including looking at regions in the state with the highest reported cases for this rare, very aggressive form of ovarian cancer. Adenocarcinoma is the most common diagnosis, broken into various subtypes. Sex cord stromal tumors (other than granulosa cell tumors) and germ cell tumors are rare (<1%).

Figure V
Ovary Malignant Tumors • Stage at Diagnosis: Years 2007–2017

	Woman's (2007-2017)		NCDB (2005-2015)*	
Stage at Diagnosis	Number	Percent	Number	Percent
0	**0**	**0**	**1**	**0**
I	**111**	**27**	**36,003**	**22**
I	3			
IA	39			
IB	8			
IC	61			
II	**31**	**8**	**13,613**	**8**
II	1			
IIA	6			
IIB	9			
IIC	15			
III	**209**	**51**	**61,436**	**37**
III	6			
IIIA	7			
IIIB	19			
IIIC	177			
IIV	**48**	**12**	**37,105**	**23**
Unknown /Not Applicable	**9**	**2**	**16,199**	**10**
Total	**408**	**100**	**164,357**	**100**

**NCDB data only available for years 2005-2015.*

The majority of ovarian cancers seen at Woman's are diagnosed at Stage III (51%) followed by Stage I (27%), Stage IV (12%) and Stage II (8%). The NCDB also showed the majority of cases were diagnosed at Stage III (37%), followed by Stage IV (22%), Stage I (21%) and Stage II (8%). At Woman's, note a higher percentage of cases are diagnosed at Stage 1 vs. Stage IV, which is not seen in the national statistics, a finding we have noted since we have been reporting our cases of ovarian cancer.

Figure VI
Ovary Malignant Tumors • First Course of Treatment: Years 2007–2017

	Woman's (2007-2017)		NCDB (2005-2015)*	
Treatment First Course	Number	Percent	Number	Percent
Surgery/Chemotherapy	307	75	93,382	57
Surgery	79	20	33,602	20
Chemotherapy	13	3	15,915	10
None	1	<1	14,998	9
Other Specified Therapy	0	0	2,881	2
Surgery/Radiation/Chemotherapy	5	1	1,313	1
Surgery/Chemotherapy/Biological Response Modifier (BRM)	0	0	875	<1
Surgery/Chemotherapy/Hormone Therapy	2	<1	852	<1
Surgery/Hormone Therapy	1	<1	0	0
Radiation/Chemotherapy	0	0	283	<1
Surgery/Radiation	0	0	256	<1
Total	**408**	**100**	**164,357**	**100**

**NCDB data only available for years 2005-2015.*

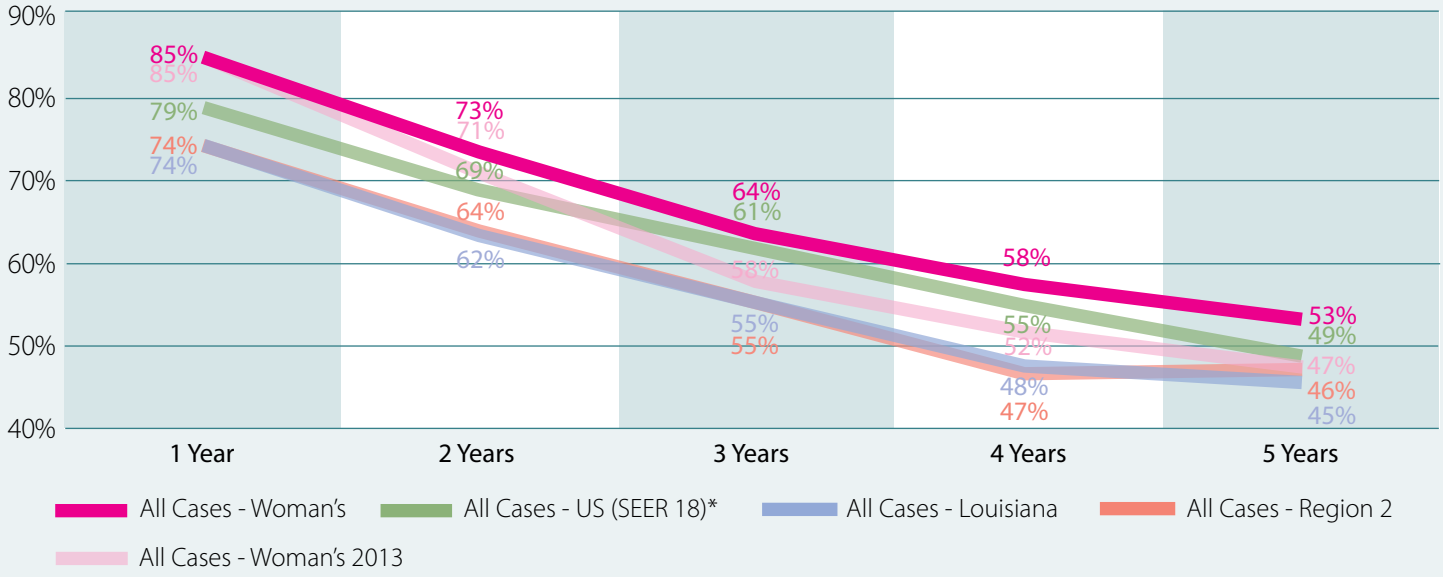
The majority (75%) of women diagnosed with ovarian cancer at Woman's received both surgery and chemotherapy. In the NCDB, 57% received both surgery and chemotherapy, 20% had only surgical treatment, 10% received chemotherapy alone and 9% were reported to have received no therapy. Less than 1% of patients at Woman's received no form of therapy.

Figure VII
Ovary Malignant Tumors • First Course of Treatment by Stage: Years 2007–2017

	STAGE					
	I	II	III	IV	Unknown/ Not Applicable	Total
Chemotherapy	1		5	6	1	13
Surgery	37	3	26	9	4	79
Surgery/Chemotherapy	73	25	174	31	4	307
Surgery/Hormone Therapy			1			1
Surgery/Chemotherapy/Hormone Therapy			1	1		2
Surgery/Radiation/Chemotherapy		2	2	1		5
None		1				1
Total	**111**	**31**	**209**	**48**	**9**	**408**

The majority of Woman's patients diagnosed at each stage of ovarian cancer received both surgery and chemotherapy: 65% of Stage I cancers, 80% of Stage II cancers, 83% of Stage III cancers and 64% of Stage IV cancers. 33% of Stage I cancers received surgery as the only course of treatment.

Figure VIII
Ovarian Cancer 5-Year Survival: All Cases

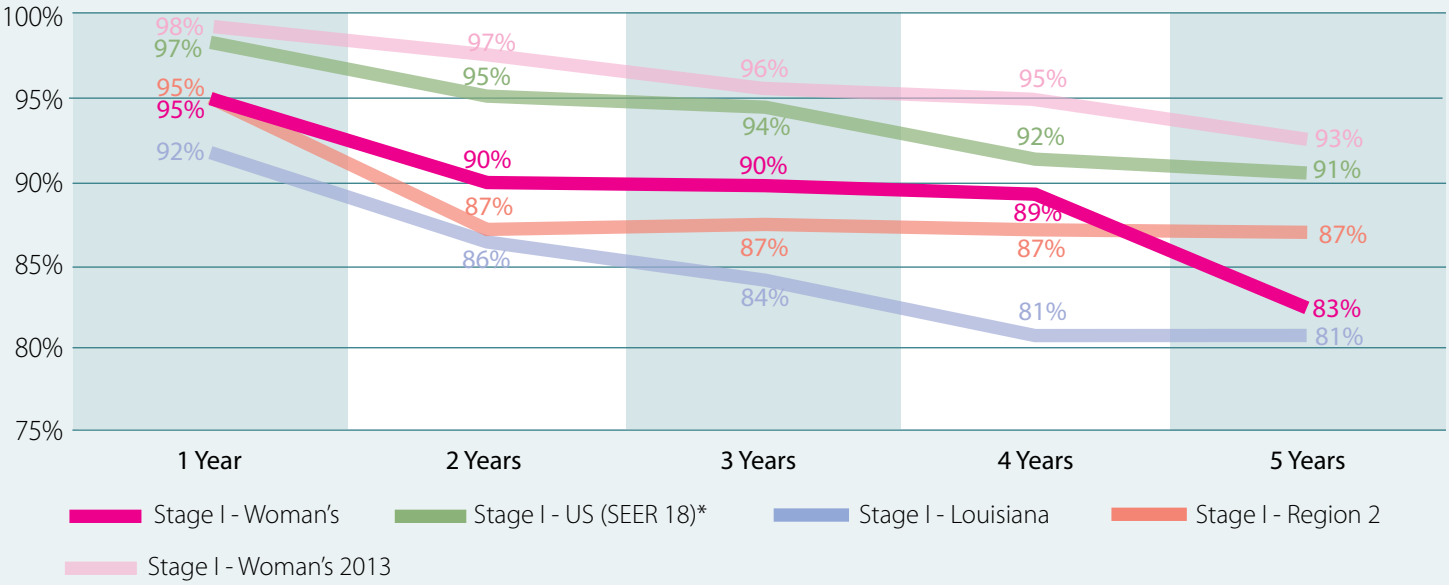


**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

Note: Woman's showed an overall survival of all stages of ovarian cancer of 52.97%, which was better than reported in local, regional and national statistics. Survival for all cases reported by US (SEER 18) was 49%, Louisiana Tumor Registry 44.6%, and Louisiana Region 2 45.9%. Woman's reported an all case survival rate of 47% in the 2013 Cancer Annual Report.

Source: Louisiana Tumor Registry

Figure IX
Ovarian Cancer 5-Year Survival: Stage I



**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

Note: The 5-year survival rate of Stage I cancers diagnosed at Woman's was 83.41%, which was lower than reported by US (SEER 18) (91.3%) and Louisiana Region 2 (87%), but better than reported statewide by the Louisiana Tumor Registry (81.4%).

All 20 cases of Stage I cancer deaths reported at Woman's were reviewed. In 2 out of 20 cases, the women had a second primary tumor of higher stage that most likely was responsible for the patients' deaths.

In 8 cases (40%), the women had cancers with high grade histologies (clear cell and grade III serous carcinoma) and were noted to be Stage IC (tumor cells identified on surface of ovary or in the peritoneal fluid).

In 3 cases, the deaths were most likely due to comorbidities:

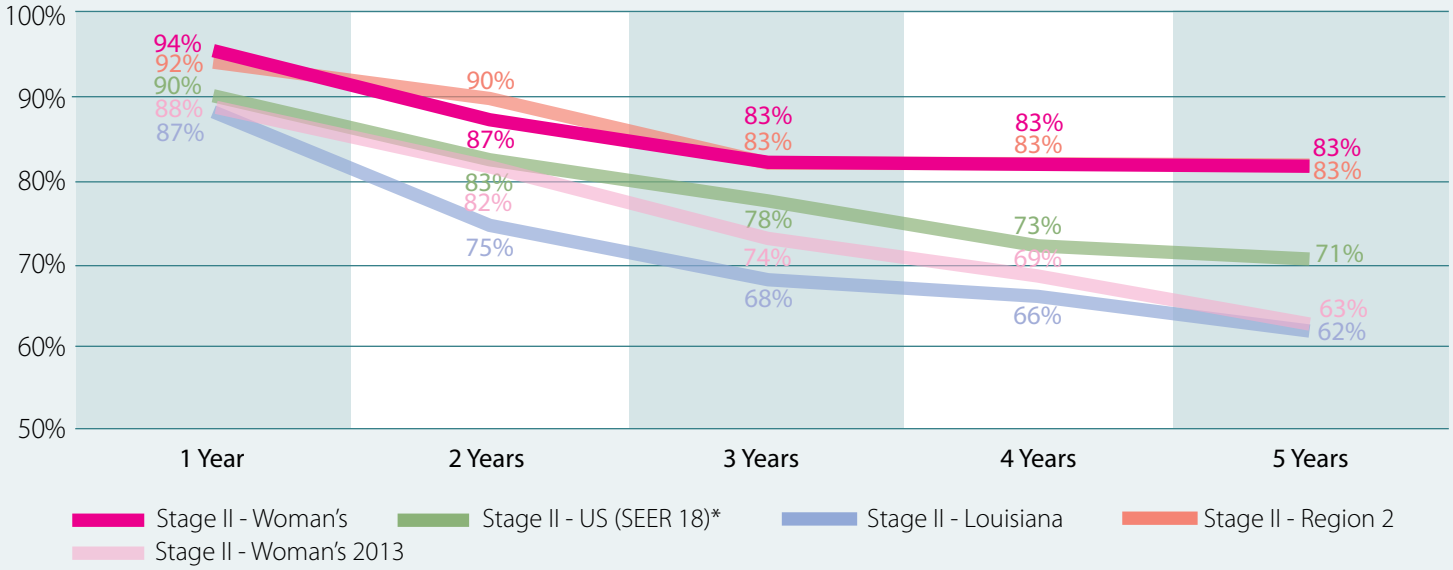
A 51-year-old woman with Stage IA ovarian cancer had experienced a myocardial infarction the year of her cancer diagnosis and had also had a myocardial infarction 12 years earlier. This woman died with 12 months of her ovarian cancer diagnosis.

An 83-year-old woman with Stage IB ovarian cancer who died within 7 months of diagnosis had a history of hypertension, diabetes mellitus, cardiovascular disease, cerebrovascular accident and chronic obstructive pulmonary disease.

A 76-year-old woman with Stage IA ovarian cancer who died within 2 years of diagnosis had a history of congestive heart failure, hypertension, diabetes mellitus, valvular heart disease, cardiovascular disease and pulmonary fibrosis.

Source: Louisiana Tumor Registry

Figure X
Ovarian Cancer 5-Year Survival: Stage II

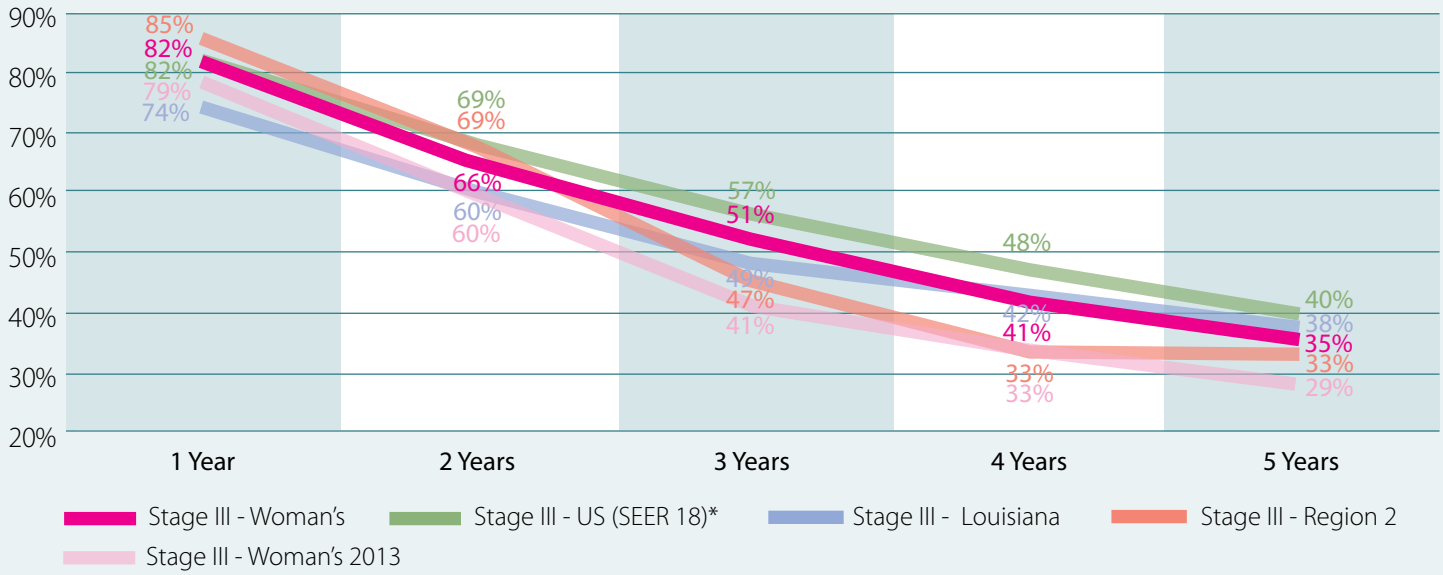


**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

Note: Only 31 Stage II cancers were diagnosed at Woman's during this time period. Woman's and Louisiana Region 2 showed the highest 5-year survival rates of 82.85% and 83% respectively, compared to 70% US (SEER 18) survival statistics and 62.8% survival reported statewide from the Louisiana Tumor Registry data base.

Source: Louisiana Tumor Registry

Figure XI
Ovarian Cancer 5-Year Survival: Stage III

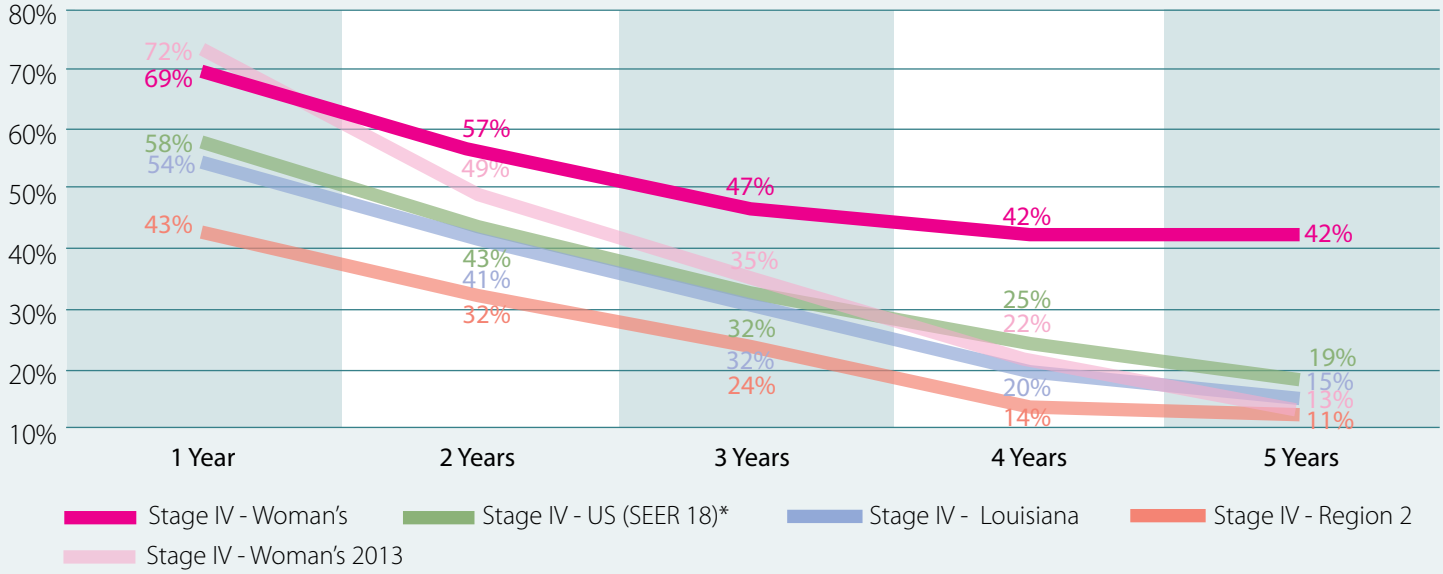


**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

Note: Stage III 5-year survival reported from the comparative data bases ranged from a low of 33.1% Louisiana Region 2 to a high of 40.3% reported by US (SEER 18). Woman's overall survival for Stage III ovarian cancer during this time period was 34.77%.

Source: Louisiana Tumor Registry

Figure XII
Ovarian Cancer 5-Year Survival: Stage IV

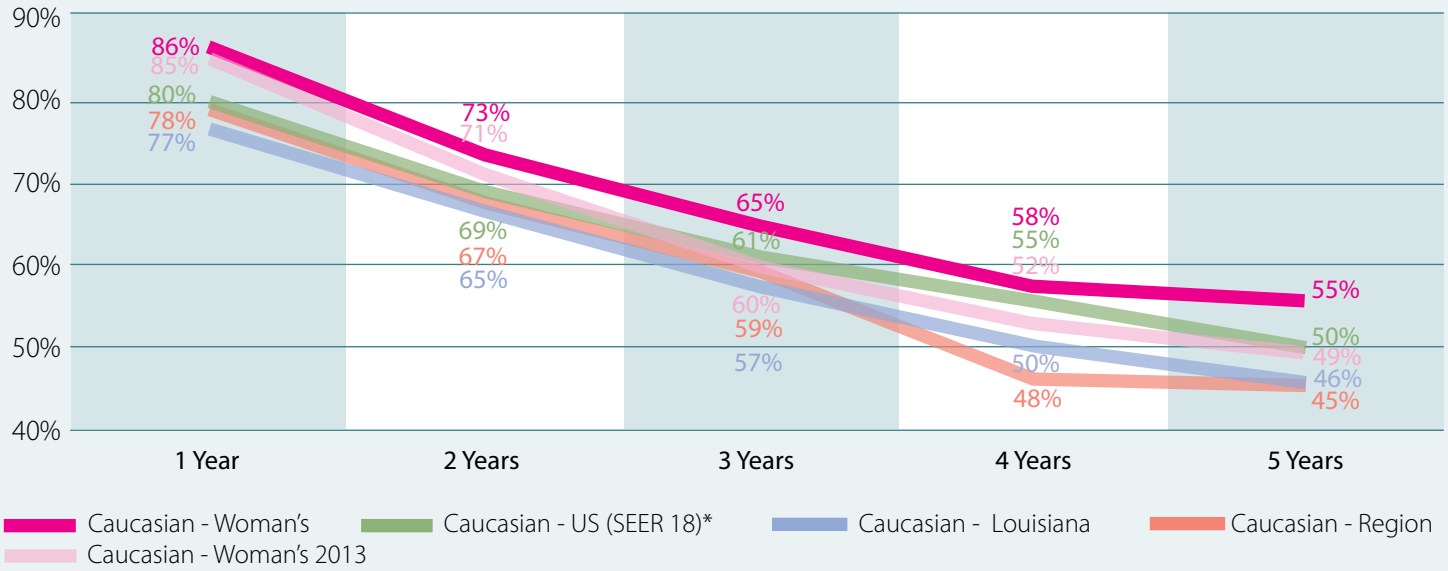


**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

Note: Only 48 cases of Stage IV ovarian cancer were diagnosed at Woman's during the time period. The reported 5-year survival rate for Woman's patients was 42.32%, which was significantly better than reported by US (SEER 18) (18.8%), statewide Louisiana Tumor Registry data base (14.7%) and Louisiana Region 2 (10.5%).

Source: Louisiana Tumor Registry

Figure XIII
Ovarian Cancer 5-Year Survival by Race: Caucasians

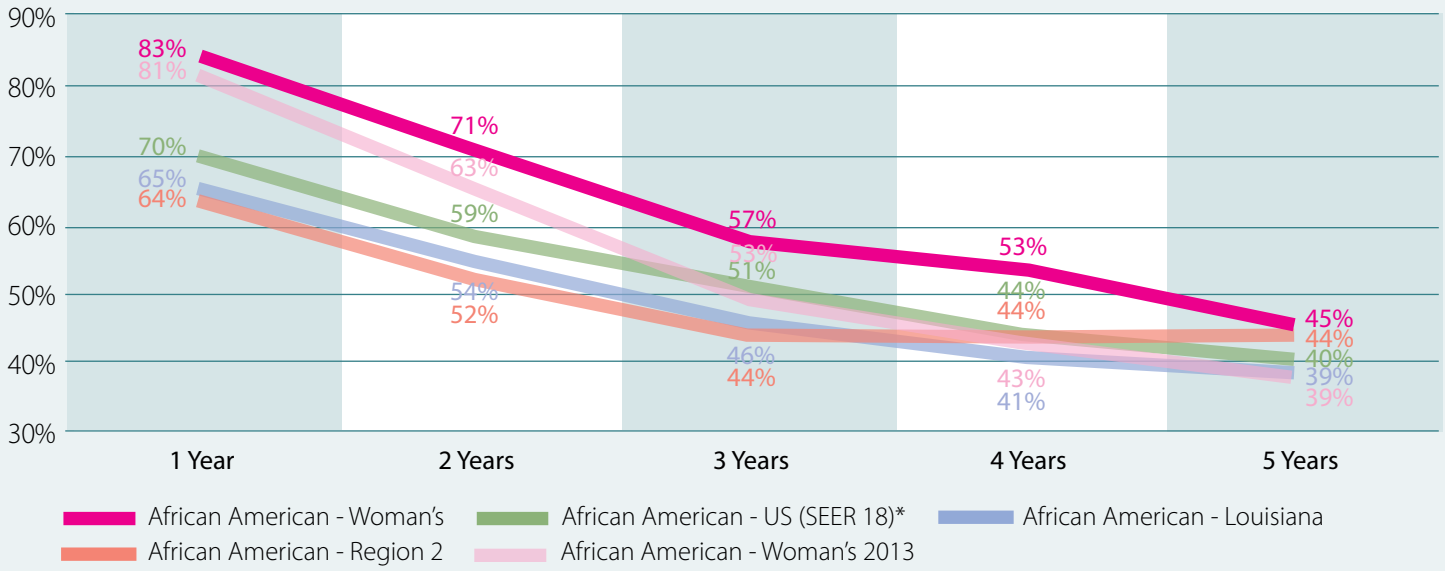


**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

Note: 5 year-survival reported at Woman's was 54.79% compared to US (SEER 18) statistics (49.6%), statewide Louisiana Tumor Registry data base (46.1%) and Louisiana Region 2 (44.8%).

Source: Louisiana Tumor Registry

Figure XIV
Ovarian Cancer 5-Year Survival by Race: African Americans



**US (SEER 18) - Available for cases diagnosed from 2000 through the current data year and includes expanded races.*

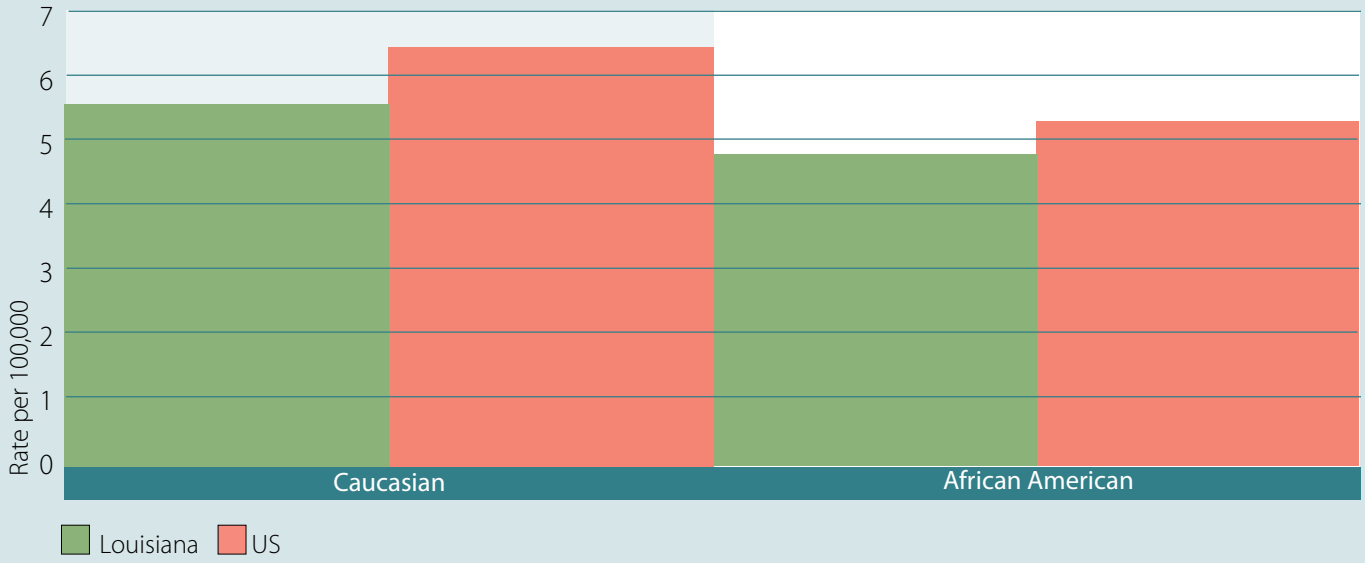
Note: 5-year survival was highest at Woman's (44.8%) compared to Louisiana Region 2 (44.1%), SEER (39.8%) and statewide Louisiana Tumor Registry data base (39%).

This review of survival comparison by race showed 54.79% overall survival for Caucasian women diagnosed at Woman's compared to 44.8% overall survival for African American women diagnosed here.

We still see a racial disparity in survival in this review, but there is an appreciable improved survival in both groups of women when compared to the 2013 Cancer Annual Report. The 2013 report showed a 49% overall survival for Caucasian women and 39% survival for African American women. Refer to the following graphs from Louisiana Tumor Registry for further reference.

Source: Louisiana Tumor Registry

Ovarian Cancer: Incidence Rates* • Louisiana vs. US (2011-2015)

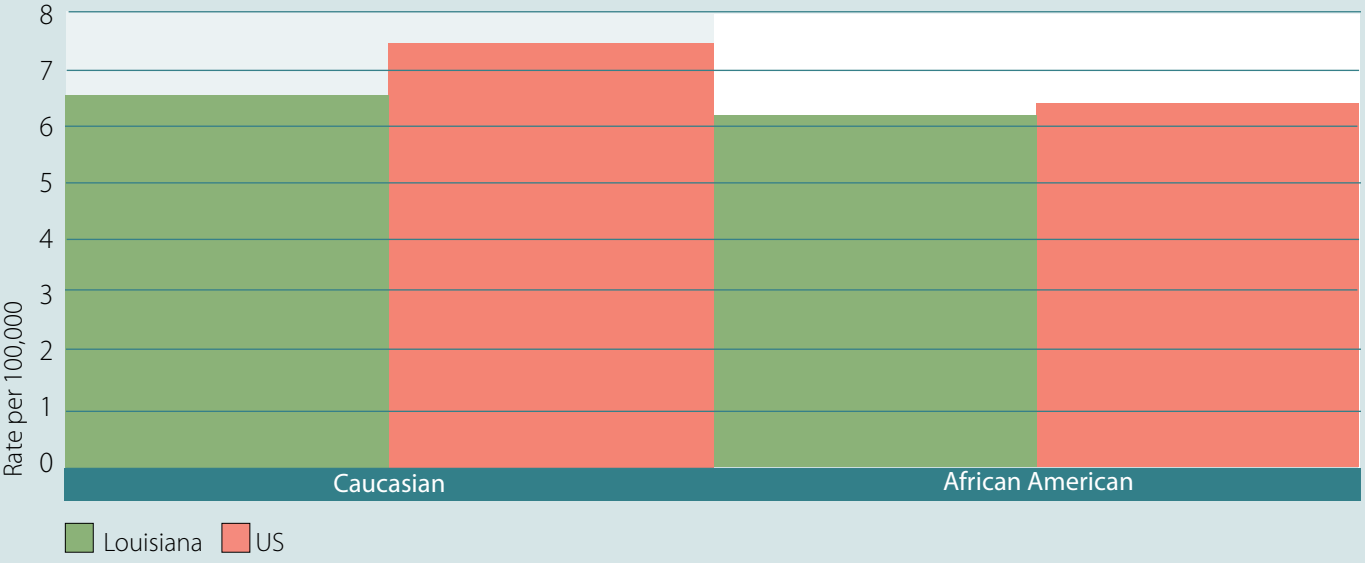


Note:

* Invasive cases only. Age-adjusted to the 2000 US standard population. US incidence data source: 18 SEER registries. Rate of Louisiana is significantly different from that of the US.

Source: Louisiana Tumor Registry

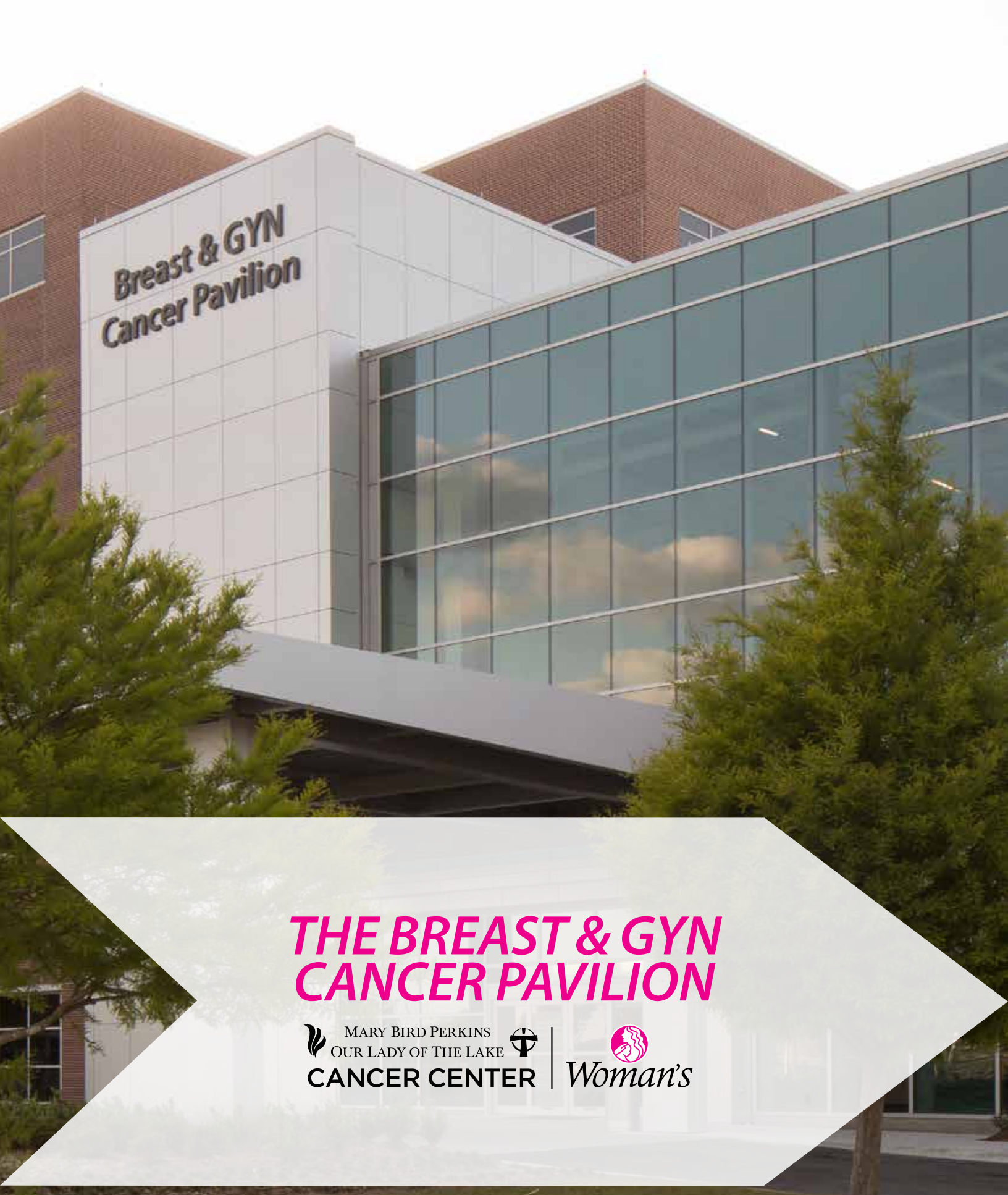
Ovarian Cancer: Mortality Rates* • Louisiana vs. US (2010-2014)



Note:

* Age-adjusted to the 2000 US standard population. Mortality data source was National Center of Health Statistics (NCHS) Rate of Louisiana is significantly different from that of the US.

Source: Louisiana Tumor Registry



THE BREAST & GYN CANCER PAVILION

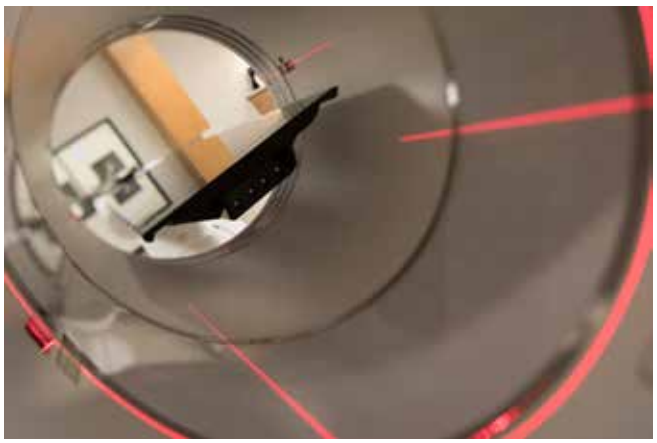
Mary Bird Perkins Our Lady of The Lake CANCER CENTER | Woman's

After several years of planning, the Breast and GYN Cancer Pavilion opened on Woman's campus in spring 2018. Made possible through a partnership between Woman's Hospital and Mary Bird Perkins-Our Lady of the Lake Cancer Center, the Pavilion is the only one of its kind in the country and enables women to receive the highest level of breast and gynecologic cancer care. Combined resources provide patients with collaborative teams of medical and radiation oncologists, surgeons, radiologists, pathologists, geneticists, research staff, nurse navigators, nutritionists and social workers from three organizations.

The technology at the Pavilion is unparalleled; a highly advanced digital linear accelerator enhances precision, but with less radiation exposure and a shorter treatment time. Custom beam-shaping technology is used in conjunction with the accelerator to further enhance precision and spare normal, healthy tissue. New technology also includes real-time tumor tracking and alignment as well as technology that blends PET and CT images into one image for greater accuracy in detecting small tumors and in identifying tumor boundaries, allowing for more targeted and concentrated radiation to save healthy tissue.

High-Dose Rate Brachytherapy for gynecologic cancer treatment, which allows for minimal exposure to healthy tissue using a device that delivers a high dose of radiation directly to the tumor site, is available in a dedicated suite that keeps the patient in one area for the entirety of her procedure. This design is unique to only a few facilities in the country.

Intricate detail was involved in the design of the infusion center, which features 12 bays and four private rooms. A state-of-the-art clinical pharmacy is located within the infusion center for quick, safe delivery of chemotherapy medications. By having an onsite clinical infusion pharmacy, patients' wait times for infusions have been reduced from an hour or longer to approximately 20 minutes. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.



RESEARCH AND EDUCATION

Health Research

With the goal of enhancing medical care and improving patient outcomes, Woman's Hospital and the Clinical Research Department of Mary Bird Perkins – Our Lady of the Lake Cancer Center provides clinical and molecular biology / genetic research services. These divisions conduct hospital and translational cancer research, including inherited cancer and tumor markers. Hospital studies involve gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology. In 2017, there were 31 active cancer-related studies; including 13 NRG sponsored studies. Active studies include those closed to patient entry but are open for follow-up of patients who were enrolled in the studies.

Oncology Research

Woman's participates in National Cancer Institute (NCI)-funded research through the National Research Group (NRG-Oncology), the National Surgical Adjuvant Breast and Bowel Project (NSABP) and the Alliance for Clinical Trials in Oncology. Membership in the Gynecologic Oncology Group (GOG) Foundation provides access to industry-funded clinical trials. Participation in research compares the best existing treatments with promising new ones and provides valuable quality of life information.

January-December 2017

- Patients registered on studies: 11
- New / reactivated studies: 4
- Number of follow-up contacts: 12
- Number of open studies (treatment and non-treatment as of December 2017): 10

New Trial Compares 3D and 2D Mammography

Woman's Hospital and Mary Bird Perkins-Our Lady of the Lake Cancer Center began enrolling women in the Tomosynthesis Mammographic Imaging Screening Trial (TMIST), a large, randomized trial that compares two FDA-approved types of digital mammography. Woman's and Mary Bird Perkins-Our Lady of the Lake Cancer Center are the only southeast Louisiana site to offer this trial, which could impact breast cancer screening standards for generations to come.

The trial compares standard digital (2D) versus tomosynthesis (3D) to determine which method results in a long-term reduction of breast cancer mortality. The trial is being conducted at leading breast cancer screening sites across the United States and Canada and will include 165,000 participants.

Woman's Joins Gulf South-Minority Underserved-NCI Community Oncology Research

Woman's has joined a statewide collaborative, which includes Mary Bird Perkins-Our Lady of the Lake Cancer Center, LSU Health Sciences Center-New Orleans, and LSU Health Sciences Center-Shreveport. GS-MU-NCORP was competitively selected for this collaborative initiative in 2014 to improve cancer treatments in Louisiana through clinical trials, especially for underserved populations.

Continuing Medical Education

Accredited by the Louisiana State Medical Society, Woman's Continuing Medical Education offers physicians appropriate education programs. In 2017, 50 Breast Tumor Conferences, 11 GYN Tumor Conferences, 5 GYN Cancer Multidisciplinary Taskforce meetings and 4 Breast Cancer Multidisciplinary Taskforce meetings were held. In addition, a program titled "Genetic Screening: Updates on Prenatal Screening and Cancer Genetics" was attended by 29 physicians discussing trends and practices related to cancer genetic testing, as well as the benefits and limitations of current testing options.

The cancer-related studies with active enrollment are:

1. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
2. Molecular analysis of Human Breast Canc er (LABR)
3. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)
4. GNRH, Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometrium and Ovary
5. Randomized Phase III Clinical Trial of Adjuvant Radiation versus Chemoradiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (GOG#236)
6. Can Diet and Exercise Modulate Ovarian, Fallopian Tube and Primary Peritoneal Cancer Progression Free Survival (GOG#225)
7. Phase II Trial Evaluating Cisplatin (NSC #119875) and /Gemcitabine (NSC#613327) Concurrent with Intensity-Modulated Radiation Therapy (IMRT) in the Treatment of Locally Advanced Squamous Cell Carcinoma of the Vulva (NCT#01595061) (GOG#279).
8. A Phase III Randomized Controlled Clinical Trial of Carboplatin and Paclitaxel (or Gemcytobine) Alone or in Combination with Bevacizumab (NSC#704865), IND#113912, Followed by Bevacizumab and Secondary Cytoreductive Surgery in Platinum-Sensitive Recurrent Ovarian, Primary Peritoneal and Fallopian Tube Cancer (GOG#213).
9. 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)
10. Randomized Phase III Clinical Trial of Adjuvant Radiation versus C hemoradiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (G0G#263)
11. A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12 Monthly Cycles of Single Agent Paclitaxel or Xytotax (CT-2103) (IND#70177) versus No Treatment Until Documented Relapse in Women with Advanced Ovarian of Primary Peritoneal Cancer who Achieve a Completed Clinical Response to Primary Platinum/ Taxane Chemotherapy (GOG#212).
12. Evaluation of Physical Function and Quality of Life Before and After NMon-Radical Surgical Therapy (Extra Fascial Hysterectomy or Cone Biopsy with Pelvic Lymphadenopathy) for Stage IAI (LVSI=) and IA2Ibl (<2cm) Cervical Cancer (GOG#278).

Cancer Answer Call Line Connects Patients to Information

Patients diagnosed with cancer have questions and need answers. The CancerAnswer Call Line is a new, free service from Woman's Hospital and Mary Bird Perkins-Our Lady of the Lake Cancer Center for women diagnosed with breast or gynecologic cancer. A team of professionals, including patient navigators, oncology-certified social workers and clinicians, offer guidance to ease the fear and anxiety for anyone diagnosed with breast or gynecologic cancer and their caregivers. Questions range from "What should I do before my first appointment?" to "How do I get a second opinion?" The line is open to anyone at 225-215-7600.

13. Comparative Analysis of Ca-IX p!6 Proliferative Markers and Human Papilloma viru (HPV) in the Diagnosis of Significant Cervical Lesion in Patients with a Cytologic Diagnosis of Atypical Glandular Cells (AGC) (GOG#237)
14. A Phase III Study Comparing Single-Agent Olaparib or the Combination of Cediranib and Olaparib to Standard Platinum-based Chemotherapy in Women with Recurrent Platinum-Sensitive Ovarian, Fallopian Tube or Primary Peritoneal Cancer (NRG-GY004)
15. A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chest Wall and Regional Nodal XRT and Post-Lumpectomy Regional Nodal XRT in patients with Positive Axillary Nodes Before Neoadjuvant Chemotherapy Who Convert to Pathologically Negative Axillary Nodes After Neoadjuvant Chemotherapy (NSABP-B-51/RTOG 1304)
16. A Randomized Phase III Trial Comparing Axillary Radiation in Breast Cancer Patients (cT1-3 N1) Who Have Positive Sentinel Lymph Node Disease after Neoadjuvant Chemotherapy (Alliance A011202)
17. A Phase III Randomized Double-Blind Placebo-Controlled Multicenter Study of NIraparib Maintenance Treatment in Patients with HRD-Positive Advanced Ovarian Cancer Following Response on Front-Line Platinum Base Chemotherapy (PR-30-5017-C)
18. A Phase III Trial of Adjuvant Chemotherapy Following Chemoradiation as Primary Treatment for Locally Advanced Cervical Cancer Compared to Chemoradiation Alone : The Outback Trial (GOG#274).
19. Randomized Double-Blind Parallel Group Placebo-Controlled Multi-Center Phase III Study to Assess the Efficacy and Safety of Olaparib versus Placebo as Adjuvant Treatment in Patients with Germline BRCA1/2 Mutations and High Risk HER2 Negative Primary Breast Cancer Who have Completed Definitive Local Treatment and Neoadjuvant or Adjuvant Chemotherapy (NSABP B55)
20. Phase III Randomized Placebo Control Clinical Trial Evaluating the Use of Adjuvent Endocrine Therapy +/- One Year of Everolimus in Patients with High-Risk Hormone Receptor Positive and HER2/neu Negative Breast C ancer; e3 Breast Cancer Study-Evaluating Everolimus with Endocrine Therapy (SWOG 1207)
21. A Randomized Phase III Trial of Adjuvant Therapy Comparing Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel with or without Carboplatin for Node-Positive or High Risk Node Negative Triple Negative Invasive Breast Cancer. (NRG-BR003)
22. A Randomized Phase III Double Blinded Placebo Controlled Trial of Aspirin as Adjuvant Therapy for Node Positive HER2/neu Negative Breast Cancer : The ABC Trial (Alliance A011502)
23. A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of MK-3475 (Pembrolizumab) as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with Triple Receptor-Negative Breast Cancer with </= 1CM Residual Invasive Cancer or Positive Lymph Nodes (ypN+) after Neoadjuvant Chemotherapy (SWOG S1418)
24. Phase III Randomized Trial of Hypofractionated Post Mastectomy Radiation with Breast Reconstruction (Alliance A221505)
25. A Randomized Phase III Post-Operative Trial of Platinum Based Chemotherapy versus Capecitabine in Patients with Residual Triple Negative Basal-like Breast Cancer Following Neoadjuvant Chemotherapy (ECOG EA1131)
26. Randomized Phase III Trial of Endocrine Therapy plus Entinostat/Placebo in Postmenopausal Patients with Hormone Receptor-Positive Advanced Breast Cancer (ECOG 2112)
27. A Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer (Alliance A011401) (BWEL)
28. A Phase III Randomized Placebo Controlled Clinical Trial of Donepezil in Chemotherapy Exposed Breast Cancer Survivors with Cognitive Impairment (WF-97116)
29. Tomosynthesis Mammographic Imaging Screening Trial (TMIST) ECOG EA1151)
30. Olanzapine With or Without Fosaprepitant for the Prevention of Chemotherapy Induced Nausea and VAomiting in Patients Receiving Highly Emetogenic chemotherapy : A Phase III Randomized, Double Blind, Placebo-Controlled Trial (Alliance A221602)
31. A Phase III, multicenter, Randomized Study of Atezolizumab Versus Placebo Administered in Combination with Paclitaxel, Carboplatin and Bevacizumab to Patients with Newly Diagnosed Stage III or Stage IV Ovarian, Fallopian Tube or Primary Peritoneal Cancer (Genetech GOG-3015/Y039523

WOMAN'S CONTINUUM OF CARE

Diagnosis

Gynecologic Cancers

Woman's began detecting gynecologic cancer in 1958 when it opened one of the first cancer detection labs in the country. Since that time, the **Cary Dougherty Cancer Detection Laboratory** at Woman's has processed more than a million Pap smears. Having an on-site lab enables Woman's to process test results in an average of five days. The most common way to detect cervical cancer is through a Pap smear, but other gynecologic cancers require additional testing based on symptoms. Often, women do not have any symptoms until the tumor is large or in later stages of the disease.

Woman's Imaging Services provides a full spectrum of tools for diagnosing gynecologic cancer such as transvaginal ultrasound, CT and PET scans and MRI.

Upon receiving a cancer diagnosis, a woman immediately wants to talk to a physician to understand her options. **Woman's GYN Oncology Group** includes some of the region's specialized GYN oncologists and a GYN specializing in gynecologic cancers.

Breast Cancer

Woman's Imaging Services offers 3D screening mammography to detect breast cancer, including 3D screening mammography. Also offered are CT, nuclear medicine and general radiology services.

Woman's Mammography Coach reduces geographic and financial barriers to care by bringing screening mammograms directly to communities to provide breast care to low-income, at-risk, uninsured and underinsured women. Our collaborative partners in mobile breast care include Mary Bird Perkins CARE Network, LSUHSC School of Public Health's Louisiana Breast and Cervical Health Program, Susan G. Komen Foundation, and various community centers, churches, physician offices, community hospitals, health units and local employers.

Woman's Advanced Imaging, now located in a dedicated area near the Breast and GYN Cancer Pavilion, provides diagnostic mammography, needle localization, galactography and cyst aspiration, as well as advanced stereotactic, ultrasound-guided and MRI-guided breast core biopsy.

Woman's Pathology Laboratory, accredited by the College of American Pathologists, offers a variety of chemistry and molecular biology services to accurately diagnose specific cancers.

Treatment

Woman's cares for the majority of our region's breast and gynecologic cancer patients. Depending upon the cancer, the stage and the treatment, this care can range from surgery to chemotherapy to quality of life support.

The first step in treating cancer is often surgery, whether it's a lumpectomy, mastectomy or hysterectomy. **Woman's Surgical Services** meets women's inpatient and outpatient needs using the most advanced equipment, including robotics and minimally invasive laparoscopy. The most common cancer procedures performed at Woman's include sentinel lymph node biopsy, mastectomy, breast conserving surgery, breast reconstruction, surgery for GYN cancers and colonoscopy. Typically, most patients will also undergo some type of chemotherapy, possibly in an oral medication or IV infusion.

Woman's Adult Intensive Care Unit (AICU) provides the most complex monitoring available, including **Mobile Virtual Critical Care (MVCC)**. This enables physicians to immediately share patient observations through video/audio access to Our Lady of the Lake Critical Care Unit – a team of physicians, advanced practice nurses and physician assistants. High-resolution audio/video cameras in every AICU room allow the Woman's and OLOL teams to view the woman and her medications, treatments and vital signs.

The side effects of chemotherapy, radiation and surgery can lead to fatigue, weakness, insomnia, memory loss, fear, anxiety and depression. These side effects can interfere with daily function and well-being. **Woman's Cancer Rehabilitation Therapy** utilizes specially trained clinicians, including physicians, nurses, physical therapists, occupational therapists, speech and swallowing therapists, audiologists, registered dietitians, mental health professionals and others. This team works with each woman to increase strength and energy, alleviate pain, improve physical function, achieve emotional balance and boost the immune system.

Rather than using a "problem-oriented" approach to tackle each health issue as it arises, we address the full spectrum of cancer care with a personalized plan. In addition to focusing on health conditions and symptoms, other factors like diet, sleep issues, existing pain, endurance, strength, exercise habits and emotional outlook are considered. This program is open to women and men and for all types of cancer at all stages, including remission.

A common problem among breast cancer patients is lymphedema, often the consequence of surgically removing the lymph nodes in the armpit or the result of radiotherapy. Lymphedema occurs when excess fluid collects in tissues, causing edema (swelling). Woman's offers a **Lymphedema Management Program**, including education, exercise, manual lymphatic techniques, compression and use of a gradient sequential pump. Physical therapists who are certified in lymphedema treatment staff the program.

Supportive Programs and Services

Exercise

Being physically active after a cancer diagnosis can improve a woman's outcome and have beneficial effects on her quality of life, including emotional well-being, sleep, anxiety, fatigue, pain, and more.

Medical Exercise is ideal once a woman is discharged from physical therapy, cancer rehabilitation or if she requires specialized instruction and supervision in a fitness setting. Whether the focus is on building strength or reducing fatigue, the specialists at Woman's Center for Wellness can work to develop an exercise plan that fits every woman's needs.

Comprehensive Cancer Support

During the cancer journey, there may be times when a woman needs extra support. Our **breast cancer navigator** and **gynecologic cancer navigator** are registered nurses who guide women every step of the way, helping them understand their condition and treatments, coordinating their care among medical specialists and connecting them to the resources they need. They can also help a woman manage her psychosocial needs, such as work, school and home environments; relationships; mental and emotional health; and financial concerns.

The navigators work closely with social workers in **Woman's Social Services**. They are certified in oncology, palliative care and navigation. These social workers participate in all phases of care, including diagnosis, treat ment, survivorship, palliative care and end-of-life care.

Nutrition

For many women, the effects of cancer and cancer treatments make it difficult to eat well. Cancer and cancer treatments may affect taste, smell, appetite and the ability to eat enough food or absorb the nutrients from food. This can cause malnutrition and weakness, hindering a woman's ability to fight infections or get through cancer treatment. Having enough protein and calories is important for healing, fighting infection and having enough energy. Registered dietitians in **Woman's Nutrition Services** ensure that women receive adequate nutrition and a nutrition plan during their hospital visits and in the outpatient setting at the Breast and GYN Cancer Pavilion.

Community Education

Woman's offers **monthly breast cancer and gynecologic cancer support groups** and hosts **educational seminars** in conjunction with Mary Bird Perkins-Our Lady of the Lake Cancer Center. We also share local resources with women seeking more specific guidance, such as programs at the American Cancer Society of Baton Rouge, Cancer Services of Baton Rouge and other community partners.

Special Events

Celebrate Life is an annual event sponsored by Woman's oncology team that celebrates the lives of cancer survivors and their family members and the memory of those who have passed. This is an occasion to pause and reflect on the many joys life offers and examine ways we can celebrate life.

At **Look Good Feel Better** events hosted at Woman's Center for Wellness, licensed beauty professionals teach beauty techniques to women in active cancer treatment to help them manage the side effects of treatment. They offer advice on skin care, makeup application, wig styling and more.

Healing Arts Program

Enhancing the experience for patients and their families through writing and art is the goal of the Healing Arts Program. The program also includes a summer concert series, special occasion concerts and crafts for cancer patients receiving infusions.

Healing arts are creative practices that promote healing, wellness, coping and personal change. Their therapeutic effects are well studied to comfort patients, reduce stress and enhance healing.

Survivorship Services

Areola tattooing can help patients through their last part of recovery feel "whole" and "normal" again. Instead of using tissue to rebuild a nipple, some women choose to have a nipple tattooed on the reconstructed breast. The most realistic way to achieve this is through 3D nipple tattooing. If reconstruction was just on one breast, our tattoo artist will match the color and shape to your existing areola. If the woman had bi-lateral surgery, pre-operative photos are used to match the original areolas or a new color and shape are chosen. The Pink Ribbon series set is used to achieve the most realistic color blend.

Massages can improve pain, sleep, relaxation, anxiety and stress. Complimentary hand and foot massages are available in the infusion center at the Breast and GYN Cancer Pavilion. In addition, chair or table massages are available to women during the course of their cancer treatments and can improve pain, sleep, relaxation, anxiety, and stress. During a massage, the practitioner kneads skin, muscles, and tendons in an effort to relieve tension and stress, promoting relaxation. Massage can be light and gentle or deep with more pressure.

Eyebrows can be lost during cancer treatment. **Microblading** is a semi-permanent tattoo technique where a small disposable blade known as a microblading pen is used to draw eyebrows through individual strokes that look just like real hairs. This service is offered at the Breast and GYN Cancer Pavilion.

Palliative Care Program

Woman's Adult Palliative Care team includes doctors, nurses, social workers and other specialists who work together with a woman's primary doctors to provide an extra layer of support. The goal of palliative care is to help women attain the highest quality of life, focusing on pain relief, other symptoms and stresses of cancer or other serious illness. It also supports the emotional, physical, and spiritual needs of women and their families with life-limiting or life-altering illnesses. Our program includes outpatient palliative care, inpatient palliative care, and hospice services.

End-Of-Life Care

Woman's strives to make natural death as peaceful, dignified and comforting as possible through comfort care. This support is provided to relieve pain and symptoms. Woman's staff work together with a woman's oncologist to deliver an extra layer of support. Our goal is to fulfill a patient and her family's physical, emotional, spiritual and psychosocial needs. We can also arrange inpatient or home hospice care based on a woman's needs and preferences.

New Approach Combines Breast Surgery and Plastic Surgery

Oncoplastic surgery offers breast cancer patients satisfactory oncologic outcomes as well as improved cosmetic results. During an oncoplastic surgery, a breast surgeon and reconstructive plastic surgeon work together in the operating room to perform both a lumpectomy and breast reduction. The patient can undergo removal of her cancer and complete reconstruction in just one operation using the patient's own breast tissue – and go home the same day.

After the breast surgeon completes a lumpectomy, a plastic surgeon assesses remaining tissue and reshapes a smaller, more elevated and naturally rounded breast. If only one breast is treated for cancer, the other breast is typically reduced during the same procedure to improve symmetry.

FOCUSED ON PREVENTION

Community Involvement

Woman's commitment to detecting and fighting breast and gynecologic cancers is unparalleled in Louisiana. The goal of prevention is to educate women about ways to lower their risk of breast and gynecologic cancer and how to detect potential abnormalities earlier for a better outcome. To this end, our outreach extends far beyond our campus. Woman's continuously focuses on education and screenings to keep our communities healthy. We continue to provide screening mammography through our Mammography Coach and our partnership with Mary Bird Perkins – Our Lady of the Lake Cancer Center, reaching nearly 4,000 women and detecting 26 breast cancers. In 2017, we attended health fairs and presented information on breast self-exams, cancer screenings and wellness. Below are just a few of the organizations we work alongside.

- American Cancer Society
- BASF
- BREC
- Capital Area Network
- Dow Chemical Company
- Geaux Teal
- Get Your Rear in Gear
- Honeywell
- House of Grace Ministries
- Hurst United Methodist Church
- Jacobs Engineering Group
- Lauren Savoy Olinde Foundation
- Livonia High School
- Louisiana Cancer Registry
- Louisiana State University
- Mary Bird Perkins - Our Lady of the Lake Cancer Center
- Mayor's Healthy City Initiative
- Pennington Biomedical Research Center
- Rotary Club
- Rubicon
- Second Baptist Church
- Shell
- Southern University
- St. Paul Baptist Church
- Susan G. Komen
- Syngenta
- The Community Project
- Turner Industries
- Women's Council of Greater Baton Rouge
- Women's Missionary Society

Marketing Campaign Busts Breast Cancer Myths

Woman's has tapped into the quiz craze by creating a mammography campaign around true and false statements. Running year round in print ads, billboards, social media, online ads and radio spots, the campaign aims to teach women why annual mammograms are important.

Genetic Testing

Hereditary cancers make up 5-10% of all cancers, meaning that changes (mutations) in specific genes are passed from one generation to another. Individuals who inherit one of these genes will have a higher risk of developing cancer at some point in their lives. Genetic counseling can help identify those at risk for specific genetic mutations, and is typically recommended for individuals who have a strong family or personal history of cancer, especially when diagnosed at an early age. Genetic mutations give insight into an individual's risk for specific cancers, and are utilized to guide treatment decisions. Recommendations, even for those who have no personal history of cancer, may include increased screening for cancer, prophylactic surgery or hormone immunotherapy. Genetic services offered by Woman's always include an extensive family history, including gynecologic and breast malignancies. Woman's genetics professionals take into consideration a broad range of hereditary cancers and genetic conditions when evaluating one's personal and family history.

Colonoscopy

While Woman's cancer treatment services focus on breast and gynecologic cancer, our prevention outreach extends to other cancers that can affect women. At the age of 50 and every 10 years thereafter, women and men with no family history of colon cancer are advised to get a colonoscopy. We offer private rooms with restrooms before and after the procedure to encourage both women and men to be screened.

Skin Cancer Screenings

With early detection and proper treatment, the cure rate for basal cell carcinoma and squamous cell carcinoma is about 95%. Regular self-skin exams and a yearly examination by a dermatologist detect early skin cancers. To aid in early detection, Woman's Center for Wellness offers free skin cancer screenings by a dermatologist twice a year.

Mammography Coach

Annually

21	**Parishes Served**
127	**Sites**
238	**Trips**
3,927	**Women Screened**
$594,504	**Operating Expense**

Foundation for Woman's

PHILANTHROPIC SUPPORT

Philanthropic gifts allow individuals, corporations and private foundations to invest in programs at Woman's Hospital that are addressing critical community needs. The Foundation for Woman's supported the following programs and services this year:

- **Cancer Navigation and Survivorship**
- **Healing Arts**
- **Mammography Coaches**
- **Palliative Care**

Fundraising Events

Woman's fundraising events, which included BUST Breast Cancer, Woman's Victory Open, Woman's Impact Luncheon and dozens of third party events, raised over $450,000 for breast cancer outreach this year.

BUST Breast Cancer

BUST Breast Cancer is a unique celebration that embraces bra art to raise awareness for breast cancer. It includes a bra art fashion show, chef's showcase and silent auction to raise funds for Woman's breast cancer outreach, including the Mammography Coaches, and education programs at Woman's. This event raised a record $260,000.

Woman's Victory Open

Woman's Victory Open is the region's only women-only golf tournament to support breast cancer outreach and education. Since 1999, this event has raised over $3,000,000.

Impact Luncheon

Woman's Impact Luncheon is an opportunity for members of the community to learn about the programs and services supported by philanthropy at Woman's. This year, the event raised nearly $140,000 to support families in our community.

CANCER REGISTRY

The Cancer Registry is a data system designed for the collection, management and analysis of information from Woman's patient population. Our team of experts carefully track each patient diagnosed with cancer starting at the time of diagnosis, through treatment and suvivorship.

Accurate data collection provides physicians and researchers with valuable information about how cancers are best diagnosed and treated, as well as the health status of our patients following treatment.

The Cancer Registry staff reviews the records of all newly diagnosed and/or treated cancers. This information is maintained in a database, and includes patient characteristics (age, sex, race, marital status and occupation), cancer characteristics (site, histology, collaborative and American Joint Committee on Cancer stage of disease at diagnosis), treatment received and follow-up care information. This data is used to ensure that patients are diagnosed and treated in compliance with national benchmarks and approved standards of care. It is also considered in the planning of new services.

The data collected by the Woman's 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.

Our staff functions under the guidance of Woman's Cancer Committee in accordance with all standards of the American College of Surgeons' Commission on Cancer and National Accreditation Program for Breast Centers. 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.

Woman's Cancer Registry was awarded the Gold Seal of Excellence by the Louisiana Tumor Registry for the first half of 2017 and a Silver Seal of Excellence for the second half of 2017. The Silver award is granted to Cancer Registry programs that have provided timely reporting of cancer cases for at least 85% of the reviewed time period and have proven high quality of data for at least 90% of the required quality indicators in the case submissions. The prestigious Gold Seal is awarded to Cancer Registry programs that have provided timely reporting of cancer cases and have met all goals of the data quality indicators.

STATISTICS

Woman's 2017 Tumor Report Site Distribution

Analytic Cases Only

SITE Group	CLASS Cases	SEX F	STAGE Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown
All Sites	**603**	**603**	**73**	**353**	**99**	**48**	**21**	**9**
Colon	3	3	0	1	0	1	1	0
Rectum & Rectosigmoid	2	2	0	0	0	0	0	2
Gallbladder	1	1	0	1	0	0	0	0
Fallopian Tube, Peritoneum, Omentum, Mesent	8	8	0	0	0	4	2	2
Urethra	1	1	0	0	0	0	0	1
Breast	417	417	69	240	88	16	3	1
Cervix Uteri	21	21	0	13	3	0	4	1
Corpus Uteri	98	98	0	74	6	14	4	0
Ovary	35	35	0	14	2	11	7	1
Vagina	1	1	1	0	0	0	0	0
Vulva	14	14	3	10	0	1	0	0
Non-Hodgkin's Lymphoma	2	2	0	0	0	1	0	1

2017 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
19 and under	1	<1
20-29	9	1
30-39	23	4
40-49	87	14
50-59	144	24
60-69	188	31
70-79	106	18
80-89	43	7
90-99	2	<1
Total	**603**	**100**

2017 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	421	70
African American	175	29
Asian/Other	7	1
Total	**603**	**100**

Cancer of the Cervix
2017 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	5
30-39	6	29
40-49	7	33
50-59	7	33
60-69	0	0
70-79	0	0
80-89	0	0
90-99	0	0
Total	**21**	**100**

Race	Number of Cases	Percent
Caucasian	11	52
African American	10	48
Asian/Other	0	0
Total	**21**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	13	62
Stage II	3	14
Stage III	0	0
Stage IV	4	19
Unknown/Not Applicable	1	5
Total	**21**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	9	43
Surgery/Chemotherapy	1	5
Surgery/Radiation	2	9
Surgery/Radiation/Chemotherapy	3	14
Radiation/Chemotherapy	6	29
Total	**21**	**100**

Histology	Number of Cases	Percent
Adenocarcinoma Endocervical type	2	10
Embryonal Rhabdomyosarcoma, NOS	1	5
Squamous Cell Carcinoma, NOS	18	85
Total	**21**	**100**

Cancer of the Breast
2017 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	4	<1
30-39	14	3
40-49	62	15
50-59	95	23
60-69	130	31
70-79	79	19
80-89	32	8
90-99	1	<1
Total	**417**	**100**

Race	Number of Cases	Percent
Caucasian	301	72
African American	111	27
Asian/Other	5	1
Total	**417**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	69	17
Stage I	240	58
Stage II	88	21
Stage III	16	4
Stage IV	3	<1
Unknown/Not Applicable	1	<1
Total	**417**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<1
Hormone Therapy	1	<1
Surgery	65	16
Surgery/Chemotherapy	34	8
Surgery/Radiation	60	14
Surgery/Immunotherapy	1	<1
Surgery/Radiation/Chemotherapy	19	5
Surgery/Radiation/Chemotherapy/ Immunotherapy	6	1
Surgery/Hormone Therapy	55	13
Surgery/Hormone Therapy/Immunotherapy	1	<1
Surgery/Radiation/Hormone Therapy	120	29
Surgery/Chemotherapy/Hormone Therapy	12	3
Surgery/Chemotherapy/Immunotherapy	10	2
Surgery/Chemotherapy/Hormone Therapy/ Immunotherapy	5	1
Surgery/Radiation/Chemotherapy/ Hormone Therapy	23	6
Surgery/Radiation/Chemotherapy/ Hormone Therapy /Immunotherapy	4	1
Total	**417**	**100**

Histology	Number of Cases	Percent
Intraductal Carcinoma	65	16
Lobular Carcinoma In-Situ	2	<1
Infiltrating Ductal and Lobular Carcinoma	7	2
Infiltrating Ductal Carcinoma	301	72
Lobular Carcinoma	27	6
Metaplastic Carcinoma, NOS	3	<1
Mucinous Adenocarcinoma	11	3
Paget Disease Mammary	1	<1
Total	**417**	**100**

Cancer of the Ovary

2017 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
Under 20	1	3
20-29	4	12
30-39	0	0
40-49	6	17
50-59	12	34
60-69	7	20
70-79	5	14
80-89	0	0
Total	**35**	**100**

Race	Number of Cases	Percent
Caucasian	25	71
African American	10	29
Asian/Other	0	0
Total	**35**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	14	40
Stage II	2	6
Stage III	11	31
Stage IV	7	20
Unknown/Not Applicable	1	3
Total	**35**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	3
Surgery	9	26
Surgery/Chemotherapy	25	71
Total	**35**	**100**

Histology	Number of Cases	Percent
Carcinoma In-Situ	1	3
Adenocarcinoma, NOS	4	11
Carcinoma, NOS	1	3
Clear Cell Adenocarcinoma	3	8
Endometrioid Adenocarcinoma	5	14
Mixed Cell Adenocarcinoma	1	3
Papillary Serous Cystadenocarcinoma	17	49
Mullerian Mixed Tumor	2	6
Mucinous Adenocarcinoma	1	3
Total	**35**	**100**

Cancer of the Uterus
2017 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	1	1
40-49	8	8
50-59	21	22
60-69	42	43
70-79	20	20
80-89	6	6
90-99	0	0
Total	**98**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	62	63
African American	34	35
Asian/Other	2	2
Total	**98**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	0	0
Stage I	74	76
Stage II	6	6
Stage III	14	14
Stage IV	4	4
Unknown/Not Applicable	0	0
Total	**98**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Chemotherapy	1	1
Surgery	60	61
Surgery/Chemotherapy	6	6
Surgery/Radiation	13	13
Surgery/Radiation/Chemotherapy	18	19
Total	**98**	**100**
Histology	**Number of Cases**	**Percent**
Squamous Cell Carcinoma, NOS	1	1
Adenocarcinoma, NOS	68	69
Clear Cell Adenocarcinoma, NOS	1	1
Mixed Cell Adenocarcinoma	5	6
Serous Surface Papillary Carcinoma	13	13
Mulllerian Mixed Tumor	7	7
Leiomyosarcoma	1	1
Endometrial Stromal Sarcoma, NOS	2	2
Total	**98**	**100**

Cancer of the Vulva and Vagina

2017 Analytic Cases

Site	Number of Cases	Percent
Vulva	14	93
Vagina	1	7
Total	**15**	**100**
Age at Diagnosis	**Number of Cases**	**Percent**
30-39	1	<7
40-49	3	20
50-59	3	20
60-69	3	20
70-79	1	<7
80-89	3	20
90-99	1	<7
Total	**15**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	13	87
African American	2	13
Total	**15**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	4	27
Stage I	10	66
Stage II	0	0
Stage III	1	7
Stage IV	0	0
Unknown/Not Applicable	0	0
Total	**15**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Surgery/Radiation/Chemotherapy	1	7
Surgery	14	93
Total	**15**	**100**
Histology	**Number of Cases**	**Percent**
Squamous Cell Carcinoma In-Situ	4	26
Squamous Cell Carcinoma, NOS	9	60
Basal Cell Adenocarcinoma	1	7
Melanoma	1	7
Total	**15**	**100**

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2017-December 2017

Total Conferences held 51
Total Cases Presented 133
Average number of attendees 28
Total number of analytic breast cancer cases accessioned in 2017 417

Age of Patients	Number of Cases	Percent
20-29	2	1
30-39	14	10
40-49	29	22
50-59	29	22
60-69	33	25
70-79	15	11
80-89	10	8
90-99	1	1
Total	**133**	**100**

Histology of Cases Presented

Non-Invasive Lesions

Stromal Hyperplasia
Atypical Ductal Epithelial Hyperplasia
Ductal Carcinoma In-Situ
Paget's Disease

Invasive Tumors

Infiltrating Ductal Carcinoma
Lobular Carcinoma
Metaplastic Carcinoma
Metastatic Squamous Cell Carcinoma
Mucinous Carcinoma

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2017-December 2017

Total conferences held. 11
Total cases presented 60
Average number of attendees 25
Total number of analytic gynecologic cases accessioned in 2017 177

Age of Patients	Number of Cases	Percent
Under 20	1	2
20-29	1	2
30-39	5	8
40-49	8	13
50-59	11	18
60-69	20	33
70-79	10	17
80-89	3	5
90-99	1	2
Total	**60**	**100**

Sites Presented

Cervix Uteri
Corpus Uteri
Ovary
Peritoneum
Vagina
Vulva
Lymphoma

Histology of Cases Presented

Endometrioid Adenocarcinoma
Serous Papillary Adenocarcinoma
Keratinizing Squamous Cell Carcinoma
Squamous Cell Carcinoma
Carcinosarcoma
Serous Adenocarcinoma
Burkitt's Lymphoma
Granulosa Cell Tumor
Sarcoma
Carcinosarcoma
Melanoma
Rhabdomyosarcoma
Mullerian Mixed Tumor

2017 Cancer Committee

The Cancer Committee:

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

Physician Members

Co-Chair, Pathology ..... Beverly Ogden, MD
Co-Chair, Breast Surgical Oncology ..... Mindy Bowie, MD
Gyn Oncology ..... Giles Fort, MD
Gyn Oncology ..... Dennis DeSimone, DO
Cancer Liaison Physician ..... Deborah Cavalier, MD
Genetics ..... Duane Superneau, MD
Medical Oncology ..... Kellie Schmeeckle, MD
OB-GYN ..... Elizabeth Buchert, MD
Plastic Surgery ..... Andrew Freel, MD
Radiology ..... Steven Sotile, MD
Radiation Oncology ..... Katherine Castle, MD
Surgical Oncology ..... John Lyons, MD

Administrative Liaisons

Senior Vice President/CNE ..... Patricia Johnson, DNP, RN, NEA-BC
Vice President, CIO ..... Paul Kirk
Vice President, Ancillary Services ..... Kurt Scott, MBA, FACHE
Director, Health Information Management/Utilization Management ..... Danielle Berthelot, MHI, RHIA, CHTS-IM
Manager, Health Information Management ..... Tonya Songy, RHIA, CPC, CTR
Cancer Registrar ..... Heather McCaslin, RHIT, CTR
Cancer Registrar ..... Crystal Morice, CTR, CPC
Clinical Supervisor, Therapy Center ..... Michelle Spear, PT
Social Services ..... Robin Maggio, LCSW, OSW-C, ACHP-SW
Oncology Palliative Care ..... Latoya Sampson, RN
Director, Medical/Surgical/Oncology ..... Mary Ann Smith, RN, ONC
Imaging Services Quality/Compliance Coordinator ..... Mary Salario, RN, BSN
Gyn Oncology Patient Navigator ..... Ashley Marks, RN, OCN, CHPN
Data Manager/Oncology ..... Stephanie Hasenkampf, BSN, RN, OCN
Dietary ..... Paula Meeks, MS, LDN, RD
Director, Communications ..... Amiee Goforth
Director, Pharmacy ..... Peggy Dean, RPH

Leadership:

1. develops and evaluates annual goals and objectives for the clinical, educational, and programmatic activities related to the breast center;
2. plans, initiates and implements breast-related activities;
3. evaluates breast center activities annually;
4. audits interdisciplinary breast cancer center activities;
5. audits breast conservation rates;
6. audits sentinel lymph node biopsy rates;
7. audits needle biopsy rates;
8. promotes clinical research and audits clinical trial accrual;
9. monitors quality and outcomes of the breast center activities, and
10. upholds medical ethical standards.

2017 Breast Cancer Ad-hoc Committee

Physician Members

Co-Chair, Breast Surgical Oncology..... Mindy Bowie, MD
Co-Chair, Radiology..... Steven Sotile, MD
OB-GYN..... Jolie Bourgeois, MD
OB-GYN..... Laurie Whitaker, MD
OB-GYN..... Julius Mullins, MD
Radiation Oncology..... Renee Levine, MD
Medical Oncology..... Lauren Zatarian, MD
Pathology..... Beverly Ogden, MD
General Surgeon..... Michael Puyau, MD
Genetics..... Duane Superneau, MD
Plastic Surgery..... Andrew Freel, MD
OB-GYN (Resident PGY III)..... Diana Dietrich, MD

Administrative Liaisons

Senior Vice President/CNE..... Patricia Johnson, DNP, RN, NEA-BC
Vice President, CIO..... Paul Kirk
Vice President, Ancillary Services..... Kurt Scott, MBA, FACHE
Director, Health Information Management..... Danielle Berthelot, MHI, RHIA, CHTS-IM
Executive Director, Cancer Center..... Cynthia Rabalais, RT(M)
**Director, Communications*..... Amiee Goforth
**Director, Pharmacy*..... Peggy Dean, RPH
Breast Patient Navigator, Social Services..... Tracy Johnson, LMSW, OSW-C
Social Services..... Robin Maggio, LCSW, OSW-C, ACHP-SW
Clinical Supervisor, Therapy Center..... Michelle Spear, PT
**Manager, Health Information Management*..... Tonya Songy, RHIA, CTR, CPC
**Cancer Registrar*..... Heather McCaslin, RHIT, CTR
Genetic Counselor..... Hillary Wienpahl, RN, MS, CGC
Director, Educational Services..... Dianne Mott
Director, Medical/Surgical/Oncology... Mary Ann Smith, RN, ONC

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

100 Woman's Way
Baton Rouge, LA 70817
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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.

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