2013 Cancer Annual Report

TEAL IS THE COLOR OF HOPE

Clouds come floating into my life,
no longer to carry rain or usher storm,
but to add color to my sunset sky.

—Rabindranath Tagore

Woman's

Teal is the color of ovarian cancer awareness. This color of hope is an integral part of the ovarian cancer community. It helps all those who have been affected by this disease show their support without saying a word.

Woman's 2013 Cancer Annual Report's focus is ovarian cancer.

November 1, 2013

Together as Chairman of the Cancer Committee and as Cancer Liaison for Woman's Hospital, we are pleased to present the 2013 Cancer Program Annual Report. This report focuses on the 396 cases of ovarian cancer—one of the most lethal gynecologic malignancies worldwide—diagnosed at Woman's Hospital between the years 2002 and 2012. The ovarian cancers diagnosed during this time period demonstrated a peak incidence at patient ages 50-59 years old. Fifty four percent of our cases were diagnosed with stage III disease; while 26% were diagnosed with stage I disease and only 7% were diagnosed with stage IV disease. While it is unusual to have a greater stage I disease diagnosis than stage IV disease diagnosis, this pattern has been noted in previous Woman's Hospital cancer annual reports that focused on ovarian cancer. Also, our stage I patients had significantly higher survival rates than those reported nationally. Our statistics demonstrate a steady increase in overall survival among our patients with ovarian cancer when comparing the data in our 2003 and 2007 reports with our current data.

In 2012, Woman's Hospital assumed the care of patients who had traditionally received medical care at LSU's Earl K Long Hospital. We will be following these patients especially closely to look for significant trends in cancer diagnosis or survival.

Special thanks to Dr. David Boudreaux for his many years of service as the Cancer Liaison for Woman's Hospital and for the many years and countless hours that he has spent helping produce our cancer annual reports. He will be greatly missed, but we wish him the best in his retirement.

Beverly Ogden, MD
Chairman, Cancer Committee

David Boudreaux, MD
Cancer Liaison Physician

Ovarian cancer is the most lethal of all gynecologic malignancies with more deaths than all other gynecologic cancers combined. In this country, approximately 15,000 deaths were predicted for 2012. Approximately 80% of patients may respond to first line therapy but more than 60% will experience cancer recurrence. This annual report focuses on the cases of ovarian cancer diagnosed at Woman's Hospital between 2002 and 2012. 396 ovarian cancers were diagnosed during this time period. Our data show that the peak incidence of ovarian cancer in women diagnosed at Woman's Hospital was between 50 and 59 years of age which is similar to the statistics reported in the National Cancer Data Base (NCDB). We also noted some very unusual histologic types of ovarian cancer in this report including malignant teratomas, an ependymoma, a primitive neuroectodermal tumor, a papillary carcinoma of the thyroid, and a primary malignant melanoma, the last four named cases assumed to have arisen in a setting of teratoma. As has been reported previously, we have an increased number of malignant mixed Mullerian tumors (carcinosarcomas) which represent 3% of all the ovarian cancers diagnosed at Woman's Hospital.

As seen with national data, most of our cases of ovarian cancer were diagnosed as stage III. It is interesting to note however, that a greater percentage of cases of stage I cancers and a lower percentage of stage IV cancers were diagnosed at Woman's Hospital as compared to the NCDB data. Also, our patients with stage I cancers have significantly better survival statistics than reported nationally. Review of our patients with stage I ovarian cancer showed that more were treated with surgery and chemotherapy whereas nationally more patients were treated by surgery alone and this may have contributed to the better survival statistics for these patients. Patients at Woman's Hospital with stage II and stage III cancers also have better survival statistics than that reported by the NCDB. Our survival statistics for patients with stage IV, however, show worse survival rates (13%) than that reported by the NCDB (41%), but our numbers of stage IV cancer cases are low and 4 of our patients expired prior to receiving first line therapy.

Our overall survival statistics have been steadily improving when we compared results from our 2003, and 2008 annual report studies with the data in the current 2013 report. However, an alarming finding, and one noted in all of our previous annual reports - is that although our overall 5-year survival rates are better than the national statistics, African American women diagnosed with ovarian cancer at Woman's Hospital show poorer survival rates than Caucasians as well as worse survival rates than seen among all women with ovarian cancer nationally. As we have stated in previous reports, this disparity merits further investigation.

Malignant Tumors of the Ovary–Age at Diagnosis:
Comparative analysis of local and national patient populations

Figure I
Ovary Malignant Tumors
Age at Diagnosis:
Years 2002-2012

Age at Diagnosis	Woman's Hospital		NCDB*	
	Number	Percent	Number	Percent
Under 20	2	<1	1,832	1
20-29	10	3	3,307	2
30-39	21	5	7,535	4
40-49	36	9	23,995	13
50-59	114	29	40,281	23
60-69	101	26	41,002	23
70-79	85	21	36,601	21
80-89	26	7	20,710	12
90-99	1	<1	2,758	1
Total	**396**	**100**	**178,021**	**100**

***NCDB data are only available for years 2000-2010.*

The age at diagnosis of malignant tumors of the ovary for Woman's Hospital patients during the years 2002 to 2011 inclusive was compared to the age at diagnosis for these cancers among a national patient population for the years 2000 to 2010 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 2002–2012

Race	Woman's Hospital Number	Woman's Hospital Percent	NCDB** Number	NCDB** Percent
Caucasian	324	82	146,190	82
African American	69	17	13,855	8
Asian	2	<1	4,703	3
Other*	1	<1	13,273	7
Total	**396**	**100**	**178,021**	**100**

**Other category includes Native American and Hispanic.*
***NCDB data are only available for years 2000-2010.*

The race distribution reported is similar to the distribution by race reported in the Woman's Hospital 2008 Cancer Annual Report review of ovarian cancer. The race distribution is also similar to that reported in the Woman's Hospital 2011 Cancer Annual Report review of vaginal and vulvar malignancies.

The percentage of Caucasian women diagnosed with ovarian cancer at Woman's Hospital is similar to that seen in the NCDB statistics. The somewhat greater percentage of African-American women in our data would reflect our local demographics compared to national statistics. For the same reason, more Asian and other category of race are reported in the NCDB statistics than are reported in the Woman's Hospital data base.

Figure III
Ovary Malignant Tumors
Year of Diagnosis: Years 2002-2012

Year of Diagnosis *	Woman's Hospital Number	Percent
2002	35	9
2003	38	10
2004	35	9
2005	32	8
2006	42	10
2007	29	7
2008	43	11
2009	47	12
2010	33	8
2011	24	6
2012	38	10
Total	**396**	**100**

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

The number of ovarian cancers diagnosed each year at Woman's Hospital ranged from 24-47 cases with the highest number of reported cases noted to be in 2009.

Figure IV
Ovary Malignant Tumors
Histology:
Years 2002–2012

Cell Type	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Adenocarcinoma, NOS	44	11	32,481	18
Clear Cell Adenocarcinoma	12	3	8,238	5
Endometrioid Adenocarcinoma	43	11	18,282	10
Papillary Serous Cystadenocarcinoma	218	55	75,882	43
Mucinous Adenocarcinoma	20	5	6,009	3
Mucinous Cystadenocarcinoma	14	3		
Brenner Tumor	1	<1		
Carcinoid Tumor	2	1		
Dysgerminoma	2	1		
Ependymona	1	<1		
Epithelioid Leiomyosarcoma	1	<1		
Granulosa Cell Tumor	8	2		
Malignant Melanoma	1	<1		
Mixed Cell Adenocarcinoma	5	1		
Carcinosarcoma	13	3		
Neuroendocrine Carcinoma	2	1		
Papillary Carcinoma Follicular Variant (Association w/Strum Ovarii and Benign Cystic Teratoma)	1	<1		
Primitive Neuroectodermal Tumor	1	<1		
Signet Ring Cell Carcinoma	1	<1		
Squamous Cell Carcinoma	1	<1		
Malignant Teratoma	2	1		
Transitional Cell Carcinoma	2	1		
Yolk Sac Tumor	1	<1		
Other Specified Types			37,129	21
Total	**396**	**100**	**178,021**	**100**

**NCDB data are only available for years 2000-2010.*

Of the 396 cases diagnosed at Woman's Hospital from 2002-2012, 13 carcinosarcomas were noted representing 3% of all reported histopathologic types. This percentage is higher than expected and further evaluation may be warranted. There were no cases of carcinosarcoma reported in the NCDB data base. Other unusual types reported during this time period included 2 malignant teratomas and several rare tumors assumed to have arisen from elements of a teratoma: ependymoma, papillary carcinoma of the thyroid, primitive neuroectodermal tumor and malignant melanoma.

Malignant Tumors of the Ovary
Stage at Diagnosis: Comparative analysis of local and national patient populations

Figure V
Ovary Malignant Tumors
Stage at Diagnosis: Years 2002-2012

Stage at Diagnosis	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
0	**0**	**0**	**84**	**<1**
I	**101**	**26**	**36,058**	**20**
I	7	2		
IA	41	10		
IB	8	2		
IC	45	12		
II	**35**	**9**	**13,656**	**8**
II	0	0		
IIA	7	2		
IIB	9	2		
IIC	19	5		
III	**213**	**54**	**66,562**	**37**
III	3	1		
IIIA	7	2		
IIIB	17	4		
IIIC	186	47		
IV	**29**	**7**	**40,915**	**23**
Unknown / Not Applicable	**18**	**4**	**20,746**	**12**
Total	**396**	**100**	**178,021**	**100**

**NCDB data are only available for years 2000–2010.*

The stage at diagnosis of malignant tumors of the ovary for Woman's Hospital patients during the years 2002–2012 inclusive was compared to the stage at diagnosis for these cancers among a national population for the years 2000 to 2010 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Our data and the NCDB data are not fully parallel in that there are greater percentages of Woman's Hospital cases diagnosed at Stages I and III, and a considerably lower percentage of women diagnosed at Stage IV than reported nationally. Also, a much smaller percentage of Woman's Hospital patients were classified as "Unknown/Not Applicable" at diagnosis than reported nationally. The latter difference may reflect more aggressive efforts locally to stage such patients. The reasons for the Stage I, III, and IV differences are unclear, but may merit closer evaluation and discussion.

Figure VI
Ovary Malignant Tumors
First Course of Treatment: Years 2002–2012

Treatment First Course	Woman's Hospital Number	Woman's Hospital Percent	NCDB* Number	NCDB* Percent
Surgery	65	16	43,138	24
Surgery/Hormone	1	<1		
Surgery/Chemotherapy	313	79	96,130	54
Surgery/Chemotherapy/ Hormone	4	1		
Surgery/Radiation/ Chemotherapy	6	2		
Chemotherapy	7	2	15,773	9
Other Specified Therapy	0	0	6,366	4
None	0	0	16,614	9
Total	**396**	**100**	**178,021**	**100**

**NCDB data are only available for years 2000–2010.*

The first course of treatment of malignant tumors of the ovary for Woman's Hospital patients during the years 2002 to 2012 inclusive was compared to comparable data for these cancers among a national population for the years 2000 to 2010 inclusive, the latter data reported in the National Cancer Data Base (NCDB).

Our data and those of the NCDB demonstrate distinct differences. A smaller percentage of our patients had surgery only as a first course of therapy than seen nationally. A greater percentage of Woman's Hospital patients underwent surgery and chemotherapy as a first course than reported in the NCDB data. Also, fewer of our patients had chemotherapy only as a first course than seen nationally. Further evaluation of this data is discussed on review of Figure VII (Ovarian Cancer: Treatment by Stage).

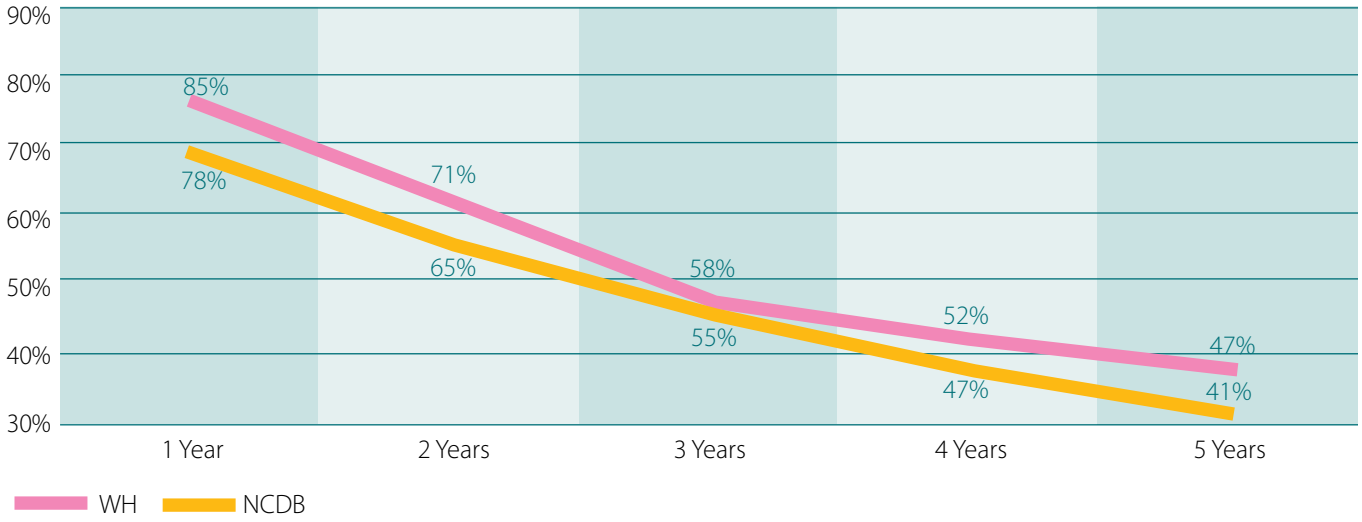
Figure VII
Ovarian Cancer: Treatment by Stage

Treatment	Stage I	Stage II	Stage III	Stage IV	Unknown/ Not Applicable	Total
Chemotherapy	0	0	2	2	3	7
Surgery/Chemotherapy	67	28	184	22	12	313
Surgery/Chemotherapy/Hormone	1	0	2	1	0	4
Surgery/Hormone	0	0	0	1	0	1
Surgery/Radiation/Chemotherapy	1	2	3	0	0	6
Surgery	32	5	22	3	3	65
Total	**101**	**35**	**213**	**29**	**18**	**396**

As noted on review of Figure VI, more women diagnosed at Woman's Hospital with ovarian cancer were treated with surgery and chemotherapy (79%) compared to documented treatments in the NCDB database (54%). Conversely, less women with ovarian cancer were treated by surgery alone at Woman's Hospital (16%) when compared to the NCDB database (24%).

This table shows that the majority of patients diagnosed at Woman's Hospital with stage I ovarian cancer were treated with surgery and chemotherapy. Additional review of these cases was performed. Of the 66 stage I cases, pathology reports were available on 53 cases. In 24 of 53 cases, disruption of the ovarian capsule was noted. In 13 of 53 cases, tumors of large size were documented, ranging from 10-29cm. In 7 of 53 cases high grade histologic types were reported, including malignant mixed mullerian tumors, clear cell carcinomas and malignant teratoma. In 4 of 53 cases there were concurrent invasive malignancies of the endometrium. In 3 of 53 cases there were bilateral cases with large tumors. In 2 of 53 cases there were no obvious aggressive features, but the patients were relatively young, 43 and 52 years old.

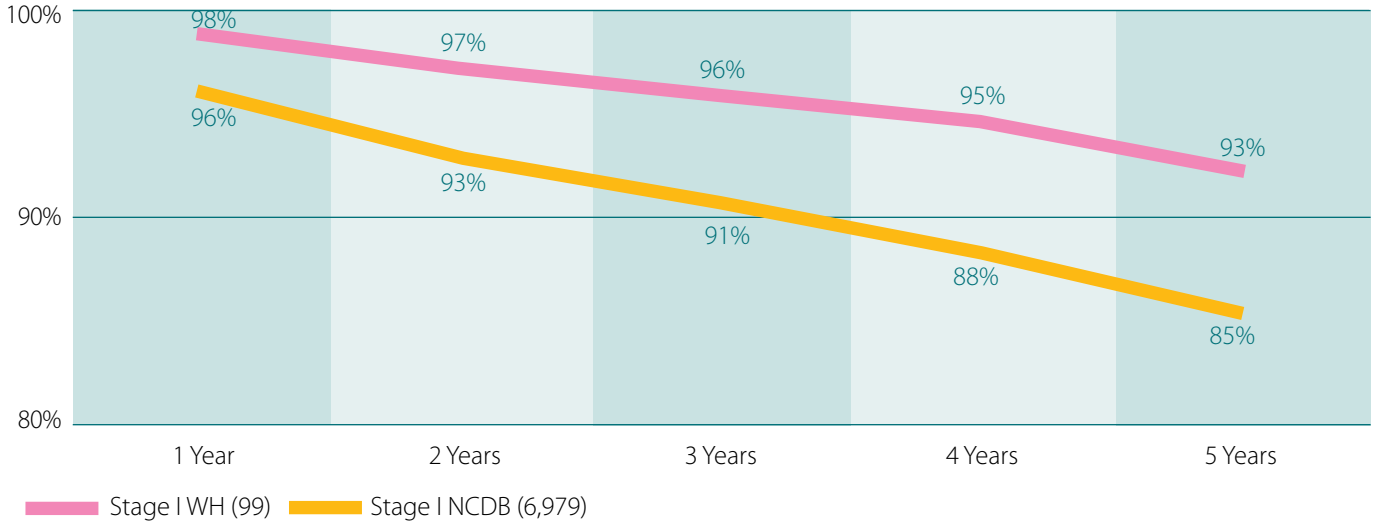
Graph I
Ovarian Cancer 5-Year Survival



Woman's Hospital overall data are for years 2002-2012.
National Cancer Data Base (NCDB) data are for years 2000-2010.

Improved 5-year survival is noted in patients diagnosed at Woman's Hospital when compared to the NCDB data base: 47% vs 41% 5-year survival.

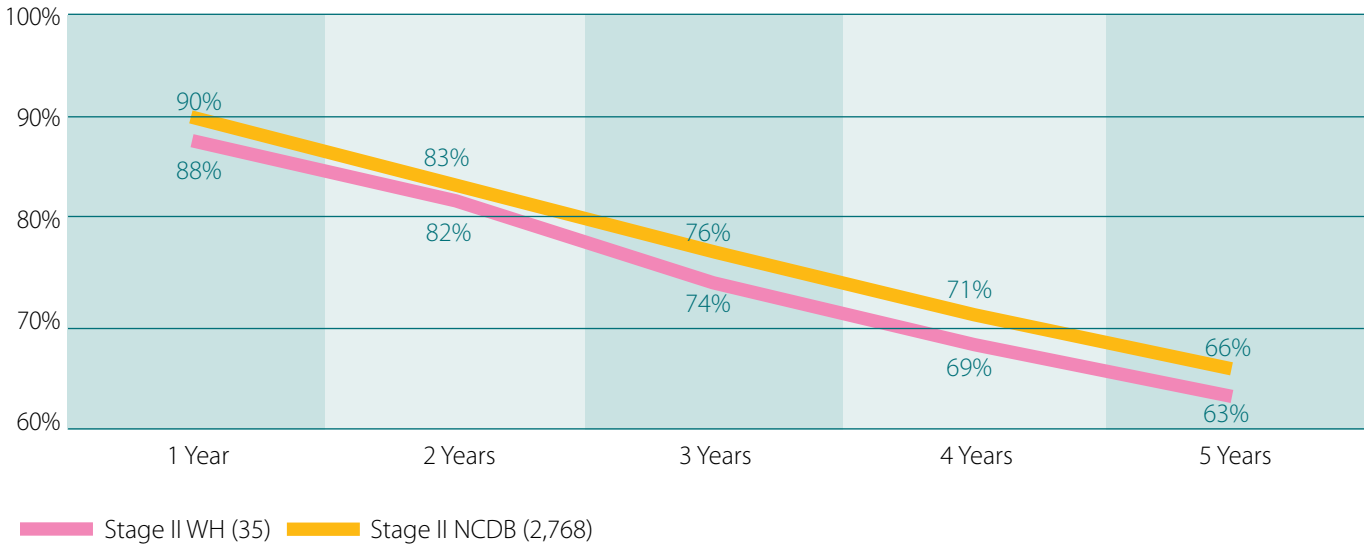
Graph II A
Ovarian Cancer 5-Year Survival: Stage I



Woman's Hospital overall data are for years 2002-2012.
National Cancer Data Base (NCDB) data are for years 2000-2010.

Graph II B

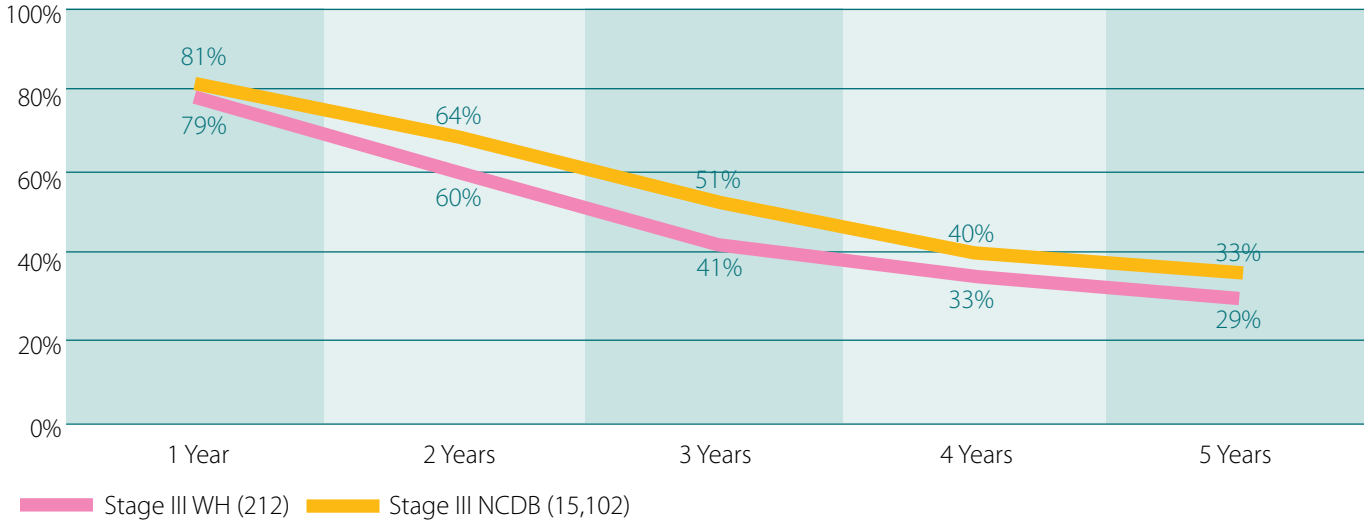
Ovarian Cancer 5-Year Survival: Stage II



Woman's Hospital overall data are for years 2002-2012.
National Cancer Data Base (NCDB) data are for years 2000-2010.

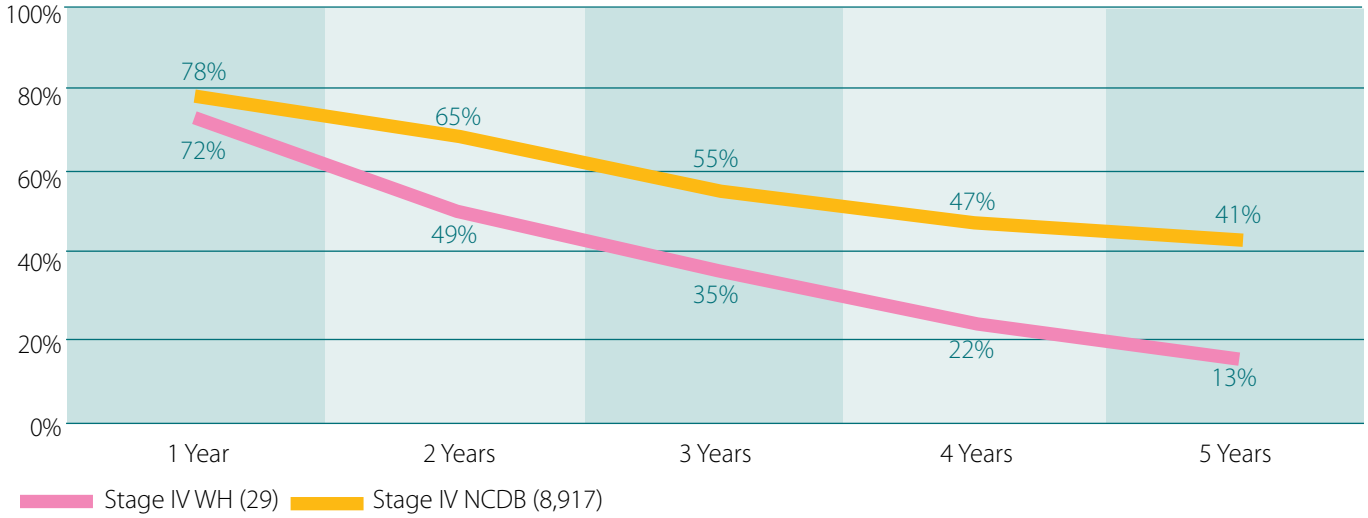
Graph II C

Ovarian Cancer 5-Year Survival: Stage III



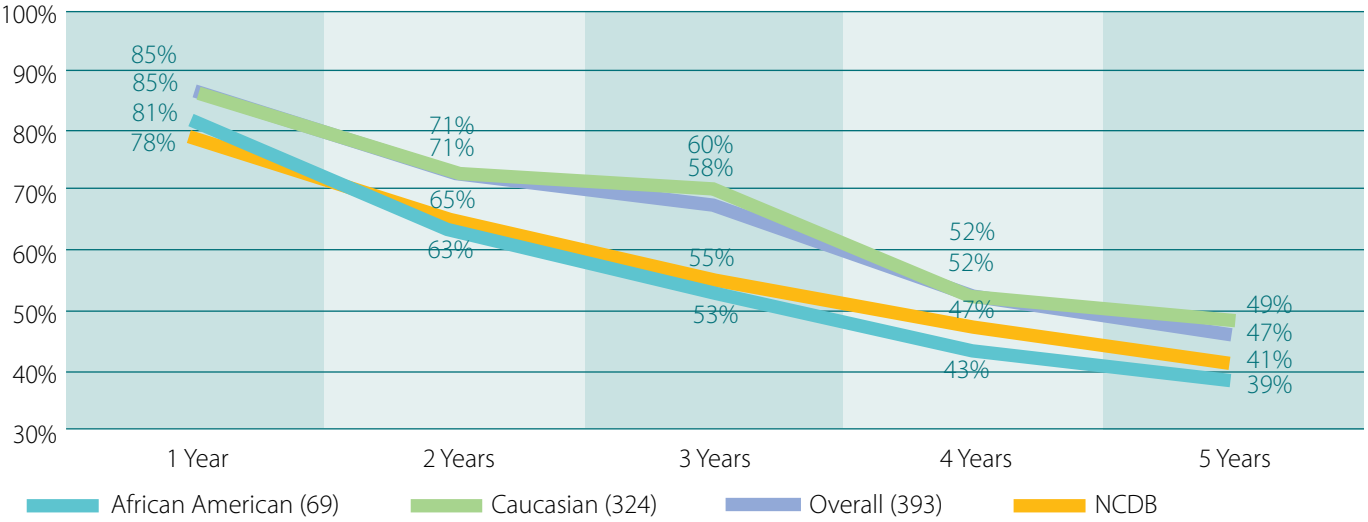
Woman's Hospital overall data are for years 2002-2012.
National Cancer Data Base (NCDB) data are for years 2000-2010.

Graph II D
Ovarian Cancer 5-Year Survival: Stage IV



Markedly improved survival for patients with stage I ovarian cancer treated at Woman's Hospital was noted when compared to the NCDB data, 93% vs 85% respectively. Survival rates for Stage II and III in our patient population and nationally were similar. Marked difference was noted in survival among patients with stage IV ovarian cancer, with only 13% survival noted at Woman's Hospital compared to a 41% survival reported in the NCDB data base. There were only 29 cases of stage IV ovarian cancer reported during this time period. Further review of these cases revealed that 4 of 29 cases did not survive long enough to receive first course treatment. The overall low number of stage IV cases locally would invalidate further evaluation.

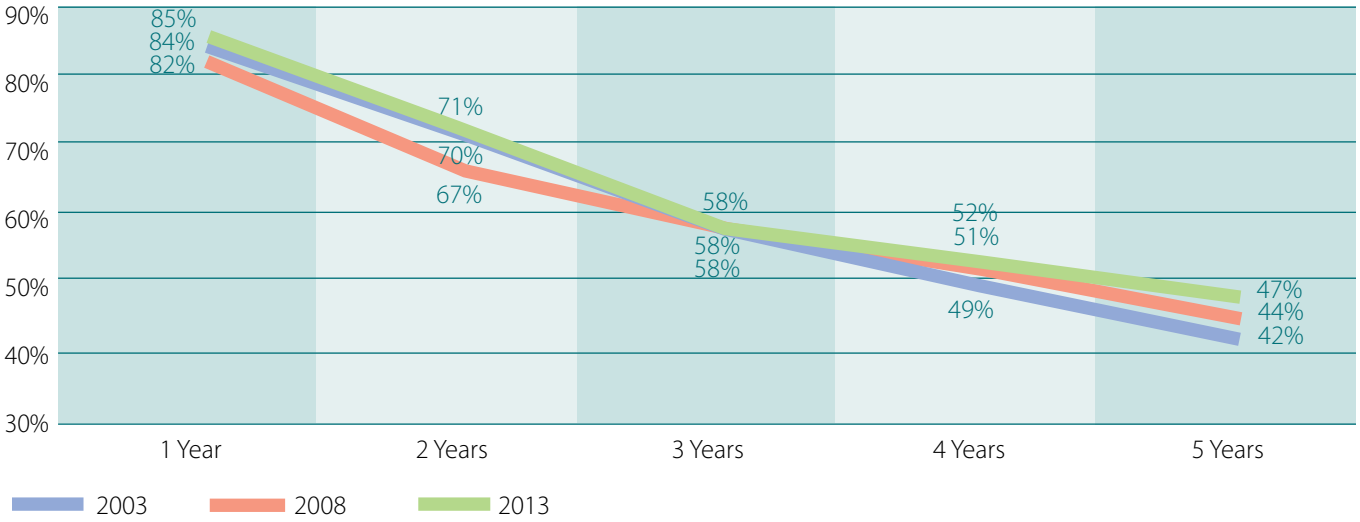
Graph III
Ovarian Cancer 5-Year Survival by Race



Overall, patients treated at Woman's Hospital exhibited improved survival when compared to the NCDB data base. However the African American women with ovarian cancer treated at Woman's Hospital demonstrated poorer survival rates than the Caucasian women treated at Woman's Hospital and also had a poorer overall survival rate than that reported in the NCDB data base. This trend has been reported in many of our previous cancer annual reports looking at ovarian cancer as well as other cancer sites. This clearly warrants further investigation.

Graph IV

Ovarian Cancer 5-Year Survival: 2003, 2008 and 2013 Reports



There appears to have been a steady improvement in survival rates for women with ovarian cancer as reported in the sequential Woman's Hospital cancer annual reports.

Breast Cancer Patient Navigator

Breast cancer is a complex disease and going through cancer treatment can be overwhelming. Woman's Breast Cancer Patient Navigator provides women with one-on-one help 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 coordination of care by helping schedule appointments and review paperwork; improves patient communication during treatment and provides seamless care within Woman's multidisciplinary team throughout survivorship.

Continuing Medical Education

Woman's Hospital is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. The mission of the hospital's continuing medical education program is to offer appropriate programs related to the healthcare of women, children and infants.

As part of continuing medical education 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 1 million Pap smears have been processed at Woman's, and the CDL has received recognition for its quality assurance practices, which exceed all regulation standards.

The CDL is one of the nation's oldest cytology laboratories. During the first two years of its operation, 4,732 Pap smears were processed. Today, more than 75,000 pap smear tests per year are processed. The fees charged during the early days of the CDL were used to pay the $64,000 purchase price for the land on which Woman's Hospital was built.

Directed by a pathologist board certified in cytopathology and staffed by certified experienced cytotechnologists, 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 passed inspection by, and 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 Hospital 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."

Woman's is committed to building a strong comprehensive development program consisting of an annual giving program, a major gifts program, special events and a planned giving program. The following are some of the events and programs that were held in 2012:

Annual Giving

The Annual Giving Campaign raises funds for specific programs and services centered on women, babies and women with cancer that are meeting critical community needs. These programs are addressing vital healthcare issues and serve a significant percentage of Medicaid and indigent patients. Without philanthropic support, these programs are at risk of being reduced or eliminated. The Annual Giving Campaign raised over $480,000. In 2012, the Employee Giving Campaign gave all hospital employees the opportunity to give a charitable contribution to the hospital. More than 100 employees were involved in planning, organizing and implementing the 2012 philanthropic effort to raise funds to supplement an Employee Emergency Fund as well as to help fund a number of programs and services meeting critical community needs.

Woman's Victory Open and Pink on the Plaza

Woman's Victory Open (WVO), the premier women's charity golf event in Louisiana, is an exciting all-women's golf tournament that supports breast cancer outreach and education. Pink on the Plaza is a pre-tournament party, chefs' showcase and auction celebrating breast cancer survivors, WVO sponsors and players. Both events were held in October 2012. Since inception, the events have raised funds exceeding $1.1 million, which help to support breast cancer outreach and education programs. Raised funds also support the Woman's Mobile Mammography Coach, which helps educate women in the community about early detection and offers screenings for women who lack financial resources.

New Campus Gifts Initiative

Due in part to the age and space constraints of our Goodwood location, Woman's moved to a larger replacement hospital in August 2012 and increased our capabilities in areas like neonatal intensive care, cancer treatment, proactive wellness and more. The Campaign for Woman's—Transforming Healthcare for Women and Babies—seeks philanthropic investments to add critical components back into the new campus, to upgrade technology and equipment in order to provide an unprecedented patient experience, and more importantly, save lives of infants and women.

Food and Nutrition Services

Registered dietitians ensure that patients receive adequate nutrition during their hospital stay. Patient education includes stressing the importance of eating properly, developing a nutritional care plan and providing patients with 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 and wish to eat, 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 the patient's meal.

Gynecologic Oncology Group (GOG)

Woman's is one of five institutions in Louisiana that participates 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 (even those not participating in a research protocol) within seven to 10 days after chemotherapy administration. The nurse reviews potential side effects, offers emotional support, answers questions approved by the physicians, continues 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.

Below is a summary of participation in GOG studies for 2012:

- 1 patient was registered on GOG treatment protocol;
- 153 patients were reviewed for GOG protocols;
- 119 patients were ineligible for GOG treatment protocols;
- 0 patients were registered on GOG non-treatment protocols;
- 0 GOG protocols were approved by the Institutional Review Board
- 17 patients were being actively followed on GOG studies

Imaging Services

The imaging services department offers general diagnostic radiology and fluoroscopy imaging, ultrasound examinations, nuclear medicine, computed tomography (CT), and magnetic resonance imaging (MRI) for both inpatients and outpatients.

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

Our breast imaging services staff provides screening and diagnostic mammography, needle localization, galactography, and cyst aspiration, as well as stereotatic, 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.

Oncology Services

Woman's provides inpatient and outpatient diagnostic services and surgical care for patients with gynecologic and breast cancer. State-of-the-art equipment and skilled staff allow for sentinel lymph node biopsy, breast conserving surgery and for minimally invasive surgery for GYN cancers. Additionally, inpatient and outpatient chemotherapy, symptom management and supportive care are provided for women with gynecologic cancer. Patient satisfaction of this comprehensive approach to care is extremely high.

Woman-to-Woman is 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.

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, 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.

Perioperative Services

In the Pre-Surgery center, patients are evaluated, assessed, and educated to prepare them and their families for a successful and safe hospital experience at Woman's. 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.

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. Patients requiring an overnight stay are admitted to a private room on a surgical unit. The Surgical Care team manages the patient's pain control and further prepares them for discharge.

The surgical staff in the Operating Room provide care in the following specialties: breast, colonoscopy, general, gynecology, minimally invasive, 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.

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 hospital staff to optimize drug therapy while trying to minimize toxicities. Pharmacy services include medication and 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 dispensing.

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, ranging in neonatal, pediatric, adult, and geriatric patients with lung dysfunction, breathing difficulties, and/or pulmonary diseases.

Respiratory therapists 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 BLS, PALS, NRP and ACLS certifications.

Social Services

Woman's Social Services provides emotional support for cancer patients and their families by helping them to understand their feelings and better manage their condition. Oncology social workers help patients manage all of the phases of their cancer journey.

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

Therapy Services

Therapy services at Woman's Center for Wellness offers patients a broad spectrum of physical and occupational therapies. Physical or occupational 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 and occupational therapies to become as independent as possible in daily activities.

Woman's also offers a comprehensive lymphedema management program, including exercise, education, manual lymphatic techniques, compression bandaging and use of a gradient sequential pump. The lymphedema management program educates patients about prevention and treatment options.

Outpatient services are available for patients who need ongoing rehabilitation after breast or abdominal surgery or for generalized weakness after prolonged illness. The Forward Motion program 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 a therapy program. Therapists guide Forward Motion patients through individualized exercise programs that incorporate different wellness components, such as flexibility, strength, endurance, body composition and cardiovascular and stress management.

Woman's Center for Wellness

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

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

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

Many educational offerings are available to members and the general public. These programs are focused on restoration of better health through stress reduction, nutrition, strength and flexibility and improved balance. Nutrition plays an integral role in healing, disease prevention and treatment. Members and the general public benefit from consultation services, grocery tours and cooking classes offered by a team of registered dietitians and weight loss coaches.

Located within Woman's Center for Wellness, 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 ovarian disease, metabolic syndrome and insulin resistance. This division coordinates hospital studies, such as those involving fertility and reproductive hormones, maternal-fetal medicine, neonatal medicine, investigational medications, physical therapy, exercise and administrative and social issues.

II. Molecular Biology / Genetics / Oncology Division

The molecular biology/genetics/ oncology division conducts translational cancer research studies including looking at inherited cancer and tumor markers. This division coordinates hospital studies involving gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology. The molecular biology laboratory utilizes advanced technology for 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 2012, the Woman's Health Research Department had 46 active research studies, 19 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. A Phase III Trial of Paclitaxel and Carboplatin versus Triplet or Sequential Doublet Combinations in Patients with Epithelial Ovarian or Primary Peritoneal Carcinoma (GOG#182)
2. Randomized Phase III Trial of Doxorubicin/Cisplatin/Paclitaxel and G-CSF Versus Carboplatin/Paclitaxel in Patients with Stage II and IV or Recurrent Endometrial Cancer (GOG 209)
3. A Randomized Trial of Pelvic Irradiation With or Without Concurrent Weekly Cisplatin in Patients With Pelvic-Only Recurrence of Carcinoma of the Uterine Corpus (GOG 238)
4. A Phase III Trial of Pelvic Radiation Therapy versus Vaginal Cuff Brachytherapy Chemotherapy in Patients with High Risk, Early Stage Endometrial Carcinoma (GOG 249)
5. A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel Versus Carboplatin and Paclitaxel for Optimally Debulked, Advanced Endometrial Carcinoma (G0G 258)
6. A Randomized Phase III Trial of Paclitaxel Plus Carboplatin Versus Ifosfamide Plus Paclitaxel in Chemotherapy-Naïve Patients with Newly Diagnosed Stage I-IV or Persistent Mesodermal Tumors of the Uterus (GOG 261)
7. A Randomized Phase III Trial of IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q 21 Days X 3 Courses Plus Low Dose Paclitaxel 40 MG/M2/Wk Versus IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q 21 Days X 3 Courses Plus observation in Patients with Early Stage Ovarian Carcinoma (GOG 175)
8. A 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)
9. A Phase III Randomized Controlled Clinical Trial of Carboplatin and Paclitaxel Alone or in Combination with Bevacizumab (NSC #704865, IND#7921) Followed by Bevacizumab and Secondary Cytoreductive Surgery in Platinum-Sensitive, Recurrent Ovarian, Fallopian Tube and Peritoneal Primary Cancer (GOG 213)
10. A Phase III Clinical Trial of Bevacizumab with IV Versus IP Chemotherapy in Ovarian, Fallopian Tube, and Primary Peritoneal Carcinoma (GOG 252)
11. A Randomized Phase III Trial of Cisplatin Plus Paclitaxel with and without NCI-Supplied Bevacizumab (NSC #704865, IND #7921) Versus the Non-Platinum Doublet, Topotecan Plus Paclitaxel, with and without NCI-Supplied Bevacizumab, in Stage IVB, Recurrent or Persistent Carcinoma of the Cervix (GOG 240)
12. 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)
13. Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometruim and Ovary
14. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
15. Molecular Analysis of Human Breast Cancer (LABR)
16. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)
17. A Prognostic Study of Sentinel Node and Bone Marrow Micrometastases in Women with Clinical T1 or T2 NO MO Breast Cancer (Z0010)
18. A Clinical Trial Comparing 5-Fluorouracil (5-FU) Plus Leucovorin (LV) and Oxaliplatin with 5-FU Plus LV for the Treatment of Patients with Stages II and III Carcinoma of the Colon (NSABP-C-07)
19. A Three-Arm Randomized Trial to Compare Adjuvant Adriamycin and Cyclophosphamide Followed by Taxotere (AC→T) Adriamycin and Taxotere (AT); and Adriamycin, Taxotere, and Cyclophosphamide (ATC) in Breast Cancer Patients with Positive Axillary Lymph Nodes (NSABP-B-30)

CANCER REGISTRY ACTIVITIES

The Cancer Registry at Woman's is a medical data collection system of patients diagnosed with cancer and/or receiving cancer treatment at the hospital. Cancer cases are abstracted and reported to the Louisiana State Tumor Registry in accordance with state and federal guidelines. The information gathered by the registry includes but is not limited to: patient demographics, primary site, histology, stage of disease, treatment, recurrence and follow-up data. This data is used in the Cancer Annual Report and other specialty reports.

Within the Cancer Registry, coordination of the hospital's compliance with standards of the American College of Surgeons' Commission on Cancer (CoC) takes place to maintain accreditation. To meet and maintain approval through the CoC, a facility must undergo a rigorous evaluation and review of its performance in many areas of its cancer program on-site every three years. Woman's currently maintains full accreditation with commendation. The process involves extensive data gathering of all cancer program activities and coordination by the Cancer Registry leadership, including completion of an all-encompassing Survey Application Record and coordination with other departments, cancer program physicians and staff for participation in compilation of required documentation. Approved cancer programs are encouraged to improve their quality of patient care through various cancer-related programs. These programs focus on a full range of medical services involved in the diagnosis and treatment of cancer including: prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, psychosocial support and end-of-life care.

Woman's Hospital is accredited by the National Accreditation Program for Breast Centers (NAPBC). Accreditation through the NAPBC requires a separate meticulous evaluation of the facility's performance and compliance with the twenty-seven NAPBC standards, including an on-site survey. To maintain accreditation, centers must undergo an evaluation and on-site review every three years. Maintenance and coordination of these standards and required documentation are included in the responsibilities of the Cancer Registry.

The reference date for the Cancer Registry is January 1, 1991. The total number of cases in the database is 8,558 with 8,378 cases classified as analytical and 180 cases non-analytical. The Cancer Registry at Woman's accessioned 565 new cases during 2012. Of the newly accessioned cases, all were analytical. These numbers include in-situ cancers of the breast, cervix, vagina and vulva.

The cancer program coordinator and cancer program abstractors identify all cancer cases according to established state and federal guidelines. These individuals work directly with the medical staff, nursing and other allied health professionals within the Baton Rouge area as well as personnel of the Baton Rouge Regional Tumor Registry, Louisiana State Tumor Registry and tumor registrars across the country to gain access to information in abstracting and completing all pertinent cancer cases.

To stay abreast of the most recent changes in the field of cancer registry, the staff attends educational conferences at the local and national levels. In 2012, staff members attended the LCRA state meeting held in Lafayette and the Cancer Program Coordinator attended the Commission on Cancer's Survey Savvy Workgroup in Chicago, Illinois.

The cancer program coordinator at Woman's is a Certified Tumor Registrar (CTR) and a Registered Health Information Technician (RHIT). She is a member of the American Health Information Management Association (AHIMA). She serves as President-Elect for the Southeast Louisiana Health Information Management Association (SELHIMA). There are four cancer program abstractors. Two abstractors are both Registered Health Information Management Administrators (RHIA) and members of the AHIMA. They are also Certified Tumor Registrars. Two additional abstractors, both also RHIAs, are currently gaining experience to be eligible to sit for the CTR examination. A Registered Health Information Administrator (RHIA), who is also a Certified Professional Coder (CPC), manages the department. She is also a member of the AHIMA, the American Academy of Professional Coders (AAPC) and the Louisiana Cancer Control Partnership (LCCP). She currently serves as Past-President for the SELHIMA and Regulatory Project Manager on the Louisiana Health Information Management Association Board of Directors. All six members of the department are members of the National Cancer Registrars Association (NCRA) and the Louisiana Cancer Registrars Association (LCRA) and the Region II Cancer Registrar Forum.

2012 Cancer Committee

Physician Members

Chair, Pathologist . . . . . Beverly Ogden, MD
Vice Chair, Gyn Oncologist . . . . . Giles Fort, MD
Cancer Liaison Physician . . . . .David Boudreaux, MD
Geneticist . . . . . Duane Superneau, MD
Medical Oncologist . . . . . Kellie Schmeeckle, MD
Ob/Gyn . . . . . Edison Foret, MD
Ob/Gyn . . . . . .Jill Bader, MD
Ob/Gyn . . . . . .Julius Mullins, MD
Plastic Surgeon . . . . . Gary Cox, MD
Radiologist . . . . . Steven Sotile, MD
Radiation Oncologist . . . . . Sheldon Johnson, MD
Surgeon . . . . . Mary Elizabeth Christian, MD
Surgeon (Medical Executive Committee Liaison) . . . . . Michael Puyau, MD

Administrative Liaisons

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

The Cancer Committee shall:

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

2012 Breast Cancer Ad-Hoc Committee

Physician Members

Co-Chair, Surgeon . . . . . Michael Hailey, MD
Co-Chair, Radiologist . . . . . Steven Sotile, MD
OB/Gyn . . . . . Carol Ridenour, MD
OB/Gyn . . . . . Jane Peek, MD
OB/Gyn . . . . . Ellis Schwartzenburg, MD
Radiation Oncologist . . . . . Renee Levine, MD
Medical Oncologist . . . . . Derrick Spell, MD
Pathologist . . . . . Beverly Ogden, MD
Geneticist . . . . . Duane Superneau, MD
Plastic Surgeon . . . . . Gary Cox, MD

Administrative Liaisons

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

2012 Tumor Report Site Distribution

Analytic Cases Only

SITE Group	CLASS Analytic	STAGE Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Applicable	Unknown
All Sites	565	80	253	140	71	16	2	3
Breast	383	71	148	119	37	7	1	0
Corpus Uteri	96	2	64	9	17	4	0	0
Ovary	36	0	16	6	10	4	0	0
Cervix Uteri	19	2	11	3	3	0	0	0
Vulva	11	2	9	0	0	0	0	0
Vagina	2	1	0	1	0	0	0	0
Other Female Genital	5	1	1	1	2	0	0	0
Peritoneum, Omentum, Mesentery	3	0	0	0	2	0	0	1
Non-Hodgkin's Lymphoma	3	0	0	0	0	1	0	2
Colon	2	1	1	0	0	0	0	0
Stomach	1	0	1	0	0	0	0	0
Small Intestine	1	0	0	1	0	0	0	0
Other Digestive	1	0	0	0	0	0	1	0
Melanoma of Skin	1	0	1	0	0	0	0	0
Kidney and Renal Pelvis	1	0	1	0	0	0	0	0

2012 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
Under 20	1	<1
20 - 29	6	1
30 - 39	35	6
40 - 49	97	17
50 - 59	142	25
60 - 69	160	28
70 - 79	93	16
80 - 89	29	5
90 - 99	2	<3
Total	**565**	**100**

2012 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	381	67
African/American	181	32
Asian/Other	3	1
Total	**565**	**100**

Cancer of the Breast
2012 Analytic Cases

STUDY:

Patient Follow Up After Abnormal Screening/ Diagnostic Mammography

Woman's Imaging Services staff monitors patients requiring additional views and/or ultrasound after a screening mammogram and patients with a suspicious mammogram requiring a biopsy (American College of Radiology (ACR) result codes 0, 4 and 5). Patients are encouraged to follow up in a timely manner through telephone calls, physician notification and a signed certified letter.

During the calendar year 2012, a total of 40,180 mammograms were performed. ACR result Code 0, needing additional views and/or ultrasound, was given in 4,997 mammograms. Of these patients, 99.8% had these additional studies or follow up. ACR result Code 4 or 5, suspicious for malignancy, was given in 1,032 mammograms. Of these patients, 98% had a biopsy or surgical follow up. Overall, a total of 75 patients (1.2%) refused to follow up with recommended additional studies or surgical consult/biopsy due to various reasons (advancing age, co-morbid conditions, personal reasons).

A total of 1,223 stereotactic, ultrasound, or MRI-guided breast biopsies were performed, 73% were benign with 27% malignant.

The study was completed June 25, 2013 and presented to the Cancer Committee on July 16, 2013.

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	25	7
40-49	73	19
50-59	102	27
60-69	101	26
70-79	63	16
80-89	17	4
90-99	2	1
Total	**383**	**100**

Race	Number of Cases	Percent
Caucasian	257	67
African American	124	32
Asian/Other	2	1
Total	**383**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	71	19
Stage I	148	39
Stage II	119	31
Stage III	37	10
Stage IV	7	1
Unknown/Not Applicable	1	<1
Total	**383**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<1
Hormone	1	<1
Surgery	58	15
Surgery/Chemotherapy	52	14
Surgery/Radiation	40	10
Surgery/Radiation/Chemotherapy	51	13
Surgery/Hormone	43	11
Surgery/Radiation/Hormone	95	25
Surgery/Chemotherapy/Hormone	10	3
Surgery/Radiation/Chemotherapy/Hormone	32	8
Total	**383**	**100**

Histology	Number of Cases	Percent
Intraductal Carcinoma	24	6
DCIS Mixed w/other In-Situ	43	11
Carcinoma, NOS	2	<1
Adenoid Cystic Carcinoma	2	<1
Papillary Adenocarcinoma, NOS	1	<1
Mucinous Adenocarcinoma	2	<1
Infiltrating Ductal Carcinoma	276	72
Lobular Carcinoma	24	6
Infiltrating Ductal & Lobular Carcinoma	3	1
Infiltrating Ductal Mixed w/other types of Carcinoma	3	1
Adenosquamous Carcinoma	1	<1
Metaplastic Carcinoma, NOS	1	<1
Phyllodes Tumor	1	<1
Total	**383**	**100**

Cancer of the Ovary
2012 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	3
30-39	0	0
40-49	3	8
50-59	11	31
60-69	9	25
70-79	9	25
80-89	3	8
90-99	0	0
Total	**36**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	29	81
African American	7	19
Asian/Other	0	0
Total	**36**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	0	0
Stage I	16	44
Stage II	6	17
Stage III	10	28
Stage IV	4	11
Unknown/Not Applicable	0	0
Total	**36**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Surgery	5	14
Chemotherapy	1	3
Surgery/Chemotherapy	30	83
Total	**36**	**100**
Histology	**Number of Cases**	**Percent**
Carcinoma, NOS	2	5
Adenocarcinoma, NOS	1	3
Mixed Cell Adenocarcinoma	1	3
Endometrioid Adenocarcinoma	9	25
Serous Cystadenocarcinoma	17	47
Mucinous Cystadenocarcinoma	1	3
Mucinous Adenocarcinoma	3	8
Granulosa Cell Tumor	1	3
Mullerian Mixed Tumor	1	3
Total	**36**	**100**

Cancer of the Cervix
2012 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	3	16
30-39	5	26
40-49	6	31
50-59	2	11
60-69	2	11
70-79	1	5
80-89	0	0
90-99	0	0
Total	**19**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	11	58
African American	8	42
Asian/Other	0	0
Total	**19**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	2	10
Stage I	11	58
Stage II	3	16
Stage III	3	16
Stage IV	0	0
Unknown/Not Applicable	0	0
Total	**19**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Surgery	12	63
Surgery/Chemotherapy	1	5
Surgery/Radiation/Chemotherapy	4	21
Radiation/Chemotherapy	2	11
Total	**19**	**100**
Histology	**Number of Cases**	**Percent**
Squamous Cell Carcinoma, NOS	11	58
Adenocarcinoma, NOS	6	31
Endocervical Adenocarcinoma	2	11
Total	**19**	**100**

Cancer of the Uterus
2012 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
Under 20	1	1
20-29	0	0
30-39	4	4
40-49	9	9
50-59	21	22
60-69	41	43
70-79	14	15
80-89	6	6
Total	**96**	**100**

Race	Number of Cases	Percent
Caucasian	60	63
African American	35	36
Asian/Other	1	1
Total	**96**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	2	2
Stage I	64	67
Stage II	9	9
Stage III	17	18
Stage IV	4	4
Unknown/Not Applicable	0	0
Total	**96**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	64	66
Chemotherapy	1	1
Surgery/Chemotherapy	12	13
Surgery/Radiation	12	13
Surgery/Radiation/Chemotherapy	4	4
Surgery/Radiation/Hormone	1	1
Surgery/Hormone	2	2
Total	**96**	**100**

Histology	Number of Cases	Percent
Carcinoma, NOS	3	3
Small Cell Carcinoma, NOS	1	1
Adenocarcinoma, NOS	6	6
Mixed Cell Adenocarcinoma	3	3
Endometrioid Adenocarcinoma, NOS	66	70
Serous Adenocarcinoma, NOS	7	7
Mucinous Adenocarcinoma	1	1
Leiomyosarcoma, NOS	1	1
Endometrial Stromal Sarcoma	3	3
Adenosarcoma	1	1
Mullerian Mixed Tumor	4	4
Total	**96**	**100**

Cancer of the Vulva and Vagina

2012 Analytic Cases

Site	Number of Cases	Percent
Vulva	11	85
Vagina	2	15
Total	**13**	**100**
Age at Diagnosis	**Number of Cases**	**Percent**
20-29	0	0
30-39	0	0
40-49	3	23
50-59	2	<16
60-69	3	23
70-79	3	23
80-89	2	<16
Total	**13**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	11	85
African American	2	15
Asian/Other	0	
Total	**13**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	3	23
Stage I	9	69
Stage II	1	8
Stage III	0	0
Stage IV	0	0
Unknown/Not Applicable	0	0
Total	**13**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Surgery	11	85
Radiation/Chemotherapy	2	15
Total	**13**	**100**
Histology	**Number of Cases**	**Percent**
Small Cell Carcinoma, NOS	1	8
Squamous Cell Carcinoma	6	46
Basal Cell Adenocarcinoma	1	8
Extramammory Paget Disease	3	23
Melanoma	2	15
Total	**13**	**100**

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2012 – December 2012

Total Conferences held 42
Total Cases Presented 88
Average number of attendees 22
Total number of analytic breast cancer cases accessioned in 2012 383

Age of Patients	Number of Cases	Percent
20-29	1	1
30-39	10	11
40-49	23	26
50-59	15	17
60-69	28	32
70-79	8	9
80-89	3	4
90-99	0	0
Total	**88**	**100**

Histology of Cases Presented

Adenoid Cystic Carcinoma
Adenosquamous Carcinoma
Mixed Intraductal Carcinoma
Intraductal Carcinoma
Inflammatory Carcinoma
Intracystic Papillary Carcinoma
Infiltrating Ductal Carcinoma
Lobular Carcinoma
Neuroendocrine Carcinoma
Paget's Disease
Phyllodes Tumor

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conference

January 2012 – December 2012

Total conferences held 9
Total cases presented 54
Average number of attendees 16
Total number of analytic gynecologic cases accessioned in 2012 172

Sites Presented

Cervix Uteri
Uterus
Endometrium
Fallopian Tube
Ovary
Appendix
Vagina
Vulva

Age of Patients	Number of Cases	Percent
20-29	2	4
30-39	5	9
40-49	6	11
50-59	11	20
60-69	15	28
70-79	9	17
80-89	6	11
Total	**54**	**100**

Histology of Cases Presented

Squamous Cell Carcinoma
Adenocarcinoma
Endocervical Adenocarcinoma
Endometrioid Adenocarcinoma
Endometrial Stromal Sarcoma
Mixed Endometrial Stomal and Smooth Muscle Tumor
Serous Adenocarcinoma
Mixed Mullerian Tumor
Serous Papillary Adenocarcinoma
Granulosa Cell Tumor
Mucinous Adenocarcinoma
Small Cell Neuroendocrine Carcinoma
Melanoma
Angiomyxoma
Villoglandular Adenocarcinoma
Papillary Carcinoma In-Situ

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womans.org

Woman's exceptional care, centered on you

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