

2023 Cancer Annual Report

Focus On Ovarian Cancer

Woman's 

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November 27, 2023

According to the American Cancer Society, it is estimated that there will be 19,710 new cases of ovarian cancer diagnosed in the United States in 2023 and 13,270 deaths related to ovarian cancer. Ovarian cancer ranks fifth in cancer deaths in women but is responsible for more deaths than any other cancers of reproductive organs. A woman's lifetime risk of ovarian cancer is estimated to be one in 78. Nationally, over 50% of women diagnosed with ovarian cancer are over 63 years old.

We are pleased to present to you our 2023 Cancer Annual Report that focuses on the 440 ovarian cancer cases diagnosed at Woman's Hospital from 2012-2022. The majority of cases were diagnosed in women between the ages of 50-80 years old, with four cases diagnosed in women under the age of 20. Our review shows an overall survival rate of 56%, which is statistically better than survival reported in the Surveillance, Epidemiology, and End Results (SEER), Louisiana Tumor Registry (LTR) and Region 2 databases. This is largely due to our improved survival in Stages III and IV ovarian cancers when compared to other databases. We continue to see a number of cases of a rare form of cancer, carcinosarcoma. We are starting to work with the Louisiana Tumor Registry to further investigate this finding.

We want to thank Tonya Songy, Bria Orgeron, Leslie Barnett and Madeleine Dufrene for the amazing work that they do to ensure our data is accurate and complete. We want to thank our marketing team for always creating such a beautiful report and we are also very thankful for Landon Roy's support and patience in working with us to evaluate the significance of our data.

Beverly Ogden, MD
Co-chair, Cancer Committee
Chair of Cancer Clinical Services

Anthony Evans, MD, PhD
Medical Director, GYN Oncology
Chair, GYN Oncology Services

Mindy Bowie, MD
Co-chair, Cancer Committee

Cancer Discussion



This cancer annual report is a review of ovarian cancer diagnosed at Woman's Hospital from 2012-2022.

During this time period, 440 cases were reviewed with the majority of our cases of ovarian cancer diagnosed in women between the ages of 50-80. We did report four cases in women under the age of 20, three were cases of mixed germ cell tumor and one was a case of low-grade mucinous carcinoma. 73% of our cases were diagnosed in Caucasian women, 25% in African-American women and 2% in other race categories. Adenocarcinoma is the most common diagnosis, but 18 cases of carcinosarcoma were diagnosed representing 4% of all cases. Sex cord stromal tumors, other than granulosa cell tumors were noted to be rare (<1%). We have noted for the past 30 years that we diagnosed a higher percentage of Stage I ovarian cancer than reported in the national database. We did an in-depth investigation of this in the past and found these cases of Stage I cancers were diagnosed because the women did not ignore subtle symptoms and their physician did not ignore their concerns. In this report, we looked at all of our Stage I deaths and found 36% of patients died with no evidence of disease but had significant co-morbidities, 31% died of disease, the majority with a diagnosis of high-grade malignancy, and 31% died with no evidence of disease and no significant co-morbidities reported. The majority of our patients with ovarian cancer received surgery and chemotherapy as first line therapy. Overall survival reported at Woman's Hospital for ovarian cancer is 56.8% with overall Stage I survival reported at 84.1%, overall Stage II survival of 70.7%, and an overall combined survival for Stages III and IV of 38.4%. Woman's Hospital data shows significant overall improved survival for ovarian cancer, specifically for Stage III and Stage IV cancers when compared to national SEER data and local and regional data.

Ovarian Cancer Statistics

Comparative Analysis of Local and National Patient Populations

Figure I
Ovary Malignant Tumors • Age at Diagnosis: Years 2012-2022

Age at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
Under 20	4	1	1,666	1
20-29	19	4	3,754	2
30-39	17	4	7,176	5
40-49	57	13	18,176	12
50-59	106	24	36,048	23
60-69	121	28	42,204	27
70-79	88	20	31,204	20
80-89	26	6	14,867	9
90-99	2	<1	2,381	1
Total	440	100	157,476	100

*National Cancer Data Base (NCDB) data is for years diagnosed 2011-2020.

The majority of cases of ovarian cancer at Woman's Hospital were diagnosed in 50-80-year-old women.

A review of cases under the age of 30 showed three cases of mixed germ cell tumors and one case of low-grade mucinous carcinoma.

Figure II
Ovary Malignant Tumors • Race: Years 2012-2022

Race	Woman's		NCDB*	
	Number	Percent	Number	Percent
Caucasian	321	73	121,061	77
African American	108	25	14,214	9
Other**	11	2	22,201	14
Total	440	100	157,476	100

*NCDB data only available for 2011-2020.

**Other category includes Native American, Asian and Hispanic.

The race distribution of women with ovarian cancer between 2012-2022 shows the majority of patients diagnosed with ovarian cancer at Woman's and in the NCDB are Caucasian (73% and 77% respectively). 25% of cases diagnosed at Woman's were seen in African-American women compared to 9% reported in the NCDB. At Woman's we reported 2% diagnosed in other race category compared to 14% in the NCDB.

Figure III
Ovary Malignant Tumors • Year of Diagnosis: Years 2012-2022

Woman's	
Year of Diagnosis*	Ovary
2012	38
2013	46
2014	39
2015	44
2016	33
2017	39
2018	29
2019	41
2020	28
2021	62
2022	41
Total	440

*Year of diagnosis is based on the date of first contact.

The number of cases of ovarian cancer diagnosed between 2012 and 2022 ranges from a low of 28 cases diagnosed in 2020 and a high of 62 cases diagnosed in 2021.

The number of cases reported per year in previous annual reports may have been updated in this report due to cases of recurrences that were not initially diagnosed here at Woman's but are now counted in our database.

Figure IV
Ovary Malignant Tumors • Histologies: Years 2012–2022

Cell Types	Woman's		NCDB*	
	Number	Percent	Number	Percent
Carcinoma, NOS	18	4	6,569	4
Adenocarcinoma	249	56	26,744	17
Carcinoid Tumor, NOS	2	<1	688	<1
Clear Cell Adenocarcinoma	11	3	9,350	6
Endometrioid Adenocarcinoma, NOS	54	12	14,989	9
Fibrosarcoma, NOS	1	<1	27	<1
Granulosa Cell Tumor	20	5	3,251	2
Mixed Cell Adenocarcinoma	12	3	5,676	4
Mucinous Adenocarcinoma	34	8	8,472	5
Mullerian Mixed Tumor	18	4	2,108	1
Neuroendocrine Carcinoma, NOS	2	<1	274	<1
Sex Cord Stromal Tumor	1	<1	12	<1
Squamous Cell Carcinoma, NOS	3	<1	498	<1
Teratoma Malignant, NOS	3	<1	1,209	<1
Struma Ovarii	1	<1	0	0
Yolk Sac Tumor	2	<1	0	0
Seromucinous Carcinoma	4	1	0	0
Dysgerminoma	2	<1	1,007	<1
Mixed Embryonal Carcinoma and Teratoma	0	0	68	<1
Mixed Germ Cell Tumor	3	<1	613	<1
Other Specified Types	0	0	75,921	48
Total	440	100	157,476	100

*NCDB data only available for years 2011-2020.

Adenocarcinoma is the most common diagnosis, broken into various subtypes. Sex cord stromal tumors, other than granulosa cell tumor and germ cell tumors are rare (<1%). Of the 440 cases of ovarian cancer diagnosed at Woman's, 18 cases were cases of carcinosarcoma (Malignant Mixed Mullerian Tumor) representing 4% of all cases reported. A similar number of cases were reported in the 2018 annual report. We are in the process of working with the LTR to further investigate this finding.

Figure V
Ovary Malignant Tumors • Stage at Diagnosis: Years 2012–2022

Stage at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
0	0	0	1	<1
I	143	33	36,977	23
I	4			
IA	70			
IB	11			
IC	58			
II	43	10	13,014	8
II	3			
IIA	8			
IIB	22			
IIC	10			
III	163	37	55,203	35
III	11			
IIIA	3			
IIIA1	2			
IIIA2	10			
IIIB	26			
IIIC	111			
IV	68	15	37,097	24
IV	48			
IVA	5			
IVB	15			
Unknown /Not Applicable	23	5	15,184	10
Total	440	100	157,476	100

*NCDB data only available for 2011-2020.

The majority of cases of ovarian cancer seen at Woman's were diagnosed at Stage III (37%), followed by Stage I (33%), Stage IV (15%), and Stage II (10%). The NCDB also showed the majority of cases diagnosed at Stage III (35%) followed by Stage IV (24%), Stage I (23%) and Stage II (8%). At Woman's, statistically there are a higher percentage of cases diagnosed at Stage I when compared to the NCDB cases, 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 2012–2022

Treatment First Course	Woman's		NCDB*	
	Number	Percent	Number	Percent
Chemotherapy	25	6	14,190	9
Chemotherapy/Hormone Therapy	1	<1	259	<1
Chemotherapy/Immunotherapy	2	<1	0	0
Chemotherapy/Hormone Therapy/ Immunotherapy	1	<1	0	0
Radiation/Chemotherapy	1	<1	262	<1
Surgery	115	26	30,413	19
Surgery/Radiation/Chemotherapy	15	3	1,112	<1
Surgery/Chemotherapy/Hormone Therapy	6	1	1,432	<1
Surgery/Chemotherapy/Hormone Therapy/ Immunotherapy	1	<1	0	0
Surgery/Hormone Therapy	2	<1	834	<1
Surgery/Chemotherapy	251	57	88,420	56
Surgery/Chemotherapy/Immunotherapy	15	3	0	0
Surgery/Chemotherapy/Immunotherapy/Other	1	<1	0	0
Other Specified Therapy	0	0	8,451	5
None	4	1	12,103	8
Total	440	100	157,476	100

*NCDB data only available for 2011–2020.

The majority (57%) of women diagnosed with ovarian cancer received both surgery and chemotherapy, similar to NCDB data (56%). 26% of women at Woman's received surgery alone with NCDB showing 19%, 6% received chemotherapy alone at Woman's with NCDB showing 9%, and 1% of women received no form of therapy at Woman's compared to 8% in the NCDB.

Figure VII
First Course of Treatment by Stage: Years 2012–2022

	Stage					Total
	I	II	III	IV	Unknown/ Not Applicable	
Chemotherapy	2		8	9	6	25
Chemotherapy/Hormone Therapy				1		1
Chemotherapy/Hormone Therapy/ Immunotherapy				1		1
Chemotherapy/Immunotherapy				1	1	2
Radiation/Chemotherapy		1				1
Surgery	71	4	24	8	8	115
Surgery/Chemotherapy	67	29	110	40	5	251
Surgery/Hormone Therapy			2			2
Surgery/Chemotherapy/Hormone Therapy		1	3	2		6
Surgery/Chemotherapy/Immunotherapy		2	8	5		15
Surgery/Chemotherapy/Hormone Therapy/ Immunotherapy			1			1
Surgery/Chemotherapy/Immunotherapy/Other			1			1
Surgery/Radiation/Chemotherapy	4	5	5	1		15
None		1	2		1	4
Total	144	43	164	68	21	440

The majority of Woman's patients, at each stage of diagnosis, received surgery plus chemotherapy for first line therapy: 47% of Stage I cancers, 67% of Stage II and Stage III cancers and 58% of Stage IV cancers. 49% of Stage I cancer patients received surgery alone as first line therapy.



Figure VIII
Ovarian Cancer Incidence Rates
 Louisiana vs US 2011-2020

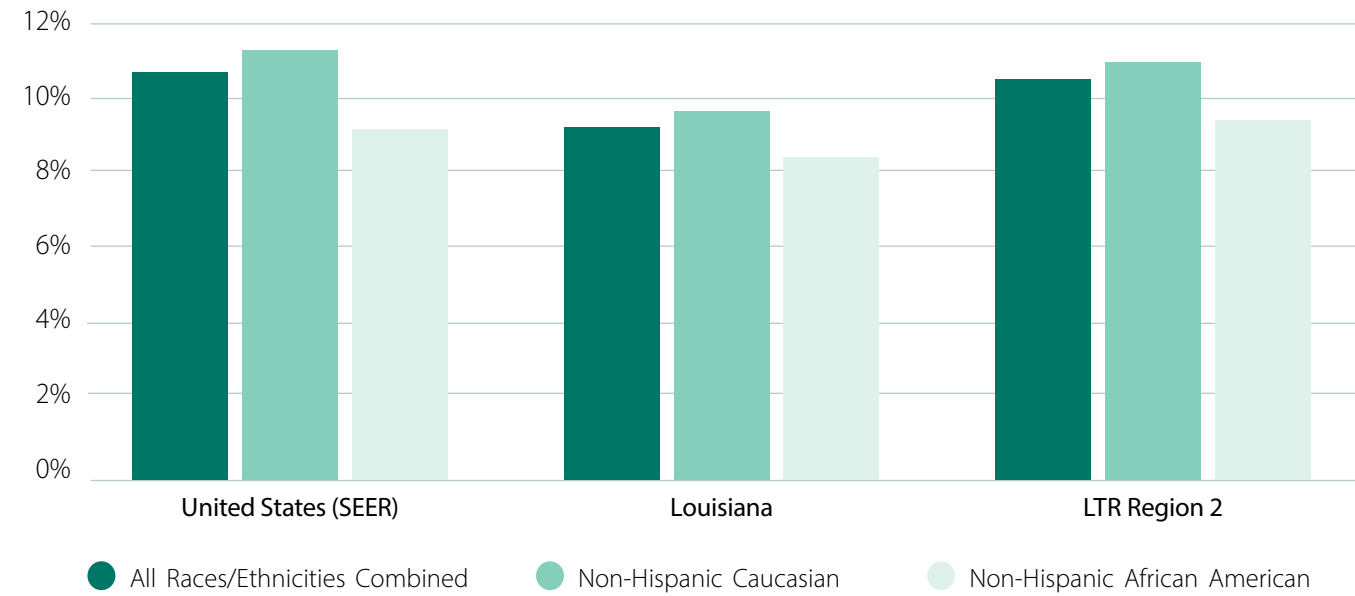
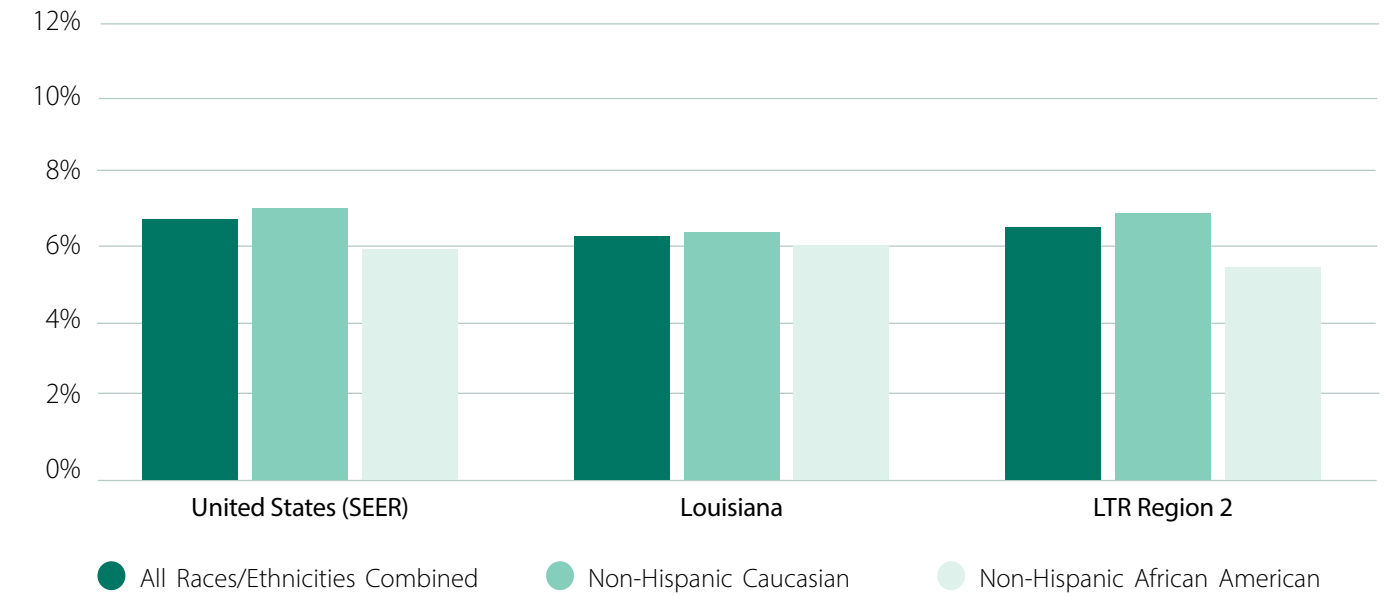


Figure IX
Ovarian Cancer Mortality Rates
 Louisiana vs US 2011-2020



Ovarian Cancer Incidence Rates and Counts, All Stages Combined, 2011-2020

	United States (SEER)		Louisiana		LTR Region 2	
	Rate	Count	Rate	Count	Rate	Count
All Races/Ethnicities Combined	10.8	!!	9.2	2,562	10.5	584
Non-Hispanic Caucasian	11.3	!!	9.7	1,787	11.0	403
Non-Hispanic African American	9.1	!!	8.4	678	9.4	161

- Rates are per 100,000 and age-adjusted to the 2000 US Std Population.
- The counts are the total number of cases for the 10-year period.
- LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana
- U.S. incidence rate estimates are from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, 17 regions.
- !! Counts for US (SEER) are removed, as this would only represent a percentage of the US population counted in the 17 SEER registries.
- The Louisiana Tumor Registry is supported by the SEER Program (NCI), the National Program of Cancer Registries (CDC), the State of Louisiana, the LSU Health Sciences Center-New Orleans, and host institutions.

Compiled by Lauren Maniscalco of the Louisiana Tumor Registry, June 15, 2023.

There are no statistical differences in incidence of ovarian cancer when comparing Louisiana data, Regional 2 data and SEER data.

Ovarian Cancer Mortality Rates and Counts 2011-2020

	United States (SEER)		Louisiana		LTR Region 2	
	Rate	Count	Rate	Count	Rate	Count
All races	6.7	140,188	6.2	1,801	6.4	344
Caucasian	7.0	121,209	6.3	1,304	6.8	256
African American	5.9	13,577	6.0	481	5.5	84

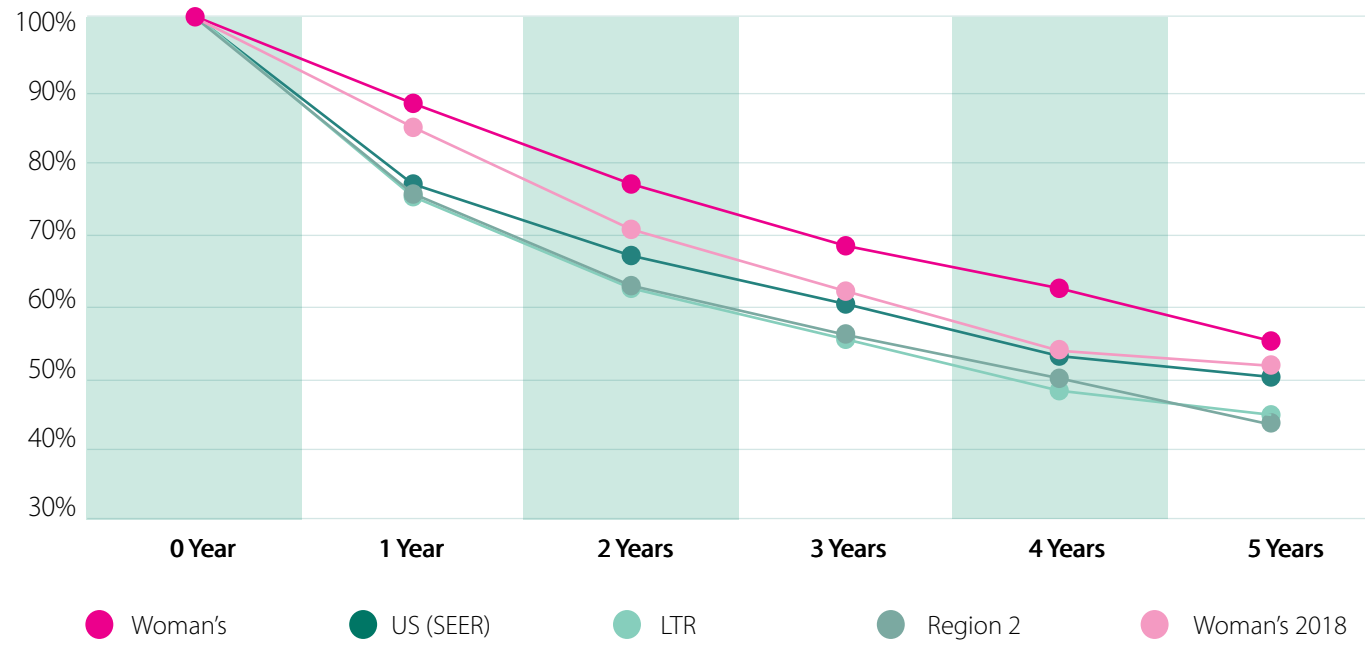
Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

- Rates are per 100,000 and age-adjusted to the 2000 US Std Population.
- The counts are the total number of deaths for the 10-year period.
- LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana

Compiled by Lauren Maniscalco of the Louisiana Tumor Registry, June 15, 2023.

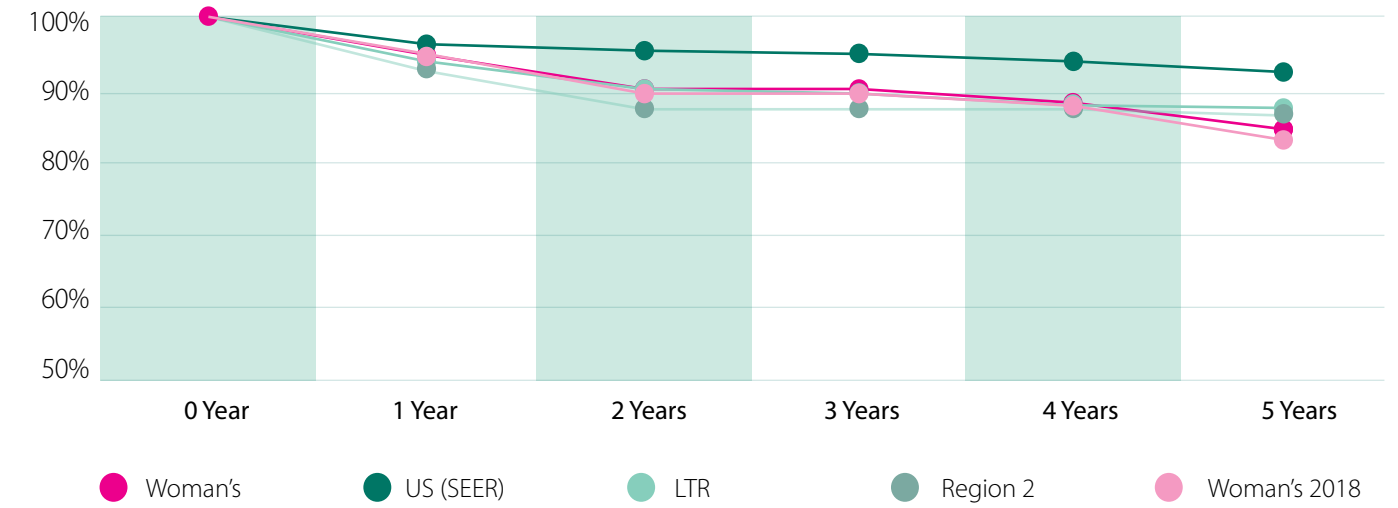


Figure X
Ovarian Cancer 5-Year Survival: All Cases



Woman's has a significantly better 5-year survival when compared to SEER, LTR and Region 2 data.
There is no statistically significant difference in 5-year survival when comparing Woman's 2018 and 2022 data.

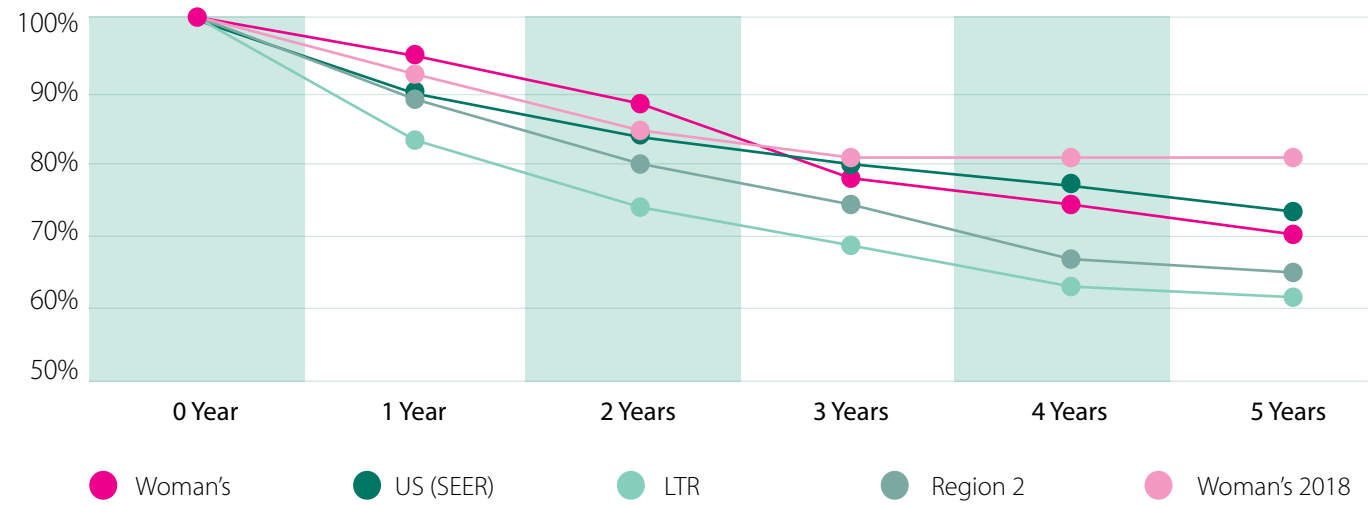
Figure XI
Ovarian Cancer 5-Year Survival: Stage I



We looked at all 19 cases of Stage I deaths reported at Woman's.

- Seven patients died with no evidence of disease but had reported significant co-morbidities including Type II diabetes mellitus, stroke, congestive heart failure, atrial fibrillation, atherosclerotic cardiovascular disease, chronic obstructive pulmonary disease, pulmonary fibrosis and cirrhosis.
- Six cases died with evidence of disease, see below:
 - 24-year-old with Stage IC endometrioid carcinoma
 - 53-year-old with Stage IC high-grade serous carcinoma
 - 62-year-old with Stage IC carcinosarcoma
 - 75-year-old with Stage IC3 high-grade serous carcinoma
 - 43-year-old with recurrent granulosa cell tumor
 - 67-year-old with Stage IA high-grade serous carcinoma
- Six cases had no evidence of disease at time of death and no significant co-morbidities were reported.

Figure XII
Ovarian Cancer 5-Year Survival: Stage II



There is no statistical significance in the survival data comparing Woman's data to SEER, LTR or Region 2 data.

Figure XIV
Ovarian Cancer 5-Year Survival: Stage IV

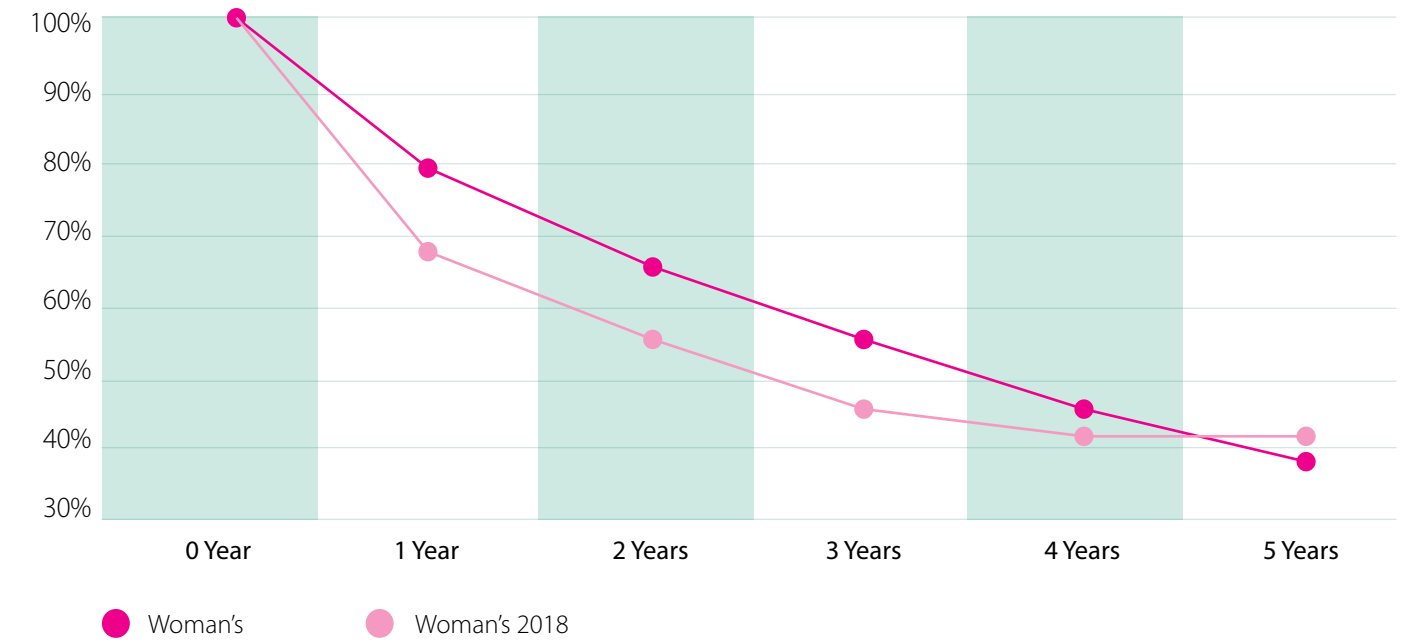


Figure XIII
Ovarian Cancer 5-Year Survival: Stage III

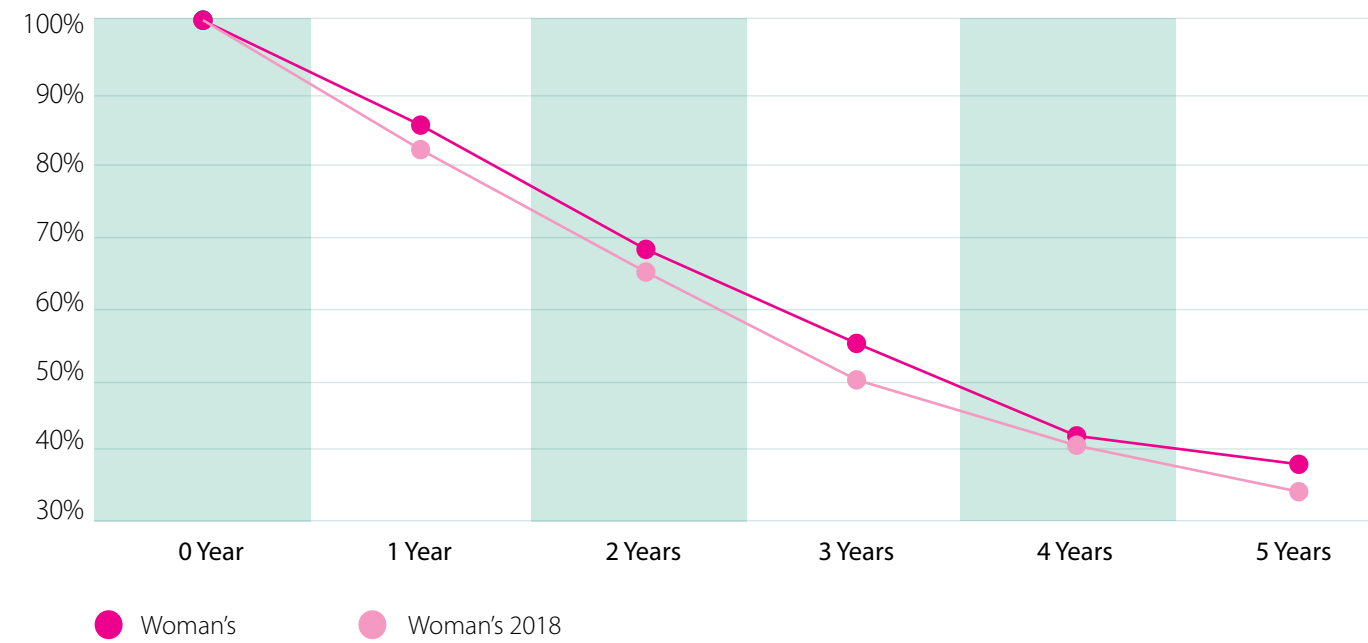
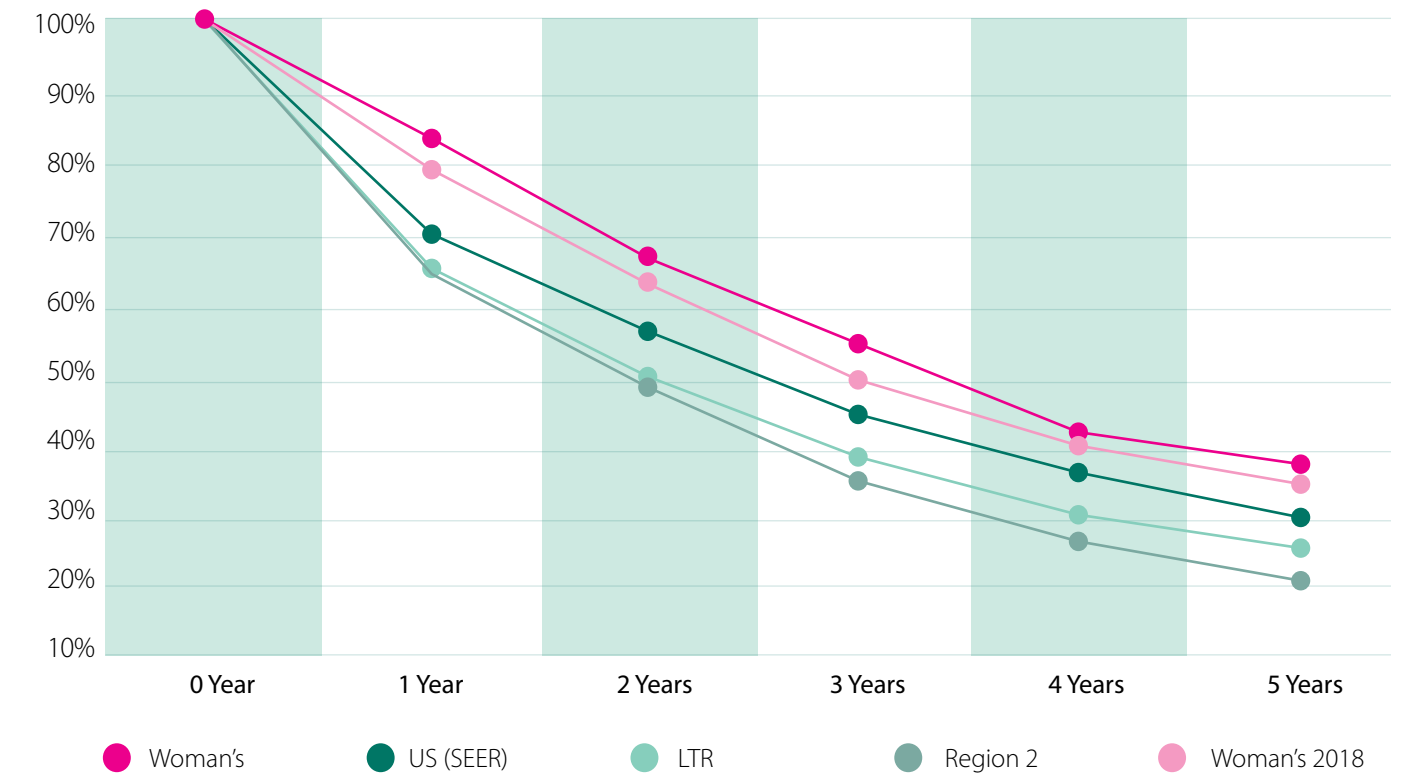


Figure XV
Ovarian Cancer 5-Year Survival: Stages III & IV



There is statistically significant improved survival reported at Woman's when compared to SEER, LTR and Region 2 data.

Woman's Cancer Pavilion

In partnership with:



Woman's Cancer Pavilion provides women diagnosed with breast or gynecologic cancer with a multitude of resources for enhanced care. The Pavilion is in partnership with Mary Bird Perkins Cancer Center and Our Lady of the Lake Regional Cancer Institute that blends the recognized expertise of each organization in caring for women with cancer to deliver the most advanced, coordinated care for patients throughout the region.

The Pavilion enables women to receive the highest level of breast and gynecologic cancer care and is the only one of its kind in the country. This is made possible through the combined expertise and resources of this partnership, providing patients with collaborative teams of medical, radiation oncologists, GYN and breast surgical oncologists, breast surgeons, radiologists, pathologists, geneticists, research staff, nurse navigators, dietitians, palliative care nurse navigators, pastoral care and social workers.

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. Optical imaging allows for real-time tumor tracking during treatment.
- New technology 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 and breast 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.
- The Catalyst system (by C-RAD) offers a complete solution for positioning the patient and motion tracking. Optical cameras in the room can detect and track a 3D surface image of the patient. This sophisticated and non-invasive technology allows us to accurately align the anatomy in the treatment position and increase precision.
- A state-of-the-art clinical pharmacy is located within the infusion center for quick, safe delivery of chemotherapy medications. With an onsite clinical infusion pharmacy, patients' wait times for infusions are approximately 20 minutes, which is well below the national average. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.
- Every detail for patient comfort and convenience was considered in the design of the infusion center, which includes 15 bays and four private rooms. Scalp Cooling technology is available for patients who are eligible to utilize this technology.

Research and Education

With the goal of enhancing cancer care and improving patient outcomes, the Pavilion offers a wide variety of clinical trials, including studies for breast cancer screening, breast and GYN cancer treatment, side effects of treatment studies and cancer care delivery research.

Cancer Clinical Trials

Through the National Cancer Institute Community Oncology Research Program (NCORP), patients being cared for at the Woman's Cancer Pavilion have access to the latest national research studies.

Research studies often compare the best existing treatments with promising new ones and at the same time have the potential to obtain valuable quality of life information. Clinical research also investigates how patients can manage side effects of treatment, how to prevent cancer recurrence and how to manage survivorship after treatment. Together, with the National Cancer Institute and its Research Bases, the research team at the Pavilion is conducting studies that also look at Cancer Care Delivery Research (CCDR).

CCDR focuses on gathering evidence that can be used to enhance clinical patterns and develop interventions within the healthcare delivery system. It supports development of information about the effectiveness, acceptability, cost, optimal delivery mode and causal mechanisms that influence outcomes and affect the value of cancer care across diverse settings and populations.

Woman's Cancer Pavilion Clinical Research Statistics (January – December 2022):

- 2022 Patients enrolled – 99
- Breast Studies open – 13
- GYN Studies open – 8

The National Cancer Institute Community Oncology Research Program (NCORP)

NCORP provides Pavilion researchers with access to NRG Oncology, an organization which brings together the complementary research areas of what was previously known as the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG). In addition, this relationship with the National Cancer Initiative allows the Pavilion to participate in studies offered through the Southwest Oncology Group (SWOG), ECOG-ACRIN cancer research group, Alliance for Clinical Trials in Oncology, Wake Forest Research Base and University of Rochester Cancer Center (URCC).



Cancer-related Studies With Active Enrollment

1. AFT-25 COMET - Comparison of Operative to Monitoring and Endocrine Therapy (COMET) Trial for Low-Risk DCIS: A Phase III Prospective Randomized Trial
2. Alliance - A randomized Phase III Trial comparing Axillary Lymph Node Dissection to Axillary Radiation in breast cancer patients who have positive Sentinel Lymph Node disease after neoadjuvant chemotherapy
3. ECOG-ACRIN EA 1511 - Tomosynthesis Mammographic Imaging Screening Trial (TMIST)
4. ICARE - Inherited Cancer Registry
5. Improving Insulin Resistance in Gynecological Cancer Patients Post-Treatment using Integrative and Functional Medicine (IFM) Food Plan, Brook Schoonenberg, MS, RDN, LDN NRG-BR003 - 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
6. NC DCP-001 - Use of a Clinical Trial Screening Selection Tool to address cancer health disparities in the NCORP
7. NRG-BR004 - A Randomized, Double-Blind, Phase III Trial of Paclitaxel, Trastuzumab/Pertuzumab with Atezolizumab or Placebo in First-Line HER2-Positive Metastatic Breast Cancer
8. NRG-GY018 - A Phase III Randomized, Placebo-Controlled Study of Pembrolizumab (MK-3475, NSC #776864) in addition to Paclitaxel and Carboplatin for Measurable Stage III or IVA, Stage IVB or Recurrent Endometrial Cancer
9. SWOG S1418 - 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 1 cm Residual Invasive Cancer or Positive Lymph Nodes (ypN+) After Neoadjuvant Chemotherapy
10. SWOG S1501 - Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER2+ Breast Cancer, Phase III
11. NRG-BR004 - A Randomized, Double-Blind, Phase III Trial of Taxane/Trastuzumab/Pertuzumab with Atezolizumab or Placebo in First-Line Her 2-Positive Metastatic Breast Cancer
12. DCP-001 - Use of a Clinical Trial Screening Tool to address Cancer Health Disparities in the NCI Community Oncology Research Program (NCORP)
13. ES 2021-05 - Specimen Collection Study to Evaluate Biomarkers in Subjects with Cancer
14. URCC 21038 - Disparities in Results of Immune Checkpoint Inhibitor Treatment (DIRECT): A Prospective Cohort Study of Cancer Survivors Treated with anti-PD-1/anti-PD-L1 Immunotherapy in a Community Oncology Setting
15. NSABP B-60 - A Phase 3, Multicenter, Randomized, Open-Label, Active-Controlled Study of Trastuzumab Deruxtecan (T-DXd) versus Trastuzumab Emtansine (T-DM1) in Subjects with High Risk HER2 Positive Primary Breast Cancer Who Have Residual Invasive Disease in Breast or Axillary Lymph Nodes Following Neoadjuvant Therapy
16. GOG 3047 - A Randomized, Phase 3, Double-Blind Study of Chemoradiotherapy with or without Pembrolizumab for Treatment of High-risk, Locally Advanced Cervical Cancer

Continuing Medical Education

Accredited by the Texas Medical Association, Woman's Continuing Medical Education offers physicians appropriate education programs focused on cancer care and treatment. These programs are also open for other disciplines to attend. In 2022, 44 Breast Tumor Conferences and 15 GYN Tumor Conferences were held.

Woman's continuing education programs included:

- Mammography Conference
- Advancements in the Prevention and Treatment of Breast and GYN Cancers
- The Importance of Differentiating Lymphedema vs. Edema and Early Intervention

Woman's Continuum of Care



Gynecologic Cancers

In the late 1950s, Pap smears to detect cervical cancer found widespread use. A cancer detection laboratory was established by one of Woman's founders, and he donated the proceeds to Woman's, thus providing one of the sources of funds to build the hospital. The Cary Dougherty Cancer Detection Laboratory at Woman's, still in operation today, is one of the most respected in the nation, having processed millions of Pap tests since its inception. The Cary Dougherty Cancer Detection Laboratory processes more than 56,000 Pap tests a year.

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, and Woman's provides a full spectrum of imaging modalities tools such as transvaginal ultrasound, CT, PET scans, MRI and interventional radiology.

Breast Cancers

In the early 1970s, Woman's was performing about two mammograms per day. Mammograms were only performed for women who had a lump or other symptom of breast cancer, and not as a preventive screening. That changed in 1973, when a major clinical trial demonstrated a statistically significant reduction in breast cancer deaths among women who received mammograms. In 2022, Woman's performed more than 47,400 breast procedures.

In 2014, 3D mammography was introduced allowing for detection of smaller breast cancers earlier by producing more than 120 one-millimeter thin images of each breast, compared to four images with routine 2D mammography. Additional imaging technologies used in diagnoses include CT, nuclear medicine and general radiology services. Woman's Mammography Coaches also bring screening mammograms directly to low-income, at-risk, uninsured and underinsured women across Louisiana.

When advanced imaging is needed, Woman's provides diagnostic mammography, breast ultrasound, needle localization, galactography and cyst aspiration, as well as advanced stereotactic, ultrasound-guided and MRI-guided breast core biopsy, and nuclear medicine imaging for sentinel node biopsy.

Treatment

Woman's is the destination of choice for women with breast and gynecologic cancers. Despite the cancer, stage and treatment, our care is fully comprehensive. Should the need arise, Woman's provides the most complex hospital monitoring available in our Adult Critical Care Unit.

Surgery

Woman's offers the most advanced surgical technology including robotics and minimally invasive laparoscopy. The most common breast cancer procedures include sentinel lymph node biopsy, mastectomy, breast conserving surgery and reconstruction. Gynecologic cancer surgeries include robotics-assisted hysterectomies and cancer staging hysterectomies.

Treatment options for breast cancer patients have come a long way. Our surgeons perform new procedures to help women feel whole after cancer. Hidden scar surgery minimizes visible scarring by removing cancerous tissue through a single, inconspicuous incision, usually along the edge of the nipple or the underside of the breast. Autologous tissue reconstruction allows the use of a patient's own tissue to reconstruct a new breast mound that can look and feel more natural. Some surgeries also allow for nipple-sparing mastectomies, which keep the nipple and areola intact along with the breast skin. Woman's breast surgeons are some of the few currently performing nipple-sparing mastectomies in the Baton Rouge area.

Chemotherapy

For patients that require chemotherapy, outpatient infusion services at the Pavilion are provided by Our Lady of the Lake Regional Cancer Institute. Inpatient infusion is available in the hospital for more intensive monitoring and overnight care. Medical oncologists include Sobia Ozair, MD, Kellie D. Schmeekle, MD, Derrick W. Spell, MD, FACP, William T. Varnado, MD, Lauren A. Zatarain, MD, Constance Blunt, MD and Lauren Juneja, MD.

Radiation Oncology

Radiation therapy is provided at the Pavilion by Mary Bird Perkins Cancer Center. Patients have the most modern technology and treatment techniques available including hypofractionation and High-Dose Rate (HDR)/Interstitial Brachytherapy. Radiation oncologists include Katherine O. Castle, MD, Maurice L. King, Jr., MD, and Charles G. Wood, MD.

Cancer Rehabilitation Therapy

The side effects of chemotherapy, radiation and surgery can lead to pain, fatigue, weakness, insomnia, memory loss, fear, anxiety and depression. Woman's Cancer Rehabilitation program addresses the full spectrum of cancer care with a personalized plan for every woman designed to increase strength, flexibility and energy, alleviate pain, achieve emotional balance and boost the immune system.

Lymphedema Program

Lymphedema is the accumulation of excess lymph fluid leading to swelling. Our certified lymphedema therapists treat this condition through education, exercise, manual lymphatic techniques and compression. Woman's Center for Wellness also offers a warm water therapy class to reduce lymphedema and improve range of motion, strength and endurance.

Nutrition

Cancer treatments can affect taste, smell, appetite and the ability to eat enough food or absorb the nutrients from food. This can lead to malnutrition, weight loss or gain, and fatigue. Our registered dietitians provide nutrition counseling and education during and after treatment, and host cooking demonstrations to teach patients how to eat well during treatment.



Woman's Breast Specialists

Our team of female breast surgeons, Dr. Mindy Bowie and Dr. Cecilia Cuntz, are certified in the latest breast conserving and nipple-sparing mastectomies and oncoplastic breast surgery. Active in the latest breast cancer research, Dr. Bowie is also one of the state's few breast surgical oncologists. The comprehensive care team also includes nurse practitioners and genetic counselors.



Woman's Breast Imaging Center is a Breast Center of Excellence by the American College of Radiology.



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

Woman's Gynecologic Oncology Clinic



Anthony Evans, MD, PhD
gynecologic oncologist



Laurel King, MD
gynecologic oncologist



Tammy Dupuy, MD, OB-GYN



Renee Cowan, MD
gynecologic oncologist



Evan Smith, MD
gynecologic oncologist

Woman's GYN Oncology Group includes four gynecologic oncologists, Dr. Anthony Evans, Dr. Laurel King, Dr. Evan Smith and Dr. Renee Cowan. The team specializes in surgical treatments such as robotics-assisted and other minimally invasive methods that speed recovery and lessen downtime as well as radical and complex gynecologic surgeries. The comprehensive care team also includes GYN Dr. Tammy Dupuy and Advanced Practice Providers.

Support

Everyone's cancer is unique. Your support should be too. Having cancer is often one of the most stressful experiences in a person's life.

Oncology Nurse Navigators

Our navigators are registered nurses who are certified in nurse navigation and breast cancer and/or oncology nursing. They guide women every step by helping them understand their condition and treatments and coordinating their care. They provide physical and emotional support, help manage side effects and connect them to resources such as community agencies, physical therapy, nutritional services, palliative care, survivorship and cancer rehabilitation.

Oncology Social Worker

Our social workers, who hold certifications in oncology and/or palliative care, participate in every phase of a patient's care, including diagnosis, treatment, survivorship, palliative care and end-of-life care. They help a woman manage her psychosocial needs, such as work and home environments, relationships, emotional health and financial concerns, as well as coordinate services in the home or community.

Medical Exercise

Being physically active after a cancer diagnosis can improve a woman's outcome and have beneficial effects on her quality of life. Woman's medical exercise program delivers specialized instruction, tailored to a woman's needs, in a supervised fitness setting.

Cancer Education

Monthly breast and gynecologic cancer support groups, educational seminars and additional guidance are offered in conjunction with Cancer Services of Baton Rouge, the American Cancer Society of Baton Rouge and other community partners.

Areola Tattooing

To help patients 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.

We offer many ways to help you and your family cope with the physical and emotional aspects in safe environments.

Massage therapy

Massage can improve pain, sleep, relaxation, anxiety and stress. Complimentary hand and foot massages are available in the infusion center at the Pavilion. Chair or table massages are also available to women during the course of their cancer treatments.

Microblading

Eyebrows can be lost during cancer treatment. Microblading is a semi-permanent tattoo technique where a small disposable blade/pen is used to draw eyebrows through individual strokes that look like real hairs.

Adult Palliative Care

Our team of palliative care physicians, nurse practitioners, nurses, social workers, as well as other specialists, aim to provide patient and family-centered medical care that offers relief from the physical, mental, and emotional symptoms and stress of cancer. The goal is to improve quality of life for both patients and their family. Palliative care is offered at any age and at any stage, and it can be provided along with curative treatment.

End-of-Life Care

Woman's strives to make natural death as peaceful, dignified and comforting as possible through end-of-life comfort care. Our goal is to alleviate discomfort and fulfill a patient and her family's physical, emotional, spiritual and psychosocial needs. Woman's also assists in coordinating home and inpatient hospice care as needed based on the patient and family's wishes.

Healing Arts & Special Events

Healing Arts Program is designed to use creative practices to promote healing, wellness, coping and personal change. The therapeutic effects of arts are well studied to comfort patients, reduce stress and enhance healing. The Pavilion hosts annual events to celebrate the lives of cancer survivors and their family members and teach beauty techniques to women in active cancer treatment to help them manage the side effects of treatment.

Prevention

Woman's has two Mammography Coaches that bring screening mammograms directly to low-income, at-risk, uninsured and underinsured women across Louisiana. Our collaborative partners include Mary Bird Perkins CARE Network, LSUHSC School of Public Health's Louisiana Breast and Cervical Health Program, Susan G. Komen Foundation, and various churches, physician offices, community hospitals and local employers.

Our outreach included:

- 2 coaches
- 27 parishes served including Adams and Wilkinson counties
- 336 trips
- 4,707 women screened
- 24 cancers detected
- \$912,761 operating expense

Mammogram Screening Software

Catching breast cancer as early as possible is every patient and physician's goal. Woman's uses the Tyrer-Cuzic program risk calculator that incorporates breast density, patient age, personal and family history into a woman's breast cancer assessment score. This assessment helps determine appropriate breast imaging screening and clinical follow up.

- Normal lifetime risk for breast cancer averages 12%.
- For patients found to be at or above 20%, their lifetime risk is generally considered "high risk" and they may benefit from a formal risk assessment.

Genetic Counseling

Hereditary cancers make up 5-10% of all cancers. 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 and is typically recommended for individuals who have a strong family or personal history of cancer, especially when diagnosed at an early age.

Woman's genetic services include an extensive family history, including gynecologic and breast malignancies. Our professionals take into consideration a broad range of hereditary cancers and genetic conditions when evaluating one's personal and family history.

In 2022, Woman's Genetic Services cared for 431 patients and performed 292 genetic tests. Mutations were identified in 11%, or 46 cases.

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 provide screening mammography through our mammography coaches and our partnership with Mary Bird Perkins Cancer Center and Our Lady of the Lake Regional Cancer Institute.

We provided pamphlets on breast health, cancer screenings and wellness. Below are just a few of the organizations we work alongside:

- *Geaux Pink*
- *Lake Physician Group*
- *Mary Bird Perkins*
- *Open Health Care Clinics*
- *RKM Primary*
- *Syngenta*
- *Valero Refinery*

Philanthropic Support

Donors Change the Lives of Women Battling Cancer

Gifts from individuals, organizations and private foundations are making an impact on the lives of women with cancer across the state of Louisiana. Donors to the Foundation for Woman's support care for some of the most vulnerable members of our community who require the highest level of intervention.

Philanthropic support provides:

- Screening to support the early detection of gynecological and breast cancers in women
- Guidance and care coordination from Oncology Nurse Navigators as a woman walks through every step of life with cancer
- Palliative Care Specialists to assist in meeting the emotional and physical needs of patients and their families
- Individualized medical exercise and nutrition counseling for cancer patients, improving quality of life, strength, and endurance
- Lymphedema treatment and compression garments that are typically not covered by medical insurance
- Areola tattooing to help our patients feel whole again after breast reconstruction
- Oncology massages for women with cancer, reducing pain and discomfort
- Financial assistance for cancer medications and transportation to and from treatment
- Memberships to Woman's Center for Wellness for patients battling cancer
- Healing Arts programs that foster creativity and camaraderie among our cancer patients
- Legacy Kits for the family and children of women with terminal cancer

Mammography Coaches

In 2022, 4,707 women were screened and received information about proper breast health through Woman's Mobile Mammography Program. The two mammography coaches provide at-risk women access to screening mammograms, thus reducing cancer mortality rates through early detection and intervention. The coaches travel to 31 parishes in Louisiana visiting churches, schools and community centers offering women the opportunity to access life-saving screenings.

Eliminating Barriers

The American Cancer Society (ACS) presented Woman's with a grant supporting Wheels to Woman's, a program providing transportation to medical appointments for cancer survivors facing financial hardship. Thanks to the American Cancer Society, 790 rides were provided to cancer patients from the Wheels to Woman's program in 2022.

Employee Donations

In 2022, Woman's employees pledged \$175,000 to the "We Are Woman's" Employee Giving Campaign. Many projects funded by the campaign support cancer programs and services.

Special Events

BUST Breast Cancer, BUST Out, Woman's Victory Open and numerous third-party fundraisers were held throughout the community, bringing people together to support women with breast cancer. Generous sponsors and donors made a profound impact on cancer patients and their families and are devoted to furthering the mission of Woman's.

Queen of Sparkles Gives Back to Woman's

Jaime Glas Odom, owner of Queen of Sparkles, and her fans made an impression during Breast Cancer Awareness Month in 2022. Queen of Sparkles generously donated 20% of all "PINK" sales to Woman's and raised a total of **\$19,876!**



Community Fundraising

BUST OUT is a 5-week fundraising challenge that invites anyone to support Woman's during the month of October. Local businesses, schools and individuals created bras-of-art to support the fight against breast cancer. Community members donated online by casting their vote for their favorite bra-of-art. MMR Group raised **\$7,806** and was named the Top Corporate Fundraiser.



MMR Group - Top Corporate Fundraiser, BUST Out, 2022

BUST Breast Cancer makes a return for double the fun...and double the impact!

For the first time since 2019, the Baton Rouge community came together in 2022 to BUST Breast Cancer...TWICE. After COVID-19 protocols required the 2021 event to be rescheduled, fifteen survivor models walked the runway in local artists' designs on March 30, 2022.

In just six short months, BUST Breast Cancer would be back again on September 22, with 20 models taking the stage to celebrate life with the goal of making the journey with cancer easier for other women.



Together, these two events raised over \$1 million to support breast cancer programs and services at Woman's.



Money raised through BUST Breast Cancer provides:

- Convenient access to life-saving mammograms through Woman's two mammography coaches
- Advanced diagnosis and cancer care to women throughout Louisiana
- Financial assistance for cancer medications and basic needs
- Survivorship programs that offer care coordination, wellness classes, nutrition consultations, and cancer support groups



If it wasn't for me having that mammogram, I never would have known that I had breast cancer. I know a lot of women don't have access to that type of testing, so the fact that BUST Breast Cancer raises money for the mobile mammography units means a lot.

Jenny Bernard

Model and Breast Cancer Survivor



Cancer Registry



The Woman's Cancer Registry is a comprehensive collection of patient data that serves as an invaluable resource for information with the fundamental goal of improving cancer care. Our team tracks each patient diagnosed with cancer throughout their entire treatment process at Woman's and for life. Information such as cancer site and histology, tumor markers, demographics, personal and family histories, risk factors, staging, treatment, follow-up, and survival data are just some of the elements included in the registry. This data is carefully analyzed and helps facilitate comparisons between the Woman's cancer patient population and state and national cancer data.

Woman's Cancer Registry also tracks quality of care and treatment by monitoring compliance with national, evidence-based guidelines. The registry functions under the guidance of Woman's Cancer Committee and in accordance with guidelines set by the American College of Surgeons Commission on Cancer (ACOS CoC) and National Accreditation Program for Breast Centers (NAPBC). Woman's maintains full accreditation from both the CoC and NAPBC. The data collected is used by physicians, administrators, and researchers to coordinate and support cancer conference presentations, facilitate cancer program development, evaluate staffing and equipment needs, and guide the development of educational and screening programs for patients and the community.

Our specially trained and certified registrars submit our data to central, state, and national registries where it can be combined with additional data and analyzed by public health professionals to identify important cancer trends and patterns.

With advances in cancer-related research, technology and treatments, the need for more detailed data continues to increase and the role of the Cancer Registry continues to grow and evolve.

Woman's Cancer Registry is an integral part of our cancer program and is utilized throughout all aspects of patient care and the cancer pavilion management, serving as the ultimate resource of information on all cases diagnosed or treated at Woman's Hospital. This allows health officials, researchers, and physicians to:

- Monitor trends in cancer cases over time
- Identify high-risk groups
- Evaluate patterns of cancers in populations
- Study causes and prevention strategies, and
- Prioritize allocation of health resources for our cancer program.

The Cancer Registry is staffed by three full-time registrars and a director who maintain certified tumor registrar (CTR) credentials and are all Registered Health Information Management Administrators (RHIA). Registry staff are also members of the National Cancer Registrars Association and the Louisiana Tumor Registrars Association.



Statistics



Woman's 2022 Tumor Report Site Distribution

Analytic Cases Only

SITE Group	CLASS Analytic	SEX		STAGE					
		M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown
All Sites	1040	4	1036	139	557	122	92	49	81
Anus, Anal Canal	5	1	4	1	0	2	1	0	1
Breast	692	1	691	137	378	95	35	21	26
Cervix Uteri	42	0	42	0	16	2	9	5	10
Colon	9	0	9	1	1	1	0	2	4
Corpus Uteri	189	0	189	0	124	12	26	14	13
Fallopian Tube	3	0	3	0	1	0	2	0	0
GI Tract	2	0	2	0	0	0	0	0	2
Heme-Retic	1	1	0	0	0	0	0	0	1
Hodgkin's Lymphoma	1	1	0	0	0	0	0	0	1
Peritoneum, Retroperitoneum, Omentum, Mesentery	4	0	4	0	0	0	2	0	2
Lung	1	0	1	0	1	0	0	0	0
Melanoma of Skin	1	0	1	0	0	1	0	0	0
Non-Hodgkin's Lymphoma	6	0	6	0	1	1	1	0	3
Ovary	41	0	41	0	19	4	10	6	2
Placenta	1	0	1	0	0	0	1	0	0
Rectum, Rectosigmoid	3	0	3	0	2	0	0	0	1
Small Intestine	1	0	1	0	1	0	0	0	0
Soft Tissue	3	0	3	0	1	0	0	0	2
Stomach	1	0	1	0	0	1	0	0	0
Thyroid	4	0	4	0	4	0	0	0	0
Vagina	3	0	3	0	0	1	0	1	1
Vulva	27	0	27	0	8	2	5	0	12

2022 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
0-19	2	<1
20-29	10	1
30-39	42	4
40-49	169	16
50-59	237	23
60-69	321	31
70-79	196	19
80-89	59	6
90-99	4	<1
Total	1,040	100

2022 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	703	68
African American	313	30
Asian/Other	24	2
Total	1,040	100

Cancer of the Breast
2022 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
10-19	0	0
20-29	5	<1
30-39	22	3
40-49	122	18
50-59	161	23
60-69	209	30
70-79	130	19
80-89	40	6
90-99	3	<1
Total	692	100
Race	Number of Cases	Percent
Caucasian	468	67
African American	212	31
Asian/Other	12	2
Total	692	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	137	20
Stage I	378	54
Stage II	95	14
Stage III	35	5
Stage IV	21	3
Unknown/Not Applicable	26	4
Total	692	100
Treatment First Course	Number of Cases	Percent
Chemotherapy Only	20	3
Chemotherapy/Hormone Therapy	2	<1
Chemotherapy/Immunotherapy	33	5
Chemotherapy/Hormone Therapy/Immunotherapy	5	<1
Hormone Therapy	11	2
Immunotherapy	1	<1
Radiation/Chemotherapy/Hormone Therapy	1	<1
Surgery	150	22
Surgery/Chemotherapy	41	6
Surgery/Chemotherapy/Hormone Therapy	5	<1
Surgery/Chemotherapy/Immunotherapy	45	7
Surgery/Chemotherapy/Hormone Therapy/Immunotherapy	3	<1
Surgery/Hormone Therapy	96	14
Surgery/Hormone Therapy/Immunotherapy	1	<1
Surgery/Radiation	72	10
Surgery/Radiation/Chemotherapy	18	3
Surgery/Radiation/Chemotherapy/Hormone Therapy	18	3
Surgery/Radiation/Chemotherapy/Immunotherapy	13	2
Surgery/Radiation/Hormone Therapy	122	18
Surgery/Radiation/Immunotherapy	1	<1
Surgery/Radiation/Chemotherapy/Hormone Therapy/Immunotherapy	9	1
None	25	4
Total	692	100
Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	125	18
Lobular Carcinoma In-Situ	16	2
Noninfiltrating Papillary Adenocarcinoma	10	1
Adenoid Cystic Carcinoma	1	<1
Carcinoma NOS	2	<1
Infiltrating Ductal and Lobular Carcinoma	8	1
Infiltrating Ductal Carcinoma	464	67
Intraductal Papillary Adenocarcinoma with Invasion	3	<1
Lobular Carcinoma	55	8
Metaplastic Carcinoma, NOS	2	<1
Inflammatory Carcinoma	1	<1
Paget's Disease	1	<1
Phyllodes Tumor	2	<1
Tubular Adenocarcinoma	2	<1
Total	692	100

Cancer of the Cervix
2022 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	9	21
40-49	15	36
50-59	6	14
60-69	7	17
70-79	5	12
80-89	0	0
90-99	0	0
Total	42	100
Race	Number of Cases	Percent
Caucasian	28	67
African American	11	26
Asian/Other	3	7
Total	42	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	16	38
Stage II	2	5
Stage III	9	21
Stage IV	5	12
Unknown/Not Applicable	10	24
Total	42	100
Treatment First Course	Number of Cases	Percent
Chemotherapy/Hormone Therapy/Immunotherapy	1	2
Chemotherapy/Immunotherapy	3	7
Surgery	12	29
Surgery/Chemotherapy	1	2
Surgery/Radiation	4	9
Surgery/Radiation/Chemotherapy	5	12
Radiation	2	5
Radiation/Chemotherapy	12	29
None	2	5
Total	42	100
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	9	21
Adenosquamous Carcinoma	2	5
Carcinoma, NOS	3	7
Malignant Neoplasm	1	3
Squamous Cell Carcinoma, NOS	27	64
Total	42	100

Cancer of the Ovary
2022 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
Under 20	0	0
20-29	2	5
30-39	2	5
40-49	2	5
50-59	9	22
60-69	13	32
70-79	10	24
80-89	3	7
Total	41	100
Race	Number of Cases	Percent
Caucasian	27	66
African American	14	34
Total	41	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	19	46
Stage II	4	10
Stage III	10	24
Stage IV	6	15
Unknown/Not Applicable	2	5
Total	41	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	3	7
Chemotherapy/Hormone	1	<3
Surgery	18	44
Surgery/Chemotherapy	12	29
Surgery/Chemotherapy/Immunotherapy	7	17
Total	41	100
Histology	Number of Cases	Percent
Carcinoid Tumor, NOS	1	<3
Carcinosarcoma	1	<3
Clear Cell Carcinoma	2	5
Endometrioid Adenocarcinoma	4	10
Follicular Variant of Papillary Carcinoma	1	<1
Granulosa Cell Tumor, Malignant	5	12
Mesodermal Mullerian	1	<3
Mixed Cell Adenocarcinoma, NOS	2	5
Mucinous Adenocarcinoma	4	10
Neuroendocrine Tumor, NOS	1	<3
Serous Cystadenocarcinoma	17	41
Seromucinous Carcinoma, High Grade	1	<3
Squamous Cell Carcinoma	1	<3
Total	41	100

Cancer of the Uterus
2022 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	<1
30-39	7	4
40-49	19	10
50-59	46	24
60-69	66	35
70-79	37	20
80-89	13	7
90-99	0	0
Total	189	100
Race	Number of Cases	Percent
Caucasian	129	68
African American	57	30
Asian/Other	3	2
Total	189	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	124	66
Stage II	12	6
Stage III	26	14
Stage IV	14	7
Unknown/Not Applicable	13	7
Total	189	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	4	2
Chemotherapy/Immunotherapy	1	<1
Hormone Therapy	1	<1
Radiation	3	2
Radiation/Chemotherapy	2	1
Surgery	95	51
Surgery/Chemotherapy	13	7
Surgery/Chemotherapy/Hormone Therapy	2	1
Surgery/Chemotherapy/Immunotherapy	2	1
Surgery/Hormone Therapy	1	<1
Surgery/Radiation	36	19
Surgery/Radiation/Chemotherapy	23	12
Surgery/Radiation/Chemotherapy/ Immunotherapy	1	<1
None	5	
Total	189	100
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	147	78
Adenosarcoma	3	2
Carcinoma, NOS	1	<1
Carcinosarcoma, NOS	13	7
Clear Cell Adenocarcinoma, NOS	3	2
Endometrial Stromal Sarcoma	2	1
Leiomyosarcoma	2	1
Malignant Neoplasm	1	<1
Mixed Cell Adenocacinoma	8	4
Mullerian Mixed Tumor	2	1
Serous Carcinoma	6	3
Wilms Tumor of Uterus	1	<1
Total	189	100

Site	Number of Cases	Percent
Vulva	27	90
Vagina	3	10
Total	30	100
Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	0	0
40-49	7	23
50-59	5	17
60-69	10	33
70-79	5	17
80-89	2	7
90-99	1	3
Total	30	100
Race	Number of Cases	Percent
Caucasian	22	73
African American	8	27
Other	0	0
Total	30	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	8	27
Stage II	3	10
Stage III	5	17
Stage IV	1	3
Unknown/Not Applicable	13	43
Total	30	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	2	7
Radiation/Chemotherapy	3	10
Surgery	19	63
Surgery/Immunotherapy	1	3
Surgery/Radiation	3	10
Surgery/Radiation/Chemotherapy	2	7
Total	30	100
Histology	Number of Cases	Percent
Endometrioid Adenocarcinoma, NOS	1	3
Malignant Melanoma, NOS	1	3
Malignant Neoplasm	1	3
Myoepithelioma	1	3
Paget Disease, Extramammary	2	7
Squamous Cell Carcinoma In-Situ	4	14
Squamous Cell Carcinoma, NOS	20	67
Total	30	100

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2022– December 2022

Total conferences held 44
 Total cases presented 126
 Average number of attendees 30
 Total number of analytic breast cancer cases accessioned in 2022 692

Age of Patients	Number of Cases	Percent
20-29	2	1
30-39	10	8
40-49	24	19
50-59	29	23
60-69	25	20
70-79	25	20
80-89	10	8
90-99	1	<1
Total	126	100

Histology of Cases Presented Non-Invasive Tumors

- Ductal Carcinoma – In-Situ
- Lobular Carcinoma – In-Situ
- Solid Papillary Carcinoma
- Undifferentiated Pleomorphic Sarcoma
- Poorly Differentiated Carcinoma
- Breast Abscess with Fistula to the Nipple
- Ductal Carcinoma In Situ with Basaloid Features and Adenoid Cystic Carcinoma with Basaloid Features
- Spindle Cell Carcinoma

Invasive Tumors

- Invasive Ductal Carcinoma
- Invasive Ductal Carcinoma with Metaplastic Features
- Invasive Ductal Carcinoma with Clear Cell Features
- Invasive Ductal Carcinoma with Mucinous Features
- Invasive Lobular Carcinoma
- Invasive Ductal Carcinoma with Lobular and Ductal Features
- Encapsulated Papillary Carcinoma with Associated Invasive Carcinoma
- Infiltrating Ductal Adenocarcinoma

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2022– December 2022

Total conferences held	15
Total cases presented	67
Average number of attendees	24
Total number of analytic gynecologic cases accessioned in 2022.....	306

Age of Patients	Number of Cases	Percent
Under 20	0	0
20-29	1	1
30-39	4	6
40-49	8	12
50-59	13	20
60-69	20	30
70-79	16	24
80-89	4	6
90-99	1	1
Total	67	100

Sites Presented

- Abdominal/Pelvis
- Adnexa
- Cervix
- Endocervical Canal
- Endometrium
- Ileum
- Ovary
- Retroperitoneal Abdominopelvic Region
- Uterus
- Vaginal Cuff
- Vulva

Histology of Cases Presented

- Adenocarcinoma
- Adenosarcoma
- Carcinoma
- Carcinosarcoma
- Endometrial Adenocarcinoma with Clear Cell Features
- Endometrioid Carcinoma
- Fibrothecoma
- Glassy Cell Carcinoma
- Granular Cell Tumor
- Hidradenitis and Severe Lymphedema
- Keratinizing Squamous Cell Carcinoma
- Leiomyosarcoma
- Moderately Differentiated Adenosarcoma
- Mixed Epithelial Carcinoma
- Myoepithelial Carcinoma
- Ovarian Carcinoma
- Paget's Disease
- Papillary Serous Adenocarcinoma
- Recurrent Yolk Sac Tumor
- Serous Carcinoma
- Squamous Cell Carcinoma
- Well Differentiated Neuroendocrine Tumor
- Wilms Tumor

2022 Cancer Committee

The Cancer Committee:

- a. develops and evaluates annual goals and objectives for the clinical, educational, and programmatic activities related to cancer;
- b. promotes a coordinated, multidisciplinary approach to patient management;
- c. ensures that educational and consultative cancer conferences cover all major sites and related issues;
- d. ensures that an active, supportive care system is in place for patients, families, and staff;
- e. monitors quality management and performance improvement through completion of quality management studies that focus on quality, access to care, and outcomes;
- f. promotes clinical research;
- g. supervises the cancer registry and ensures accurate and timely abstracting, staging and follow-up reporting;
- h. performs quality control of registry data;
- i. encourages data usage and regular reporting;
- j. ensures that the content of the annual report meets requirements;
- k. develops and disseminates a report of patient or program outcomes to the public each calendar year; and
- l. upholds medical ethical standards.

Physician Members

*Co-Chair, Breast Surgical Oncology	Mindy Bowie, MD
*Co-Chair, Interim Cancer Liaison Physician, Pathology	Beverly Ogden, MD
*Radiation Oncology	Katherine Castle, MD
*OB-GYN	Tammy Dupuy, MD
*Gynecologic Surgical Oncology	Anthony Evans, MD, PhD
*Medical Oncology	Kellie Schmeekle, MD
*Radiology	Steven Sotile, MD
Genetics	Duane Superneau, MD

Administrative Liaisons

Cancer Registrar, CTR	Leslie Sparks Barnett, RHIA, CTR
Director, Health Information Management	Danielle Berthelot, MHI, RHIA, CHTS-IM
Director, Wellness Center	Brooke Coogan, MS
Director, Pharmacy	Peggy Dean, RPH
*Oncology Nurse	Paula DeLee, BSN, RN, OCN
*Cancer Conference Coordinator	Madeleine Dufrene, RHIA
Vice President, Payor Relations and Cancer Pavillion	Kevin Guidry, MHA
*Clinical Research Coordinator, Our Lady of the Lake	Cyndi Knox, RN, BSN, MBA, OCN, CCRC
Oncology Palliative Care Coordinator	Michelle Leerkes, RN, BSN, MS
*Social Services/Psychosocial Services Coordinator	Robin Maggio, LCSW, OSW-C, ACHP-SW
Oncology RN Navigator	Ashley Marks, RN, OCN, CHPN
Cancer Registrar, CTR	Bria Orgeron, RHIA, CTR
Adult Therapy Supervisor	Angela Page, PT
Executive Director, Cancer Pavillion	Cynthia Rabalais, RT (M)
*Imaging Services/Cancer Pavillion Quality/Compliance Coordinator/Survivorship Program Coordinator	Mary Salario, RN, BSN
Senior Vice President, COO, Clinical Operations/ Ancillary Services	Kurt Scott
Director, Clinical Research, Mary Bird Perkins	Mandy Shipp
Director, Nursing Administration	Wendy Singleton, MSN, APRN-BC, ANP-BC, NEA-BC
*Director, Tumor Registry, Cancer Registry Quality Coordinator, Cancer Program Administrator	Tonya Songy, RHIA, CTR, CPC
Genetic Counselor	Caroline Stites, LCGC
Dietitian	Robin Strate, RDN
*Quality Analyst, Quality Improvement Coordinator	Sarah Watts, BSN, RNC-NIC, CPHQ

*Must attend at least 75% of meetings.

2022 Breast Program Leadership

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.

Physician Members

Chair, Breast Surgical Oncology	Mindy Bowie, MD
Vice-Chair, Radiology	Steven Sotile, MD
Plastic Surgery	Jenna Bourgeois, MD
OB-GYN	Jolie Bourgeois, MD
Pathology	Beverly Ogden, MD
Genetics	Duane Superneau, MD
OB-GYN	Laurie Whitaker, MD
Radiation Oncology	Charles Wood, MD
Medical Oncology	Lauren Zatarain, MD

Administrative Liaisons

Cancer Registrar	Leslie Barnett, RHIA, CTR, MHA
Director, Health Information Management	Danielle Berthelot, MHI, RHIA, CHTS-IM
Director, Wellness Center	Brooke Coogan, MS
Director, Pharmacy	Peggy Dean, RPH
Executive Director, Marketing	Laurel Burgos
Clinical Research	Cyndi Knox, RN, BSN, MBA, OCN, CCRC
Social Services	Robin Maggio, LCSW, OSW-C, ACHP-SW
Oncology RN Navigator	Ashley Marks, RN, OCN, CHPN
Cancer Registrar	Bria Orgeron, RHIA, CTR
Adult Therapy Supervisor, Wellness Center	Angela Page, PT
Executive Director, Cancer Pavilion, Cancer Program Administrator/ Interim Imaging Director	Cynthia Rabalais, RT(M)
Quality/Compliance Coordinator, Nursing	Mary Salario, RN, BSN
Oncology RN Navigator	LaToya Sampson, RN, BSN, OCN
Senior Vice President, COO, Clinical Operations/Ancillary Services	Kurt Scott, CVP, COO
Director, Tumor Registry	Tonya Songy, RHIA, CTR, CPC
Genetic Counselor	Caroline Stites, LCGC
Quality Analyst	Sarah Watts, BSN, RNC-NIC, CPHQ



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