

2017
cancer annual report
reMARKABLE
cancer care



Woman's

**Fighting cancer is more than just surviving.
It's about living well through surgery, treatment and afterwards.
It's about having a good quality of life before, during and after cancer.
It's about physical and emotional support to face each day with a step forward.
It's about becoming a survivor.**

about woman's hospital

Woman's Hospital in Baton Rouge, Louisiana is one of the first specialty hospitals for women and infants. Since opening in 1968, it has welcomed more than 340,000 babies, making it one of the largest delivery services in the country and the largest in Louisiana. Additionally, Woman's operates the highest level neonatal intensive care unit in the state and cares for infants who are extremely premature, are critically ill or require surgical intervention. The hospital is recognized for its expertise in mammography as well as breast and gynecologic cancer care.

As a private, nonprofit organization, all funds are reinvested into the hospital to continue Woman's mission to improve the health of women and infants through the latest technology, a highly qualified staff and critical community programs and services.

Accredited by The Joint Commission and Magnet™ recognized for nursing excellence, Woman's continuously meets and exceeds standards of quality, safety and patient experience.

the 2017 cancerfocus

November 30, 2017

This year's Cancer Annual Report includes a review of 306 patients with invasive cervical cancer diagnosed at Woman's Hospital between 2006 and 2016. While the majority of cases diagnosed include women between the ages of 30 and 59, about 7% were diagnosed at 29 years old or younger and 16% are in women over the age of 65. This is significant because the United States Preventive Task Force recommends that women get screened every three years between ages 21 and 29 and every five years between ages 30 and 65, excluding this vulnerable population.

Human papilloma virus (HPV) infections are a major risk factor for cervical cancer. There are 14 strains of HPV associated with the development of a malignancy. The original 4-valent Gardasil vaccine treated only two benign types (6 and 11) and two malignant types (16 and 18). At Woman's Hospital, 75% of our HPV-positive Pap smears did not include these types; therefore we assumed this vaccine was not going to be effective in our region. However, the most recent multivalent HPV vaccine has added protection against malignant HPV types 31, 33, 45, 52 and 58. This will allow us to determine if this new vaccine will have added efficacy in our region.

At Woman's, 60% of the cervical cancers diagnosed are Stage I compared to 43% in the National Cancer Data Base. Due to early detection, our patients show improved overall five-year survival when compared with state, regional and national statistics. We performed 70,397 Pap smears in 2016.

We want to thank our Woman's Gynecologic Oncologists Dr. Giles Fort and Dr. Dennis Desimone for their service to our patients and their guidance in developing a combined cancer program with Our Lady of the Lake and Mary Bird Perkins Cancer Center.

Beverly Ogden, MD

Co-chair, Cancer Committee

Deborah Cavalier, MD

Cancer Liaison Physician

cancer discussion

According to the American Cancer Society, more than 12,000 cases of invasive cervical cancer are diagnosed annually. Approximately 4,000 women will die each year of this disease, which is unfortunate because cervical cancer is one of the most preventable types of cancer that affect women. We know that the major risk factor for the development of cervical cancer is the exposure to malignant strains of the Human papilloma virus (HPV). We also know that smoking increases the risk for developing cervical cancer.

On review of our data, 306 women were diagnosed with cervical cancer at Woman's Hospital between 2006 and 2016. The majority of women were diagnosed between the ages of 30 and 59, but 21 cancers were identified in women 29 years old or younger and 49 patients were diagnosed after the age of 65. The majority of our cases (60%) of invasive cervical cancer were diagnosed as Stage I, whereas only 43% of cases in the national database are Stage I. This early detection in our patients is also reflected in our improved overall survival in women diagnosed at Woman's Hospital when compared to state, regional and national statistics. We have noticed increased early detection rates and improved survival consistently in our past reviews of our patients diagnosed with cervical cancer. This has been historically attributed to the compliance of our patients in getting routine screenings and the long-term support of the Cary Dougherty Cancer Detection Laboratory by our referring physicians.

We are seeing an unfortunate trend both locally and nationally with very young women developing invasive cervical cancer. This is even more concerning because the United States Preventive Task Force has set guidelines to perform Pap smears only between the ages of 21 and 65 and recommends screening only every three years in women ages 21 to 29 and every five years in women ages 30 to 65. In light of this, we reviewed all 21 cases of cervical cancer in women 29 years and younger diagnosed at Woman's Hospital between 2006 and 2016. We identified two deaths in women under the age of 23 and one death in a woman age 28. We know that it may take up to five years for cancer cells to become a detectable malignancy, and during this time, abnormal cells could be detected with Pap smear screening. Delayed onset of screening until age 21 may lead to significant morbidity and decreased survival in younger women. In our review, eight women diagnosed with invasive cervical cancer at 29 years old or younger had radical hysterectomies and two had complete removal of the cervix, resulting in permanent loss of reproductive ability. Six patients had radiation and chemotherapy, which may reduce the chances of reproduction in these women as well. Only three patients out of 21 had a chance of preserved fertility because their surgery included cervical conization only. In this subset of women, a 24-year-old patient was diagnosed while she was in her third trimester of pregnancy and was delivered early to start her treatment.

In addition, 16% of our patients with a cervical cancer diagnosis were 65 years or older. This is a significant number of women who would lose the benefit of early screening and detection. We will need to continue to watch these younger and older vulnerable age groups to determine the full impact of the national guidelines.

Survival statistics for Woman's for this time period indicated 76.03% overall survival, which is better than that reported by both the National Surveillance, Epidemiology, and End Results (SEER) database (67.70%), the Louisiana Tumor Registry (LTR) data (62.20%), and Region 2 of the Louisiana Tumor Registry (66.30%). Region 2 is the Baton Rouge area, which includes the following parishes: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St Helena, Tangipahoa, West Baton Rouge and West Feliciana.

Comparative Analysis of Local and National Patient Populations

Figure I

Cervix Uteri Malignant Tumors • Age at Diagnosis: Years 2006-2016

Age at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
Under 20	0	0	144	<1
20-29	21	6	5,482	5
30-39	65	21	21,470	20
40-49	76	25	28,273	26
50-59	59	19	23,315	21
60-69	54	18	15,779	15
70-79	20	7	8,666	8
80-89	8	3	4,155	4
90-99	2	1	683	1
Total	305	100	107,967	100

*National Cancer Data Base (NCDB) data only available for years 2004-2014.

The age at diagnosis of malignant tumors of the uterine cervix for Woman's patients during the years 2006 to 2016 inclusive was compared to the age at diagnosis for these cancers among a national patient population for the years 2004 to 2014 inclusive, the latter data reported in the NCDB data.

Our data and the NCDB data demonstrate a slightly left-shifted bell shaped distribution, with a peak incidence in the fifth decade (ages 40-49). The greatest percentages of women are diagnosed with cervical cancer in the third and fourth decades (ages 20-29 and 30-39). The percentages in each decade reported at Woman's very closely parallel those of the national data.

Figure II

Cervix Uteri Malignant Tumors • Race: Years 2006-2016

Race	Woman's		NCDB**	
	Number	Percent	Number	Percent
Caucasian	200	66	69,532	64
African American	100	33	16,955	16
Other*	5	1	21,480	20
Total	305	100	107,967	100

*Other category includes Native American and Hispanic.

**NCDB data only available for 2004-2014.

The racial mix of malignant tumors of the uterine cervix for Woman's patients during the years 2006 to 2016 inclusive was compared to the racial composition for these cancers among a national population for the years 2004 to 2014 inclusive, the latter data reported in the NCDB data.

Our data and the NCDB data demonstrate different racial ratios. Our data may be somewhat skewed due to the negligible percentage of both Asian and Other category patients in our data compared to the national population.

Figure III

Cervix Uteri Malignant Tumors • Year of Diagnosis: Years 2006-2016

Year of Diagnosis*	Cervix Uteri
2006	30
2007	26
2008	34
2009	29
2010	20
2011	16
2012	18
2013	44
2014	24
2015	37
2016	27
Total	305

*Year of diagnosis is based on accession year.

The number of cases per year ranged from a low of 16 in 2011 to a high of 44 in 2013.

Figure IV

Cervix Uteri Malignant Tumors • Histologies: Years 2006-2016

Cell Types	Woman's		NCDB*	
	Number	Percent	Number	Percent
Squamous Cell Carcinoma, NOS	221	72	71,518	66
Adenosquamous Carcinoma	11	4	3,667	3
Adenocarcinoma, NOS	62	20	19,060	18
Carcinoma, NOS	3	1	2,615	2
Endometrioid Carcinoma	2	1	1,661	2
Large Cell Neuroendocrine Carcinoma	1	<1		
Small Cell Carcinoma, NOS	1	<1		
Adenosarcoma	1	<1		
Mullerian Mixed Tumor	2	<1		
Leiomyosarcoma	1	<1		
Other Specified Types			9,446	9
Total	305	100	107,967	100

*NCDB data only available for years 2004-2014.

The majority of cases are invasive squamous cell carcinoma as would be expected. Adenocarcinoma is the second most common histologic type, with scattered cases of less common cancer types seen.

Figure V**Cervix Uteri Malignant Tumors • Stage at Diagnosis: Years 2006-2016**

Stage at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
0	0	0	807	1
I	185	60	46,719	43
I	1			
IA	24			
IA1	28			
IA2	5			
IB	32			
IB1	74			
IB2	21			
II	45	15	16,710	16
II	1			
IIA	6			
IIA1	0			
IIA2	11			
IIB	27			
III	49	16	22,553	21
III	1			
IIIA	5			
IIIB	43			
IV	18	6	13,470	12
IV	2			
IVA	6			
IVB	10			
Unknown /Not Applicable	8	3	7,708	7
Total	305	100	107,967	100

*NCDB data only available for years 2004-2014.

We have a statistically significant higher percentage of cases of invasive cervical cancer diagnosed as Stage I as compared to the NCDB data. This has been a consistent finding since we began evaluating our tumor registry data. Historically, this has been attributed to the compliance of the women in getting screened routinely and the successful partnership between our OB-GYN physicians and the Cary Dougherty Cancer Detection Laboratory.

Figure VI

Cervix Uteri Malignant Tumors • First Course of Treatment: Years 2006-2016

Treatment First Course	Woman's		NCDB*	
	Number	Percent	Number	Percent
Surgery	143	47	34,971	32
Radiation/Chemotherapy	53	17	33,349	31
Surgery/Radiation/Chemotherapy	60	20	14,514	13
Radiation	5	2	7,163	7
None	0	0	6,191	6
Surgery/Radiation	26	8	5,751	5
Chemotherapy	4	1	2,265	2
Other Specified Therapy	0	0	1,979	2
Surgery/Chemotherapy	14	5	1,685	2
Chemotherapy/Biological Response Modifier (BRM)	0	0	99	<1
Total	305	100	107,967	100

**NCDB data only available for years 2004-2014.

The first course of treatment of malignant tumors of the uterine cervix for Woman's patients during the years 2006 to 2016 inclusive was compared to the first course of treatment for such cancers among a national patient population for the years 2004 to 2014 inclusive, the latter data reported in the NCDB data.

Our data and the NCDB data are similar in some respects, but also demonstrate distinct differences – although some differences may reflect variance in methods of reporting these statistics. For example, we do know that we have a significantly higher number of stage I cancers when compared to NCDB data. It would then follow that a substantially greater percentage of Woman's patients would have surgery as their first course of treatment than reported nationally, and fewer of our patients would have combined radiation and chemotherapy initially than nationally reported. A very small percentage of Woman's patients had only chemotherapy as a first course, which was similar to the NCDB data. None of Woman's patients had no first course of treatment, whereas a small — but still significant — percentage of the national population (5.73%) of such patients was so identified. Furthermore, no Woman's patients were reported in the Other Specified Therapy category, while 1.8% of national patients were. In other categories of treatment, our data and the NCDB data appear to be generally similar.

Figure VII
Cervical Cancer 5-Year Survival: All Cases



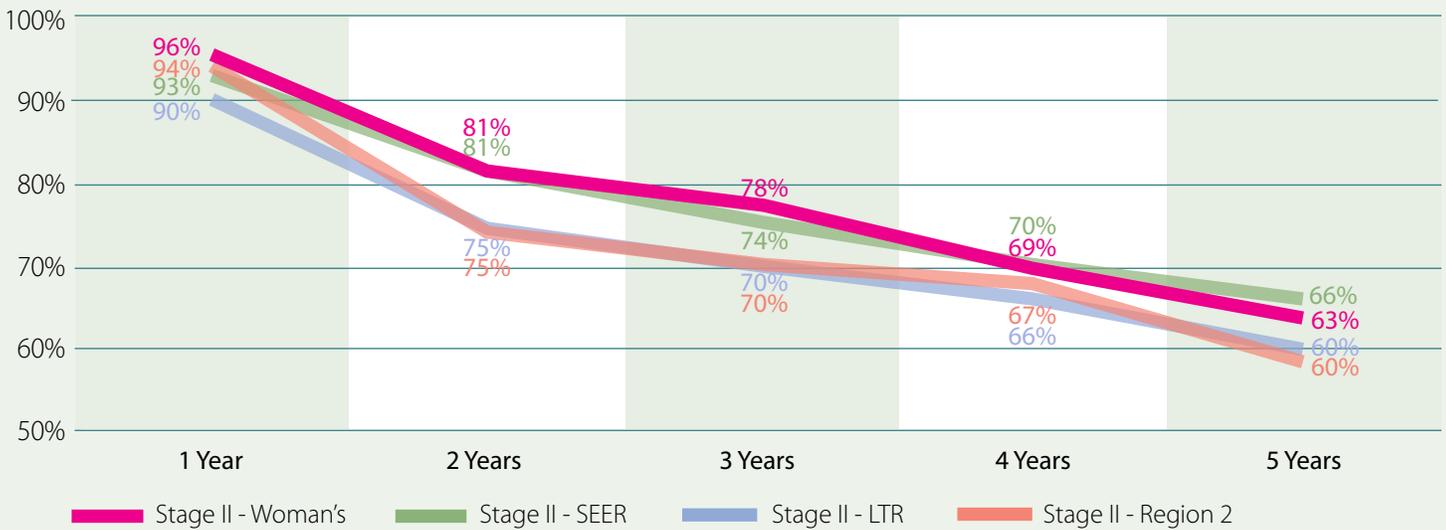
Note: Patients treated at Woman's have a significantly improved 5-year survival when compared to state, regional and national statistics. This can be explained by the increased number of cases diagnosed as Stage I at Woman's when compared to the other databases.

Figure VIII
Cervical Cancer 5-Year Survival: Stage I



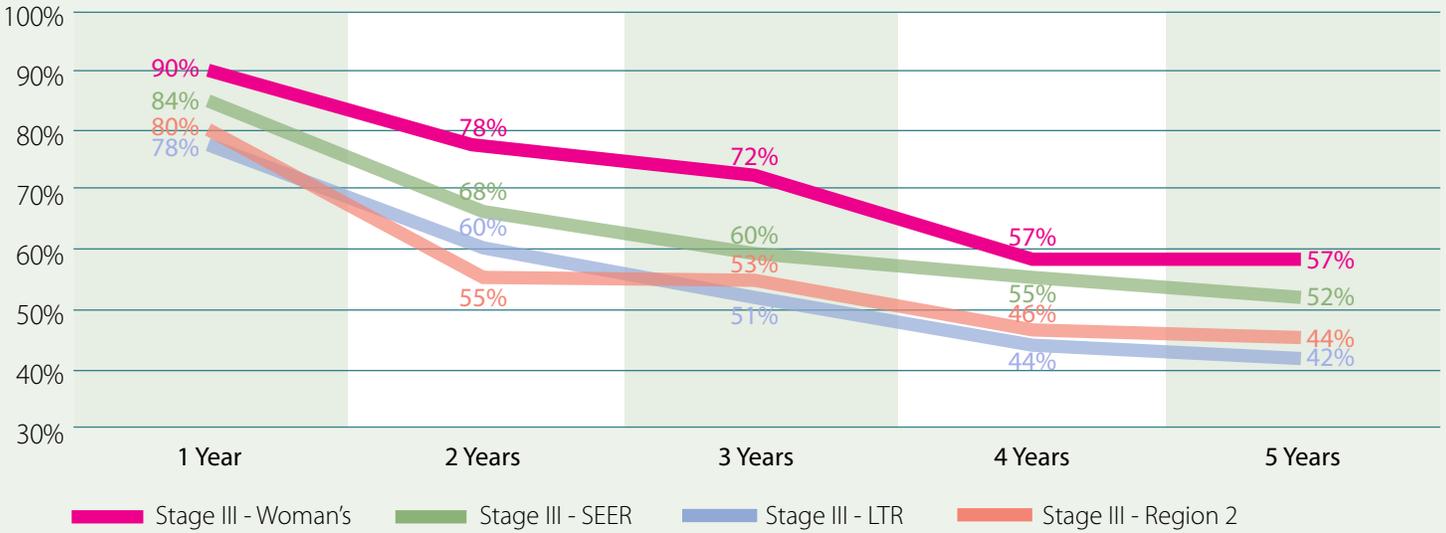
Note: Woman's shows similar survival percentages for Stage I invasive cervical cancer when compared to state, regional and national statistics.

Figure IX
Cervical Cancer 5-Year Survival: Stage II



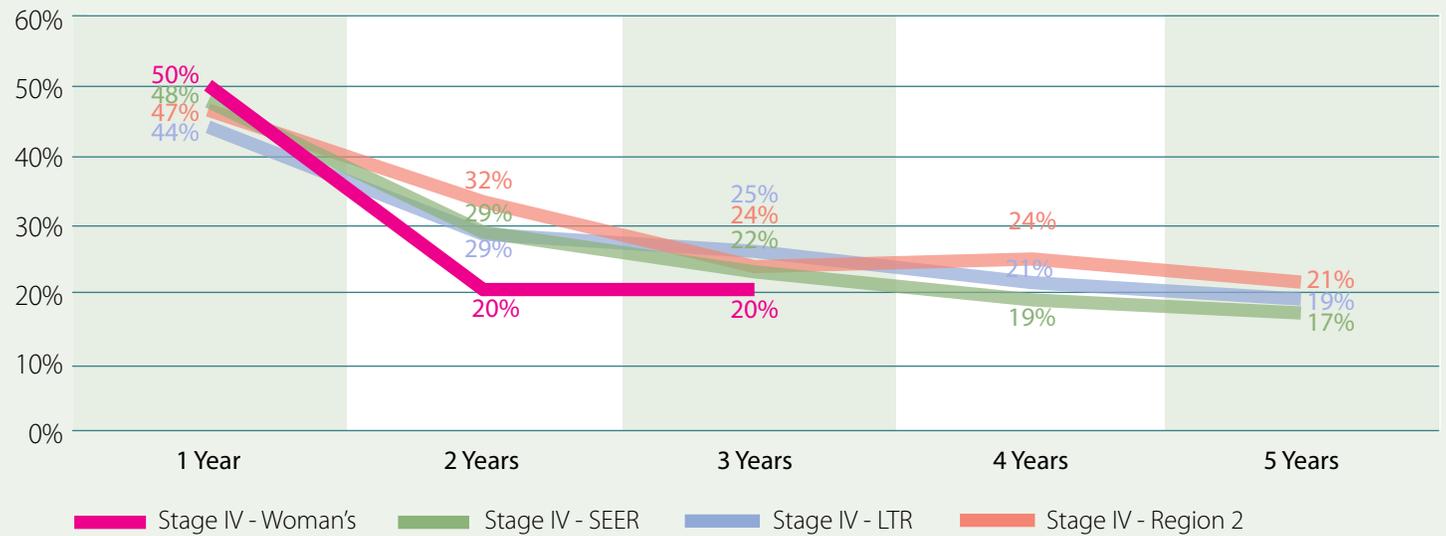
Note: The number of cervical cancers diagnosed as Stage II at Woman's is low (46), preventing an accurate statistical comparison with state, regional and national statistics.

Figure X
Cervical Cancer 5-Year Survival: Stage III



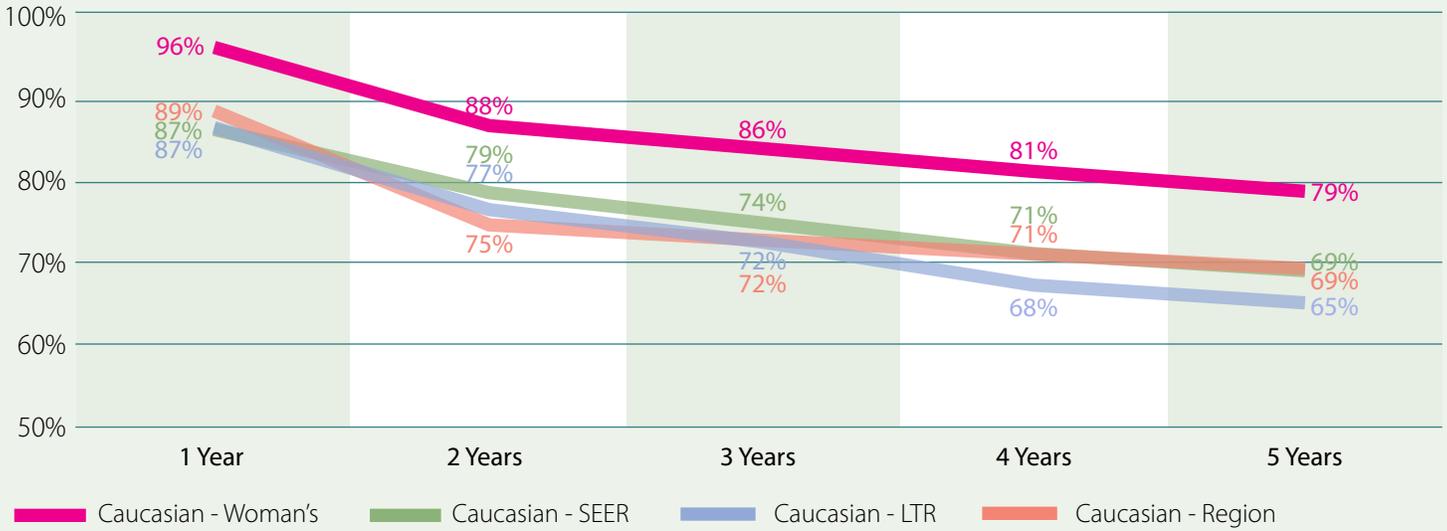
Note: The number of cervical cancers diagnosed as Stage III at Woman's is low (40), preventing an accurate statistical comparison with state, regional and national statistics.

Figure XI
Cervical Cancer 5-Year Survival: Stage IV



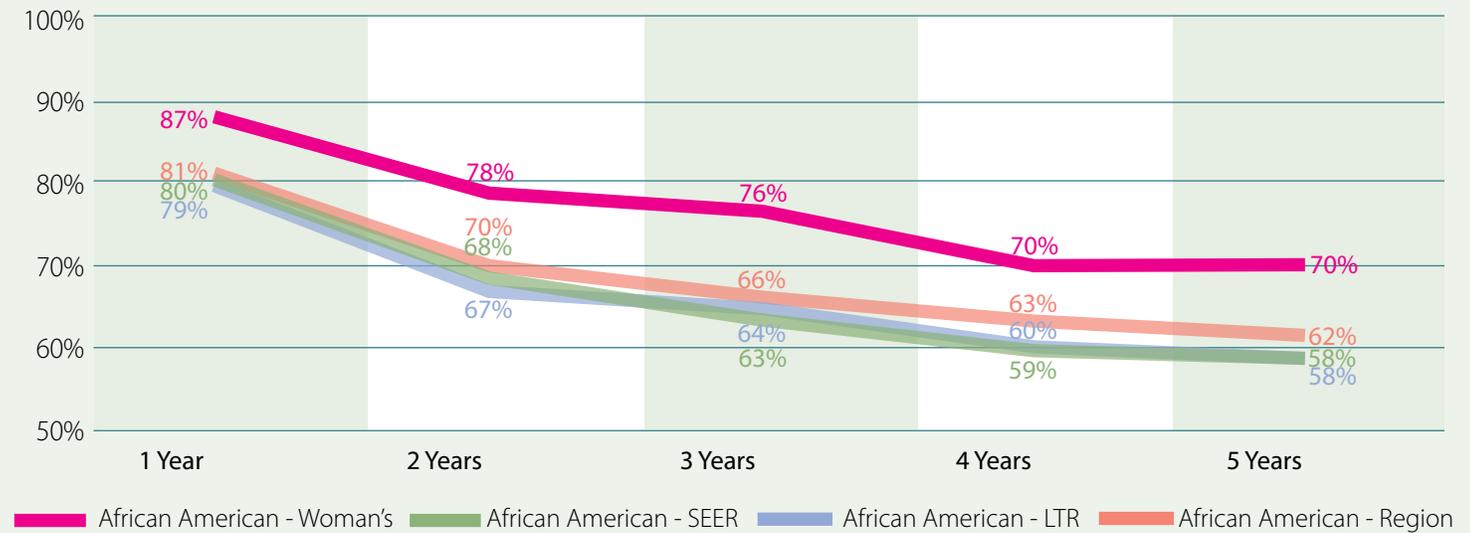
Note: The number of cervical cancers diagnosed as Stage IV at Woman's is low (18), preventing an accurate statistical comparison with state, regional and national statistics. The graph does show that the majority of patients passed away within the first two years of diagnosis.

Figure XII
Cervical Cancer 5-Year Survival by Race: Caucasians



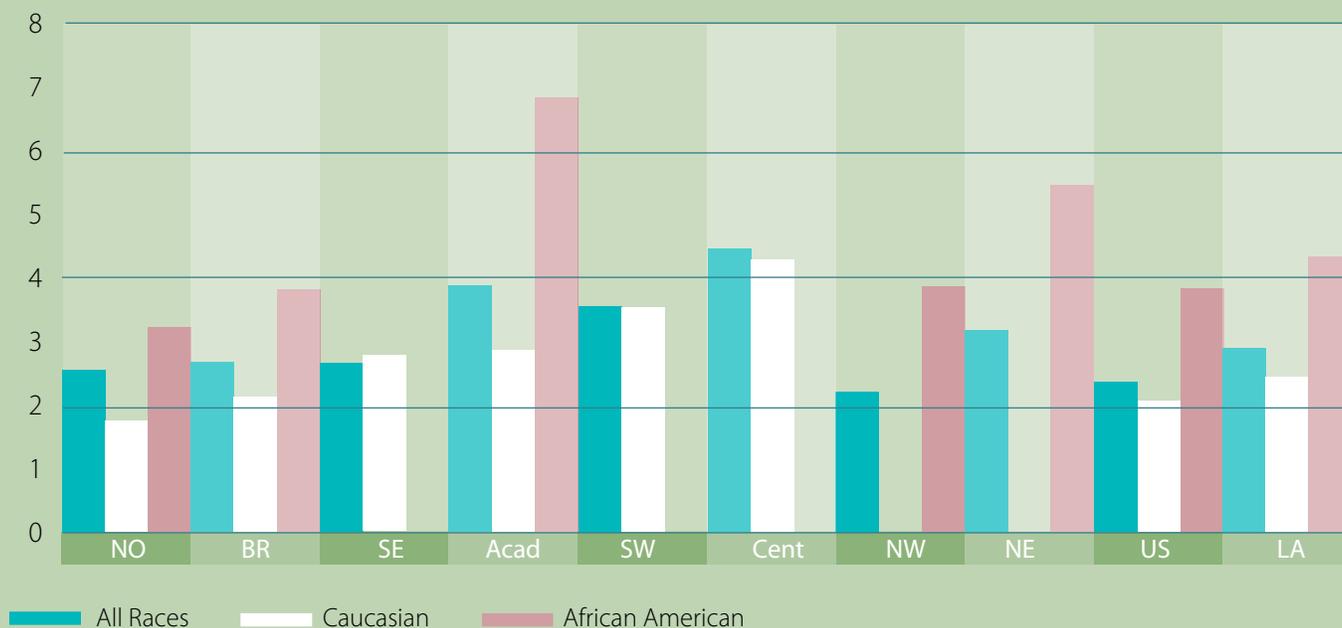
Note: Woman's shows overall better 5-year survival in Caucasian women when compared to state, regional and national statistics.

Figure XIII
Cervical Cancer 5-Year Survival by Race: African Americans



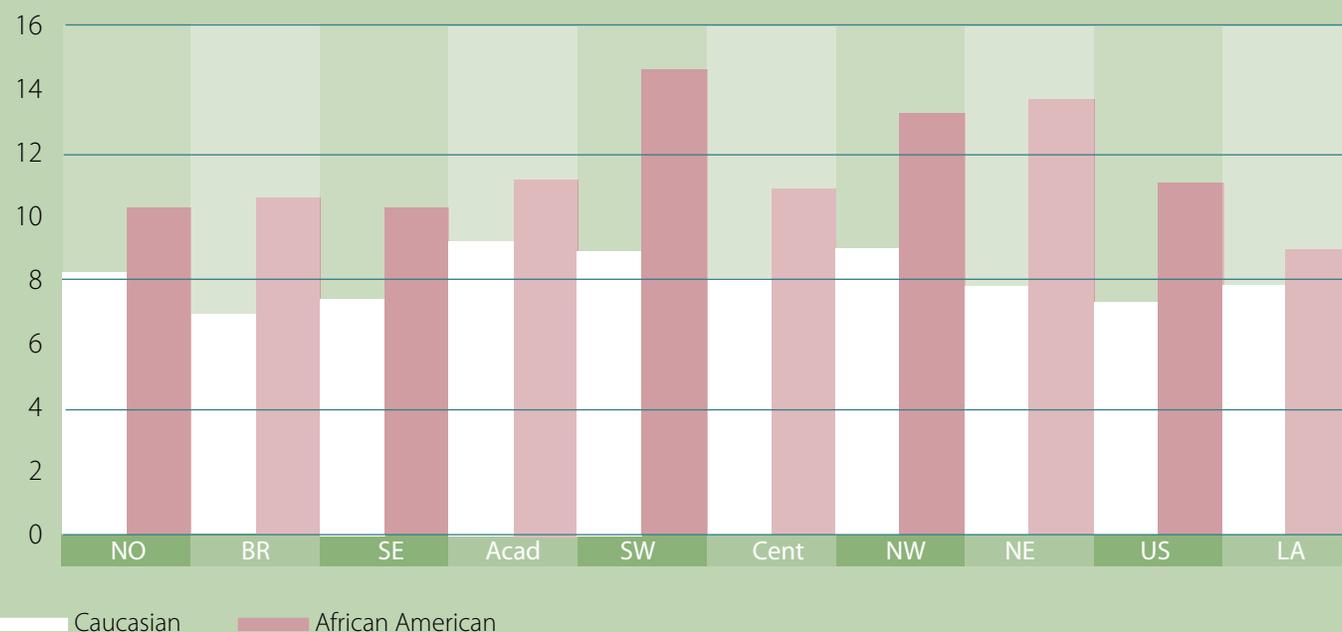
Note: Woman's shows overall better 5-year survival in African-American women when compared to state, regional and national statistics.

Figure XIV
Cervical Cancer: Mortality by Race (2010-2014)



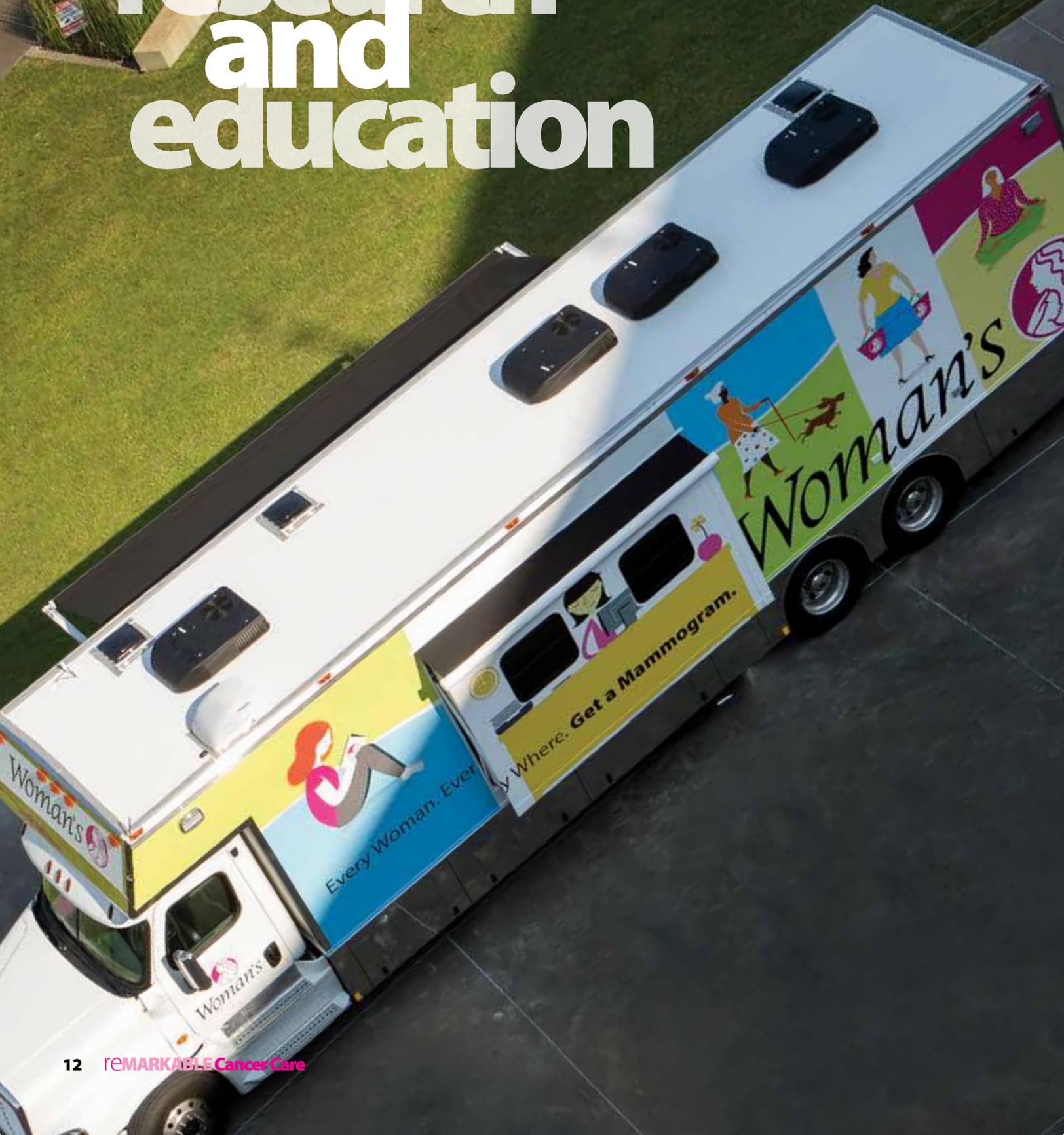
Note: Baton Rouge has similar death rates due to cervical cancer when compared to national statistics. A decreased death rate is noted when compared to the Louisiana database.

Figure XV
Cervical Cancer: Incidence by Race (2010-2014)



Note: As we have noted historically, the Baton Rouge region has a significantly decreased incidence of invasive cervical cancer within the Caucasian population when compared to other regions in the state and to the national database. The incidence is among African American women. The reasons for the apparent differences need to be investigated further.

research and education



health research

With the goal of enhancing medical care and improving patient outcomes, Woman's Health Research Department provides clinical and molecular biology/genetic research services. These divisions conduct hospital and translational cancer research, including inherited cancer and tumor markers. Hospital studies involve gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology. In 2016, there were 26 active cancer-related studies, including 15 NRG sponsored studies and two pharmaceutical sponsored studies. Active studies include those closed to patient entry but are open for follow-up of patients who were enrolled in the studies.

oncology research

Woman's participates in National Cancer Institute (NCI)-funded research through the National Research

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

January-December 2016

- Patients registered on protocols: 0
- Patients ineligible for treatment protocols: 194
- Patients eligible but not registered: 5
- Patients with no cancer or non-GYN cancer: 174
- Patients registered on non-treatment protocols: 0
- Patients reviewed for NRG oncology protocols: 391
- New / reactivated protocols: 5
- Number of follow-up contacts: 8
- Number of open protocols (treatment and non-treatment as of December 2016): 11

expanding our OUTREACH

Mobile Mammography Program Goes 3D, Adds Second Coach

Woman's Mobile Mammography Program began in the mid-1990s when an alarming pattern emerged: higher breast cancer rates in rural and low-income areas. Thousands of women lived in parishes with no access to mammograms, so Woman's outfitted two vans with mammography equipment and drove them to local businesses, churches, grocery stores and more.

Woman's first mammography coach was built in 2005 when a vehicle larger than a van was needed to upgrade the service from film to digital technology. Despite serving 5,300 patients in 2016, the coach was unable to meet its demand. This year, a second coach was added to the fleet. Services have expanded to Iberia, Jefferson, Lafourche, Orleans, Plaquemines and St. Bernard parishes for a total of 21 parishes.

Only 12 mammography coaches in the U.S. currently feature 3D technology, and after refurbishing the original coach, Woman's will have two of them; the new coach was built with 3D mammography, and the original coach will soon be upgraded. 3D mammography can detect small breast cancers earlier by producing more than 120 one-millimeter thin images of each breast, compared to four images with routine 2D mammography. This is achieved using the same low radiation dose as standard 2D mammography. These images allow for greater accuracy in pinpointing the size and location of abnormalities, and reduce the need for additional tests or unnecessary biopsies.

Funding for the additional coach and 3D technology upgrade of the original coach was made possible through generous support from the Baton Rouge Area Foundation and Hearst Foundations as well as sponsorships of the BUST Breast Cancer bra art fashion show and Woman's Victory Open golf tournament.

continuing medical education

Accredited by the Louisiana State Medical Society, Woman's Continuing Medical Education offers physicians appropriate education programs. In 2016, 50 Breast Tumor Conferences and 10 GYN Tumor Conferences were held, in addition to a program titled "Breast Density" attended by 11 physicians discussing appropriate identification, referral and follow-up of women at risk for developing breast cancer. Two new regularly scheduled series sessions were added for the Breast Cancer and GYN Cancer Multidisciplinary Taskforces, meeting every other month.

The cancer-related studies with active enrollment are:

1. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA1)
2. Molecular Analysis of Human Breast Cancer (LABR)
3. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer
4. GnRH, Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometrium and Ovary
5. The Incidence of Underlying Endometrial Cancer in Biopsy-Proven Complex Atypical Endometrial Hyperplasia
6. A Randomized Phase III Trial of IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 q21 days x3 Courses Plus Low Dose Paclitaxel 40 MG/M2 Wk Versus IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q21 Days x 3 Courses Plus observation in Patients with Early Stage Ovarian Carcinoma (GOG#175)
7. 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)
8. A Phase III Randomized Controlled Clinical Trial of Carboplatin and Paclitaxel (or Gemcitabine) Alone or in Combination with Bevacizumab (NSC#704865, IND#113912) Followed by Bevacizumab and Secondary Cytoreductive Surgery in Platinum-Sensitive Recurrent Ovarian, Primary Peritoneal and Fallopian Tube Cancer (GOG#213)
9. A Randomized Trial of Pelvic Irradiation With or Without Concurrent Weekly Cisplatin in Patients with Pelvic Only Recurrence of Carcinoma of the Uterine Corpus (GOG#238)
10. A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel Versus Carboplatin and Paclitaxel for Optimally Debulked Advanced Endometrial Carcinoma (GOG#258)
11. Randomized Phase III Clinical Trial of Adjuvant Radiation Versus Chemoradiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (GOG#263)
12. A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12 Monthly Cycles of Single Agent Paclitaxel or Xytotax (CT-2103) (IND#70177) Versus No treatment Until Documented Relapse in Women with Advanced Ovarian or Primary Peritoneal Cancer who Achieve a Completed Clinical Response to Primary Platinum/Taxane Chemotherapy (GOG#212)
13. Can Diet and Exercise Modulate Ovarian, Fallopian Tube and Primary Peritoneal Cancer Progression-Free Survival
14. Evaluation of Physical Function and Quality of Life Before and After Non-Radical Surgical Therapy (Extra Fascial Hysterectomy or Cone Biopsy with Pelvic Lymphadenectomy) for Stage IAI (LVSI+) and IA2-IB1 (<2cm) Cervical Cancer (GOG#278)
15. A Phase III Randomized Trial of Gemcitabine (NSC#613327) Plus Docetaxel (NSC#123127) Versus Observation for Uterus-Limited High Grade Uterine Leiomyosarcoma (GOG#277)
16. Phase II Trial Evaluating Cisplatin (NSC#119875) and Gemcitabine (NSC#613327) Concurrent with intensity-Modulated Radiation Therapy (IMRT) in the Treatment of Locally Advanced Squamous Cell Carcinoma of the Vulva (NCT#01595061) (GOG#279)
17. Phase II Trial of Cabozantinib (XL-184)(NSC#761968) in Women with Recurrent Clear Cell Carcinoma of the Ovary, Fallopian Tube or Peritoneum (NRG#GY001)
18. Phase III Trial of Adjuvant Chemotherapy Following Chemoradiation as Primary Treatment for Locally Advanced Cervical Cancer Compared to Chemoradiation Alone: The Outback Trial (GOG#274)
19. Comparative Analysis of CA-IX p16 Proliferative Markers and Human Papilloma virus (HPV) in the Diagnosis of Significant Cervical Lesions in Patients with a Cytologic Diagnosis of Atypical Glandular Cells (AGC) (GOG#237)
20. Randomized Phase II/III Study to Assess the Efficacy of Trametinib (GSK#1120212) in Patients with Recurrent or Progressive Low-Grade Serous Ovarian Cancer or Peritoneal Cancer NCT#NCT02101788 (GOG#281)
21. Case Collection Protocol for Research, Development and Testing of Full-Field Digital mammography, Digital Breast Tomosynthesis and Computer Aided Algorithms
22. Locoregional Recurrence of Breast Cancer in Patients who Underwent Total Mastectomy and Axillary Lymph Node Dissection for Positive Sentinel Lymph Nodes.

strengthening relationships

Woman's, Mary Bird Perkins-Our Lady of the Lake Cancer Center Partner for Breast and GYN Cancer Care

Access to cancer care can be fragmented for a patient. Connecting treatment options and resources – and improving the overall cancer care experience – was the impetus for strengthening Woman's partnership with Mary Bird Perkins-Our Lady of the Lake Cancer Center to prevent, detect and fight breast and gynecologic cancers.

For decades, Woman's and MBP-OLOL Cancer Center have cared for the Baton Rouge community, fighting cancer, driving medical innovation, and improving the health of mothers, daughters, sisters and friends. The partnership offers women a multifaceted approach to care, with additional treatment options, more access to physician specialists, the latest clinical trials, and a broader range of support and survivorship programs.

The partnership has already yielded results; through collaboration, the new Breast and GYN Multidisciplinary (MDC) teams are following gold-standard protocols for caring for patients. The MDCs engage physicians and allied health-care professionals across all disciplines from Woman's Hospital and MBP-OLOL Cancer Center to develop a consistent approach to cancer care. Tasks include developing screening, treatment, work-up, follow-up, and surveillance guidelines; defining data points to measure the quality of care provided; and developing dashboards for collecting and measuring data monitoring points. One of the Breast MDC team's most recent successes includes developing a high-risk breast clinic that provides guidelines, based on a combination of factors, to determine if women are at increased breast cancer risk and then shapes long-term, customized surveillance plans.

Services are now available at three locations: Woman's Hospital, MBP-OLOL Cancer Center and LSU Health Baton Rouge North Clinic. The Breast and GYN Pavilion will open in spring 2018 on Woman's campus and offer all services from detection to radiation to survivorship at one location.



woman's continuum of care

diagnosis

Gynecologic Cancers

It starts during your teenage years — your annual Pap test. Detecting gynecologic cancer began in 1958 when the hospital became one of the first cancer detection labs in the country. Since that time, the **Cary Dougherty Cancer Detection Laboratory** at Woman’s has processed more than a million Pap smears and is consistently recognized for its quality practice. Having an on-site lab enables Woman’s to process test results in an average of five days.

The most common way to detect cervical cancer is through a Pap smear, but other gynecologic cancers require additional testing based on symptoms. Often, women do not have any symptoms until the tumor is large or in later stages of the disease. **Woman’s Imaging Services**, along with a team of pathologists, is able to provide a full spectrum of diagnostic tools, which may include: blood tests for a tumor marker or pictures of the inside of the body using tools such as transvaginal ultrasound, CT scans, gastrointestinal series and MRI. A biopsy allows our pathologists to examine a small amount of tissue to make a definitive diagnosis.

Upon receiving a cancer diagnosis, a woman immediately wants to talk to a physician to understand her options. **Woman’s GYN Oncology Group** includes the region’s few specialized GYN oncologists and a GYN specializing in gynecologic cancers. Woman’s also has a **gynecologic oncology nurse navigator** who is certified in oncology nursing, hospice and palliative care. We understand that having someone to guide you through the process, help you understand your condition and treatments and work with you and your physician is invaluable. Our nurse navigator guides you throughout your journey.

Breast Cancer

Knowing whether you have a non-malignant breast lump or breast cancer can sometimes require advanced imaging services. Woman’s has comprehensive services designed to quickly provide results. Tools include diagnostic mammography, needle localization, galactography and cyst aspiration, as well as advanced stereotactic, ultrasound-guided and MRI-guided breast core biopsy. **Woman’s Imaging Services** was named a Breast Imaging Center of Excellence by the American College of Radiology. **Woman’s Pathology Laboratory**, accredited by the College of American Pathologists, offers a variety of chemistry and molecular biology services to accurately diagnose your specific cancer.

A very complex disease to diagnose and treat, cancer is an equally overwhelming challenge for the patient. The role of the **breast cancer patient navigator** is to provide women with one-on-one guidance in discovering the resources needed to help with daily life and connecting them to treatment and care.

mammography coaches

3,845 women screened

miles traveled

12,196 original coach **5,293** new coach

operating expense
\$561,177

231 trips

21 parishes served

96 different sites

sharing our resources

Woman's has partnered with West Feliciana Hospital to offer 3D mammography. As part of the new arrangement, Woman's technologists staff the unit, and a board-certified radiologist reads the mammograms.

treatment

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

Sometimes, the first step in treating cancer is surgery, whether it's a lumpectomy, mastectomy or hysterectomy. **Woman's Surgical Services** meets both your inpatient and outpatient needs using the most advanced equipment, including robotics and minimally invasive laparoscopy. The most common cancer procedures performed at Woman's include sentinel lymph node biopsy, mastectomy, breast conserving surgery, breast reconstruction, surgery for GYN cancers and colonoscopy.

Typically, most patients will undergo some type of chemotherapy, possibly in an oral medication or IV infusion. Woman's offers both inpatient and outpatient chemotherapy and helps manage the side effects of the medication. Additionally, due to the large number of out-of-town patients receiving chemotherapy at **Woman's Infusion Center**, we provide extended hours so women can see their physician and receive treatment in one visit.

a BREAKTHROUGH technique

Breast cancer changes a woman's life. It doesn't have to change her body image. Woman's breast surgeons are now performing Hidden Scar™ breast surgery, which 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. The Hidden Scar approach can help women through the emotional challenges of breast cancer by prioritizing cosmetic outcomes as much as clinical outcomes, helping women maintain their self-confidence when they look in the mirror.

reHABILITATING

cancer patients

Cancer can shift every aspect of a woman's life, from her physical health to her emotional well-being. Woman's cancer survivorship program, ReYou, helps women maintain their quality of life during and after cancer treatment. The program takes its name from the words recovery, renewal and restoration. ReYou offers rehabilitation therapy, which addresses physical side effects such as fatigue, weakness and insomnia; educational classes; support groups; exercise; nutrition services; massage therapy; and more.

During chemotherapy, **Woman's Pharmacy** team works with physicians and nurses to optimize chemotherapy's effectiveness and minimize its toxicities. When administering any drug, patient safety is our top priority and every dosage is reviewed by two pharmacists for accuracy at time of receipt, prior to preparation and at final dispensation. **Woman's Respiratory Care** can help patients with any cardiopulmonary problems during treatment.

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

During your journey, there may be times when you need extra support. This can include managing your psychosocial needs, such as work,

school and home environments; relationships; mental and emotional health and financial concerns. Social workers in **Woman's Social Services** are certified in oncology, palliative care and navigation. These social workers participate in all phases of care, including diagnosis, treatment, survivorship, palliative care and end-of-life care. Social workers also work closely with the oncology team and community-based providers to link patients to needed services.

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

The side effects of chemotherapy, radiation and surgery can lead to fatigue, weakness, insomnia, memory loss, fear, anxiety and

depression. These side effects can interfere with daily function and well-being. **Woman's Cancer Rehabilitation Therapy** is designed to help patients heal faster and better.

Cancer Rehabilitation Therapy utilizes specially trained clinicians, including physicians, nurses, physical therapists, occupational therapists, speech and swallowing therapists, audiologists, registered dietitians, mental health professionals and others. This team works individually with each patient on a personalized plan to increase strength and energy, alleviate pain, improve physical function, achieve emotional balance and boost the immune system.

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

reINFORCING support

Palliative care is a specialized service that provides relief from the stress of a serious illness through fulfilling physical, emotional, spiritual and psychosocial needs. The goal is to improve the quality of life for both the patient and the family. Palliative care services now include bereavement support and guidance for family members for one year following the death of a cancer patient who received primary care at Woman's. The Palliative Care Coordinator and Social Services send cards, provide information on grief and resources, and follow-up with telephone calls. Inpatient consultations with a Palliative Care Physician or Nurse Practitioner are also available.

nutrition

Cancer treatments can drastically affect your satiety and your sense of taste and may lead to stomach problems. What you eat and when you eat it can make a difference in how you feel. Registered dietitians in **Woman's Nutrition Services** ensure that patients receive adequate nutrition during their hospital visits and in the outpatient setting at Woman's Center for Wellness. Through education, we help women develop a nutrition plan specific to their needs.

community education

Every woman differs in the level of support desired during cancer care. To provide options, Woman's offers **monthly breast cancer and gynecologic cancer support groups** and hosts **educational seminars**. We also share local resources with women seeking more specific guidance, such as programs at the American Cancer Society of Baton Rouge, Cancer Services of Baton Rouge and other community partners.

survivorship

Efforts were focused on supporting survivors by connecting them with resources and giving them support. The Celebrate Life event was held to celebrate survivorship and educate women about their recovery.

end-of-life care

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

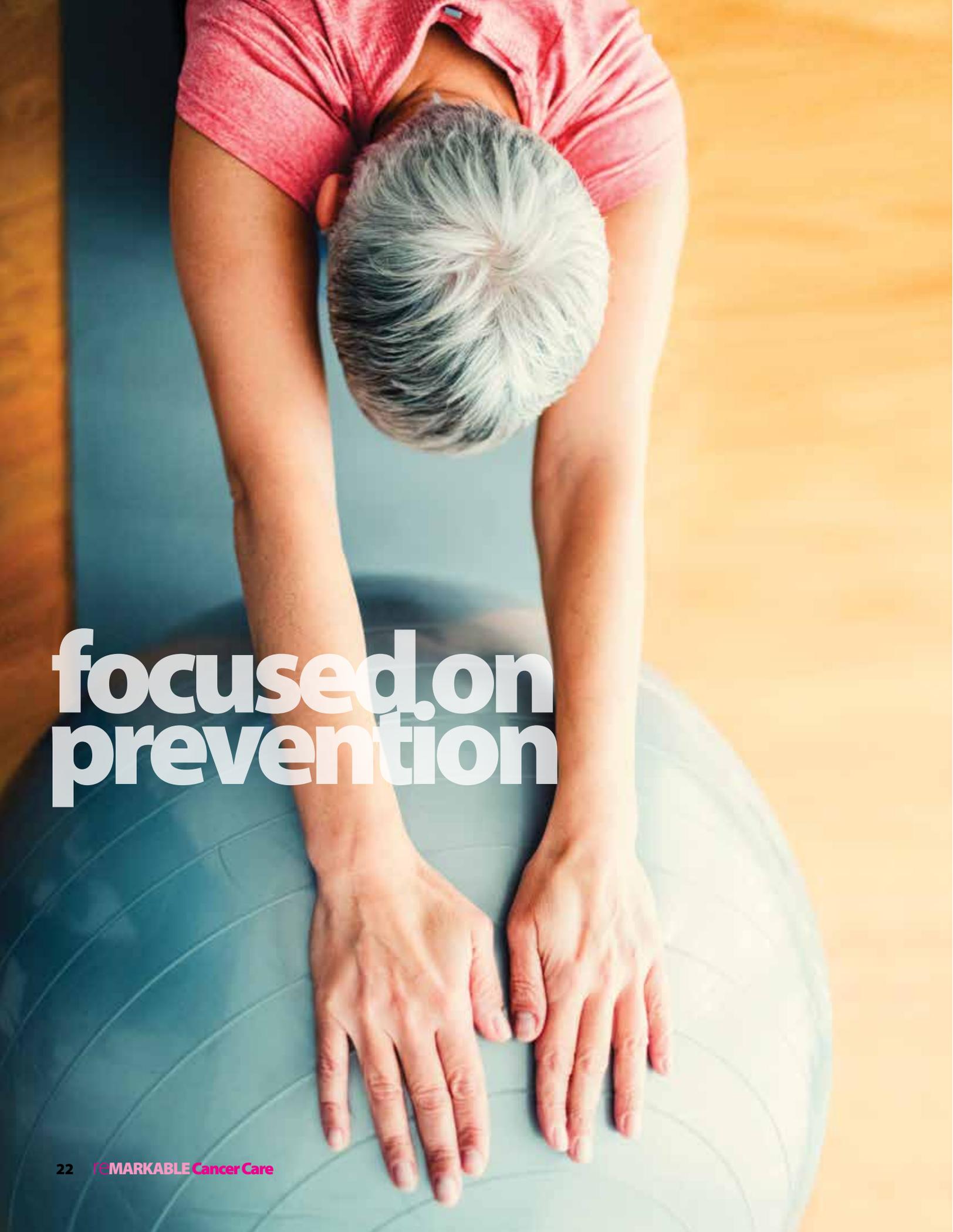
reCOGNITION

Reaccreditation

Woman's cancer program received a three-year reaccreditation from the Commission on Cancer and the National Accreditation Program for Breast Centers, both programs of the American College of Surgeons that recognize organizations for their commitment to providing comprehensive, high-quality, and multidisciplinary patient-centered care.

Louisiana Tumor Registry Gold Seal of Excellence

Woman's cancer registry was awarded a Gold Seal of Excellence from the Louisiana Tumor Registry for the beginning of fiscal year 2017. The prestigious Gold Seal is awarded to cancer registries that have provided timely reporting of cancer cases for at least 90 percent of the reviewed time period and have met all goals of the data quality indicators.



**focused on
prevention**

Woman's commitment to fighting and detecting 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 free screenings to keep our community healthy. In 2017, we attended health fairs and presented information on breast self-exams, cancer screenings and wellness.

Below are just a few of the organizations we work alongside:

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

Additionally, Woman's hosts a semi-annual employee mammo-thon that provides free mammograms to our employees and employees' spouses.

reCOGNIZING

new technology

PACS, or Picture Archiving and Communication System, is a medical imaging technology used for X-ray, CT scan, MRI, ultrasound and other medical images. The new PACS system includes voice recognition, allowing radiologists to improve their workflow through more rapid, efficient report turnaround.

gyn cancers

There is no simple and reliable way to screen for gynecologic cancers except cervical cancer, which uses the **Pap test**.

The Pap test also helps prevent cervical cancer by finding pre-cancers, or cell changes on the cervix that might become cervical cancer if they are not treated appropriately.

Some gynecologic cancers are caused by HPV, a common sexually transmitted infection. The **HPV vaccine** protects against the infections that most often cause cervical, vaginal and vulvar cancers. It is recommended for 11- and 12-year-old girls and boys, and can be given to females or males ages 13 to 26 who did not receive HPV shots when they were younger. Ideally, three doses of this vaccine should be given before a screening called the HPV test to detect infection.

Woman's focused a community marketing campaign on the signs and symptoms to educate the public about self-detection.

community events

Woman's leadership and staff continuously reinvest in our community by supporting events and programs that further our mission to improve the health of women and infants. We strive to raise awareness for breast and gynecologic cancers and to build community relationships that benefit our patients.

LSU Bengal Belles

Woman's sponsored the LSU Bengal Belles' Pink Luncheon to support breast cancer awareness and provided more than 700 women with pink bags and breast care education.

Geaux Teal

Woman's provided 1,000 teal bags for all Geaux Teal survivors, and employees walked to raise awareness for ovarian cancer.

Relay for Life

Woman's Relay for Life team raised more than \$7,000 for the American Cancer Society.

Race for the Cure

Annually, Woman's employees turn out in record numbers to participate in the Susan G. Komen Race for the Cure to raise money and awareness for breast cancer. Woman's is a silver sponsor of this event.

EXPRESSING feelings

Woman's is now partnering with Smart Patients, a free online community where patients and caregivers with common challenges and illnesses can ask questions, get advice and share their experiences in a safe, supportive environment. Woman's patients and families facing breast cancer, gynecologic cancer and other conditions are welcome to join.

While there are countless online support groups, Smart Patients members can feel confident about the accuracy and safety of information they receive; all communities are managed by an experienced team. As patients and caregivers learn from each other, Woman's hopes to use the platform as an opportunity to improve the patient experience.

revolutionizing biopsies

Woman's Hospital is the first hospital in Louisiana and one of the first in the country to use the Hologic Affirm™ breast biopsy system to determine if breast cancer is present. With this system, a biopsy can be performed much quicker than a traditional biopsy. It also provides easier access to help surgeons reach challenging lesions. It is less invasive than surgery and works by extracting small core samples of breast tissue. Furthermore, the table's padded contours allow for greater comfort while the procedure is being performed.

advanced imaging

Advanced Imaging has moved to the Physician Office Building, bringing imaging services that relate most closely to diagnosing and treating breast and gynecologic cancer nearer to the Breast and GYN Cancer Pavilion, which will open in spring 2018.

breast cancer

Woman's Imaging Services offers the most advanced technology in detecting breast cancer, including six 3D mammography machines. Because we know that a call to return for further testing is a stressful experience, two radiologists and a computer-assisted detection system review results before any calls are made. 3D mammography increases cancer detection by 30-40% and reduces the call-back rate by 20-30%.

Woman's **Mammography Coach** reduces geographic and financial barriers to care by bringing screening mammograms directly to women in their communities. We continued to make a difference in the lives of women by providing breast care to low-income, at-risk, uninsured and underinsured women.

Our collaborative partners in mobile breast care include Mary Bird Perkins CARE Network, LSUHSC School of Public Health's Louisiana Breast and Cervical Health Program, Susan G. Komen Foundation, Walmart Foundation, DOWGives, and various community centers, churches, physician offices, community hospitals, health units and local employers.

colonoscopy

While Woman's cancer treatment services focus on breast and gynecologic cancer, our prevention outreach extends to other cancers that can affect women. At the age of 50 and every 10 years thereafter, women with no family history

of colon cancer are advised to get a colonoscopy. We offer private rooms with restrooms before and after the procedure to encourage more women to be screened. As of December 2017 males may now have colonoscopies at Woman's.

skin cancer screenings

With early detection and proper treatment, the cure rate for basal cell carcinoma and squamous cell carcinoma is about 95%. When melanoma is detected before it spreads, it has a high cure rate. Regular self-skin exams and a yearly examination by a dermatologist detect early skin cancers. To aid in early detection, Woman's Center for Wellness offers free skin cancer screenings by a dermatologist twice per year. On average, 10-20% of participants require biopsy.

genetic testing

Hereditary cancers make up 5-10% of all cancers, meaning that changes (mutations) in specific genes are passed from one generation to another. Individuals who inherit one of these genes will have a higher risk of developing cancer at some point in their lives.

Genetic counseling can help identify those at risk for specific genetic mutations, and is typically recommended for individuals who have a strong family or personal history of cancer, especially when diagnosed at an early age. Genetic mutations give insight into an individual's risk for specific cancers, and are utilized to guide treatment decisions. Recommendations, even for those who have no personal history of cancer, may include increased screening for cancer, prophylactic surgery or hormone immunotherapy.

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



philanthropic support

Philanthropic gifts allow individuals, corporations and private foundations to invest in programs at Woman's Hospital that are addressing critical community needs. In 2017, the Foundation for Woman's supported the following programs and services:

comprehensive cancer support

Woman's patient navigators, including RNs and social workers, guide patients from diagnosis to survivorship, linking them with services to reduce barriers to treatment, coordinating care among medical specialists, and providing educational and emotional support. Philanthropic support is essential to supporting both breast and gynecologic cancer patient navigators.

healing arts program

Enhancing the hospital experience for patients and their families through music, art and cooking is the goal of the Woman's Healing Arts Program. Current projects include a summer concert series, special occasion concerts and art activities for cancer patients receiving infusions.

palliative care program

Woman's Adult Palliative Care team includes doctors, nurses, social workers and other specialists who work together with a patient's primary doctors to provide an extra layer of support. The teams strive to fulfill the goal of caring for the physical, emotional, spiritual and psychosocial needs of patients and families faced with a serious illness to decrease symptoms and improve quality of life.

fundraising events

Woman's many fundraising events, which included BUST Breast Cancer, Woman's Victory Open, Woman's Impact Luncheon and dozens of third party events, raised over \$450,000 for breast cancer outreach in 2017.

BUST Breast Cancer

BUST Breast Cancer is a unique celebration that embraces bra art to raise awareness for breast cancer. It includes a fashion show, chef's showcase and silent auction to raise funds for Woman's breast cancer outreach, including the Mammography Coaches, and education programs at Woman's. This event raised more than \$183,000 in 2017.

Woman's Victory Open

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

Impact Luncheon

Woman's Impact Luncheon is an opportunity for members of the community to learn about the programs and services supported by philanthropy at Woman's. At the 2017 luncheon, guests viewed a video featuring Amy Teague, who later spoke about her personal experience and the impact Woman's made on her life. The event raised more than \$93,000, and proceeds will benefit Woman's vital community programs and services for women and infants in need.

cancer registry



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

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

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

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

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

Woman's Cancer Registry has been awarded the Silver Seal of Excellence by the Louisiana Tumor Registry for the first half of 2016 and a Gold Seal of Excellence for the second half of 2016. The Silver award is granted to Cancer Registry programs that have provided timely reporting of cancer cases for at least 85% of the reviewed time period and have proven high quality of data for at least 90% of the required data quality indicators in the case submissions. The prestigious Gold Seal is awarded to Cancer Registry programs that have provided timely reporting of cancer cases for at least 90% of the reviewed time period and have met all goals of the data quality indicators.

statistics



woman's 2016 tumor report site distribution

Analytic Cases Only

SITE Group	CLASS Cases	SEX		STAGE					
		M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown
All Sites	581	1	580	81	288	118	57	27	10
Small Intestine	1	0	1	0	0	0	1	0	0
Colon	3	0	3	0	1	0	0	2	0
Rectum & Rectosigmoid	1	0	1	1	0	0	0	0	0
Bile Ducts	1	0	1	0	0	0	0	0	1
Pancreas	1	0	1	0	0	0	0	0	1
Fallopian Tube, Peritoneum, Omentum, Mesent	7	0	7	0	2	0	2	3	0
Hemeretic	1	0	1	0	0	0	0	0	1
Soft Tissue	1	0	1	0	1	0	0	0	0
Melanoma Of Skin	1	0	1	1	0	0	0	0	0
Breast	384	1	383	76	177	106	18	7	0
Cervix Uteri	25	0	25	0	11	2	6	5	1
Corpus Uteri	105	0	105	1	72	8	15	8	1
Ovary	33	0	33	0	12	2	14	1	4
Vulva	14	0	14	2	9	0	1	1	1
Thyroid	2	0	2	0	2	0	0	0	0
Non-Hodgkin's Lymphoma	1	0	1	0	1	0	0	0	0

2016 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
20-29	8	1
30-39	45	8
40-49	86	15
50-59	160	27
60-69	173	30
70-79	86	15
80-89	20	3
90-99	3	1
Total	581	100

2016 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	398	69
African American	171	29
Asian/Other	12	2
Total	581	100

cancer of
the cervix
2016 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	2	8
30-39	6	24
40-49	8	32
50-59	6	24
60-69	3	12
70-79	0	0
80-89	0	0
90-99	0	0
Total	25	100
Race	Number of Cases	Percent
Caucasian	19	76
African American	6	24
Asian/Other	0	0
Total	25	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	11	44
Stage II	2	8
Stage III	6	24
Stage IV	5	20
Unknown/Not Applicable	1	4
Total	25	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	1	4
Surgery	8	32
Surgery/Chemotherapy	3	12
Surgery/Radiation	1	4
Surgery/Radiation/Chemotherapy	5	20
Radiation/Chemotherapy	7	28
Total	25	100
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	3	12
Adenocarcinoma Endocervical type	2	8
Mixed Adenocarcinoma	1	4
Adenosquamous Carcinoma	1	4
Mucinous Adenocarcinoma	1	4
Squamous Cell Carcinoma, NOS	17	68
Total	25	100

cancer of the breast

2016 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	3	<1
30-39	24	6
40-49	60	16
50-59	105	27
60-69	115	30
70-79	61	16
80-89	14	4
90-99	2	<1
Total	384	100
Race	Number of Cases	Percent
Caucasian	270	70
African American	108	28
Asian/Other	6	<2
Total	384	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	76	20
Stage I	177	46
Stage II	106	28
Stage III	18	5
Stage IV	7	<2
Unknown/Not Applicable	0	0
Total	384	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	3	<1
None	2	<1
Surgery	121	31
Surgery/Chemotherapy	45	12
Surgery/Radiation	32	8
Surgery/Radiation/Chemotherapy	15	4
Surgery/Radiation/Chemotherapy/ Immunotherapy	6	<2
Surgery/Hormone	36	9
Surgery/Hormone/Immunotherapy/Radiology	2	<1
Surgery/Radiation/Hormone	88	23
Surgery/Chemotherapy/Hormone	3	<1
Surgery/Chemotherapy/Immunotherapy	5	1
Surgery/Chemotherapy/Hormone/ Immunotherapy	5	1
Surgery/Radiation/Chemotherapy/Hormone	15	4
Surgery/Radiation/Chemotherapy/Hormone/ Immunotherapy	6	<2
Total	384	100
Histology	Number of Cases	Percent
Adenoid Cystic Carcinoma	1	<1
Ductal Carcinoma In-Situ	73	19
Lobular Carcinoma In-Situ	3	<1
Infiltrating and Lobular Carcinoma	2	<1
Infiltrating Ductal Carcinoma	268	69
Lobular Carcinoma	21	5
Medullary Carcinoma, NOS	1	<1
Metaplastic Carcinoma, NOS	3	<1
Mucinous Adenocarcinoma	12	3
Total	384	100

cancer of the ovary

2016 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	4	12
40-49	5	15
50-59	8	24
60-69	8	24
70-79	7	22
80-89	1	3
Total	33	100
Race	Number of Cases	Percent
Caucasian	21	64
African American	8	24
Asian/Other	4	12
Total	33	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	12	36
Stage II	2	6
Stage III	14	43
Stage IV	1	3
Unknown/Not Applicable	4	12
Total	33	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	4	12
Surgery	13	39
Surgery/Chemotherapy	15	46
Surgery/Radiation/Chemotherapy	1	3
Total	33	100
Histology	Number of Cases	Percent
Carcinoma, NOS	1	3
Adenocarcinoma, NOS	2	6
Clear Cell Adenocarcinoma	1	3
Endometrioid Adenocarcinoma	2	6
Fibrosarcoma, NOS	1	3
Mixed Cell Adenocarcinoma	2	6
Papillary Serous Cystadenocarcinoma	20	61
Mucinous Adenocarcinoma	3	9
Neuroendocrine Carcinoma, NOS	1	3
Total	33	100

cancer of the uterus

2016 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	1
30-39	6	6
40-49	9	9
50-59	34	32
60-69	39	37
70-79	15	14
80-89	1	1
90-99	0	0
Total	105	100

Race	Number of Cases	Percent
Caucasian	67	64
African American	37	35
Asian/Other	1	1
Total	105	100

Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	1
Stage I	72	68
Stage II	8	8
Stage III	15	14
Stage IV	8	8
Unknown/Not Applicable	1	1
Total	105	100

Treatment First Course	Number of Cases	Percent
Radiation/Chemotherapy	1	1
Surgery	72	68
Surgery/Chemotherapy	15	14
Surgery/Radiation	7	7
Surgery/Radiation/Chemotherapy	8	8
Surgery/Hormone	2	2
Total	105	100

Histology	Number of Cases	Percent
Carcinoma In-Situ, NOS	1	1
Adenocarcinoma, NOS	2	2
Carcinoma, NOS	2	2
Endometrial Stromal Sarcoma	2	2
Endometrioid Adenocarcinoma	71	67
Serous Carcinoma	12	11
Mixed Cell Adenocarcinoma	5	5
Mullerian Mixed Tumor	7	7
Sarcoma	1	1
Leiomyosarcoma	1	1
Clear Cell Adenocarcinoma	1	1
Total	105	100

cancer of the vulva and vagina

2016 Analytic Cases

Site	Number of Cases	Percent
Vagina	0	0
Vulva	14	100
Total	14	100
Age at Diagnosis	Number of Cases	Percent
30-39	2	15
40-49	1	7
50-59	3	21
60-69	4	29
70-79	0	0
80-89	3	21
90-99	1	7
Total	14	100
Race	Number of Cases	Percent
Caucasian	9	64
African American	5	36
Total	14	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	2	15
Stage I	9	64
Stage II	0	0
Stage III	1	7
Stage IV	1	7
Unknown/Not Applicable	1	7
Total	14	100
Treatment First Course	Number of Cases	Percent
Radiation/Chemotherapy	1	7
Surgery	10	71
Surgery/Chemotherapy	2	15
Surgery/Radiation	1	7
Total	14	100
Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	2	15
Squamous Cell Carcinoma, NOS	4	28
Squamous Cell Carcinoma Keratinizing, NOS	5	36
Basosquamous Cell Carcinoma	1	7
Malignant Fibrous Histiocytoma	1	7
Melanoma	1	7
Total	14	100

cancer registry report on cases presented at breast cancer conferences

January 2016-December 2016

Total conferences held.	50
Total cases presented	122
Average number of attendees.	23
Total number of analytic breast cancer cases accessioned in 2016	384

Age of Patients	Number of Cases	Percent
0-19	1	1
20-29	3	2
30-39	18	15
40-49	25	20
50-59	28	23
60-69	25	20
70-79	13	11
80-89	7	6
90-99	2	2
Total	122	100

Histology of Cases Presented

Non-Invasive Tumors

- Ductal Carcinoma In-Situ
- Lobular Carcinoma In-Situ
- Paget's Disease

Invasive Tumors

- Infiltrating Ductal Carcinoma
- Diffuse Large B-Cell Lymphoma
- Lobular Carcinoma
- Metaplastic Carcinoma
- Metastatic Squamous Cell Carcinoma
- Malignant Epithelioid Neoplasm
- Mucinous Carcinoma

cancer registry report on cases presented at gynecologic cancer conferences

January 2016-December 2016

Total conferences held.	10
Total cases presented	65
Average number of attendees.	23
Total number of analytic gynecologic cases accessioned in 2016.	181

Age of Patients	Number of Cases	Percent
20-29	2	3
30-39	9	14
40-49	10	15
50-59	10	15
60-69	25	38
70-79	7	11
80-89	1	2
90-99	1	2
Total	65	100

Sites Presented

- Cervix Uteri
- Corpus Uteri
- Stomach
- Gastrointestinal
- Endometrium
- Fallopian Tube
- Ovary
- Peritoneum
- Vagina
- Vulva
- Urethra

Histology of Cases Presented

- Carcinoma
 - Serous Papillary Adenocarcinoma
 - Endometrioid Adenocarcinoma
 - Squamous Cell Carcinoma
 - Carcinosarcoma
 - Serous Adenocarcinoma
 - Endocervical Adenocarcinoma
 - Urothelial Carcinoma
 - Adenocarcinoma
 - Glassy Cell Carcinoma
 - Adenosquamous Carcinoma
 - Papillary Adenocarcinoma
- Leiomyosarcoma
- Germ Cell Tumor
- Melanoma In-Situ
- Malignant Sex Cord Tumor
- Stromal Sarcoma

2016 cancer committee

Physician Members

<i>Co-Chair, Pathology</i>	Beverly Ogden, MD
<i>Co-Chair, Breast Surgical Oncology</i>	Mindy Bowie, MD
<i>Gyn Oncology</i>	Giles Fort, MD
<i>Gyn Oncology</i>	Dennis DeSimone, DO
<i>Cancer Liaison Physician</i>	Deborah Cavalier, MD
<i>Genetics</i>	Duane Superneau, MD
<i>Medical Oncology</i>	Kellie Schmeckle, MD
<i>Radiology (MEC Liaison)</i>	Steven Sotile, MD
<i>Radiation Oncology</i>	Katherine Castle, MD
<i>Surgical Oncology</i>	John Lyons, MD

Administrative Liaisons

<i>Senior Vice President/CNE</i>	Patricia Johnson, DNP, RN, NEA
<i>Director, Health Information Management/Utilization Management</i>
.....	Danielle Berthelot, MHI, RHIA, CHTS-IM
<i>Manager, Health Information Management</i>	Tonya Songy, RHIA, CPC
<i>Cancer Registrar</i>	Heather McCaslin, RHIT, CTR
<i>Cancer Registrar</i>	Crystal Morice, CPC
<i>Manager, Therapy Center</i>	Chrissie Olsson, MS LOTR
<i>Social Services</i>	Robin Maggio, LCSW, OSW-C, ACHP-SW
<i>Director, Medical/Surgical/Oncology</i>	Mary Ann Smith, RN, ONC
<i>Imaging Services Compliance/Resource Coordinator</i>	Mary Salario, RN, BSN
<i>Data Manager/Oncology</i>	Ashley Marks, RN, OCN, CHPN
<i>Dietary</i>	Paula Meeks, MS, LDN, RD
<i>Director, Communications</i>	Amiee Goforth
<i>Director, Pharmacy</i>	Peggy Dean, RPH

The Cancer Committee:

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

The Breast Program Leadership:

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

2016 breast cancer ad-hoc committee

Physician Members

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

Administrative Liaisons

<i>Vice President of Ancillary Services</i>	Kurt Scott, MBA, FACHE
<i>Senior Vice President/CNE</i>	Patricia Johnson, DNP, RN, NEA
<i>Director, Health Information Management/Utilization Management</i>	Danielle Berthelot, MHI, RHIA, CHTS-IM
<i>Director, Radiology</i>	Cynthia Rabalais
<i>Director, Medical/Surgical/Oncology</i>	Mary Ann Smith, RN, ONC
<i>Social Services</i>	Robin Maggio, LCSW, OSW-C, ACHP-SW
<i>Patient Navigator, Social Services</i>	Tracy Johnson, LCSW
<i>Clinical Supervisor, Therapy Center</i>	Michelle Spear, PT
<i>* Director, Communications</i>	Amiee Goforth
<i>*Director, Pharmacy</i>	Peggy Dean, RPH
<i>*Manager, Health Information Management</i>	Tonya Songy, CPC
<i>*Cancer Registrar</i>	Heather McCaslin, RHIT, CTR

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

100 Woman's Way
Baton Rouge, LA 70817
225-927-1300

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