2015 **Cancer** Annual Report

Woman's

December 14, 2015

We are pleased to present the 2015 Cancer Program Annual Report. This year's report evaluated survival data related to endometrial cancer. It reviews 924 cases of uterine cancer diagnosed at Woman's Hospital over the ten-year span from 2004-2014. Of note is a continued increase in the number of cases, with 68 diagnosed in 2004 and 97 diagnosed in 2014.

It is estimated that in the U.S. this year about 54,000 cases of endometrial cancer will be diagnosed with around 10,000 deaths. Endometrial cancer is not common under age 40. There are over 600,000 women who are recognized as survivors of endometrial cancer.

The most important prognostic features for endometrial cancer continue to be tumor grade and depth of myometrial invasion. Certain histologic types such as serous carcinoma, malignant mixed Mullerian tumor and clear cell carcinoma have particularly poor survival statistics. Endometrial cancer is more common in Caucasian women; yet African American women are more likely to die from this cancer. As noted in our previous Annual Reports, African American women with endometrial cancer have lower survival rates for stages I-III which warrants further investigation. Over the next year, a comparative analysis of women will be performed to identify possible causes for the disparity. Findings will be discussed in the 2016 Cancer Program Annual Report.

We hope the statistics in this year's report will be helpful to you when you are counseling your patients.

Beverly Ogden, MD
Chairman, Cancer Committee

Deborah Cavalier, MD
Cancer Liaison Physician

Dennis DeSimone, DO
GYN Oncologist

Between 2004-2014, 924 cases of uterine cancer were diagnosed at Woman's Hospital. The majority of cases were diagnosed between ages 50 and 80 and were treated by surgery alone. 62% of these cases were diagnosed as endometrioid adenocarcinoma with an overall five-year survival of 81%. However, 18% of cases showed high-grade histologies, including serous carcinoma, malignant mixed Mullerian tumor and clear cell carcinoma. The survival for each of these high grade histologic types is much lower. Overall five-year survival for serous carcinoma diagnosed at Woman's was 40% compared to 32% survival reported in Louisiana Tumor Registry (LTR) data. Overall five-year survival for malignant mixed Mullerian tumor diagnosed at Woman's was 34% compared to 32% survival reported in LTR data. Overall five-year survival for clear cell carcinoma diagnosed at Woman's was 29% with a 36% survival reported in LTR data. LTR data is only available for years 2004-2012.

Five-year survival for Stage I endometrial cancer at Woman's was 84%, lower than that reported in Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) data (90%) and LTR data (85%). All stage I deaths at Woman's were reviewed and revealed that 39 of 68 (57%) of these cases were high grade tumors. 28 of 68 (41%) of these cases were high grade histologies: malignant mixed Mullerian tumor, serous carcinoma or clear cell carcinoma. The average age of Stage I deaths was 73 years old. 14 of 68 (20%) of these cases were African-American women. Five cases of Stage I deaths were grade I tumors which would be unexpected. Three cases could be explained by age and comorbidities: a 75-year-old with diabetes and obesity; a 75-year-old with hypertension, diabetes and obesity; an 83-year-old with hypertension. Two cases remain unexplained: a 65-year-old and a 66-year-old with no listed comorbidities. Twenty four cases were grade II tumors. 17 of 24 (70%) of these deaths were explained by advanced age or very significant comorbidities. Two patients had coexisting active malignancies: one with metastatic colon cancer and the other with chronic leukemia. One patient developed lung metastasis within one year of diagnosis. 7 of 24 cases of deaths in grade II tumors were unexplained as the patients were under that age of 65 years old with no listed comorbidities.

Five-year survival for Stage II endometrial cancer was lower at Woman's (51%) than reported in the LTR (64%) and SEER (76%) data. Review of the 17 cases of death showed that 11 of 17 (65%) were high grade tumors. 8 of 17 (47%) were high grade histologies: malignant mixed Mullerian tumor or serous carcinoma. The average age of Stage II deaths was 69 years old. 8 of 17 (47%) of these cases were African-American women. In addition, one patient with high grade endometrioid adenocarcinoma also was diagnosed with Stage II breast cancer. 6 of 17 of these cases were grade II tumors. Three deaths that may be explained include a 92-year-old with a history of breast cancer, hypertension and showed deep wall invasion and died within 2 months of diagnosis; an 84-year-old with no comorbidities but had deep wall invasion and died within 3 years of diagnosis; a 32-year-old who developed omental metastasis and died within 1 year of diagnosis. Three cases that may not be fully explained include a 50-year-old with a history of hypertension and obesity and died within 3 years of diagnosis; a 66-year-old with no listed comorbidities who died within 2 years after diagnosis and a 66-year-old with no listed comorbidities who died within 5 years of diagnosis.

Overall survival decreased with stage progession. Five-year survival rates for Stage III endometrial cancer was 52% at Woman's, as compared to 51% in LTR data and 60% in SEER data. Five-year survival for Stage IV is 13% at Woman's, as compared to 15% in LTR data and 18% in SEER data.

Uterine Malignant Tumors:
Comparative analysis of local and national patient populations

Figure I

Uterine Malignant Tumors
Age at Diagnosis: Years 2004-2014

Age at Diagnosis	Woman's Number	Woman's Percent	NCDB* Number	NCDB* Percent
Under 20	1	<1	58	<1
20-29	6	1	1,675	<1
30-39	32	3	10,775	3
40-49	97	10	36,073	10
50-59	230	25	101,415	28
60-69	290	31	111,537	30
70-79	189	20	68,038	19
80-89	73	8	31,277	9
90-99	6	1	3,644	1
Unknown	0	0	0	0
Total	**924**	**100**	**364,492**	**100**

**National Cancer Data Base (NCDB) data only available for years 2002-2012.*

924 cases of Uterine Cancers were reviewed from 2004-2014. The majority of cases were diagnosed in women between the ages of 50 and 80. Age distribution is similar to that reported in NCDB data.

Figure II

Uterine Malignant Tumors
Race: Years 2004-2014

Race	Woman's Number	Woman's Percent	NCDB** Number	NCDB** Percent
Caucasian	648	70	293,505	80
African American	269	29	34,841	10
Asian	2	<1	0	0
Other/Unknown*	5	<1	36,146	10
Total	**924**	**100**	**364,492**	**100**

**Other category includes Native American and Hispanic.*

***NCDB data only available for years 2002-2012.*

The race distribution reported in Woman's data varies from that reported in NCDB data due to regional population differences.

Figure III

Uterine Malignant Tumors

Year of Diagnosis: Years 2004-2014

Year of Diagnosis *	Woman's
2004	68
2005	72
2006	67
2007	62
2008	79
2009	99
2010	89
2011	93
2012	95
2013	103
2014	97
Total	**924**

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

A significant increase in the number of Uterine Cancers diagnosed each year at Woman's is noted starting in 2009.

Figure IV

Uterine Malignant Tumors
Histology: Years 2004-2014

Cell Type	Woman's Number	Woman's Percent	NCDB* Number	NCDB* Percent
In-Situ				
Endometrioid Adenocarcinoma In-Situ	4	<1		
Endometrioid Adenocarcinoma, NOS	657	71	274,576	75
Serous Adenocarcinoma, NOS	71	8		
Clear Cell Adenocarcinoma, NOS	17	2		
Adenosquamous Carcinoma	13	1		
Carcinoma, NOS	5	1		
Mucinous Adenocarcinoma	6	1		
Small Cell Carcinoma, NOS	2	<1		
Squamous Cell Carcinoma	2	<1		
Mixed Mullerian Tumor	76	8		
Endometrial Stromal Sarcoma	27	3		
Leiomyosarcoma, NOS	26	3		
Adenocarcinoma with Mixed Cell, NOS	12	<1	13,995	4
Adenosarcoma	6	1		
Other Specified Types	0	0	75,921	21
Total	**924**	**100**	**364,492**	**100**

**NCDB data only available for years 2002-2012.*

Endometrioid Adenocarcinoma is the most reported histopathologic type of Endometrial Cancer in both the Woman's and NCDB database. The NCDB report is limited in regard to tumor subclassification as compared to Woman's data.

Note: The number of Mixed Mullerian Tumors diagnosed at Woman's Hospital is higher than expected. We will work with the Louisiana Tumor Registry to compare the data from Woman's Hospital, LTR and SEER.

Figure V

Uterine Malignant Tumors

Stage at Diagnosis: Years 2004-2014

Stage at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
0	**8**	**<1**	**3,835**	**1**
I	**628**	**68**	**233,462**	**64**
I	169			
IA	166			
IB	240			
IC	53			
II	**43**	**5**	**24,319**	**7**
II	20			
IIA	9			
IIB	14			
III	**128**	**14**	**41,845**	**11**
III	2			
IIIA	46			
IIIB	6			
IIIC	36			
IIIC1	27			
IIIC2	11			
IV	**66**	**7**	**21,664**	**6**
Unknown/ Not Applicable	**51**	**6**	**39,367**	**11**
Total	**924**	**100**	**364,492**	**100**

**NCDB data are only available for years 2002–2012.*

Note: Changes were made in Uterine Cancer staging in the AJCC Cancer Staging Manual 7th edition. There are no longer Stage IC, IIA, or IIB categories as of 2010. Tumors staged prior to this will still show these stages.

Woman's data closely parallels NCDB data. A smaller percentage of unknown cases are captured in Woman's database.

Figure VI

Uterine Malignant Tumors
First Course of Treatment: Years 2004-2014

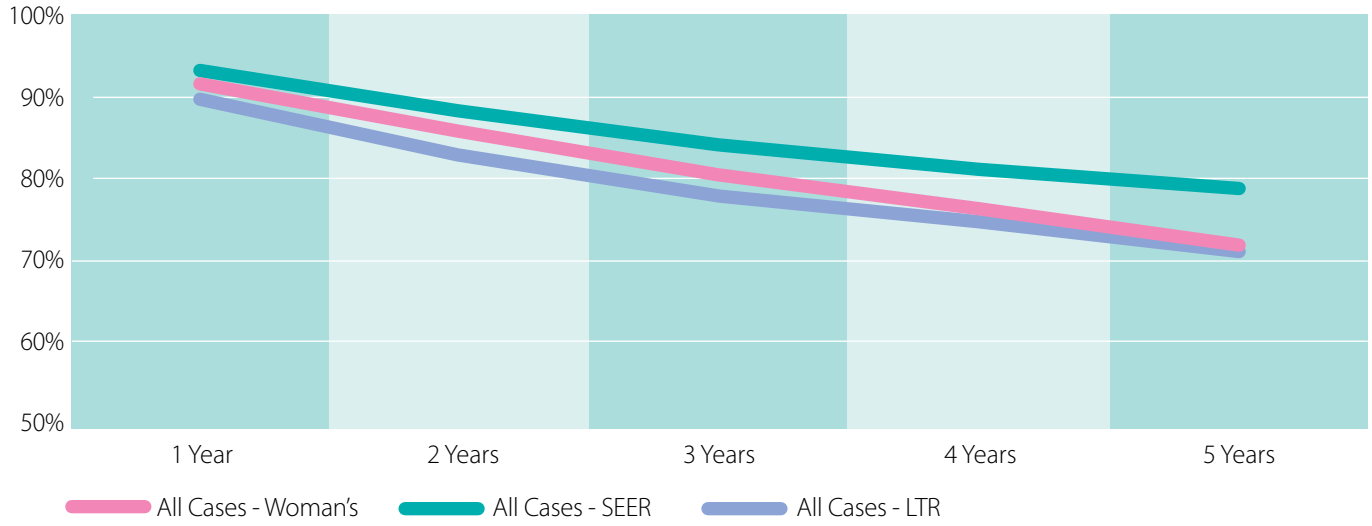
Treatment First Course	Woman's		NCDB*	
	Number	Percent	Number	Percent
Chemotherapy	3	<1	0	0
Surgery	573	62	217,215	60
Surgery/Radiation	148	16	58,484	16
Surgery/Hormone	11	1	0	0
Surgery/Chemotherapy	111	12	27,551	7
Surgery/Radiation/Chemotherapy/ Hormone	1	<1	0	0
Surgery/Radiation/Hormone	4	<1	0	0
Surgery/Radiation/Chemotherapy	66	7	25,249	7
Other Specified Therapy	0	0	22,236	6
None	7	<1	13,757	4
Total	**924**	**100**	**364,492**	**100**

**NCDB data available for years 2002–2012.*

First course of treatment comparison with the NCDB data demonstrates a similar distribution of treatment modalities. The majority of cases are treated with surgery alone.

Figure VII-A

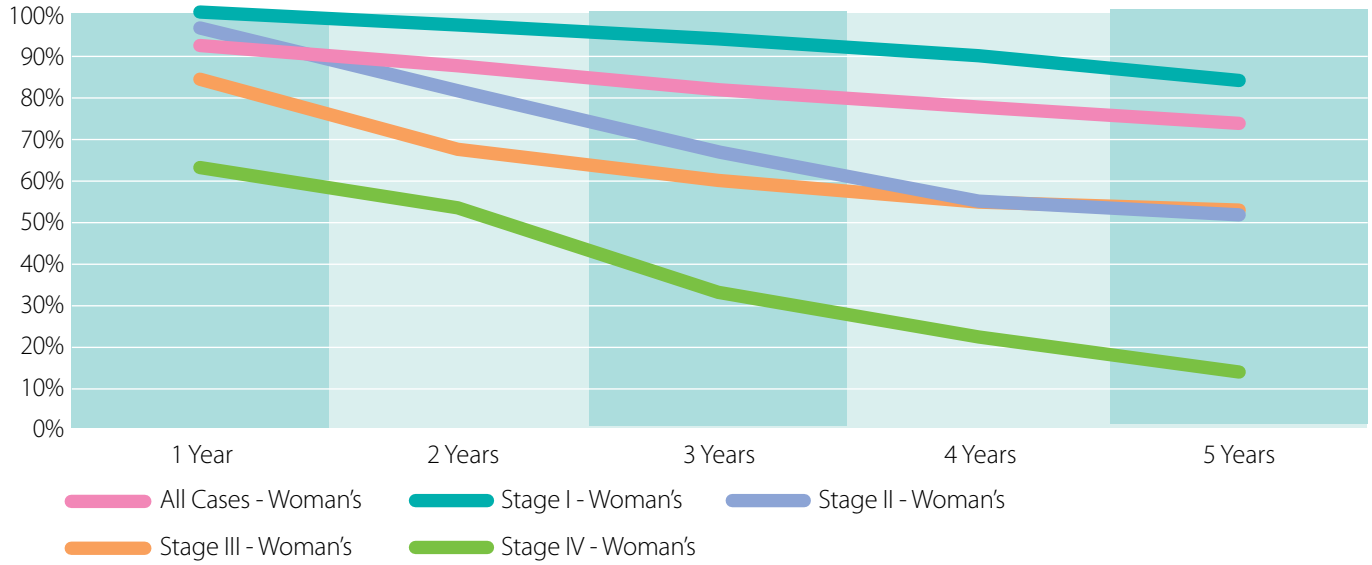
Endometrial Cancer Five-Year Survival: All Cases



- *An overall survival rate of 79% is noted for all stages of Endometrial Cancer reported in the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute data.*
- *An overall survival rate of 72% is noted for all stages of Endometrial Cancer reported in Woman's and Louisiana Tumor Registry (LTR) data.*

Figure VII-B

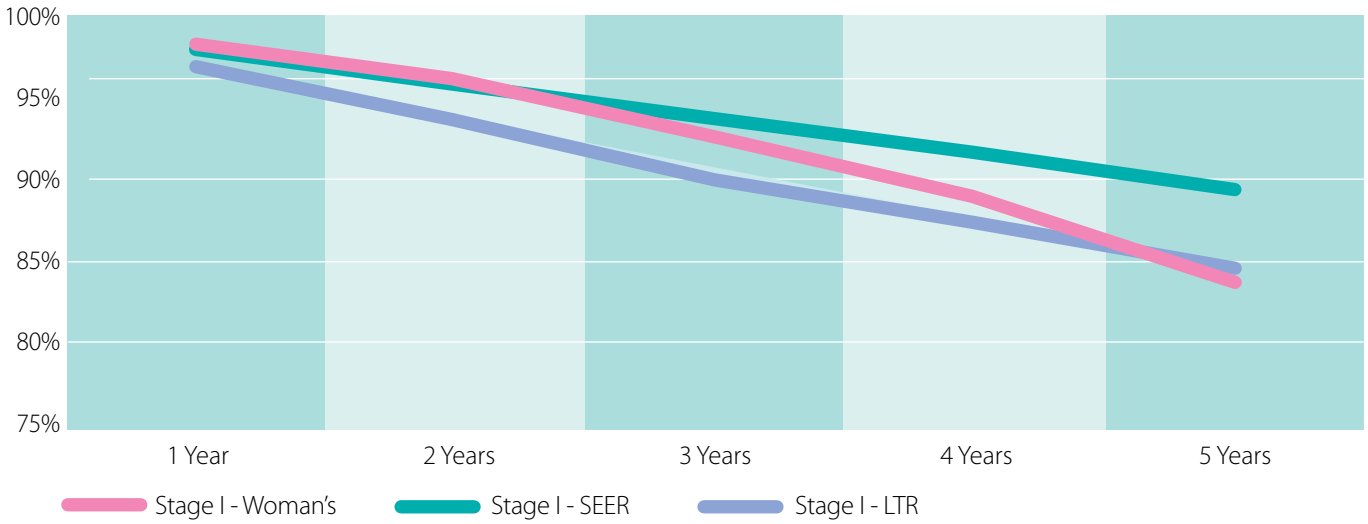
Endometrial Cancer Five-Year Survival by Stage



- *72% five-year survival is noted for all cases of Endometrial Cancer reported in Woman's data.*
- *84% five-year survival is noted for Stage I Endometrial Cancer reported in Woman's data.*
- *51% five-year survival is noted for Stage II Endometrial Cancer reported in Woman's data.*
- *52% five-year survival is noted for Stage III Endometrial Cancer reported in Woman's data.*
- *13% five-year survival is noted for Stage IV Endometrial Cancer reported in Woman's data.*

Figure VIII

Endometrial Cancer Five-Year Survival: Stage I



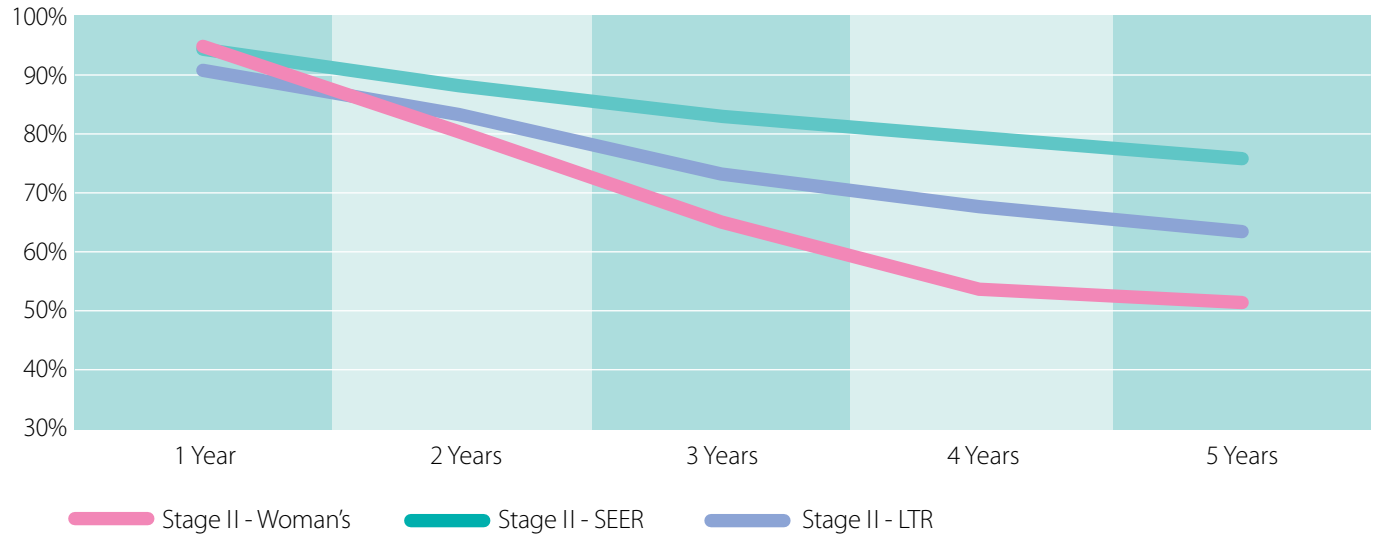
- *90% five-year survival is noted for Stage I Endometrial Cancer reported in SEER data.*
- *84% five-year survival is noted for Stage I Endometrial Cancer reported in Woman's data.*
- *85% five-year survival is noted for Stage I Endometrial Cancer reported in LTR data.*

Noted: *A total of 68 deaths were noted in Stage I cancers reported at Woman's.*

- *39 of 68 (57%) of cases had high grade tumors including 28 cases of high grade histologies including malignant mixed Mullerian tumor, serous carcinoma and clear cell carcinoma*
- *24 of 68 (35%) of cases were grade II tumors with 17 of 24 deaths explained by advanced age or significant comorbidities. Two cases of grade II tumors had additional malignancies including a patient with metastatic colon cancer and a patient with chronic leukemia. 7 of 24 cases of grade II tumors are unexplained as the patients were under the age of 65 years old and had no listed comorbidities.*
- *5 of 68 (8%) of cases were grade I tumors, 3 cases could be explained by age and comorbidities: a 75-year-old with diabetes and obesity, a 75-year-old with hypertension, diabetes and obesity and an 83-year-old with hypertension. Two cases of grade I tumors were not readily explained: a 65-year-old and a 66-year-old with no listed comorbidities.*

Figure IX

Endometrial Cancer Five-Year Survival: Stage II



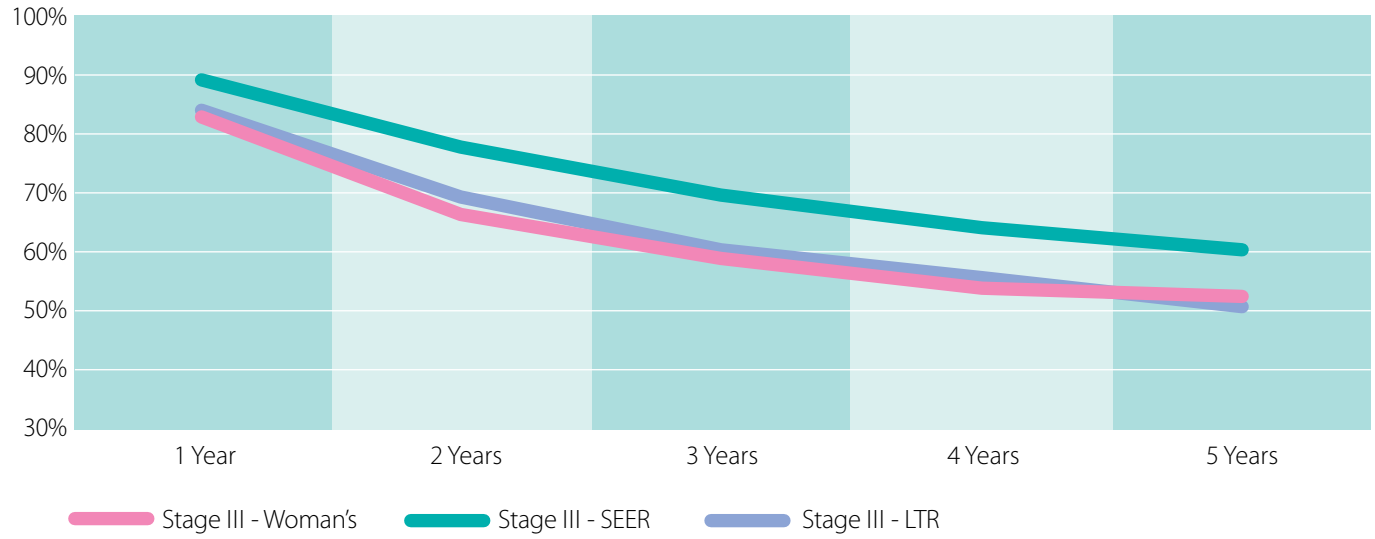
- *76% five-year survival is noted for Stage II Endometrial Cancer reported in SEER data.*
- *51% five-year survival is noted for Stage II Endometrial Cancer reported in Woman's data.*
- *64% five-year survival is noted for Stage II Endometrial Cancer reported for LTR data.*

Noted: *There was an unexpected low survival for Stage II Endometrial Cancers at Woman's. Review of the deaths showed the following:*

- *11 of 17 (65%) of cases were high grade tumors. 8 of 17 (47%) of cases were high grade histologies including malignant mixed Mullerian tumor or serous carcinoma.*
- *6 of 17 (35%) of cases were grade II tumors with 2 cases with deep invasion including a 92-year-old with a history of breast cancer and hypertension who died within 2 months of diagnosis and an 84-year-old who died within 3 years of diagnosis. One case was diagnosed in a 32-year-old who developed omental metastasis within 1 year of diagnosis.*
- *3 cases of grade II tumors were unexplained: a 50-year-old with a history of hypertension and obesity and died within 3 years of diagnosis; a 66-year-old with no comorbidities listed who died within 2 years of diagnosis; a 66-year-old with no listed comorbidities who died within 5 years of diagnosis.*

Figure X

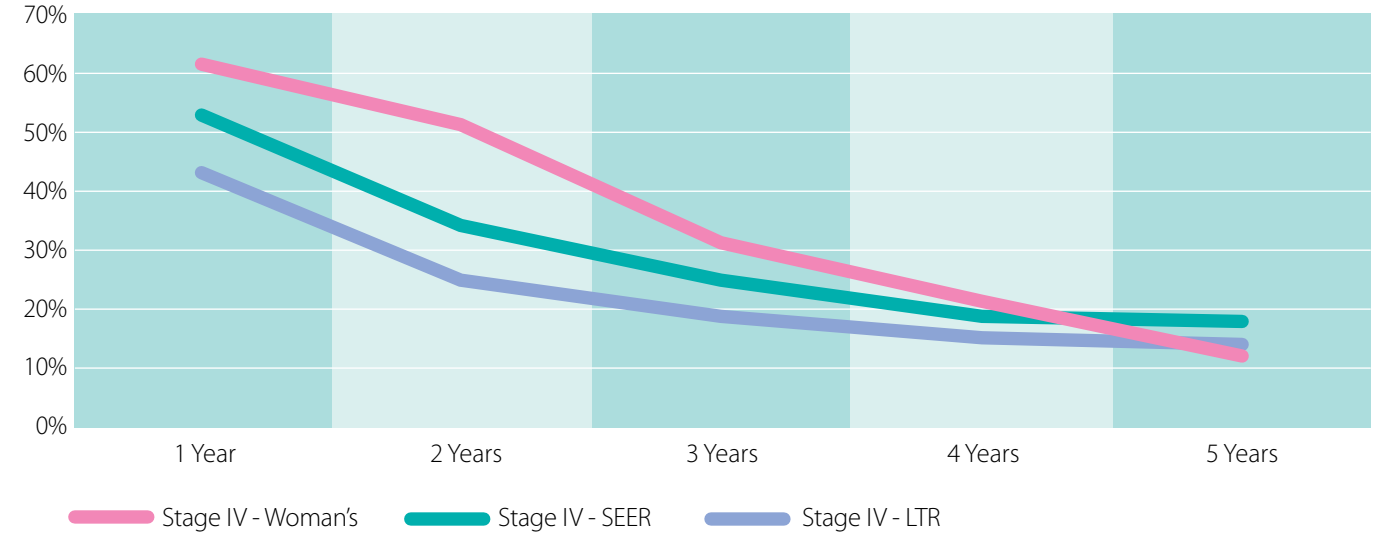
Endometrial Cancer Five-Year Survival: Stage III



- *60% five-year survival is noted for Stage III Endometrial Cancer reported in SEER data.*
- *52% five-year survival is noted for Stage III Endometrial Cancer reported in Woman's data.*
- *51% five-year survival is noted for Stage III Endometrial Cancer reported for LTR data.*

Figure XI

Endometrial Cancer Five-Year Survival: Stage IV

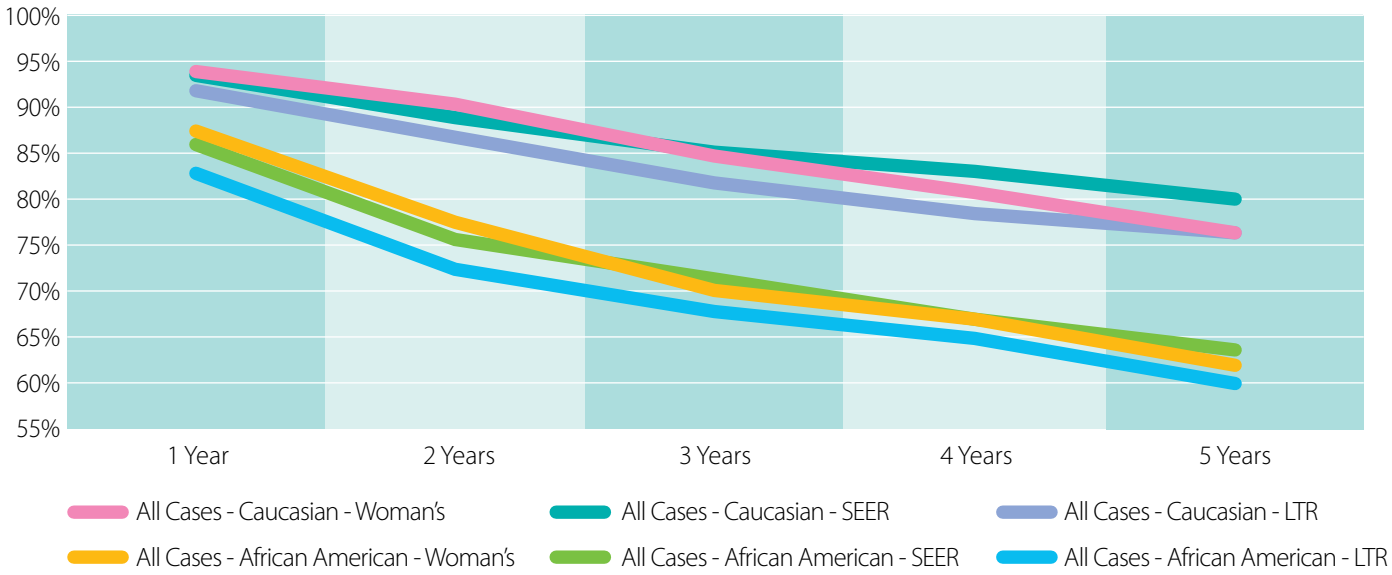


Comparative data shows similar (poor) survival for Stage IV Endometrial Cancer.

- *18% five-year survival was reported for Stage IV Endometrial Cancer in SEER data.*
- *13% five-year survival was reported for Stage IV Endometrial Cancer in Woman's data.*
- *15% five-year survival was reported for Stage IV Endometrial Cancer in LTR data.*

Figure XII

Endometrial Cancer Five-Year Survival by Race: All Cases

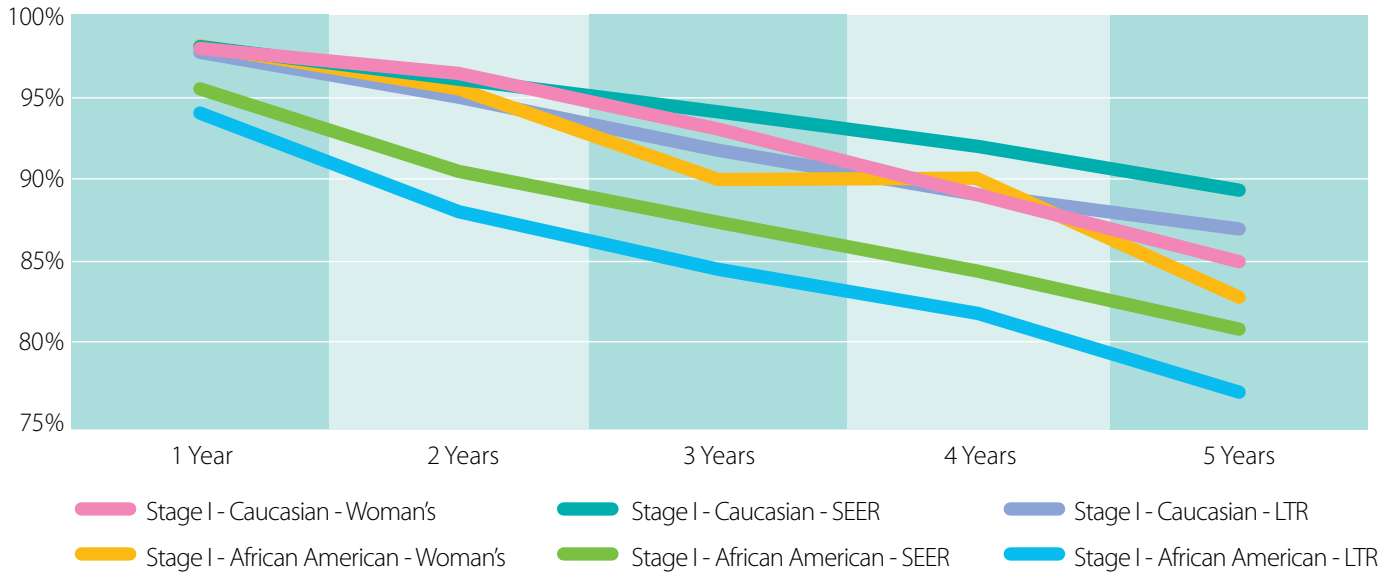


As has been noted in previous Cancer Annual Reports for all cancer types, there is significant difference in survival noted when comparing Caucasian and African American populations.

- *80% five-year survival was reported for all stages of Endometrial Cancer for Caucasians in SEER data.*
- *63% five-year survival was reported for all stages of Endometrial Cancer for African Americans in SEER data.*
- *76% five-year survival was reported for all stages of Endometrial Cancer for Caucasians in Woman's data.*
- *61% five-year survival was reported for all stages of Endometrial Cancer for African Americans in Woman's data.*
- *76% five-year survival was reported for all stages of Endometrial Cancer for Caucasians in LTR data.*
- *59% five-year survival was reported for all stages of Endometrial Cancer for African Americans in LTR data.*

Figure XIII

Endometrial Cancer Five-Year Survival by Race: Stage I

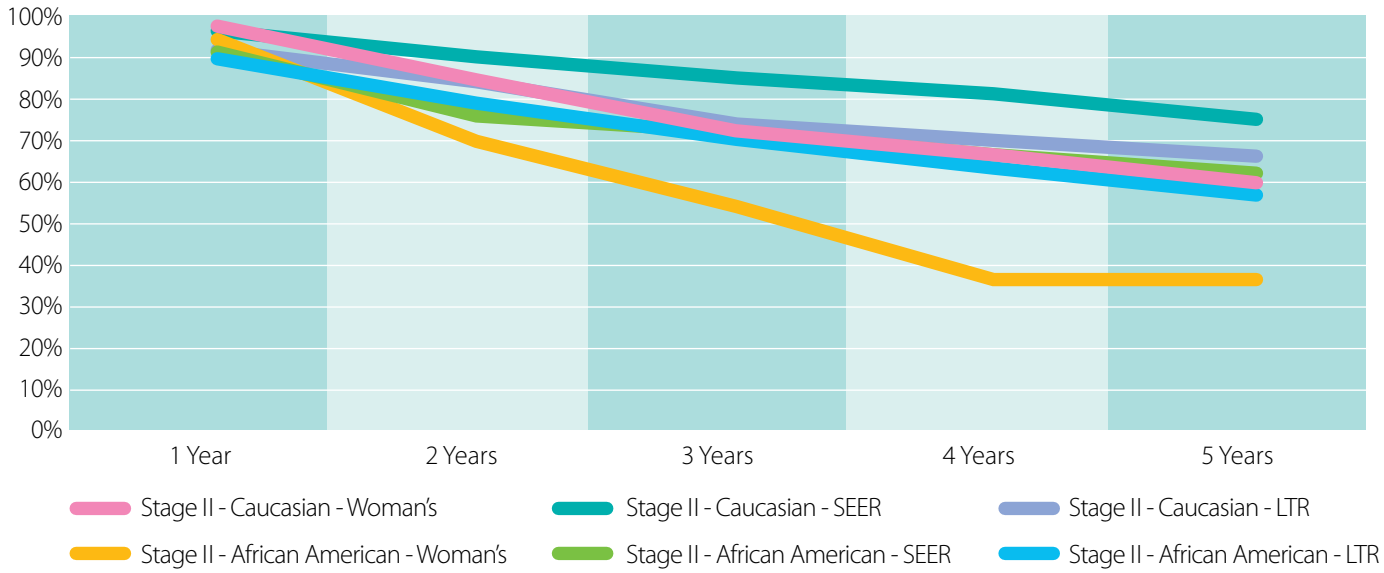


- *89% five-year survival was reported for Stage I of Endometrial Cancer for Caucasians in SEER data.*
- *81% five-year survival was reported for Stage I of Endometrial Cancer for African Americans in SEER data.*
- *85% five-year survival was reported for Stage I of Endometrial Cancer for Caucasians in Woman's data.*
- *83% five-year survival was reported for Stage I of Endometrial Cancer for African Americans in Woman's data.*
- *87% five-year survival was reported for Stage I of Endometrial Cancer for Caucasians in LTR data.*
- *77% five-year survival was reported for Stage I of Endometrial Cancer for African Americans in LTR data.*

Note: African-American women treated at Woman's Hospital had better survival (82%) when compared to SEER data (81%) and LTR data (77%).

Figure XIV

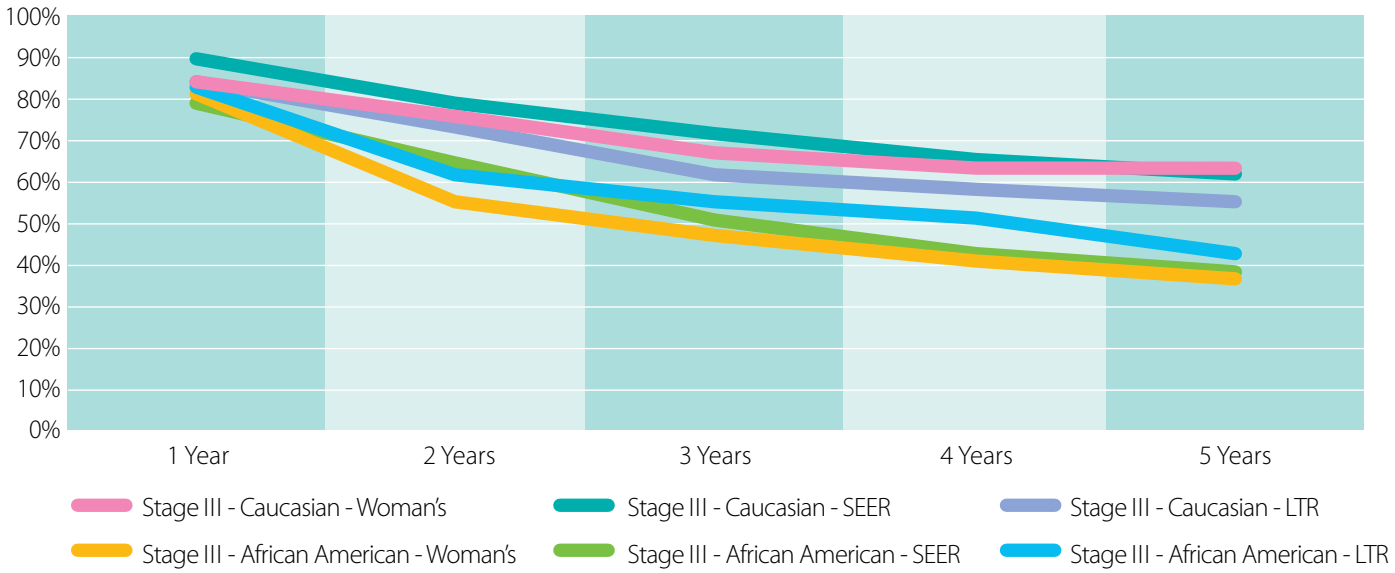
Endometrial Cancer Five-Year Survival by Race: Stage II



- *77% five-year survival was reported for Stage II of Endometrial Cancer for Caucasians in SEER data.*
- *61% five-year survival was reported for Stage II of Endometrial Cancer for African Americans in SEER data.*
- *60% five-year survival was reported for Stage II of Endometrial Cancer for Caucasians in Woman's data.*
- *36% five-year survival was reported for Stage II of Endometrial Cancer for African Americans in Woman's data.*
- *66% five-year survival was reported for Stage II of Endometrial Cancer for Caucasians in LTR data.*
- *56% five-year survival was reported for Stage II of Endometrial Cancer for African Americans in LTR data.*

Figure XV

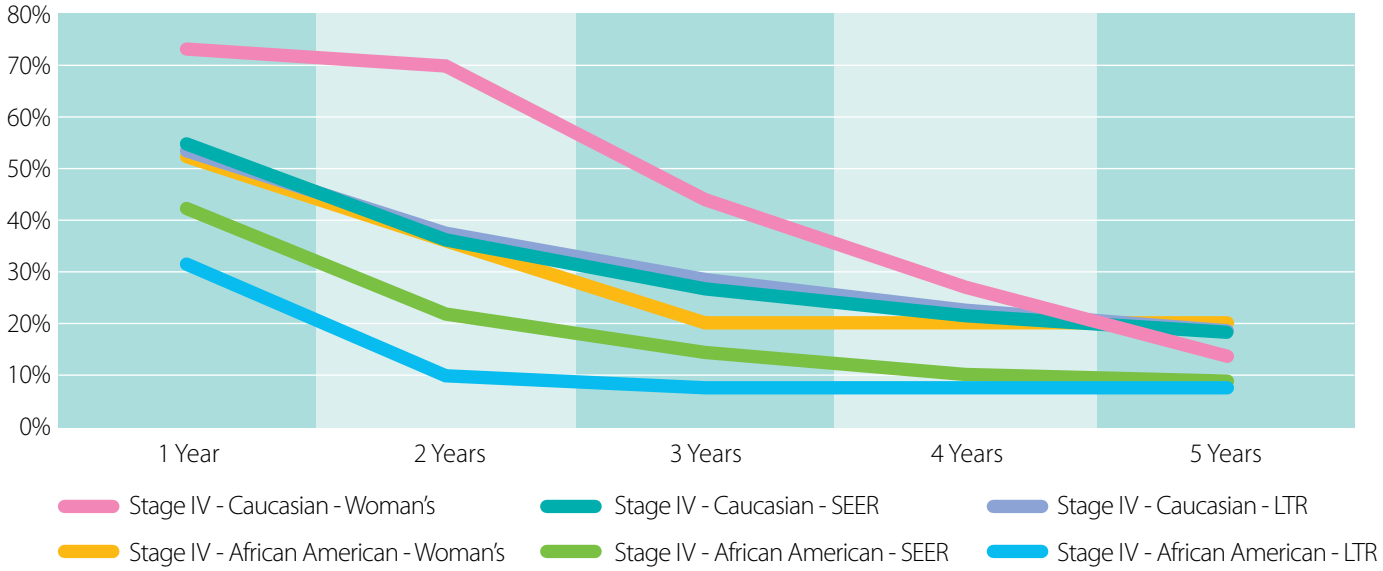
Endometrial Cancer Five-Year Survival by Race: Stage III



- *62% five-year survival was reported for Stage III of Endometrial Cancer for Caucasians in SEER data.*
- *38% five-year survival was reported for Stage III of Endometrial Cancer for African Americans in SEER data.*
- *63% five-year survival was reported for Stage III of Endometrial Cancer for Caucasians in Woman's data.*
- *36% five-year survival was reported for Stage III of Endometrial Cancer for African Americans in Woman's data.*
- *54% five-year survival was reported for Stage III of Endometrial Cancer for Caucasians in LTR data.*
- *43% five-year survival was reported for Stage III of Endometrial Cancer for African Americans in LTR data.*

Figure XVI

Endometrial Cancer Five-Year Survival by Race: Stage IV

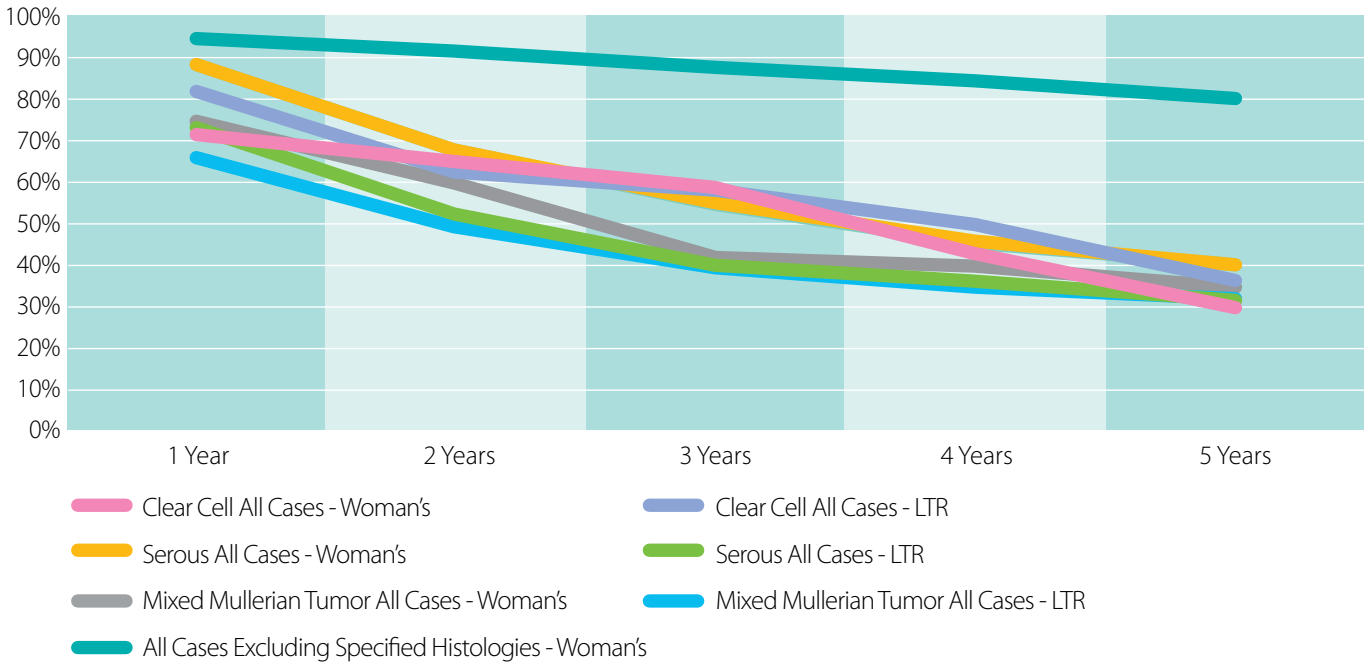


There was a more dramatic difference in overall survival in Stage IV Endometrial Cancer reported in SEER and LTR data than in Woman's data when comparing Caucasian and African American statistics.

- *19% five-year survival was reported for Stage IV of Endometrial Cancer for Caucasians in SEER data.*
- *7% five-year survival was reported for Stage IV of Endometrial Cancer for African Americans in SEER data.*
- *13% five-year survival was reported for Stage IV of Endometrial Cancer for Caucasians in Woman's data.*
- *20% five-year survival was reported for Stage IV of Endometrial Cancer for African Americans in Woman's data.*
- *20% five-year survival was reported for Stage IV of Endometrial Cancer for Caucasians in LTR data.*
- *7% five-year survival was reported for Stage IV of Endometrial Cancer for African Americans in LTR data.*

Figure XVII

Endometrial Cancer Five-Year Survival with Specified Histologies



81% overall five-year survival reported for Endometrial Cancers excluding specified histologies in Woman's data.
Note: *We do not have comparative data from LTR excluding specified histologies.*

- *40% overall five-year survival reported for Serous Carcinoma in Woman's data.*
- *32% overall survival reported for Serous Carcinoma in LTR data.*
- *34% overall five-year survival reported for Malignant Mixed Mullerian Tumor in Woman's data.*
- *32% overall survival reported for Malignant Mixed Mullerian Tumor in LTR data.*
- *29% overall survival reported for Clear Cell Carcinoma in Woman's data.*
- *36% overall survival reported for Clear Cell Carcinoma in LTR data.*

Note: Patients with Serous Carcinoma at Woman's Hospital showed better survival (40%) when compared to LTR data (32%). Patients with Malignant Mixed Mullerian Tumor treated at Woman's Hospital showed better survival (35%) when compared to LTR data (32%).

Woman's provides inpatient and outpatient diagnostic services and surgical care for patients with gynecologic and breast cancer. State-of-the-art equipment, including robotics, and skilled staff allow for sentinel lymph node biopsy, breast-conserving surgery, breast reconstruction, and surgery for GYN cancers. Inpatient and outpatient chemotherapy, symptom management and supportive care are provided for women with gynecologic cancer.

Gynecologic Oncology Group (GOG)

Woman's is one of five institutions in Louisiana that participates in the Gynecologic Oncology Group (GOG), a national collaborative funded through the National Cancer Institute. GOG is the only group that focuses its research on women with pelvic malignancies, such as cancer of the ovary, uterus and cervix.

A group of leading oncologists founded the GOG in 1970 because they believed a nationwide cooperative effort by a variety of specialists would allow for a more rapid accumulation of information concerning treatment for gynecologic cancer. The GOG designs and implements clinical trials in all aspects of gynecologic cancer. These research studies compare the best existing treatments with promising new treatments. GOG continues to pave the way in gynecologic oncology trials, setting the standard for cancer research and treatment. In 2013, GOG became an affiliate of NRG Oncology. NRG is a cooperative that focuses on clinical research involving the National Surgical Adjuvant Breast and Bowel Project, Radiation Therapy Oncology Group and GOG.

The GOG program at Woman's was initiated in 1988. Presently, Gynecologic Oncologist Giles Fort, MD, directs the gynecologic oncology research program at Woman's, which is affiliated with the GOG through Wake Forest University School of Medicine in Winston-Salem, N.C. Through this affiliation, Woman's participates in GOG protocols and registers patients in clinical trials, giving women access to the latest treatments. All of our gynecologic oncology patients have access to presentations at the multidisciplinary Gynecologic Tumor Conference, genetic counseling and participation in national trials.

The oncology data manager is a registered nurse who works with the gynecologic oncologists and with GOG to provide the best possible treatment for patients. The oncology data manager registers patients in GOG clinical trials and ensures the staff adheres to the criteria involved in the research protocol. A nurse calls each gynecologic oncology patient (even those not participating in a research protocol) within seven to 10 days after chemotherapy administration. The nurse reviews potential side effects, offers emotional support, answers questions approved by the physicians, continues the education program initiated during the initial chemotherapy visit and may refer the patient with complex issues to a physician, social worker or dietitian. The purpose of this follow-up contact is to minimize side effects, continue teaching and reinforce the hospital's commitment to the patient's well-being. Woman's also employs a gynecology oncology patient navigator, also a registered nurse, who oversees the navigation of women diagnosed with gynecologic cancers.

January–December 2014:

- Number of patients registered on GOG treatment protocols: 0
- Number of patients ineligible for GOG treatment protocols: 175
- Number of patients eligible but not registered: 12
- Number of patients with no cancer or non-GYN cancer: 188
- Number of patients registered on GOG non-treatment protocols: 0
- Total number of patients reviewed for GOG protocols: 367
- Number of GOG protocols approved by IRB: 5
  – New protocols: 4
  – Reactivation: 1
- Number of follow-up contacts: 14
  – The same 14 patients were followed each quarter.
- Number of open protocols (treatment and non-treatment) (as of December 2014): 7

Cancer Detection Laboratory

The concept of Pap smears as a means of detecting precancerous lesions was in its infancy when Cary Dougherty, MD, founded the Cancer Detection Laboratory (CDL) in 1958. In the years since, more than 1 million Pap smears have been processed at Woman's. The CDL has received recognition for its quality assurance practices, which exceed all regulation standards.

Directed by a pathologist board-certified in cytopathology and staffed by certified experienced cytotechnologists, the CDL performs cytological and histological correlations on abnormal Pap smears and participates in nationally recognized proficiency surveys. The lab adheres to standards set by the American Society of Cytology. The lab has also passed inspection by and met the accreditation requirements of the College of American Pathologists.

Breast Imaging

Imaging Services offers inpatient and outpatient general diagnostic radiology and fluoroscopy imaging, ultrasound examinations, nuclear medicine, computed tomography (CT), and magnetic resonance imaging (MRI). A staff of board-certified radiologists, registered nurses, technologists and support staff provide a supportive atmosphere for patients. Our breast imaging services staff provides digital screening and diagnostic mammography, digital 3D tomosynthesis screening and diagnostic mammography, needle localization, galactography, and cyst aspiration, as well as stereotactic, ultrasound-guided and MRI-guided breast core biopsy. All screening mammography studies are read by two board-certified radiologists, and Computer-Assisted Detection (CAD) provides triple review for screening mammography studies.

Woman's also provides digital screening mammography services using a mammography coach. Our mobile program, which provided screening mammography for 5,353 patients last year in 15 surrounding parishes, enables us to provide breast care to low-income, at-risk, uninsured and underinsured women in outlying areas. Our collaborative partners include Mary Bird Perkins CARE Network, YWCA, Encore plus, LSU HSC School of Public Health's Louisiana Breast and Cervical Health Program, Susan G. Komen Foundation, Foundation 56, Walmart Foundation and DOWGives.

Outcome Report of Screening Mammograms

In Fiscal Year 2014, Imaging Services processed 28,615 screening mammograms. Of these, 129 cancers were detected, yielding a detection rate of 4/1000. Double reading screening mammography is the international standard of care and increases sensitivity by 5-15%. The second reader identified 16 of these 129 cancers. Thus, double reading of these screening mammograms increased detection rate by 12.4%. Additional studies performed on these patients included 656 breast MRI's, 2,067 core biopsies, and 414 needle localizations.

The Mammography Coach performed 5,353 screenings, of which 22 cancers were detected.

The utilization of 3D mammography increases cancer detection by 30-40%. It also decreases the call back rate by 20-30%. Woman's currently operates three 3D mammography units.

Pathology Laboratory

Pathology Laboratory offers anatomic pathology, bacteriology/serology/virology, blood transfusions, clinical chemistry, cytogenetics, cytology, hematology/coagulation/urinalysis, special chemistry and molecular biology services. These services include testing that is related to cancer diagnoses and monitoring, such as CA-125, CEA, CA15-3, CA27.29, AFP, B-HCG, HER2/neu FISH, MDM2 FISH, Urovysion FISH and HPV screening. The laboratory operates under the direction of board-certified pathologists and is accredited by the College of American Pathologists.

Infusion

Specially-educated registered nurses provide outpatient services in Woman's Infusion Center. Services include chemotherapy, blood transfusions, hydration and other therapeutic infusions. The Infusion Center offers extended hours each week to accomodate out-of-town patients who must see a physician on the day of chemotherapy. Semi-private bays include privacy curtains, a reclining chair and a television. Patients may order meal delivery from the hospital cafeteria.

Pharmacy

Pharmacists work with physicians, nurses and other hospital staff to optimize chemotherapy and minimize toxicities. Pharmacy services include chemotherapy dose preparation, prescription safety checks and patient education. Each chemotherapy order is reviewed by two pharmacists for accuracy at the time of receipt, prior to preparation, and at final dispensation.

Woman's offers a monthly support group that provides educational seminars and a means of sharing information about local resources, other local support groups and reliable websites. Two programs are held each year for cancer survivors and their families: Celebrate Life is held each spring and has a celebratory theme, and Women Living with Cancer is an educational program in the fall.

Cancer Navigators

Cancer is a complex disease, and cancer diagnosis and treatment can be overwhelming. A patient navigator is a qualified healthcare professional who is an important part of the healthcare team. At Woman's, this is a free service.

Gynecologic Oncology Nurse Navigator
Woman's Gynecologic Nurse Navigator is a Certified Oncology Nurse and is Certified in Hospice and Palliative Care. She cares for Gynecologic Oncology patients, beginning at the time of diagnosis and throughout the cancer journey. The patient navigator provides women with gynecologic cancer the education, resources, and support to be an active member of her healthcare team.

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

Social Services

Oncology social workers assist all members of the cancer treatment team in helping patients manage every phase of their journey. Oncology social workers assess each patient diagnosed with cancer relative to understanding their diagnosis, recommended treatment and surveillance plan. This includes psychosocial needs, such as work, school, and home environment; relationships; mental and emotional health and financial concerns. Referrals are made based on need and available resources. Oncology social workers encourage and coordinate services in order to maintain continuity of care. Services can include, but are not limited to, making referrals for supportive and/or complimentary therapies, community based support agencies, home health and hospice.

Nutrition

Registered dietitians ensure that patients receive adequate nutrition during their hospital stay. Patient education includes stressing the importance of eating properly, developing a nutritional care plan and providing patients with coping strategies to deal with the possible side effects of treatments. Additionally, outpatient nutrition services, such as counseling and education for cancer patients, are offered at Woman's Center for Wellness.

Foundation for Woman's

Philanthropic support allows individuals, corporations and private foundations to invest in organizations like Woman's Hospital that address critical community needs. The Foundation for Woman's is committed to helping donors make a difference. The Foundation's mission is "to raise philanthropic support to improve the health of women and infants at Woman's." In 2014, the Foundation for Woman's supported the following programs and services:

Comprehensive Cancer Support
Foundation for Woman's funds patient navigators who 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.

Breast Cancer Outreach
In 2014, Foundation for Woman's began seeking financial support for a new mammography coach featuring 3D mammography. This second coach will increase Woman's capacity to provide annual screening mammograms to women in mostly rural areas from 5,000 to 10,000. The 3D imaging provides a more comprehensive image, reducing the need for callbacks and additional screens. The investment required to purchase a new coach and refurbish the existing coach is approximately $1.5 million.

Healing Arts Program
Philanthropy funds Woman's Healing Arts Program and enhances the hospital experience for patients and their families through music, poetry and art. Current projects include a summer concert series, special occasion concerts, scrapbooking for NICU parents, and art activities for cancer patients receiving infusions.

Palliative Care Program
Woman's Perinatal and Adult Palliative Care teams received valuable training and guidance in 2014 as a result of generous philanthropic funding. Teams include doctors, nurses 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 confronted with a terminal diagnosis or loss.

AICU

Woman's Adult Intensive Care Unit (AICU) is a four-bed unit that cares for oncology, postpartum and obstetrical patients whose unique diagnoses require more intense monitoring. Using technology such as Mobile Virtual Critical Care (MVCC) allows for immediate access to Our Lady of the Lake Critical Care physicians. This technology is in each room and allows the critical care team of 15 physicians and 6 advanced practice nurses and physicians assistants to view the patient, their condition, medications, treatments and current vital signs via a high resolution audio/video camera. With the physician being able to remotely access the patient's medical record, the nurses and the critical care physician can converse about the plan of care. MVCC supports the intensive care unit through evidence-based protocols, a severity scoring system to determine patient acuity and outcome predictions.

SURGICAL SERVICES

Woman's provides inpatient and outpatient surgical services. Based on the type of surgery and surgeon's discretion, patients will recover in a private day surgery room before going home the same day, or a private hospital room for a longer stay. Before any procedure, patients are evaluated, assessed and educated to prepare them and their families for a successful and safe hospital experience. This includes information about medications. Medical/surgical histories are obtained and instructions on how to prepare are given. During the post-op period, nurses trained in advanced life support and critical care measures utilizing multidisciplinary collaboration provide one-on-one nursing care, monitor and intervene if potential complications arise.

The hospital provides 24-hour anesthesia support should an emergency arise. Some of the most common surgical specialties performed at Woman's include: breast, colonoscopy, general, gynecology, minimally invasive laparoscopy, oncology, plastics, and urogynecologic surgical procedures. Two daVinci® surgical system robots provide the most advanced technology available. Robotic surgery is a minimally invasive technique that reduces recovery time associated with hysterectomies, gynecological and general surgery procedures.

Respiratory Care

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

Continuing Medical Education

Woman's is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. The mission of the hospital's continuing medical education program is to offer appropriate programs related to the healthcare of women, children and infants. As part of continuing medical education programming, 56 Breast Tumor Conferences and 11 GYN Tumor Conferences were held in the 2014 calendar year.

Woman's Health Research Department

Founded in 1994, Woman's Health Research Department provides clinical and molecular biology / genetic research services for the hospital. The goal of research at Woman's is to promote women and infants' health research, while enhancing medical care and improving patient outcomes. The research staff provides technical and administrative support to Woman's staff who conduct research.

I. Clinical Division

The clinical division conducts research related to polycystic ovary syndrome, metabolic syndrome and insulin resistance. This division coordinates hospital studies, such as those involving fertility and reproductive hormones, maternal-fetal medicine, neonatal medicine, investigational medications, physical therapy, exercise and administrative and social issues.

II. Molecular Biology/Genetics/Oncology Division

The molecular biology/genetics/oncology division conducts translational cancer research studies including looking at inherited cancer and tumor markers. This division coordinates hospital studies involving gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology. The molecular biology laboratory utilizes advanced technology for gene mutation detection, allowing the research team to perform clinically relevant genetic research. The pathology laboratory works closely with the research team to perform many of these studies. In 2014, the Woman's Health Research Department had 49 active research studies, 14 of which were cancer related studies, 13 of which were GOG-sponsored studies. The following are active studies related to cancer diagnosis or treatment:

1. Randomized Phase III Trial of Doxorubicin/Cisplatin/Paclitaxel and G-CSF Versus Carboplatin/Paclitaxel in Patients with Stage II and IV or Recurrent Endometrial Cancer (GOG 209)
2. A Randomized Trial of Pelvic Irradiation With or Without Concurrent Weekly Cisplatin in Patients With Pelvic-Only Recurrence of Carcinoma of the Uterine Corpus (GOG 238)
3. A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel Versus Carboplatin and Paclitaxel for Optimally Debulked, Advanced Endometrial Carcinoma (G0G 258)
4. A Randomized Phase III Trial of Paclitaxel Plus Carboplatin Versus Ifosfamide Plus Paclitaxel in Chemotherapy-Naïve Patients with Newly Diagnosed Stage I-IV or Persistent Mesodermal Tumors of the Uterus (GOG 261) closed to ppt entry
5. A Randomized Phase III Trial of IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q 21 Days X 3 Courses Plus Low Dose Paclitaxel 40 MG/M2/Wk Versus IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q 21 Days X 3 Courses Plus observation in Patients with Early Stage Ovarian Carcinoma (GOG 175) closed to ppt entry
6. A Prospective, Longitudinal Study of YKL-40 in Patients with Figo Stage III or IV Invasive Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancer Undergoing Primary Chemotherapy (GOG 235) closed to ppt entry
7. Randomized Phase III Clinical Trial of Adjuvant Radiation Versus Chemo-Radiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (GOG 263)
8. Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometruim and Ovary
9. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)
10. Molecular Analysis of Human Breast Cancer (LABR)
11. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)
12. A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12 Monthly Cycles of Single Agent Paclitaxel of Xytotax (CT-2103) (IND #70177) Versus No Treatment Until Documented Relapse in Women with Advanced Ovarian or Primary Peritoneal Cancer who Achieve a Complete Clinical Response to Primary Platinum / Taxane Chemotherapy (GOG 212) – closed to ppt entry
13. A Phase III Randomized Trial of Gemcitabine (NSC# 613327) Plus Docetaxel (NSC# 628503) Followed by Doxorubicin (NSC# 123127) Versus Observation for Uterus-Limited, High-Grade Uterine Leiomyosarcoma (GOG 277)
14. Evaluation of Physical Function and Quality of Life (QoL) Before and After Non-Radical Surgical Therapy (Extra Fascial Hysterectomy or Cone Biopsy with Pelvic Lymphadenectomy) for Stage IA1 (LVSI+_ and IA2-IB1 (≤2cm) Cervical Cancer (GOG 278)

THERAPY SERVICES

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

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

Outpatient services are available for patients who need ongoing rehabilitation after breast or abdominal surgery or for generalized weakness after prolonged illness.

- The medical exercise program helps individuals successfully transition from therapy to independent exercise and bridges the gap for patients who are discharged from physical therapy and need support to maintain an exercise program.
- Therapists guide medical exercise clients through individualized exercise programs that incorporate different wellness components, such as flexibility, strength, endurance, body composition and cardiovascular and stress management.
- Woman's physical therapists are trained to treat pelvic floor dysfunction and pelvic pain commonly associated with gynecological cancer. Therapists use both internal evaluation and biofeedback to assess the integrity of the pelvic floor muscles and to determine an exercise regime for treatment.

2014 Tumor Report Site Distribution

Analytic Cases Only

SITE Group	CLASS Analytic	STAGE Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Applicable	Unknown
All Sites	582	90	290	97	70	25	4	6
Stomach	1	0	0	0	0	0	0	1
Colon	4	0	2	0	0	2	0	0
Rectum & Rectosigmoid	2	0	0	1	0	1	0	0
Peritoneum, Omentum, Mesent	7	0	2	0	3	2	0	0
Other Digestive	1	0	0	0	0	0	1	0
Soft Tissue	1	0	1	0	0	0	0	0
Breast	373	83	175	85	27	0	2	1
Cervix Uteri	23	0	12	4	4	3	0	0
Corpus Uteri	99	1	74	3	10	10	1	0
Ovary	38	0	8	4	21	5	0	0
Vagina	4	0	0	0	1	1	0	2
Vulva	24	6	13	0	4	1	0	0
Fallopian Tube	2	0	2	0	0	0	0	0
Thyroid	1	0	1	0	0	0	0	0
Non-Hodgkin's Lymphoma	2	0	0	0	0	0	0	2

2014 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
20-29	11	2
30-39	30	5
40-49	86	15
50-59	171	29
60-69	160	27
70-79	94	16
80-89	27	5
90-99	3	1
Total	**582**	**100**

2014 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	410	70
African American	163	28
Asian/Other	9	2
Total	**582**	**100**

Cancer of the Breast:
2014 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	2	<1
30-39	16	4
40-49	58	16
50-59	130	35
60-69	101	27
70-79	56	15
80-89	8	2
90-99	2	<1
Total	**373**	**100**

Race	Number of Cases	Percent
Caucasian	268	72
African American	98	26
Asian/Other	7	2
Total	**373**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	83	22
Stage I	175	47
Stage II	85	23
Stage III	27	7
Stage IV	0	0
Unknown/Not Applicable	3	1
Total	**373**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy/Immunotherapy	1	<1
Surgery	51	14
Surgery/Chemotherapy	38	10
Surgery/Radiation	42	12
Surgery/Radiation/Hormone/Immunotherapy	2	<1
Surgery/Radiation/Chemotherapy	22	6
Surgery/Radiation/Chemotherapy/Immunotherapy	9	2
Surgery/Hormone	45	12
Surgery/Immunotherapy	1	<1
Surgery/Radiation/Hormone	109	29
Surgery/Chemotherapy/Hormone	5	1
Surgery/Chemotherapy/Immunotherapy	22	6
Surgery/Chemotherapy/Hormone/Immunotherapy	3	1
Surgery/Radiation/Chemotherapy/Hormoe	14	4
Surgery/Radiation/Chemotherapy/ Hormone/Immunotherapy	9	2
Total	**373**	**100**

Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	80	21
Lobular Carcinoma In-Situ	1	<1
Carcinoma NOS	2	<1
Infiltrating Ductal & Lobular Carcinoma	4	1
Infiltrating Ductal Carcinoma	253	68
Lobular Carcinoma	17	4
Metaplastic Carcinoma	3	1
Mucinous Adenocarcinoma	11	3
Phyllodes Tumor	2	<1
Total	**373**	**100**

Cancer of the Cervix:
2014 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	4	17
30-39	4	17
40-49	7	31
50-59	4	17
60-69	2	9
70-79	1	<5
80-89	1	<5
90-99	0	0
Total	**23**	**100**

Race	Number of Cases	Percent
Caucasian	11	48
African American	12	52
Asian/Other	0	0
Total	**23**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	12	52
Stage II	4	17
Stage III	4	17
Stage IV	3	14
Unknown/Not Applicable	0	0
Total	**23**	**100**

Treatment First Course	Number of Cases	Percent
Surgery	11	48
Surgery/Radiation	4	17
Surgery/Radiation/Chemotherapy	6	26
Radiation/Chemotherapy	2	9
Total	**23**	**100**

Histology	Number of Cases	Percent
Carcinoma, NOS	1	<5
Squamous Cell Carcinoma, NOS	17	74
Endocervical Adenocarcinoma	4	17
Carcinosarcoma, NOS	1	<5
Total	**23**	**100**

Cancer of the Ovary:
2014 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	3
30-39	3	8
40-49	2	5
50-59	9	24
60-69	12	31
70-79	8	21
80-89	3	8
90-99	0	0
Total	**38**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	32	84
African American	5	13
Asian/Other	1	3
Total	**38**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	0	0
Stage I	8	21
Stage II	4	11
Stage III	21	55
Stage IV	5	13
Unknown/Not Applicable	0	0
Total	**38**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Surgery	7	18
Surgery/Chemotherapy	30	79
Surgery/Hormone	1	3
Total	**38**	**100**
Histology	**Number of Cases**	**Percent**
Clear Cell Adenocarcinoma	1	3
Endometrioid Adenocarcinoma	5	14
Mixed Cell Adenocarcinoma	2	5
Papillary Serous Cystadenocarcinoma	24	63
Mucinous Adenocarcinoma	2	5
Malignant Teratoma, NOS	2	5
Mixed Mullerian Tumor	2	5
Total	**38**	**100**

Cancer of the Uterus:
2014 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	1
30-39	3	3
40-49	9	9
50-59	16	16
60-69	36	37
70-79	23	23
80-89	10	10
90-99	1	1
Total	**99**	**100**

Race	Number of Cases	Percent
Caucasian	62	63
African American	37	37
Asian/Other	0	0
Total	**99**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	1
Stage I	74	75
Stage II	3	3
Stage III	10	10
Stage IV	10	10
Unknown/Not Applicable	1	1
Total	**99**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	1
Hormone	1	1
Surgery	66	67
Surgery/Chemotherapy	11	11
Surgery/Radiation	15	15
Surgery/Radiation/Chemotherapy	4	4
Surgery/Hormone	1	1
Total	**99**	**100**

Histology	Number of Cases	Percent
Carcinoma, NOS	1	1
Adenosquamous, NOS	1	1
Clear Cell Adenocarcinoma, NOS	3	3
Endometrial Stromal Sarcoma	1	1
Endometrioid Adenocarcinoma, NOS	68	69
Leiomyosarcoma, NOS	3	3
Mixed Cell Adenocarcinoma, NOS	3	3
Mixed Mulllerian Tumor	5	5
Serous Adenocarcinoma, NOS	14	14
Total	**99**	**100**

Cancer of the Vulva and Vagina: 2014 Analytic Cases

Site	Number of Cases	Percent
Vagina	4	14
Vulva	24	86
Total	**28**	**100**
Age at Diagnosis	**Number of Cases**	**Percent**
20-29	1	<4
30-39	4	14
40-49	2	7
50-59	8	29
60-69	6	21
70-79	2	7
80-89	5	18
Total	**28**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	21	75
African American	6	21
Asian/Other	1	<4
Total	**28**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	6	21
Stage I	13	47
Stage II	0	0
Stage III	5	18
Stage IV	2	7
Unknown/Not Applicable	2	7
Total	**28**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Chemotherapy	1	<4
Surgery	20	69
Surgery/Chemotherapy	2	7
Surgery/Radiation	2	7
Surgery/Radiation/Chemotherapy	3	14
Total	**28**	**100**
Histology	**Number of Cases**	**Percent**
Squamous Cell Carcinoma In-Situ	6	21
Squamous Cell Carcinoma	15	54
Basal Cell Carcinoma	3	10
Carcinoma, NOS	2	7
Melanoma	1	<4
Sarcoma	1	<4
Total	**28**	**100**

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2014-December 2014

Total conferences held 56
Total cases presented 126
Average number of attendees 21
Total number of analytic breast cancer cases accessioned in 2014 373

Age of Patients	Number of Cases	Percent
20-29	2	1
30-39	10	8
40-49	21	17
50-59	43	34
60-69	34	27
70-79	9	7
80-89	6	5
90-99	1	1
Total	**126**	**100**

Histology of Cases Presented

Non-Invasive Tumors

Cribriform and Micropapillary Ductal Carcinoma – In-Situ
Cribriform & Comedo Ductal Carcinoma – In-Situ
Ductal Carcinoma – In-Situ
Comedo Ductal Carcinoma – In-Situ
Lobular Ductal Hyperplasia

Invasive Tumors

Infiltrating Ductal Carcinoma
Lobular Carcinoma
Adenosquamous Carcinoma
Mucinous Carcinoma
Inflammatory Carcinoma
Adenocarcinoma
Carcinoma
Microinvasive Ductal Carcinoma
Sarcoma

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2014-December 2014

Total conferences held.....11
Total cases presented.....67
Average number of attendees.....25
Total number of analytic gynecologic cases accessioned in 2014.....195

Age of Patients	Number of Cases	Percent
20-29	4	6
30-39	6	7
40-49	10	15
50-59	9	13
60-69	26	38
70-79	10	15
80-89	1	3
90-99	1	3
Total	**67**	**100**

Sites Presented

Cervix Uteri
Uterus
Bladder
Gastrointestinal
Endometrium
Fallopian Tube
Ovary
Peritoneum
Vagina
Vulva

Histology of Cases Presented

Endometrioid Adenocarcinoma
Squamous Cell Carcinoma
Adenocarcinoma
Leiomyosarcoma
Carcinosarcoma
Stromal Tumor
Desmoid Tumor
Krukenburg Tumor
Fribroma-Thecoma
Atypical Leiomyoma
Squamous Intraepithelial Lesion
Serous Borderline Tumor
Serous Carcinoma
Mucinous Adenocarcinoma
Adenosquamous Glassy Cell Carcinoma
Mixed Mullerian Tumor
Serous and Mucinous Carcinoma
Spindle Cell Sarcoma
Serous Papillary Adenocarcinoma
Primitive Sarcoma

CANCER REGISTRY

The Cancer Registry is a data system designed for the collection, management and analysis of information based on the patient population at Woman's. Our cancer data management team of experts carefully tracks each patient diagnosed with cancer starting at the time of diagnosis, 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 is responsible for reviewing 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 (AJCC) stage of disease at diagnosis), treatment received and follow-up information. Data collected in the Cancer Registry is used to ensure that patients are diagnosed and treated in compliance with national benchmarks and approved standards of care. This data is also considered in the planning of new services for our patient population.

The data collected by the Cancer Registry team is reported to the Louisiana Tumor Registry and the National Cancer Data Base (NCDB) of the American College of Surgeons' Commission on Cancer (CoC). 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 coordinates the cancer program at Woman's and functions under the guidance of the Cancer Committee in accordance with all standards of the American College of Surgeons' Commission on Cancer and National Accreditation Program for Breast Centers (NAPBC). Woman's currently maintains a full accreditation with commendation from the Commission on Cancer and a full accreditation with the National Accreditation Program for Breast Centers.

Woman's Cancer Registry was awarded a Silver Seal of Excellence by the Louisiana Tumor Registry. This prestigious award is granted to Cancer Registry programs that have provided timely reporting of cancer cases for at least 85% of the reviewed time period (third quarter 2014–second quarter 2015), and have proven high quality of data for at least 90% of the required data quality indicators in the case submissions.

2014 Cancer Committee

Physician Members

Chair, Pathology ..... Beverly Ogden, MD
Vice Chair, Gyn Oncology ..... Giles Fort, MD
Cancer Liaison Physician ..... Deborah Cavalier, MD
General Surgery ..... Alec Hirsch, MD
Genetics ..... Duane Superneau, MD
Medical Oncology ..... Kellie Schmeeckle, MD
OB/Gyn ..... Julius Mullins, MD
OB/Gyn ..... Tammy Dupuy, MD
Radiology ..... Steven Sotile, MD
Radiation Oncology ..... Sheldon Johnson, MD
Surgical Oncology ..... John Lyons, MD

Administrative Liaisons

Senior Vice President/CNE ..... Patricia Johnson, DNP, RN, NEA-BC
Senior Vice President ..... Nancy Crawford
Director, Health Information Management/Utilization Management ..... Danielle P. Berthelot, MHI, RHIA, CHTS-IM
Manager, Health Information Management ..... Tonya Songy, RHIA, CPC
Cancer Registrar ..... Heather McCaslin, RHIT, CTR
Cancer Registrar ..... Crystal Morice, CPC
Manager, Therapy Center ..... Chrissie Clark Olsson, MS LOTR
Social Services ..... Robin Maggio, LCSW, OSW-C, ACHP-SW
Director, Gyn/Oncology ..... Mary Ann Smith, BSN, RN, OCN
Imaging Services Compliance/Resource Coordinator ..... Mary Salario, RN, BSN, CRN
Manager, Quality Improvement ..... Hilde Chenevert, PhD
Data Manager/Oncology ..... Ashley Marks, RN, OCN, CHPN
Food and Nutrition Services ..... Paula Meeks, MS, RDN
Communications ..... Amiee Goforth
Director, Pharmacy ..... Peggy Dean, B.S. Pharm, MBA

The Cancer Committee shall:

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

2014 Breast Cancer Ad-Hoc Committee

Physician Members

Co-Chair, Surgeon Oncology ..... Michael Hailey, MD
Co-Chair, Radiology ..... Steven Sotile, MD
OB/Gyn ..... Carol Ridenour, MD
OB/Gyn ..... Charles Lawler, MD
OB/Gyn ..... Lisa Gautreau, MD
OB/Gyn ..... Julius Mullins, MD
Radiation Oncology ..... Renee Levine, MD
Medical Oncology ..... Derrick Spell, MD
Pathology ..... Beverly Ogden, MD
Genetics ..... Duane Superneau, MD
Plastic Surgery ..... Gary Cox, MD
OB/Gyn (Resident PGY I) ..... Diana Dietrich, MD
OB/Gyn (Resident PGY II) ..... Mary Dark-Busch, MD

Administrative Liaisons

Executive Vice President/Chief Operating Officer ..... Stephanie Anderson
Senior Vice President ..... Nancy Crawford
Senior Vice President/CNE ..... Patricia R Johnson, DNP, RN, NEA-BC
Director, Health Information Management/Utilization Management ..... Danielle P. Berthelot, MHI, RHIA, CHTS-IM
Director, Radiology ..... Cynthia Rabalais, RT(M)
Director, Gyn/Oncology ..... Mary Ann Smith, BSN, RN, OCN
Social Services ..... Robin Maggio, LCSW, OSW-C, ACHP-SW
Breast Cancer Patient Navigator, Social Services ..... Tracy Johnson, LMSW, OSW-C
Clinical Supervisor, Therapy Center ..... Michelle Spear, PT
** Communications* ..... Amiee Goforth
** Director, Pharmacy* ..... Peggy Dean, B.S. Pharm, MBA
** Manager, Health Information Management* ..... Tonya Songy, RHIA, CPC
** Cancer Registrar* ..... Heather McCaslin, RHIT, CTR
** Staff Development* ..... Joan Ellis, PhD
** Manager, Quality Improvement* ..... Hilde Chenevert, PhD

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

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

Woman's exceptional care, centered on you

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

16-CAR-006