Woman's Hospital Cancer Annual Report 2021

December 12, 2021

We are pleased to present the 2021 Cancer Annual Report which is a review of the data related to uterine cancers diagnosed at Woman's Hospital from 2010 to 2020. Uterine cancer is the most common cancer of the female reproductive organs. It is estimated that there will be 66,570 new cases of uterine cancer and 12,940 deaths in 2021.

Our review includes 1,106 cases of uterine cancers, the majority occurring between the ages of 50 and 79 years old. Seventy-three percent of our cases were diagnosed at Stage I with a survival rate of 85.5% and an overall survival for all stages of 74.8%. As we have noticed in our past annual reviews, we saw an increased number of high-grade uterine cancer types (Serous Carcinoma and Malignant Mixed Mullerian Tumor), than reported in regional and national statistics. Uterine cancer is more common in Caucasian women but African-American women are more likely to die from this cancer. This report highlights the need to do further research on the reasons for the increased incidence of high-grade cancer types and racial disparities in survival.

We hope the data in the report will be helpful when you are speaking to your patients about uterine cancer.

We want to thank the Woman's Hospital Tumor Registry staff for all of the work they do to keep our data current and accurate and for helping us meet our cancer accreditation standards. We would also like to thank Landon Roy for his help in generating this annual report.

Beverly Ogden, MD	Mindy Bowie, MD	Erika Harper, DO
Co-Chair, Cancer Committee	Co-Chair, Cancer Committee	Cancer Liaison Physician

Cancer Discussion

Woman's Hospital diagnosed 1,106 uterine cancers between the years 2010-2020. The majority of our cases were diagnosed in women between the ages of 50 and 79 and were treated by surgery alone. 71% of cases were diagnosed as endometrioid carcinoma with an overall five-year survival rate of 80.2%. As noted in the 2015 cancer annual report, we have an increased number of high-grade histologies including serous carcinoma and malignant mixed Mullerian tumor. These high-grade histologies account for 19% of all of our uterine cancers compared to 9% reported in the National Cancer Data Base (NCDB). The five-year survival for this group of cancers is much lower, 48%. Of interest, the majority of the patients diagnosed with these high-grade tumors live in East Baton Rouge Parish. When considering all types of uterine cancer, we noted that a few parishes had a higher number of cases when compared statewide (Bienville Parish, Winn Parish, Jackson Parish, Webster Parish and Caldwell Parish).

As expected, overall survival decreases with stage progression. Five-year survival at Woman's Hospital for Stage I is 85.5%, Stage II is 68.2%, Stage III is 42.9% and Stage IV is 22.7%. The Louisiana Tumor Registry (LTR) and the NCDB do not report survival by stage but by localized, regional or distant categories, preventing direct comparisons. Localized disease would correspond to Stage I and Stage II, regional disease to Stage III and distant disease to Stage IV. Patients with localized disease showed 95.4% survival in the NCDB, showed 90.3% survival in the LTR with 91% survival reported in Louisiana Region 2. Patients with regional disease showed 69.4% survival in the NCDB, 62.7% survival in the LTR and 56.3% survival in Louisiana Region 2. Patients with distant disease showed 69% survival in the NCDB, 62.7% survival in the LTR and 56.3% survival in Louisiana Region 2.

As is also documented nationally and with other types of cancer, there is a racial disparity in survival with uterine cancer. At Woman's Hospital, survival for Stage I cancer in Caucasian women is 88.1% and 79.8% in African-American women. Stage II survival data show 68.3% survival in Caucasian women and 64.2% in African-American women. Stage III statistics show 50.2% survival in Caucasian women and 31% survival in African-American women. The largest disparity is seen with Stage IV data showing 32.3% survival in Caucasian women and only 9.2% survival in African-American women. We continue to track comorbidities in our tumor registry data to help discern reasons for these racial disparities.

Comparative Analysis of Local and National Patient Populations

Figure I Uterine Malignant Tumors • Age at Diagnosis: Years 2010-2020

	Woman's				NCDB*		
Age at Diagnosis	**Number**		**Percent**		**Number**		**Percent**
Under 20	1		<1		60		<1
20-29	5		<1		1835		<1
30-39	42		4		11,247		<3
40-49	90		8		33,631		8
50-59	276		25		107,231		26
60-69	424		38		144,937		36
70-79	210		19		77,245		19
80-89	53		5		27,741		7
90-99	5		<1		3,438		1
Total	**1,106**		**100**		**407,365**		**100**

*NCDB data only available for years 2009-2018.

1,106 cases were diagnosed during this time period with the majority of cases diagnosed in women between the ages of 50-79 which is similar to the statistics reported in the NCDB data and similar to the statistics reported in the 2015 Woman's Hospital Cancer Annual Report.

Figure II Uterine Malignant Tumors • Race Years: 2010-2020

	Woman's				NCDB**		
Race	**Number**		**Percent**		**Number**		**Percent**
Caucasian	728		66		315,538		77
African American	357		32		43,588		11
Asian	8		1		13,992		3
Other/Unknown*	13		1		34,247		9
Total	**1,106**		**100**		**407,365**		**100**

*Other category includes Native American and Hispanic.
**NCDB data only available for years 2009-2018.

The difference in the race distribution noted between Woman's data and the NCDB data is due to regional population differences.

Figure III Uterine Malignant Tumors • Year of Diagnosis: Years 2010-2020

Woman's	
Year of Diagnosis*	**Number**
2010	89
2011	93
2012	95
2013	104
2014	98
2015	105
2016	106
2017	99
2018	86
2019	117
2020	114
Total	**1,106**

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

The number of endometrial cancers diagnosed each year range from 86-117 cases.

Figure IV Uterine Malignant Tumors • Histologies: Years 2010–2020

		Woman's			NCDB*	
Cell Types		**Number**	**Percent**		**Number**	**Percent**
Endometrioid Adenocarcinoma In- Situ		1	<1		0	0
Serous Intraepithelial Carcinoma In-Situ		1	<1		0	0
Endometrioid Adenocarcinoma, NOS		**790** 32 2 1 731 3 2 19	71		279,335	69

Serous Adenocarcinoma, NOS		**128** 99 15 14	12		30,602	8
Clear Cell Adenocarcinoma, NOS		11	1		5,820	1
Adenosquamous Carcinoma		5	<1		1,302	<1
Carcinoma, NOS		8	<1		3,118	<1
Mucinous Adenocarcinoma		3	<1		2,274	<1
Small Cell Carcinoma, NOS		1	<1		223	<1
Squamous Cell Carcinoma		2	<1		898	<1

Undifferentiated Carcinoma		3	<1		772	<1
Mullerian Mixed Tumor		**81** 43 38	7		6,027	1
Endometrial Stromal Sarcoma		**19** 16 3	2		309	<1
Leiomyosarcoma, NOS		20	2		4,047	1
Adenocarcinoma with Mixed Cell, NOS		**25** 2 23	2		24,354	6

Adenosarcoma		6	<1		0	0
High-Grade Sarcoma		1	<1		0	0
Rhabdomyosarcoma, NOS		1	<1		143	<1
Other/Unknown		0	0		52,188	13
Total		**1,106**	**100**		**407,365**	**100**

*NCDB data only available for years 2009-2018.

Endometrioid Carcinoma is the most common type of endometrial cancer diagnosed at Woman's and recorded in the NCDB database. As noted in our 2015 Cancer Annual Report, there is a significant increase in the numbers of high-grade histologic subtypes, Serous Carcinoma and Malignant Mixed Mullerian Tumor, reported at Woman's when compared to that reported in the national statistics.

Figure V Uterine Malignant Tumors • Stage at Diagnosis: Years 2010–2020

	Woman's		NCDB*	
Stage at Diagnosis	**Number**	**Percent**	**Number**	**Percent**
0	**9**	**1**	**735**	**<1**
I	**804**	**73**	**41,788**	**43**
I	181			
IA	453			
IB	170			
IC	0			
II	**57**	**5**	**14,987**	**16**
II	56			
IIA	0			

IIB	1			
III	**156**	**14**	**20,645**	**21**
III	3			
IIIA	42			
IIIB	7			
IIIC	5			
IIIC1	72			
IIIC2	27			
IV	**65**	**6**	**13,711**	**14**
IV	4			
IVA	4			
IVB	57			

Unknown/Not Applicable	**15**	**1**	**5,114**	**5**
Total	**1,106**	**100**	**96,980**	**100**

*NCDB data are only available for years 2009–2018.

There is no statistical difference in the number of cases per stage diagnosed at Woman's when compared to the NCDB data.

Figure VI Uterine Malignant Tumors • First Course of Treatment All Stages: Years 2010–2020

	Woman's		NCDB*	
Treatment First Course	**Number**	**Percent**	**Number**	**Percent**
Chemotherapy	6	<1	2,632	3
Chemotherapy/Hormone	1	<1	19	<1
Chemotherapy/Radiation	1	<1	31,092	32
Chemotherapy/Biological Response Modifiers (BRM)	0	0	570	<1
Chemotherapy/Hormone/BRM	0	0	1	0
Hormone	1	<1	14	<1
Radiation	3	<1	4,994	5
Radiation/Hormone	0	0	8	<1
Surgery	615	56	31,145	32
Surgery/Radiation	161	15	4,365	5

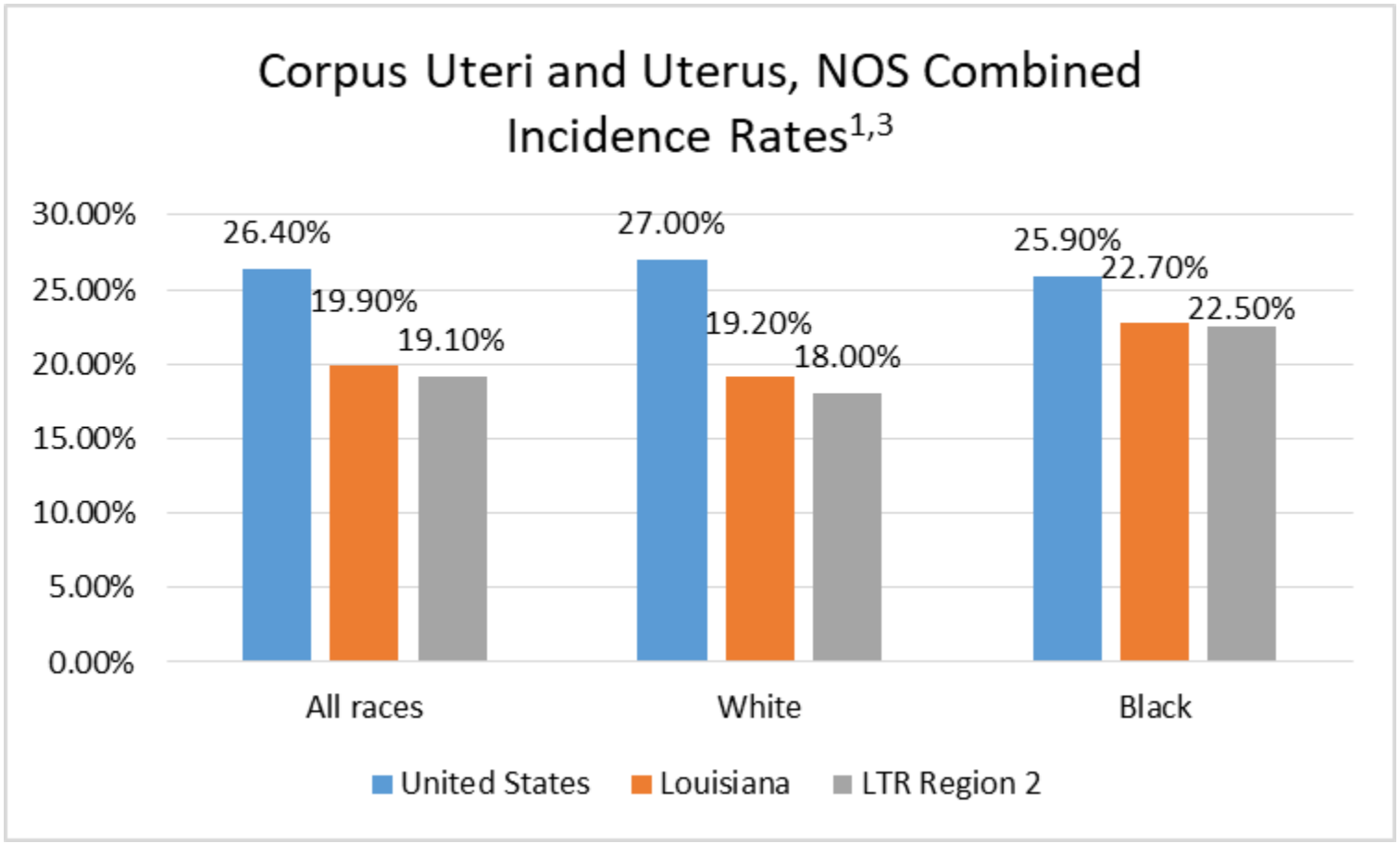
Surgery/Hormone	14	1	39	<1
Surgery/Chemotherapy	109	10	1,751	2
Surgery/Chemotherapy/Hormone	3	<1	17	<1
Surgery/Chemotherapy/Immunotherapy	1	<1	0	0
Surgery/Chemotherapy/BRM	0	0	170	<1
Surgery/Radiation/Chemotherapy/Hormone	3	<1	82	<1
Surgery/Radiation/Chemotherapy/Immunotherapy	2	<1	0	0
Surgery/Radiation/Hormone	2	<1	10	<1
Surgery/Radiation/Chemotherapy	174	16	13,738	14
Surgery/BRM	0	0	13	<1
Other Specified Therapy	0	0	1,842	2
None	10	1	4,478	5

Total	**1,106**	**100**	**96,980**	**100**

*NCDB data available for years 2009–2018.

First course of treatment comparison with the NCDB data shows a similar distribution of treatment modalities. 56% of the cases diagnosed at Woman's received surgery alone as the first course of treatment.

Figure VII Uterine Cancer Incidence Rates * Louisiana vs US 2008-2018



Corpus Uteri and Uterus, NOS Combined Incidence Rates[1,3] in U.S. (SEER), Louisiana, and LTR Region 2, 2008-2018

	United States		Louisiana		LTR Region 2	
	Rate[1,3]	Count[2]	Rate[1,3]	Count[2]	Rate[1,3]	Count[2]
All races	26.4	!!	19.9	5,612	19.1	1,073
White	27.0	!!	19.2	3,696	18.0	676
Black	25.9	!!	22.7	1,828	22.5	382

[1]Rates are per 100,000 and age-adjusted to the 2000 US Std Population.

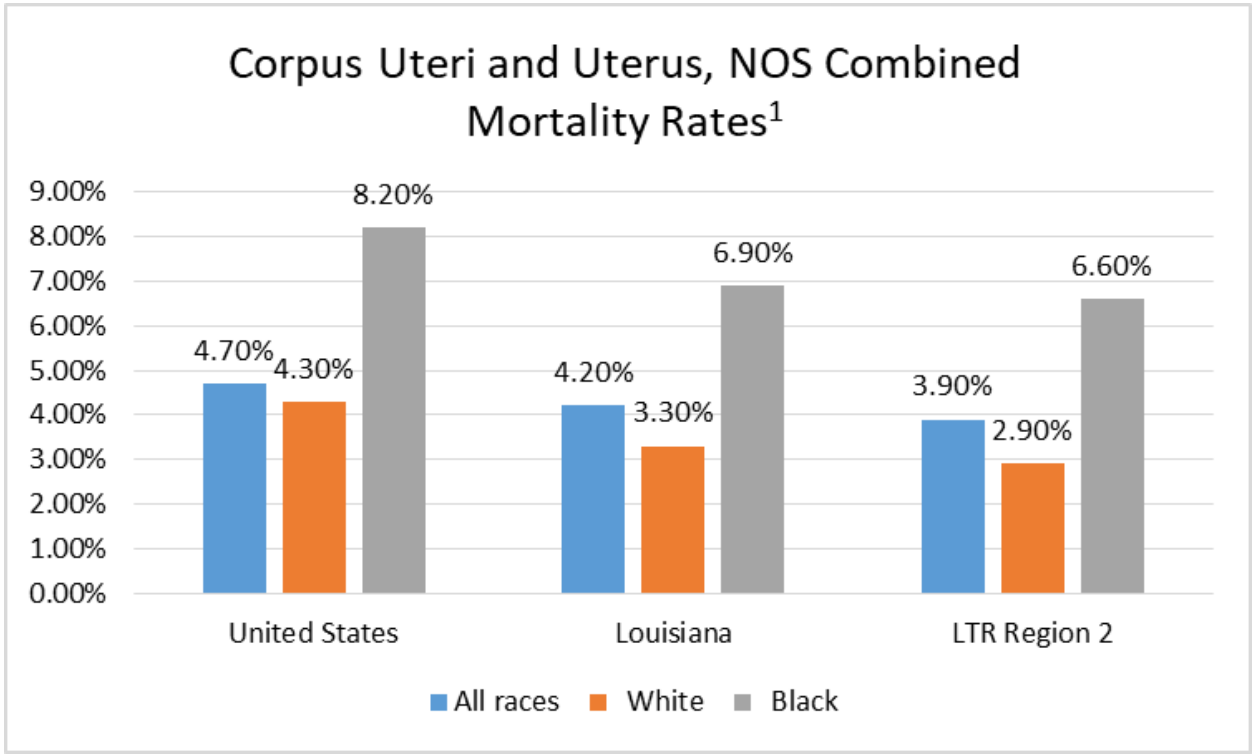
[2]The counts are the total number of cases for the 10-year period.

LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana

[3]U.S. incidence rate estimates are from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, 18 regions.

!! Counts for US (SEER) are removed, as this would only represent a percentage of the US population counted in the 18 SEER registries.

Figure VIII Uterine Cancer Mortality Rates * Louisiana vs US 2008-2018



Corpus Uteri and Uterus, NOS Combined Mortality Rates[1] in U.S., Louisiana, and LTR Region 2, 2008-2018

	United States		Louisiana		LTR Region 2	
	Rate[1]	Count[2]	Rate[1]	Count[2]	Rate[1]	Count[2]
All races	4.7	103,455	4.2	1,306	3.9	235
White	4.3	80,417	3.3	719	2.9	115
Black	8.2	19,398	6.9	579	6.6	119

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

[1]Rates are per 100,000 and age-adjusted to the 2000 US Std Population.

[2]The counts are the total number of deaths for the 11-year period.

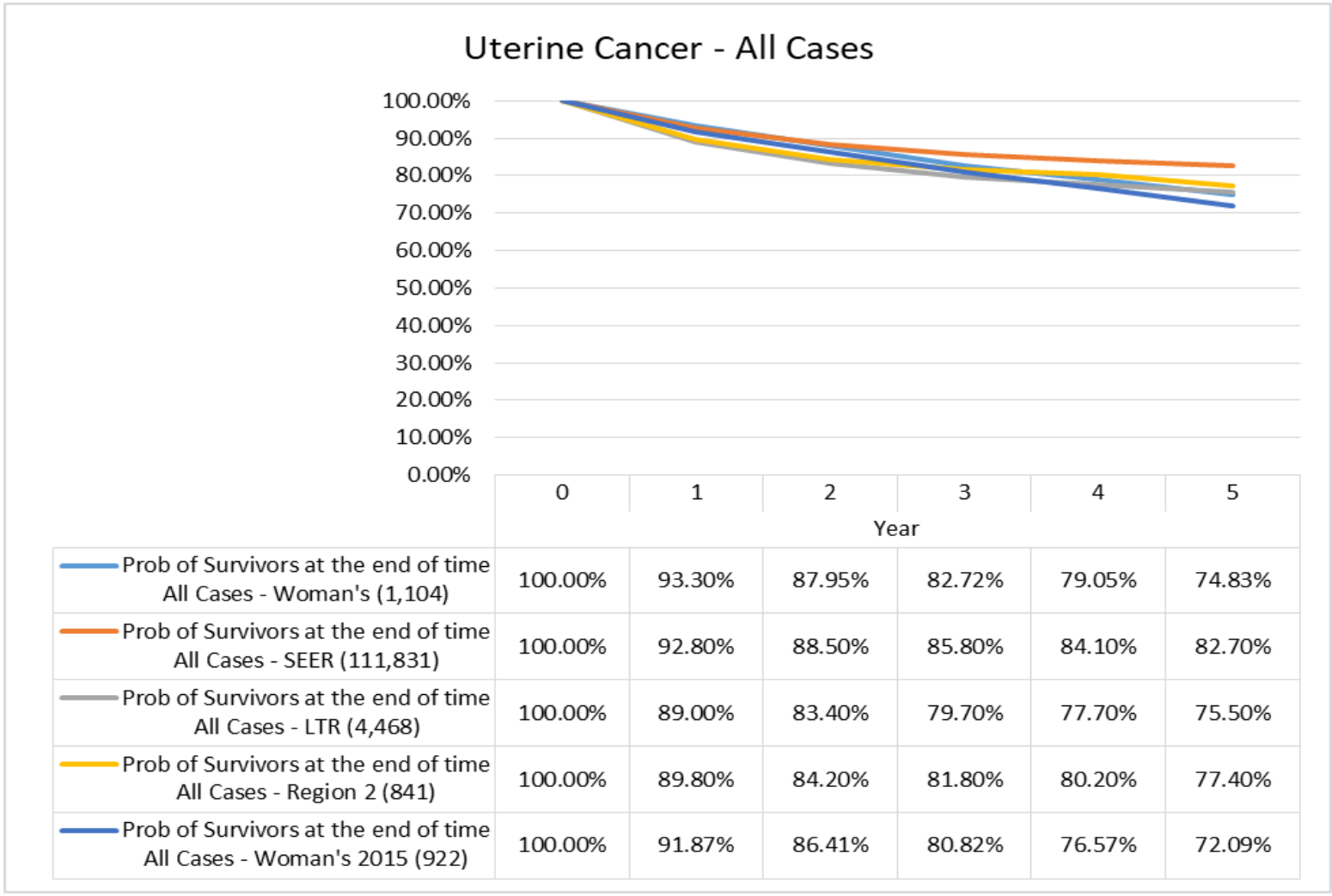
LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana

Map Source: GISGeography

The following parishes had the top five incidences and are all located in north Louisiana and share borders:

LA: Bienville Parish (22013)	32.8
LA: Winn Parish (22127)	32.6
LA: Jackson Parish (22049)	27.6
LA: Webster Parish (22119)	26.4
LA: Caldwell Parish (22021)	25.8

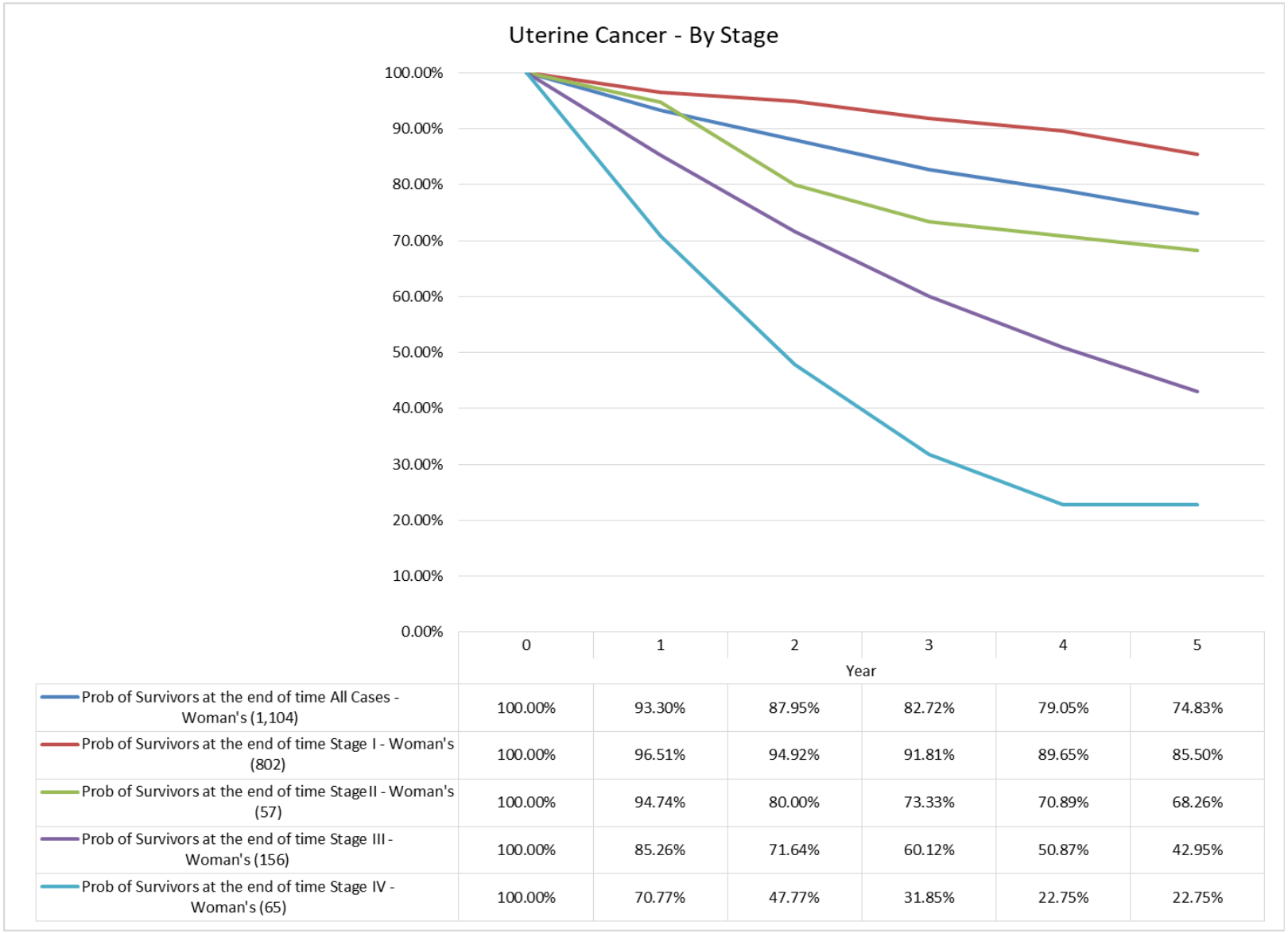
Figure IX Uterine Cancer • 5-Year Survival All Cases



	0	1	2	3	4	5
Prob of Survivors at the end of time All Cases - Woman's (1,104)	100.00%	93.30%	87.95%	82.72%	79.05%	74.83%
Prob of Survivors at the end of time All Cases - SEER (111,831)	100.00%	92.80%	88.50%	85.80%	84.10%	82.70%
Prob of Survivors at the end of time All Cases - LTR (4,468)	100.00%	89.00%	83.40%	79.70%	77.70%	75.50%
Prob of Survivors at the end of time All Cases - Region 2 (841)	100.00%	89.80%	84.20%	81.80%	80.20%	77.40%
Prob of Survivors at the end of time All Cases - Woman's 2015 (922)	100.00%	91.87%	86.41%	80.82%	76.57%	72.09%

Overall survival in SEER database: 82.7%
Overall survival Region 2: 77.4%
Overall survival LTR: 75.5%
Overall survival Woman's: 74.8%

Figure X Uterine Cancer • 5-Year Survival by Stage



	0	1	2	3	4	5
Prob of Survivors at the end of time All Cases - Woman's (1,104)	100.00%	93.30%	87.95%	82.72%	79.05%	74.83%
Prob of Survivors at the end of time Stage I - Woman's (802)	100.00%	96.51%	94.92%	91.81%	89.65%	85.50%
Prob of Survivors at the end of time StageII - Woman's (57)	100.00%	94.74%	80.00%	73.33%	70.89%	68.26%
Prob of Survivors at the end of time Stage III - Woman's (156)	100.00%	85.26%	71.64%	60.12%	50.87%	42.95%
Prob of Survivors at the end of time Stage IV - Woman's (65)	100.00%	70.77%	47.77%	31.85%	22.75%	22.75%

Survival Stage I, Woman's: 85.5%
Survival Stage II, Woman's: 68.2%
Survival Stage III, Woman's: 43.9%
Survival Stage IV, Woman's: 22.7%
Survival SEER and LTR data reported as localized: SEER: 95.4%, LTR: 90.3%, Region 2: 91.0%
Survival SEER and LTR data reported as regional: SEER: 69.4%, LTR: 62.7%, Region 2: 56.3%
Survival SEER and LTR data reports as distant: SEER: 17.5% , LTR: 13.6%, Region 2: 19.6%

Figure XI Uterine Cancer • 5-Year Survival: Stage I

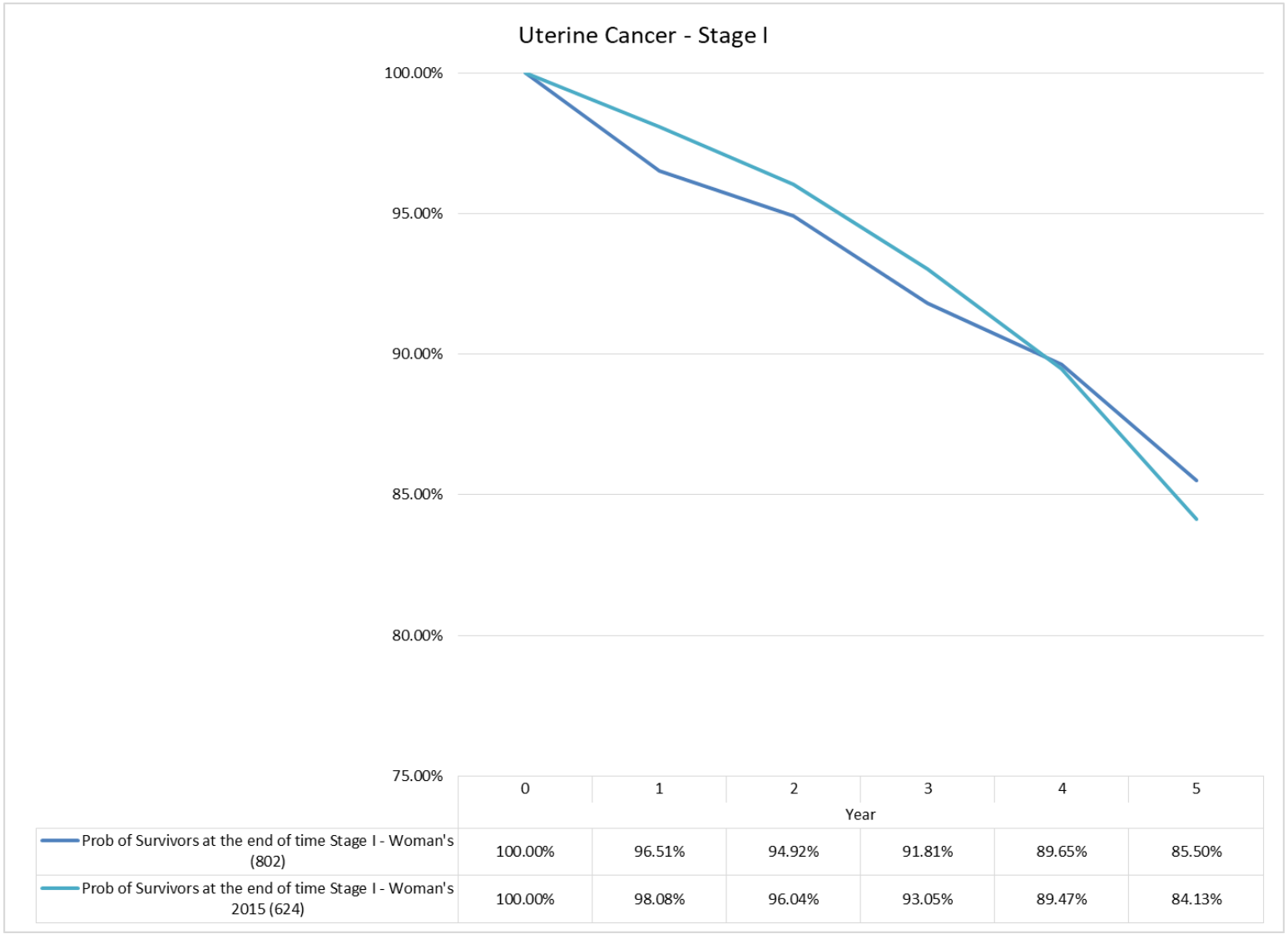
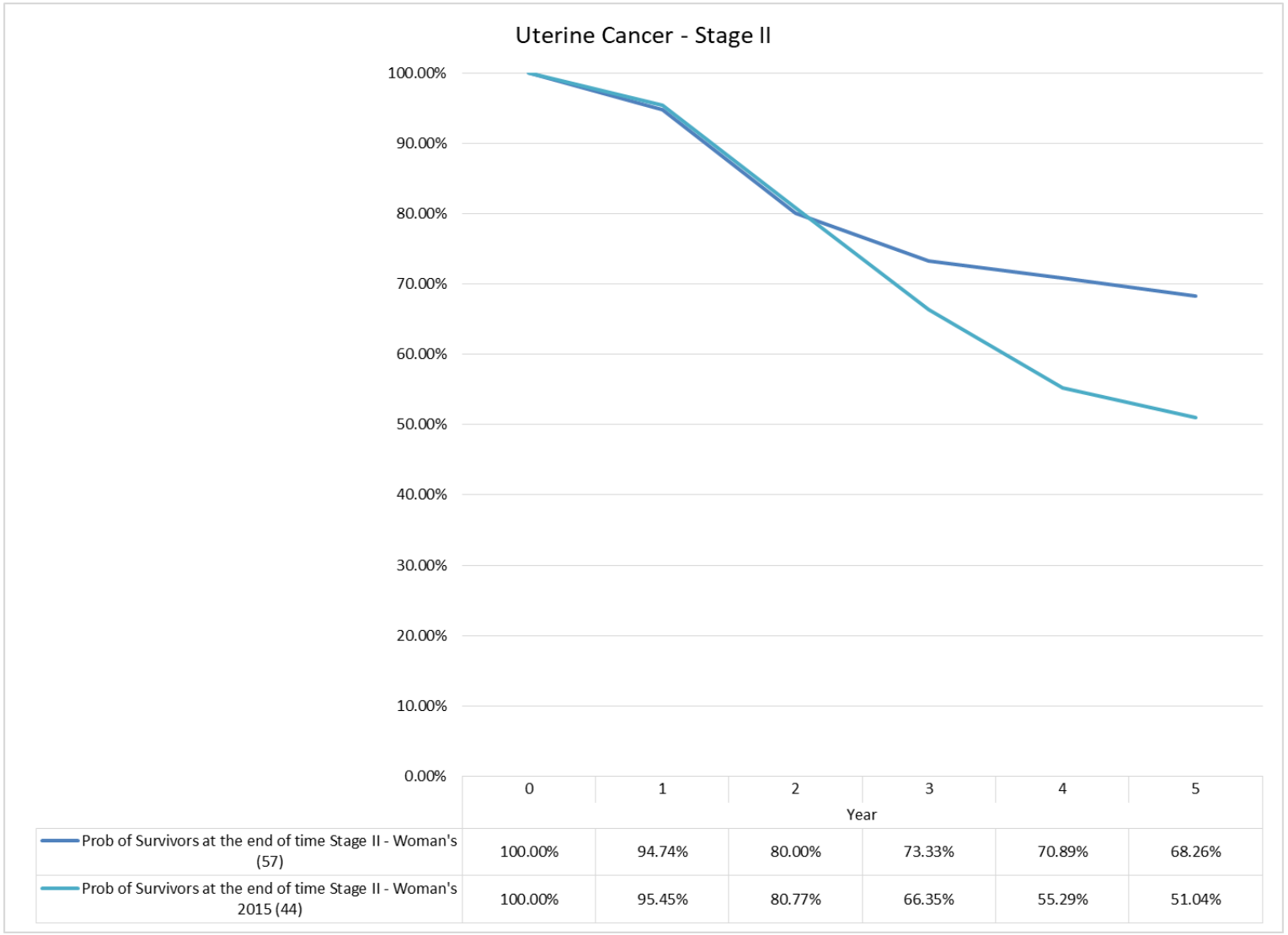
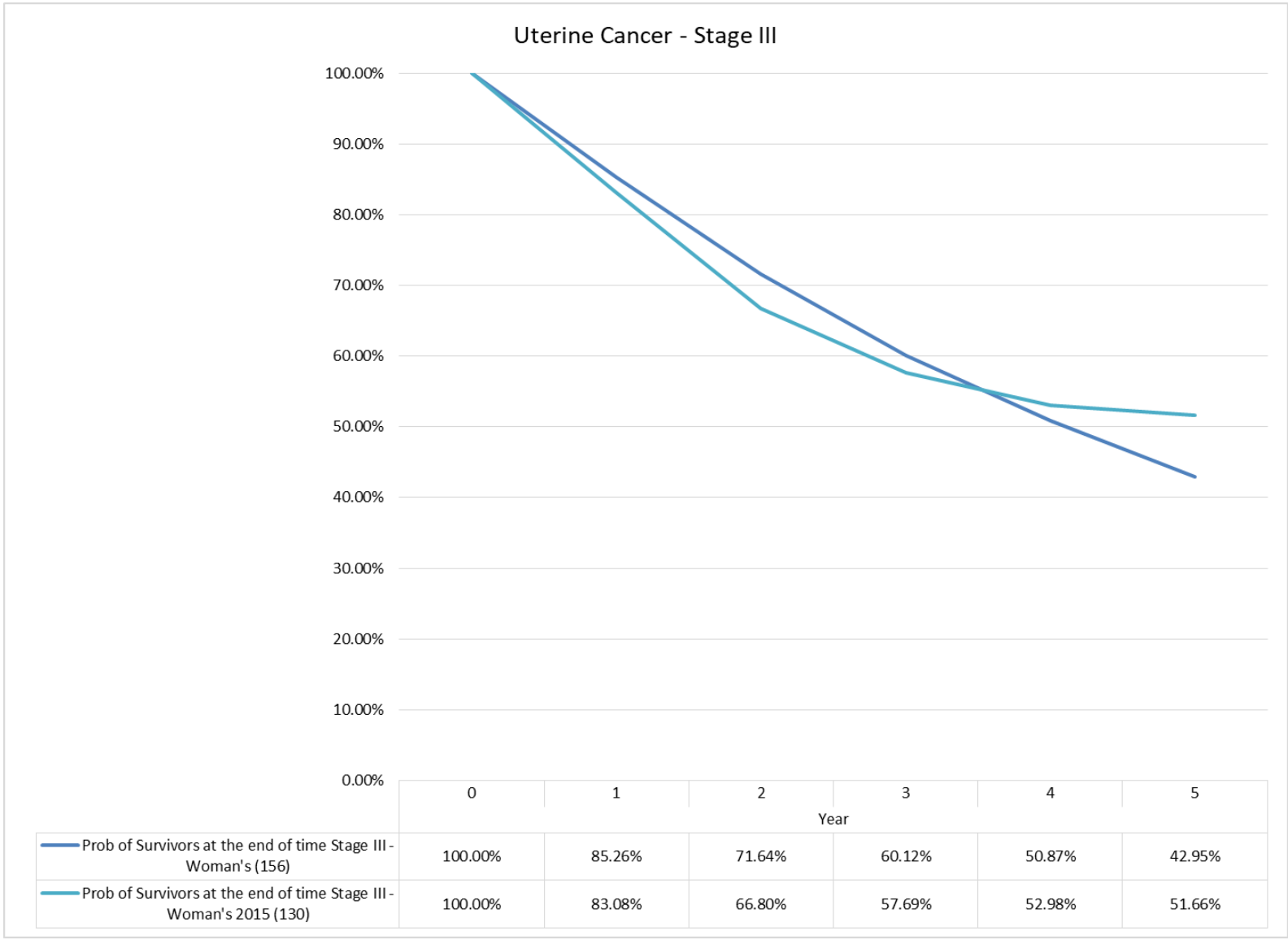


Figure XII Uterine Cancer • 5-Year Survival: Stage II



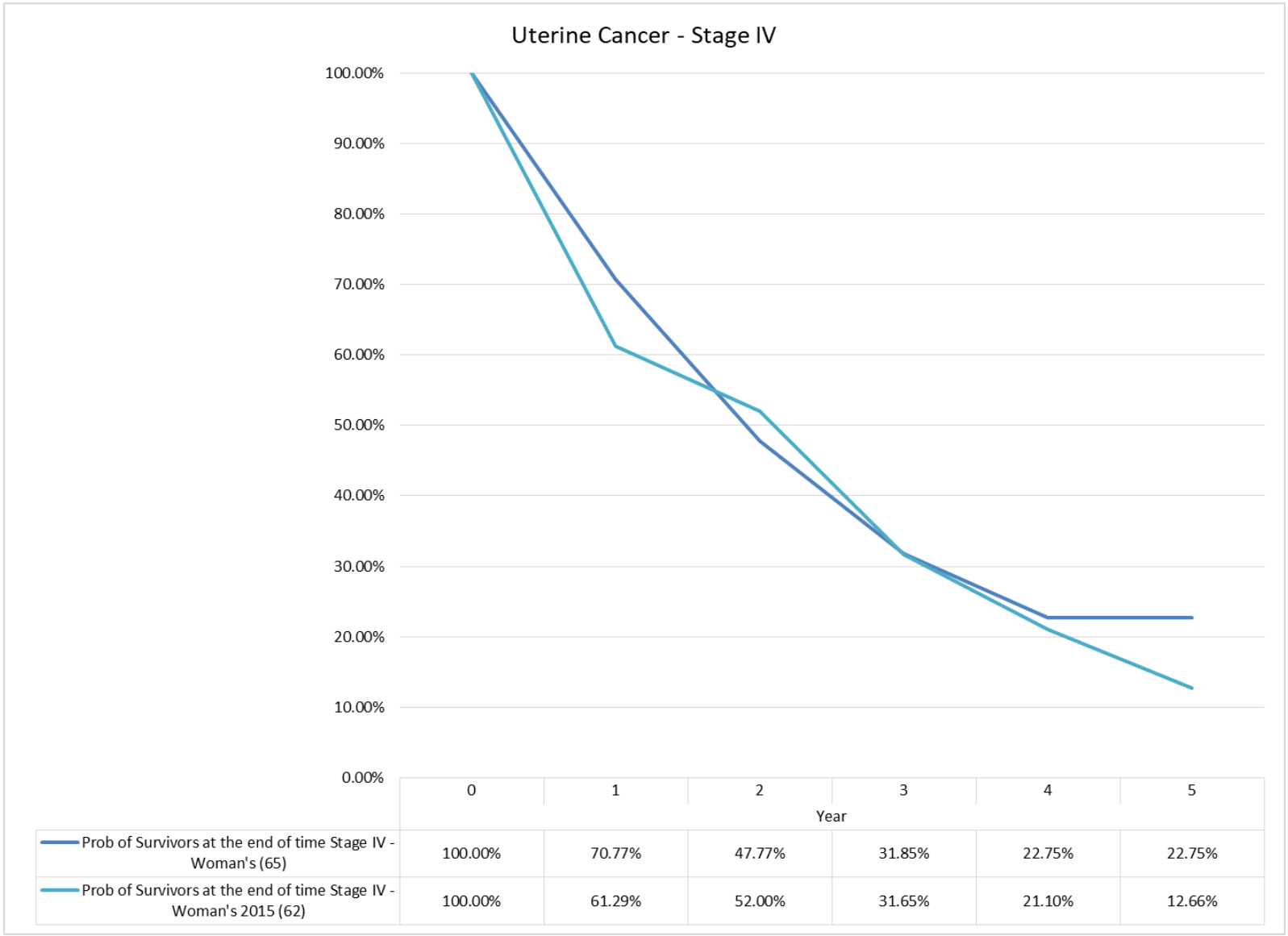
	0	1	2	3	4	5
Prob of Survivors at the end of time Stage II - Woman's (57)	100.00%	94.74%	80.00%	73.33%	70.89%	68.26%
Prob of Survivors at the end of time Stage II - Woman's 2015 (44)	100.00%	95.45%	80.77%	66.35%	55.29%	51.04%

Figure XIII Uterine Cancer • 5-Year Survival: Stage III



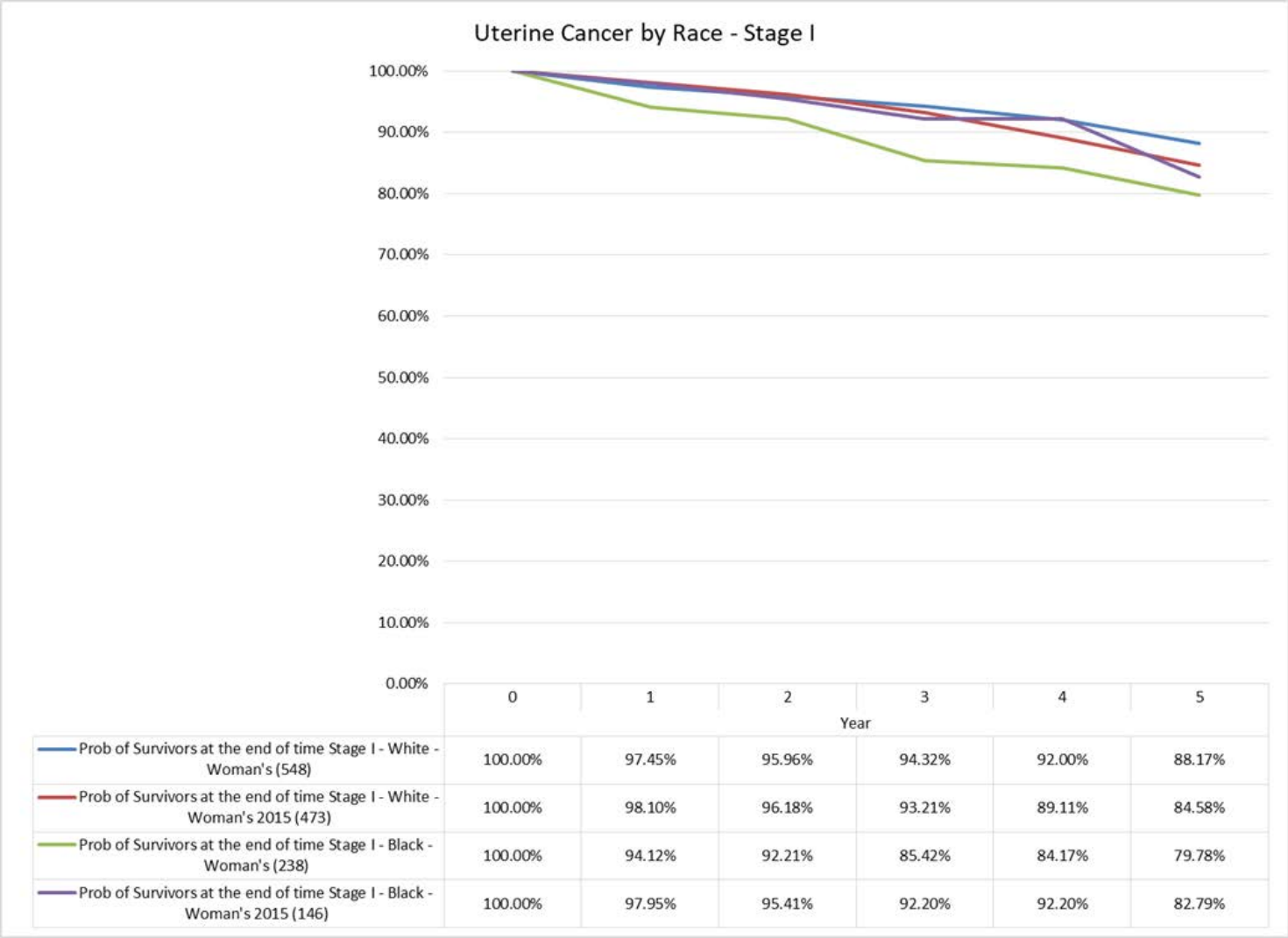
	0	1	2	3	4	5
Prob of Survivors at the end of time Stage III - Woman's (156)	100.00%	85.26%	71.64%	60.12%	50.87%	42.95%
Prob of Survivors at the end of time Stage III - Woman's 2015 (130)	100.00%	83.08%	66.80%	57.69%	52.98%	51.66%

Figure XIV Uterine Cancer • 5-Year Survival: Stage IV



	0	1	2	3	4	5
Prob of Survivors at the end of time Stage IV - Woman's (65)	100.00%	70.77%	47.77%	31.85%	22.75%	22.75%
Prob of Survivors at the end of time Stage IV - Woman's 2015 (62)	100.00%	61.29%	52.00%	31.65%	21.10%	12.66%

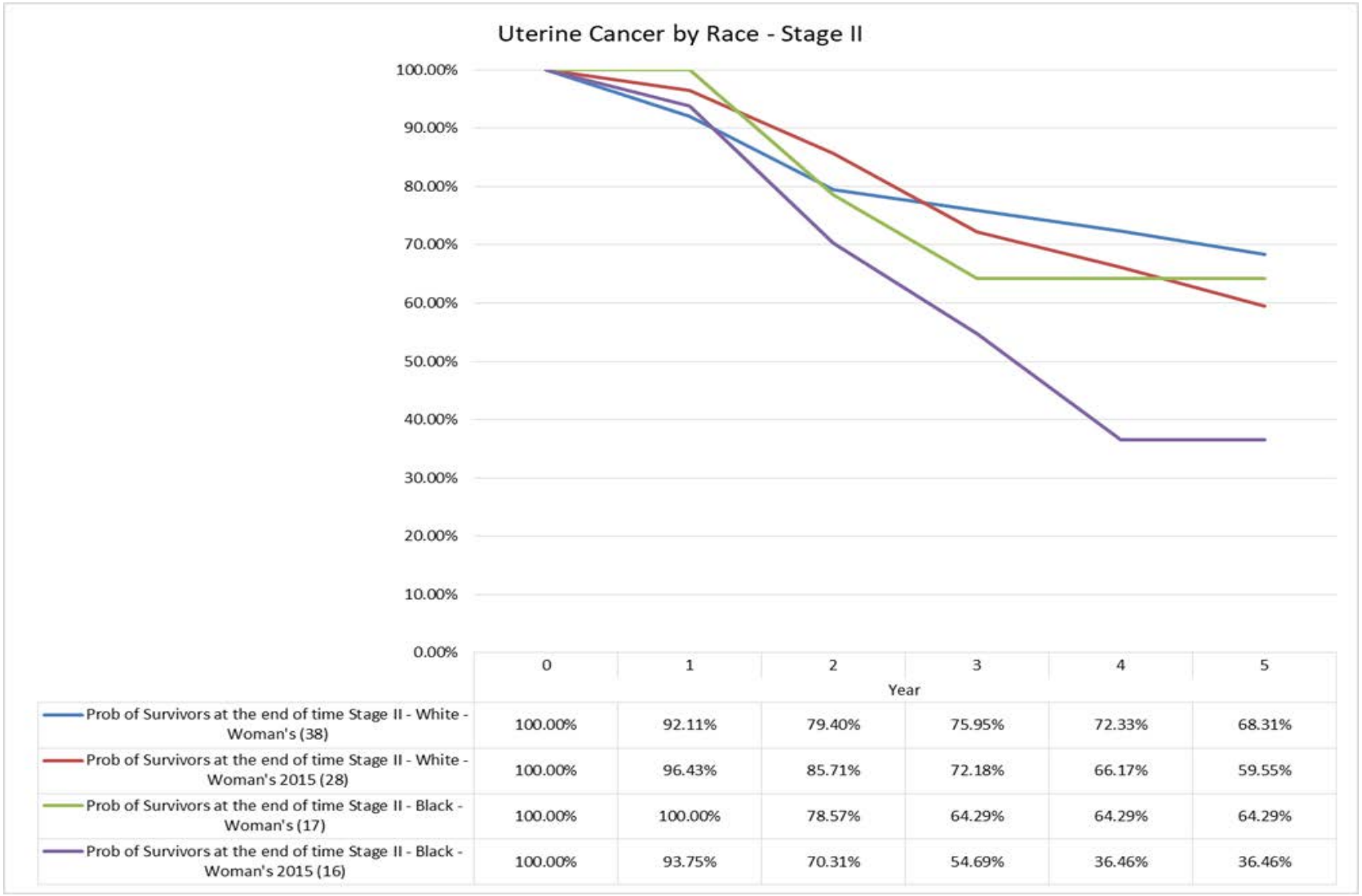
Figure XV Uterine Cancer • 5-Year Survival by Race: Stage I



	0	1	2	3	4	5
Prob of Survivors at the end of time Stage I - White - Woman's (548)	100.00%	97.45%	95.96%	94.32%	92.00%	88.17%
Prob of Survivors at the end of time Stage I - White - Woman's 2015 (473)	100.00%	98.10%	96.18%	93.21%	89.11%	84.58%
Prob of Survivors at the end of time Stage I - Black - Woman's (238)	100.00%	94.12%	92.21%	85.42%	84.17%	79.78%
Prob of Survivors at the end of time Stage I - Black - Woman's 2015 (146)	100.00%	97.95%	95.41%	92.20%	92.20%	82.79%

88.1% 5-year survival for Caucasian women. 79.7% 5-year survival for African-American women.

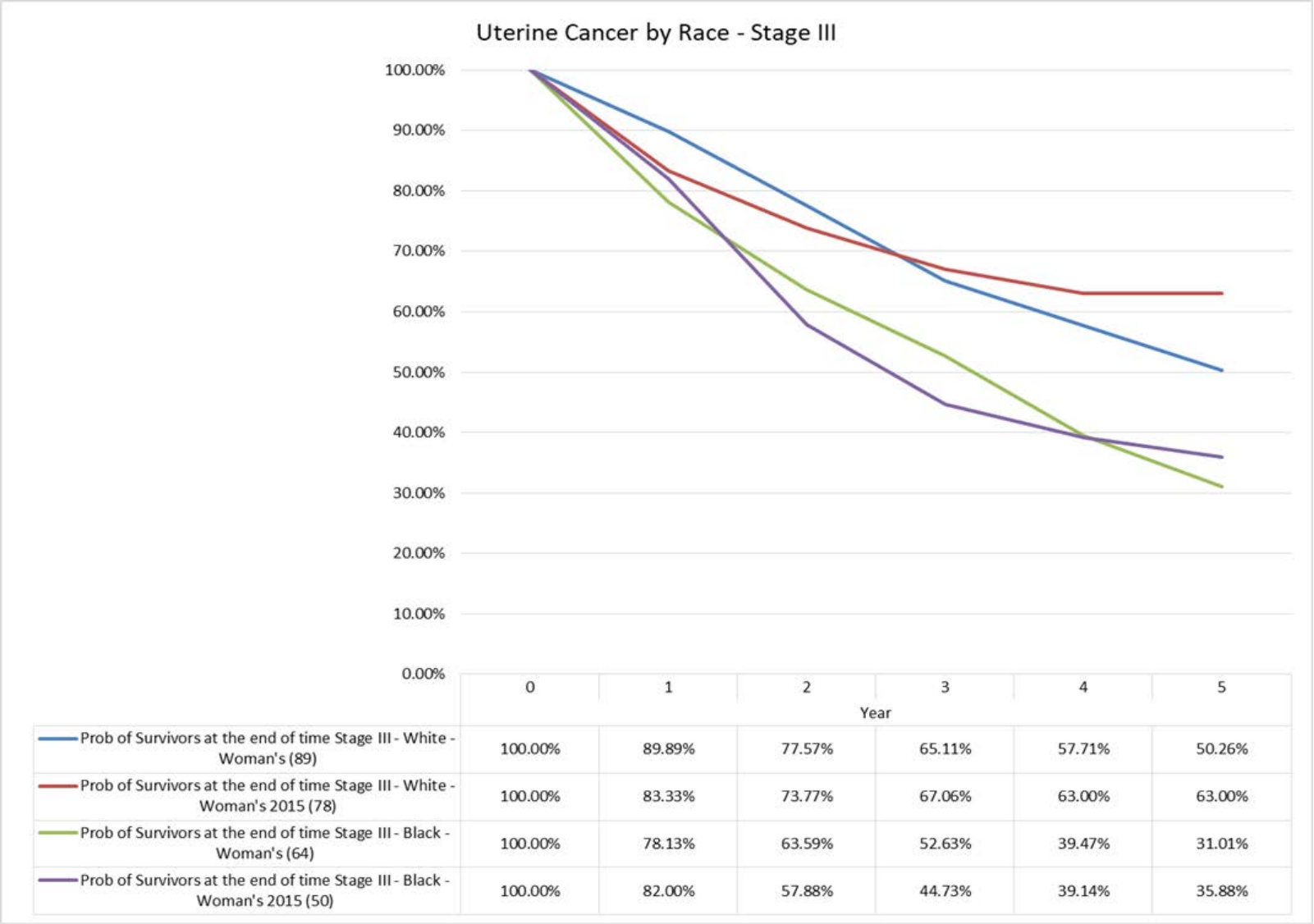
Figure XVI Uterine Cancer • 5-Year Survival by Race: Stage II



	0	1	2	3	4	5
	Year					
Prob of Survivors at the end of time Stage II - White - Woman's (38)	100.00%	92.11%	79.40%	75.95%	72.33%	68.31%
Prob of Survivors at the end of time Stage II - White - Woman's 2015 (28)	100.00%	96.43%	85.71%	72.18%	66.17%	59.55%
Prob of Survivors at the end of time Stage II - Black - Woman's (17)	100.00%	100.00%	78.57%	64.29%	64.29%	64.29%
Prob of Survivors at the end of time Stage II - Black - Woman's 2015 (16)	100.00%	93.75%	70.31%	54.69%	36.46%	36.46%

68.3% 5-year survival Caucasian women. 64.2% 5-year survival African-American women.

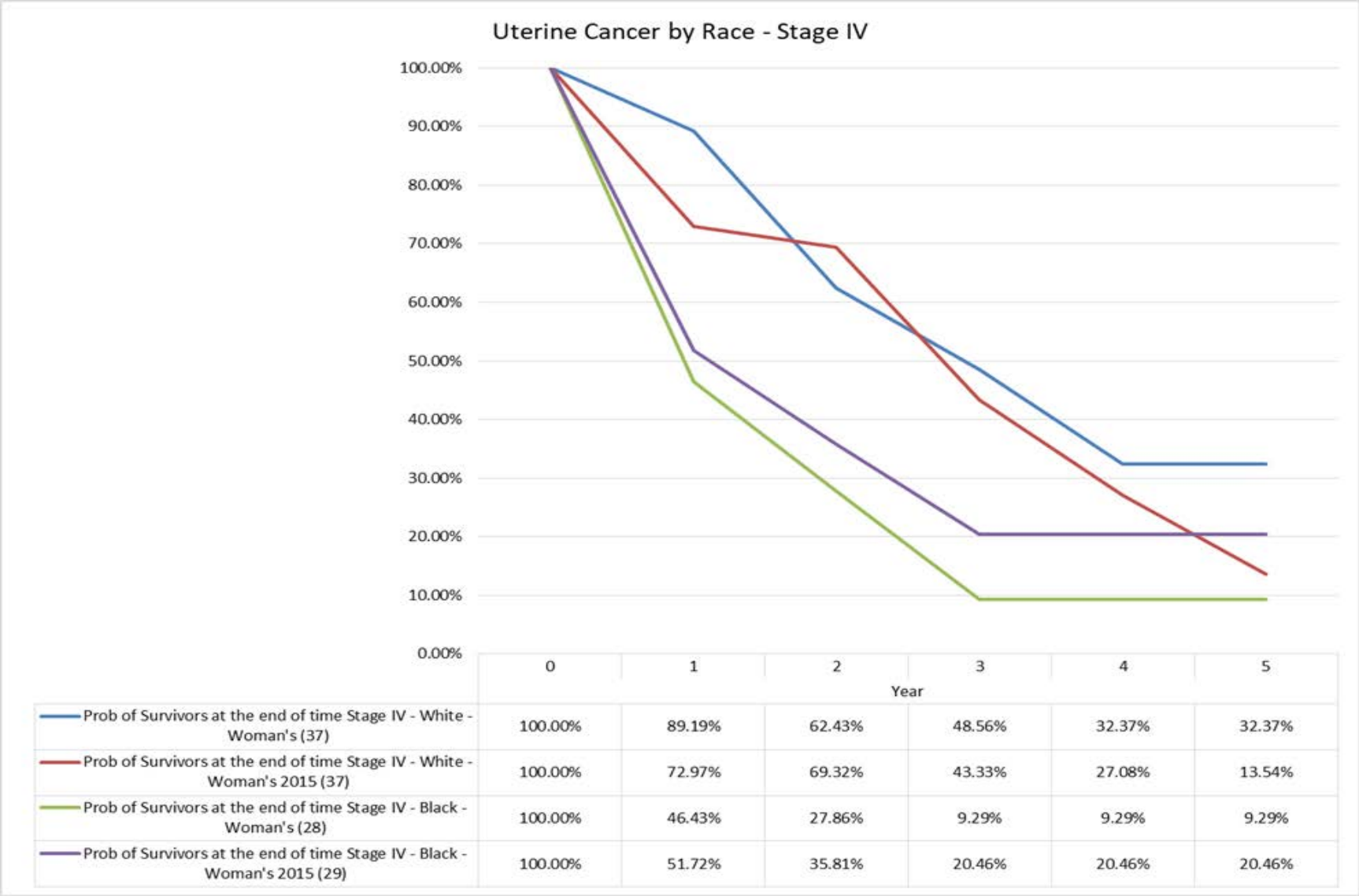
Figure XVII Uterine Cancer • 5-Year Survival by Race: Stage III



	0	1	2	3	4	5
	Year					
Prob of Survivors at the end of time Stage III - White - Woman's (89)	100.00%	89.89%	77.57%	65.11%	57.71%	50.26%
Prob of Survivors at the end of time Stage III - White - Woman's 2015 (78)	100.00%	83.33%	73.77%	67.06%	63.00%	63.00%
Prob of Survivors at the end of time Stage III - Black - Woman's (64)	100.00%	78.13%	63.59%	52.63%	39.47%	31.01%
Prob of Survivors at the end of time Stage III - Black - Woman's 2015 (50)	100.00%	82.00%	57.88%	44.73%	39.14%	35.88%

50.2% 5-year survival Caucasian women. 31.0% 5-year survival African-American women.

Figure XVIII Uterine Cancer • 5-Year Survival by Race: Stage IV



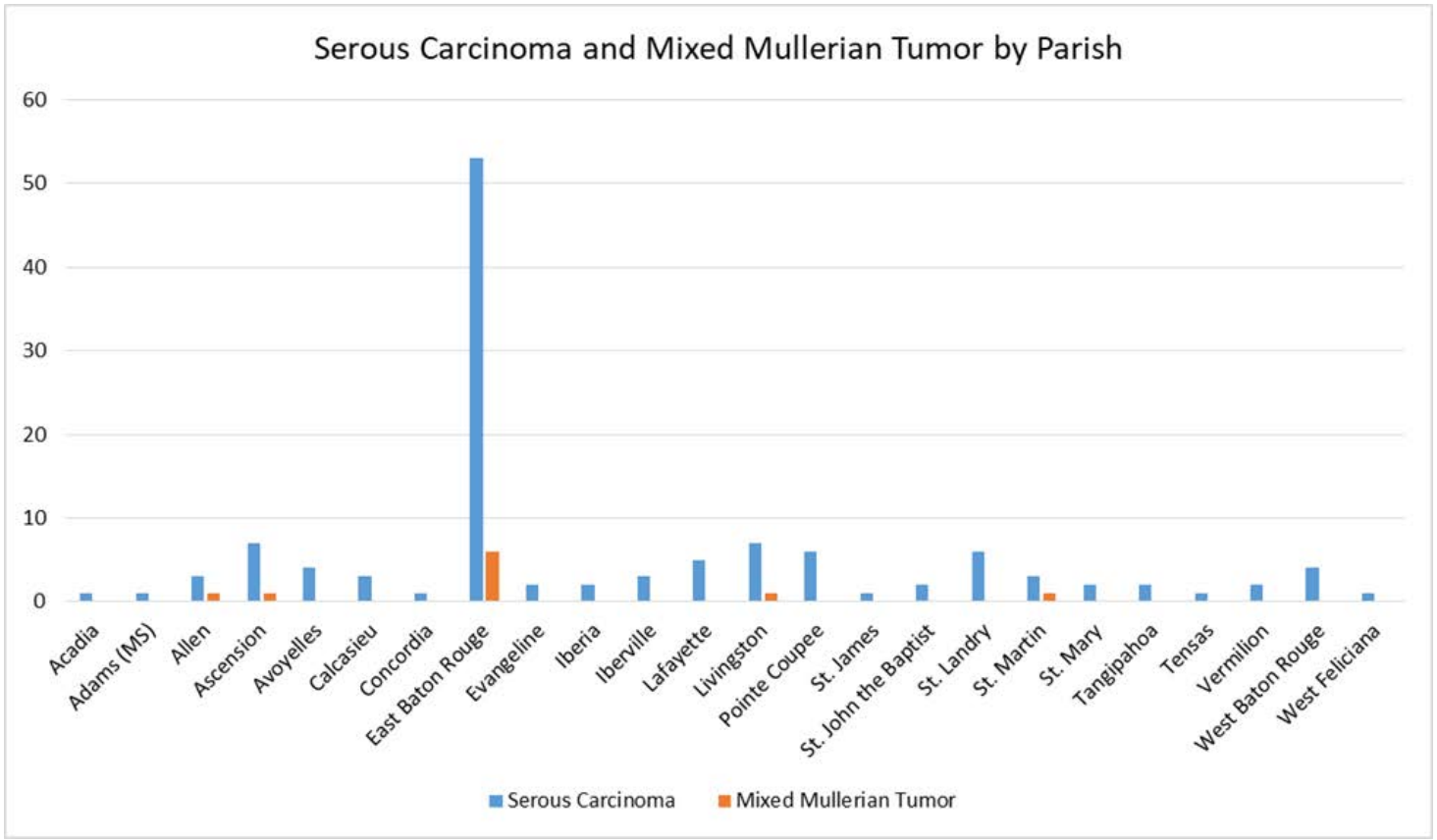
	0	1	2	3	4	5
Prob of Survivors at the end of time Stage IV - White - Woman's (37)	100.00%	89.19%	62.43%	48.56%	32.37%	32.37%
Prob of Survivors at the end of time Stage IV - White - Woman's 2015 (37)	100.00%	72.97%	69.32%	43.33%	27.08%	13.54%
Prob of Survivors at the end of time Stage IV - Black - Woman's (28)	100.00%	46.43%	27.86%	9.29%	9.29%	9.29%
Prob of Survivors at the end of time Stage IV - Black - Woman's 2015 (29)	100.00%	51.72%	35.81%	20.46%	20.46%	20.46%

32.3% 5-year survival rate in Caucasian women. 9.2% 5-year survival rate in African-American women.

Figure XIX High-Grade Histologies by Parish

As noted previously in Figure IV, an increased percentage of high-grade histologies are reported at Woman's which include Serous Carcinoma and Malignant Mixed Mullerian Tumor.

This increased incidence of high-grade histologies would result in decreased overall survival and survival by stage when comparing Woman's to LTR or to NCDB data.



Parish	Serous Carcinoma	Mixed Mullerian Tumor
Acadia	1	0
Adams (MS)	1	0
Allen	3	1
Ascension	7	1
Avoyelles	4	0
Calcasieu	3	0
Concordia	1	0
East Baton Rouge	53	6
Evangeline	2	0
Iberia	2	0
Iberville	3	0

Lafayette	5	0
Livingston	7	1
Pointe Coupee	6	0
St. James	1	0
St. John the Baptist	2	0
St. Landry	6	0
St. Martin	3	1
St. Mary	2	0
Tangipahoa	2	0
Tensas	1	0
Vermilion	2	0
West Baton Rouge	4	0

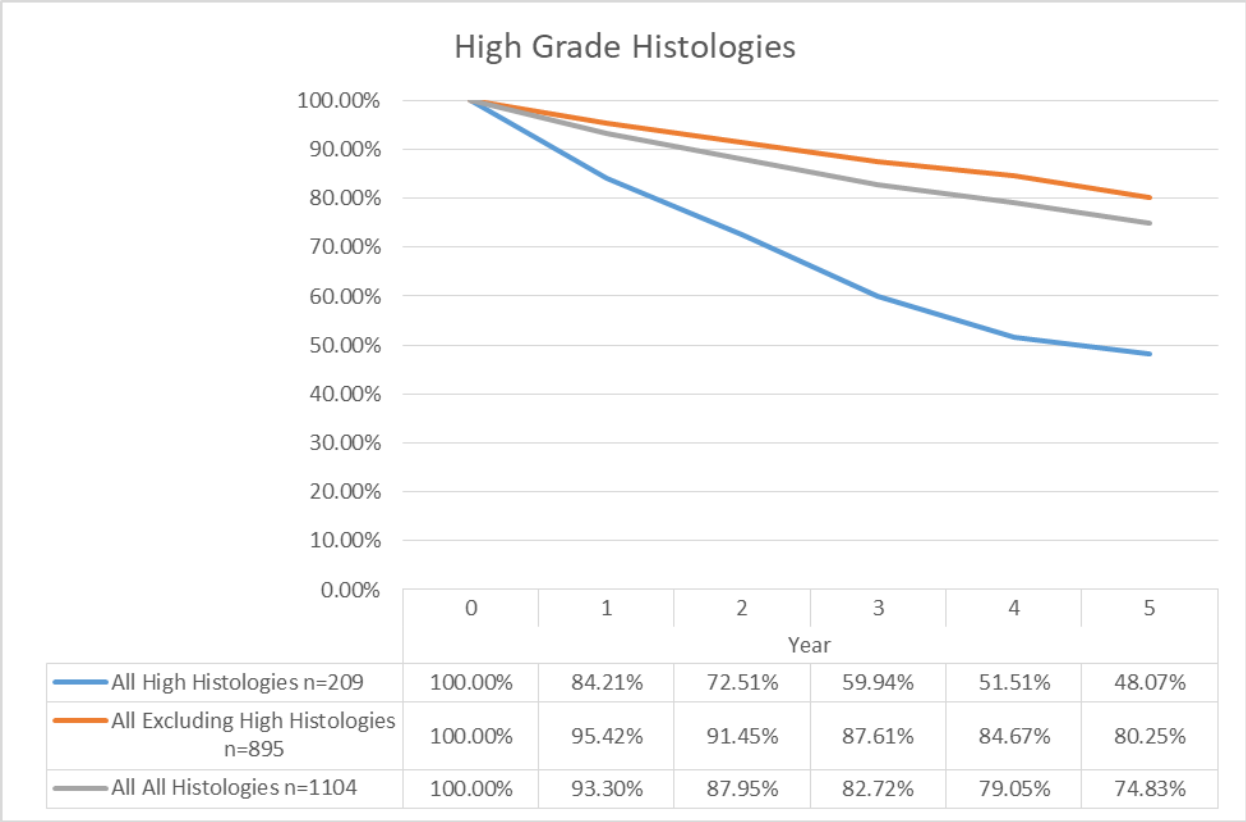
West Feliciana	1	0

Unlike overall incidence of endometrial cancer which is reported more commonly in: Bienville Parish, Winn Parish, Jackson Parish, Webster Parish and Caldwell Parish; the incidence of high-grade histologies occurs predominantly in East Baton Rouge Parish.

Included as High-Grade Histologies:

- Papillary Serous Cystadenocarcinoma
- Serous Cystadenocarcinoma, NOS
- Serous Surface Papillary
- Carcinosarcoma, NOS
- Mullerian Mixed

Figure XX High-Grade Histologies



	0	1	2	3	4	5
All High Histologies n=209	100.00%	84.21%	72.51%	59.94%	51.51%	48.07%
All Excluding High Histologies n=895	100.00%	95.42%	91.45%	87.61%	84.67%	80.25%
All All Histologies n=1104	100.00%	93.30%	87.95%	82.72%	79.05%	74.83%

This increased incidence of high-grade histologies would result in decreased overall survival and survival by stage when comparing Woman's to LTR or to NCDB data.

Papillary Serous Cystadenocarcinoma, Serous Cystadenocarcinoma, NOS, Serous Surface Papillary Carcinoma

Histology/Behavior (ICD-O-3)2	(Multiple Items)

Row Labels	**Count of Accession Number**
30-39	4
50-59	22
60-69	60
70-79	34
80-89	8
Grand Total	**128**

Carcinosarcoma, NOS, Mullerian Mixed Tumor

Histology/Behavior (ICD-O-3)	(Multiple Items)

Row Labels	**Count of Accession Number**
30-39	3
40-49	1
50-59	9
60-69	35
70-79	25
80-89	8
Grand Total	**81**

The majority of patients with a diagnosis of Serous Carcinoma and Malignant Mixed Mullerian Tumor occurs between the ages of 60-79.

Breast and GYN Cancer Pavilion

87,782 Patient Services in 2020

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

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

The technology at the Pavilion is unparalleled:

- A highly advanced digital linear accelerator enhances precision, but with less radiation exposure and a shorter treatment time.
- Custom beam-shaping technology is used in conjunction with the accelerator to further enhance precision and spare normal, healthy tissue. Optical imaging allows for real-time tumor tracking during treatment.
- New technology blends PET and CT images into one image for greater accuracy in detecting small tumors and in identifying tumor boundaries, allowing for more targeted and concentrated radiation to save healthy tissue.
- High-Dose Rate Brachytherapy for gynecologic cancer treatment, which allows for minimal exposure to healthy tissue using a device that delivers a high dose of radiation directly to the tumor site, is available in a dedicated suite that keeps the patient in one area for the entirety of her procedure. This design is unique to only a few facilities in the country.
- The Catalyst system (by C-RAD) offers a complete solution for positioning the patient and motion tracking. Optical cameras in the room can detect and track a 3D surface image of the patient. This sophisticated and non-invasive technology allows us to accurately align the anatomy in the treatment position and increase precision.
- A state-of-the-art clinical pharmacy is located within the infusion center for quick, safe delivery of chemotherapy medications. With an onsite clinical infusion pharmacy, patients' wait times for infusions is approximately 20 minutes, which is well below the national

average. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.

- Every detail for patient comfort and convenience was considered in the design of the infusion center, which includes 12 bays and four private rooms.

Research and Education

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

Cancer Clinical Trials

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

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

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

The National Cancer Institute Community Oncology Research Program (NCORP)

NCORP provides Pavilion researchers with access to NRG Oncology, an organization which brings together the complementary research areas of what was previously known as the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG). In addition, this relationship with the National Cancer Initiative allows the Pavilion to participate in

studies offered through the Southwest Oncology Group (SWOG), ECOG-ACRIN cancer research group, Alliance for Clinical Trials in Oncology, Wake Forest Research Base and University of Rochester Cancer Center (URCC).

Breast & GYN Cancer Pavilion Clinical Research Statistics (January-December 2020):

2020 Patients enrolled – 145

Breast Studies open – 17

GYN Studies open – 4

1. S1501- Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER-2+ Breast Cancer, Phase III
2. A011202 - A Randomized Phase III Trial Comparing Axillary Lymph Node Dissection to Axillary Radiation in Breast Cancer Patients (cT1-3 N1) Who Have Positive Sentinel Lymph Node Disease After Neoadjuvant Chemotherapy
3. A011401 - Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer
4. A011502 - A Randomized Phase III Double Blinded Placebo Controlled Trial of Aspirin as Adjuvant Therapy for HER2 Negative Breast Cancer: The ABC Trial
5. A221602 - Olanzapine With or Without Fosaprepitant for the Prevention of Chemotherapy Induced Nausea and Vomiting (CINV) in Patients Receiving Highly Emetogenic Chemotherapy (HEC): A Phase III Randomized, Double Blind, Placebo-Controlled Trial
6. A221505 - RT CHARM: Phase III Randomized Trial of Hypofractionated Post Mastectomy Radiation with Breast Reconstruction
7. COMET (Comparison of Operative versus Monitoring and Endocrine Therapy) trial: a phase III randomised controlled clinical trial for low-risk ductal carcinoma in situ (DCIS)
8. Determining the effectiveness of the intervention of cryotherapy for Paclitaxel-induce peripheral neuropathy on breast cancer patients
9. EA1131 A Randomized Phase III Post-Operative Trial of Platinum Based Chemotherapy vs. Capecitabine in Patients with Residual Triple-Negative Breast Cancer Following Neoadjuvant Chemotherapy -
10. EA1151 - Tomosynthesis Mammographic Imaging Screening Trial (TMIST
11. EAZ171 - Prospective Validation Trial of Taxane Therapy (Docetaxel or Weekly Paclitaxel) and Risk of Chemotherapy-Induced Peripheral Neuropathy in African American Women

12. NRG-BR004 - A Randomized, Double-Blind, Phase III Trial of Taxane/Trastuzumab/Pertuzumab with Atezolizumab or Placebo in First-Line HER2-Positive Metastatic Breast Cancer
13. NSABP B-43 - A Phase III Clinical Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma in Situ Resected by Lumpectomy
14. NSABP B-51 - A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chestwall and Regional Nodal XRT and Post-Lumpectomy Regional Nodal XRT in Patients with Positive Axillary Nodes Before Neoadjuvant Chemotherapy Who Convert to Pathologically Negative Axillary Nodes After Neoadjuvant Chemotherapy
15. SWOG S1418 - A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of Pembrolizumab (MK-3475) as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with >/= 1 CM Residual Invasive Cancer or Positive Lymph Nodes (ypN1mi, ypN1-3) after Neoadjuvant Chemotherapy
16. URCC 18007 - Randomized Placebo Controlled Trial of Bupropion For Cancer Related Fatigue
17. WF 97116 - A Phase 3 Randomized Placebo Controlled Clinical Trial of Donepezil in Chemotherapy Exposed Breast Cancer Survivors with Cognitive Impairment (REMEMBER)
18. NRG-GY005 - A Randomized Phase II/III Study of the Combination of Cediranib and Olaparib Compared to Cediranib or Olaparib Alone, or Standard of Care Chemotherapy in Women with Recurrent Platinum-Resistant or -Refractory Ovarian, Fallopian Tube, or Primary Peritoneal Cancer (COCOS)
19. NRG-GY007 - A Phase I/II Study of Ruxolitinib with Front-Line Neoadjuvant and Post-Surgical Therapy in Patients with Advanced Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer
20. NRG GY008 - A Phase II Evaluation of Copanlisib (BAY 80-6946) (IND #130822), a Selective Inhibitor of PI3KCA, in Patients with Persistent or Recurrent Endometrial Carcinoma Harboring PIK3CA Hotspot Mutations
21. GOG 3041 AZ DUO-E - A Randomised, Multicentre, Double-blind, Placebo-controlled, Phase III Study of First-line Carboplatin and Paclitaxel in Combination with Durvalumab,Followed by Maintenance Durvalumab with or without Olaparib in Patients with Newly Diagnosed Advanced or Recurrent Endometrial Cancer (DUO-E)

Continuing Medical Education

Accredited by the Louisiana State Medical Society, Woman's Continuing Medical Education offers physicians appropriate education programs focused on cancer care and treatment. These programs are also open for other disciplines to attend.

In 2021, 41 Breast Tumor Conferences, 7 GYN Tumor Conferences and 2 Breast Cancer Multidisciplinary Task Force meetings were held.

Woman's continuing education programs included:

- The Role of Insulin Resistance in the Development, Prognosis and Treatment of Cancer
- Breast Cancer: Identifying High-Risk Patients
- Mammography Conference: Striving for Perfection in Breast Health & Imaging
    - History of Implants
    - Cancer and Textured Implants
    - Breast Cancer Pathology
    - Male Breast Cancer
- Accelerated Partial Breast Irradiation over 5 Fraction

Gynecologic Cancers

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

Having an on-site lab enables Woman's to process test results in an average of five days. The most common way to detect cervical cancer is through a Pap smear, but other gynecologic cancers require additional testing based on symptoms, and Woman's provides a full spectrum of imaging modalities tools such as transvaginal ultrasound, CT and PET scans and MRI.

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

Breast Cancers

In the early 1970s, Woman's was performing about two mammograms per day. Mammograms were only performed for women who had a lump or other symptom of breast cancer, and not as a preventive screening. That changed in 1973 when a major clinical trial demonstrated a statistically significant reduction in breast cancer deaths among women who received mammograms. In 2020, Woman's performed more than 36,000 breast procedures.

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

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

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

Treatment

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

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

Woman's Breast Specialists: Our team of female breast surgeons, Dr. Mindy Bowie and Dr. Cecilia Cuntz, are certified in the latest breast conserving and nipple-sparing mastectomies and oncoplastic breast surgery. Active in the latest breast cancer research, Dr. Bowie is also one of the state's few breast surgical oncologists. The comprehensive care team also includes nurse practitioner Nita Lyndsey along with a nurse navigator, genetic counselor, social worker and specialized cancer dietitian.

Woman's Gynecologic Oncology Clinic: Woman's GYN Oncology Group includes four gynecologic oncologists, Dr. Anthony Evans, Dr. Laurel King, and joining the practice in 2021, Dr. Evan Smith and Dr. Renee Cowan. The team specializes in surgical treatments such as robotics-assisted and other minimally invasive methods that speed recovery and lessen downtime as well as radical and complex gynecologic surgeries. The comprehensive care team also includes OB/GYN Dr. Tammy Dupuy, nurse practitioner Nai'Ja Mack, a nurse navigator, a palliative care coordinator, a social worker and a specialized cancer dietitian.

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

Chemotherapy For patients that require chemotherapy, in an oral medication or IV infusion, outpatient infusion services at the Pavilion are provided by Our Lady of the Lake Regional Medical Center. Inpatient infusion is available in the hospital for more intensive monitoring and overnight care.

Radiation Oncology Radiation therapy is provided at the Pavilion by Mary Bird Perkins – Our Lady of the Lake Cancer Center. Patients have the most modern technology and treatment techniques available including hypofractionation and High-Dose Rate (HDR)/Interstitial Brachytherapy.

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

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

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

Support

Everyone's cancer is unique. Your support should be too. Having cancer is often one of the most stressful experiences in a person's life. We offer many ways to help you and your family cope with the physical and emotional aspects in safe environments to share and work through feelings and challenges.

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

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

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

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

Areola Tattooing To help patients feel "whole" and "normal" again, instead of using tissue to rebuild a nipple, some women choose to have a nipple tattooed on the reconstructed breast. The most realistic way to achieve this is through 3D nipple tattooing.

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

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

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

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

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

Prevention

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

Our outreach included:

- 2 coaches
- 27 parishes served including Natchez, MS in Adams County
- 278 trips
- 3,667 women screened
- 22 cancers detected
- $823,000 operating expense

Mammogram Screening Software

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

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

Genetic Counseling

Hereditary cancers make up 5-10% of all cancers. Individuals who inherit one of these genes will have a higher risk of developing cancer at some point in their lives. Genetic counseling can help identify those at risk and is typically recommended for individuals who have a strong family or personal history of cancer, especially when diagnosed at an early age.

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

In 2020, Woman's Genetic Services cared for 610 patients and performed 570 genetic tests. Mutations were identified in 9%, or 49 cases.

Community Involvement

Woman's commitment to detecting and fighting breast and gynecologic cancers is unparalleled in Louisiana.

The goal of prevention is to educate women about ways to lower their risk of breast and gynecologic cancer and how to detect potential abnormalities earlier for a better outcome. To this end, our outreach extends far beyond our campus.

Woman's continuously focuses on education and screenings to keep our communities healthy. We provide screening mammography through our mammography coaches and our partnership with Mary Bird Perkins Cancer Center and Our Lady of the Lake.

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:

Bomb Booze Fairies

Geaux Teal

Helping Hands at Home

LCIW

One Village Baby Shower (Organization – One Breath Project & It Takes a Village BR)

Pennington

SELU Capstone Project 2020

Susan G. Komen

Unitech

Vanguard College

Wymar FCU

Philanthropic Support

Gifts from individuals, organizations and private foundations change the lives of women with cancer. Foundation for Woman's raised more than $1.4 million this year to support patients and their families.

Philanthropic support provides:

- Medicine women need through the Patient Support Fund
- A medical exercise program at Woman's Center for Wellness that improves quality of life and increases a woman's endurance
- Support from a dietitian for a weak patient with a poor appetite to keep her body strong and nourished
- Palliative Care Specialists to provide end-of-life care to a family in their last days together
- Guidance and care coordination from a nurse navigator for a scared, confused patient as she walks through every step of life with cancer

Gifts to Foundation for Woman's Make a Difference!
During the past year the world remained fearful of COVID-19 and its impact on individuals, especially those battling other healthcare challenges. Despite a nationwide focus on health, many people are neglecting scheduling basic cancer screenings for themselves. Unfortunately, **cancer doesn't wait, even during a pandemic.**

When cancer is detected early; the likelihood of death declines. Additionally, treatment is easier and less invasive when breast cancer is detected in the early stages. **Help from donors ensures all women in our area have access to mammograms in a safe, convenient environment like Woman's mammography coaches.** Generous support from individuals, local businesses and private foundations ensures women in need have access to screening mammograms at no out-of-pocket cost.

BUST Out, Woman's Victory Open and numerous special events held across the area bring people together to support cancer services and outreach. Through these events more than $350,000 was raised.

Cancer Registry

The Woman's Cancer Registry is a comprehensive collection of patient data. Our team tracks each patient diagnosed with cancer beginning with diagnosis, through treatment and for life. Information such as cancer site and histology, tumor markers, demographics, personal and family histories, risk factors, staging, treatment, follow-up and survival data are just some of the elements included in registry data. Data from the registry is analyzed and helps facilitate comparisons between Woman's cancer patient population and state and national cancer data.

The registry tracks quality of care and treatment by monitoring compliance with national, evidence—based guidelines. The data collected is used by physicians, administrators and planners to coordinate and support cancer conference presentations, facilitate cancer program development, evaluate staffing and equipment needs, and guide the development of educational and screening programs for patients and the community.

Specially trained and certified individuals in the Cancer Registry submit data to a central, state and national registry. Data is ultimately combined with information from other registries throughout the state and nation. Analysis of data enables public health professionals to evaluate environmental risk factors, risk-related behaviors, cancer trends and patterns.

With advances in cancer-related research, technology and treatments, the need for more detailed data continues to increase and the role of the Cancer Registry continues to grow and evolve. The registry serves as a valuable resource for information with the fundamental goal of preventing cancer. The registry functions under the guidance of Woman's Cancer Committee and in accordance with guidelines set by the American College of Surgeons Commission on Cancer (ACOS CoC) and National Accreditation Program for Breast Centers (NAPBC). Woman's maintains full accreditation from both the CoC and NAPBC.

The Cancer Registry is staffed by two full-time registrars and a manager who maintain certified tumor registrar credentials. Registry staff are members of the National Cancer Registrars Association and the Louisiana Tumor Registrars Association and participate in educational conferences provided by these organizations.

Woman's 2020 Tumor Report Site Distribution

Analytic Cases Only

Site	Class	Sex		Stage					
Group	Analytic	M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown
ALL SITES	814	3	811	99	522	83	42	29	39
ADRENAL GLAND	1	0	1	0	0	0	0	0	1
ANUS, ANAL CANAL	1	0	1	1	0	0	0	0	0
BREAST	589	2	587	98	379	62	27	8	15
CERVIX UTERI	32	0	32	0	16	6	0	5	5

COLON	8	0	8	0	3	2	0	3	0
CORPUS UTERI	114	0	114	0	90	8	7	5	4
HODGKIN'S LYMPHOMA	1	0	1	0	1	0	0	0	0
FALLOPIAN TUBE, PERITONEUM, RETROPERITONEUM, OMENTUM, MESENTERY	11	0	11	0	2	2	3	2	2
LUNG	1	0	1	0	0	0	0	1	0
NON-HODGKIN'S LYMPHOMA	4	1	3	0	3	0	0	0	1
OVARY	27	0	27	0	9	3	5	4	6
RECTUM, RECTOSIGMOID	1	0	1	0	1	0	0	0	0
SMALL INTESTINE	1	0	1	0	0	0	0	1	0

SOFT TISSUE	1	0	1	0	1	0	0	0	0
THYROID	3	0	3	0	3	0	0	0	0
VAGINA	4	0	4	0	2	0	0	0	2
VULVA	15	0	15	0	12	0	0	0	3

2020 All Sites Distribution by Age

Age at Diagnosis		Number of Cases		Percent
0-09		1		<1
10-19		1		<1

20-29		4		<1
30-39		57		7
40-49		132		16
50-59		172		21
60-69		274		34
70-79		129		16
80-89		42		5
90-99		2		<1
Total		**814**		**100**

2020 All Sites Distribution by Race				
Race		**Number of Cases**		**Percent**
Caucasian		538		66
African American		254		31
Asian/Other		22		3
Total		**814**		**100**

Cancer of the Breast

2020 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
10-19	0	0
20-29	2	<1
30-39	38	6
40-49	103	17
50-59	128	22
60-69	200	34

70-79	91	15
80-89	26	4
90-99	1	<1
Total	**589**	**100**

Race	Number of Cases	Percent
Caucasian	386	66
African American	190	32
Asian/Other	13	2
Total	**589**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	98	17
Stage I	379	64
Stage II	62	11
Stage III	27	4
Stage IV	8	1
Unknown/Not Applicable	15	3
Total	**589**	**100**

Treatment First Course	Number of Cases	Percent

Chemotherapy Only	13	2
Chemotherapy/Hormone	4	<1
Chemotherapy/Immunotherapy	1	<1
Hormone	5	<1
Chemotherapy/Radiation	13	2
Chemotherapy/Radiation/Hormone	2	<1
Radiation/Hormone	2	<1
Surgery	54	9
Surgery/Chemotherapy	105	18

Surgery/Radiation	55	9
Surgery/Radiation/Chemotherapy	58	10
Surgery/Hormone	69	12
Surgery/Radiation/Hormone	147	25
Surgery/Chemotherapy/Hormone	16	3
Surgery/Chemotherapy/ Immunotherapy	1	<1
Surgery/Radiation/Chemotherapy/ Hormone	24	4
Surgery/Radiation/Chemotherapy/	3	<1

Immunotherapy		
Surgery/Radiation/Chemotherapy/ Hormone/Immunotherapy	3	<1
None	14	2
Total	**589**	**100**

Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	97	16
Lobular Carcinoma In-Situ	3	<1
Adenocarcinoma, NOS	2	<1
Carcinoma, NOS	4	<1

Pleomorphic Carcinoma	1	<1
Infiltrating Ductal and Lobular Carcinoma	5	1
Infiltrating Ductal Carcinoma	435	74
Lobular Carcinoma	40	7
Metaplastic Carcinoma, NOS	1	<1
Spindle Cell Sarcomatoid Carcinoma	1	<1
Total	**589**	**100**

CANCER OF THE CERVIX

2020 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	9	28
40-49	8	25
50-59	8	25
60-69	1	3
70-79	5	16

80-89	1	3
90-99	0	0
Total	**32**	**100**

Race	Number of Cases	Percent
Caucasian	19	59
African American	12	38
Asian/Other	1	3
Total	**32**	**100**

Stage at Diagnosis	Number of Cases	Percent

Stage 0	0	0
Stage I	16	50
Stage II	6	18
Stage III	0	0
Stage IV	5	16
Unknown/Not Applicable	5	16
Total	**32**	**100**

Treatment First Course	Number of Cases	Percent

Surgery	12	38
Surgery/Radiation	1	3
Surgery/Radiation/Chemotherapy	3	9
Radiation	5	16
Radiation/Chemotherapy	10	31
Radiation/Chemotherapy/Hormone	1	3
Total	**32**	**100**

Histology	Number of Cases	Percent

Carcinoma, NOS	2	6
Basaloid Squamous Cell Carcinoma	1	3
Mixed Cell Adenocarcinoma	11	35
Clear Cell Adenocarcinoma, NOS	1	3
Squamous Cell Carcinoma, NOS	16	50
Large Cell Neuroendocrine Carcinoma	1	3
Total	**32**	**100**

CANCER OF THE OVARY

2020 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
Under 20	1	<4
20-29	0	0
30-39	1	<4
40-49	5	19
50-59	3	11

60-69	10	37
70-79	4	15
80-89	3	11
Total	**27**	**100**

Race	Number of Cases	Percent
Caucasian	17	63
African American	9	33
Asian/Other	1	<4

Total	**27**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	9	33
Stage II	3	11
Stage III	5	19
Stage IV	4	15
Unknown/Not Applicable	6	22

Total	**27**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<4
Surgery	4	15
Surgery/Chemotherapy	22	81
Total	**27**	**100**

Histology	Number of Cases	Percent
Carcinosarcoma, NOS	1	<4
Endometrioid Adenocarcinoma	1	<4
Papillary Serous Cystadenocarcinoma	18	67
Dysgerminoma	1	<4
Mixed Germ Cell Tumor	1	<4

Mullerian Mixed Tumor	1	<4
Adenocarcinoma, NOS	1	<4
Mixed Cell Adenocarcinoma, NOS	2	7
Mucinous Adenocarcinoma	1	<4
Total	**27**	**100**

CANCER OF THE UTERUS

2020 ANALYTIC CASES

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	7	6
40-49	10	9
50-59	23	20
60-69	43	38
70-79	25	22

80-89	6	5
90-99	0	0
Total	**114**	**100**

Race	Number of Cases	Percent
Caucasian	76	67
African American	32	28
Asian/Other	6	5
Total	**114**	**100**

Stage at Diagnosis	Number of Cases	Percent

Stage 0	0	0
Stage I	90	79
Stage II	8	7
Stage III	7	6
Stage IV	5	4
Unknown/Not Applicable	4	4
Total	**114**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	3	3

Chemotherapy/Hormone	1	<1
Radiation	1	<1
Surgery	58	51
Surgery/Hormone	2	2
Surgery/Chemotherapy	5	4
Surgery/Radiation	26	23
Surgery/Radiation/Chemotherapy	15	13
None	3	3
Total	**114**	**100**

Histology	Number of Cases	Percent
Carcinoma, NOS	1	<1
Clear Cell Adenocarcinoma, NOS	2	2
Adenocarcinoma, NOS	100	88
Mullerian Mixed Tumor	9	8
Leiomyosarcoma	1	<1
Endometrial Stromal Sarcoma	1	<1
Total	**114**	**100**

CANCER OF THE VULVA AND VAGINA

2020 ANALYTIC CASES

Site	Number of Cases	Percent
Vulva	15	79
Vagina	4	21
Total	**19**	**100**

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	1	5

40-49	2	<11
50-59	2	<11
60-69	7	37
70-79	4	21
80-89	3	16
90-99	0	0
Total	**19**	**100**

Race	Number of Cases	Percent
Caucasian	16	84

African American	3	16
Total	**19**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	14	74
Stage II	0	0
Stage III	0	0
Stage IV	0	0
Unknown/Not Applicable	5	26

Total	**19**	**100**

Treatment First Course	Number of Cases	Percent
Surgery/Radiation	1	5
Chemotherapy	1	5
Radiation/Chemotherapy	6	32
Surgery	10	53
Surgery/Radiation/Chemotherapy	1	5
Total	**19**	**100**

Histology	Number of Cases	Percent

Melanoma	1	5
Squamous Cell Carcinoma, NOS	17	90
Basal Cell Carcinoma, NOS	1	5
Total	**19**	**100**

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2020-December 2020

Total Conferences held……41

Total Cases Presented……105

Average number of attendees……...27

Total number of analytic breast cancer cases accessioned

in 2020……589

Age of Patients	Number of Cases	Percent
20-29	0	0
30-39	18	18
40-49	25	24

50-59	**15**	**15**
60-69	**23**	**22**
70-79	**22**	**21**
80-89	**2**	**<1**
90-99	**0**	**0**
Total	**105**	**100**

Histology of Cases Presented
Non-Invasive Tumors
Ductal Carcinoma – In-Situ

Fibromatosis
Sclerosing Adenosis, Usual Ductal Hyperplasia
Invasive Tumors
Invasive Carcinoma with Metaplastic Features
Invasive Carcinoma with Mixed Ductal and Lobular Features
Invasive Ductal Carcinoma with Focal Squamous Features
Invasive Micropapillary Carcinoma
Invasive Carcinoma with Mucinous Differentiation
Invasive Ductal Carcinoma

Invasive Lobular Carcinoma
Invasive Pleomorphic Lobular Carcinoma
Poorly Differentiated Carcinoma
Spindle Cell Carcinoma
Well Differentiated Neuroendocrine Tumor

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2020-December 2020

Total conferences held…….7

Total cases presented……...53

Average number of attendees…….. 30

Total number of analytic gynecologic cases accessioned

in 2020…….203

Age of Patients	Number of Cases	Percent
Under 20	0	0
20-29	1	2
30-39	3	5
40-49	12	23

50-59	**16**	**30**
60-69	**15**	**28**
70-79	**3**	**6**
80-89	**3**	**6**
90-99	**0**	**0**
Total	**53**	**100**

Sites Presented	Histology of Cases Presented
Endometrium	**Endometrioid Carcinoma**

Endometrium	**Endometrioid Adenocarcinoma**
Endometrium	**Serous Carcinoma**
Endometrium	**Benign Mucinous Cystadenofibroma**
Endometrium	**Complex Hyperplasia with Focal Atypia**
Vagina	**Invasive Squamous Cell Carcinoma**
Cervix	**Invasive Squamous Cell Carcinoma**
Cervix	**Moderately Differentiated Adenocarcinoma**
Ovary	**Granulosa Cell Tumor**
Ovary	**Adenocarcinoma**

Ovary	**Seromucinous Cystadenoma**
Ovary	**Serous Carcinoma**
Ovary	**Carcinosarcoma**
Ovary	**Seromucinous Borderline Tumor**
Ovary	**Serous Borderline Tumor**
Vulva	**Keratinizing Squamous Cell Carcinoma**
Uterus	**Mullerian Adenosarcoma**
Ileum	**Well Differentiated Neuroendocrine Tumor**
Fallopian Tube	**Endometrioid Carcinoma**

Fallopian Tube	**Serous Carcinoma**
	Epithelioid Leiomyosarcoma
	Hyatidiform Mole, Triploidy Type

2020 Cancer Committee

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

Administrative Liaisons

Quality Improvement Coordinator	Jena Aucoin, RN, CPHQ
Cancer Registrar	Leslie Sparks Barnett, RHIA, CTR
Director, Health Information Management	Danielle Berthelot, MHI, RHIA, CHTS-IM
Director, Pharmacy	Peggy Dean, RPH
Genetic Counselor	Hillary Wienpahl Janani, MS
Clinical Research Coordinator	Cyndi Knox, RN, BSN, MBA, OCN, CCRC
Oncology Palliative Care Coordinator	Michelle Leerkes, RN, BSN, MS
Social Services/ Psychosocial Services Coordinator	Robin Maggio, LCSW, OSW-C, ACHP-SW

Oncology RN Navigator	Ashley Marks, RN, OCN, CHPN
Cancer Registrar, Cancer Conference Coordinator	Bria Orgeron, RHIA, CTR
Adult Therapy Supervisor	Angela Page, PT

Executive Director, Cancer Pavilion, Cancer Program Administrator/Interim Imaging Director, Survivorship Program Coordinator
Cynthia Rabalais, RT(M)

Imaging Services/Cancer Pavilion Quality/Compliance Coordinator	Mary Salario, RN, BSN
Director, Medical/Surgical/Oncology, Oncology Nurse	Mary Ann Smith, RN, OCN

Manager, HIM/Cancer Registry, CTR, Cancer Registry Quality Coordinator Tonya Songy, RHIA, CTR, CPC

The Cancer Committee:

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

2020 BREAST PROGRAM LEADERSHIP COMMITTEE

Physician Members

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

Administrative Liaisons

Director, Health Information Management	Danielle Berthelot, MHI, RHIA, CHTS-IM
*Cancer Registrar	Leslie Barnett, RHIA, CTR
*Director, Pharmacy	Peggy Dean, RPH
*Director, Communications	Amiee Goforth
*Social Services	Robin Maggio, LCSW, OSW-C, ACHP-SW

*Oncology RN Navigator	Ashley Marks, RN, OCN, CHPN
*Cancer Registrar	Bria Orgeron, RHIA, CTR
*Adult Therapy Supervisor, Wellness Center	Angela Page, PT

Executive Director, Cancer Pavilion, Cancer Program Administrator/Interim Imaging Director
Cynthia Rabalais, RT(M)

*Oncology RN Navigator	LaToya Sampson, RN, BSN, OCN
Senior Vice President, Chief Operating Officer	Kurt Scott, SVP, COO
*Manager, HIM/Cancer Registry	Tonya Songy, RHIA, CTR, CPC

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

The Breast Program Leadership shall:

1. develop and evaluate annual goals and objectives for the clinical, educational, and programmatic activities related to the breast center;
2. plan, initiate and implement breast-related activities;
3. evaluate breast center activities annually;
4. audit interdisciplinary breast cancer center activities;
5. audit breast conservation rates;
6. audit sentinel lymph node biopsy rates;
7. audit needle biopsy rates;
8. promote clinical research and audit clinical trial accrual;
9. monitor quality and outcomes of the breast center activities, and
10. uphold medical ethical standards.