

A close-up, partial view of a woman's face, showing her eyes, nose, and lips. She has short, dark, curly hair and is wearing a gold earring. The background is a plain, light gray.

2016  
*Cancer Annual Report*



**Women** Choose *Woman's*

From birth to mammography, from cancer care to surgery, we are your resource for exceptional care. Take comfort in the fact that you've chosen a hospital that specializes in the care of women and is equipped to handle the expected as well as the unexpected.

Woman's Mission  
*To improve the health of women and infants.*



### Woman's Vision

By 2020, Woman's will be the national leader in women's and family-centered care, achieved through innovation, evidence-based practices, and strategic partnerships.

### Woman's Values

#### Respect

Accepting and appreciating differences  
*We welcome diversity and seek to understand differences in cultures, opinions and perspectives.*

#### Innovation

Creating and embracing change to improve outcomes  
*We improve lives by accepting challenges, never giving up and relentlessly nurturing new ideas.*

#### Compassion

Showing kindness to and caring for one another  
*We are gentle and considerate through our actions and expressions.*

#### Excellence

Being the best at what we do  
*We continue to exceed the expectations of our co-workers, patients and guests.*

*W*oman's Hospital was one of the first women's specialty hospitals in the nation, and is currently one of the largest in the United States. Opened in November 1968, Woman's is a private, nonprofit organization that is consistently recognized for its innovative women's and infants programs.

Our comprehensive services include obstetrical and cancer care, breast care, weight loss surgery and fitness services. Resources include a mobile mammography program and Woman's Center for Wellness to provide families in our community a vast array of preventative health services. Woman's campus provides an environment that welcomes families. Our soothing, healing atmosphere is focused on meeting the needs of women and infants.

Governed by a board of community volunteers, Joint Commission accredited and a Nursing Magnet® hospital, Woman's signifies excellence and quality patient care.

Today, Woman's ranks 17th in the country in total births, with more than 8,700 deliveries each year. Woman's performs more than 7,500 surgeries, 44,000 mammograms, and 59,000 pap screens annually.

For the past nine years, Woman's has been named one of Modern Healthcare Magazine's Top 100 Best Places to Work in Healthcare, and was recognized for the third consecutive year as a Best Places to Work by the Baton Rouge Business Report.

## The 2016 Cancer Focus

November 2, 2016

We are pleased to present the 2016 Cancer Program Annual Report. The focus of this year's report is vulvar and vaginal cancer diagnosed over the ten-year span from 2005-2015. A total of 226 cases of vulvar cancer were reported during this time period. As expected, the majority of patients (77%) were diagnosed after the age of 50. However, 9% of cases were diagnosed in women between the ages of 30 and 39. A trend of diagnosis in younger women has been noted nationally and is suspected to be due to increased incidence of HPV infections. Smoking is a known risk factor for vulvar cancer. This review noted that 34.9% of our patients are current smokers and an additional 15% said they had smoked in the past. These percentages are high when compared to the CDC report stating that only 14.8% of women smoke today.

The majority of cases of vulvar cancers were diagnosed as stage 0 or stage I. As we have noted in previous reviews, Louisiana has a higher incidence of vulvar cancer (2.7/100,000) than reported nationally (2.4/100,000). The highest numbers in Louisiana were reported in the Southwest and Central regions (3.3/100,000). We will be working with the Louisiana Tumor Registry over the next year to further evaluate the increased incidence of vulvar cancer in Louisiana.

Vaginal cancer is a relatively rare form of female cancer with risk factors including age, HPV infection, smoking, immune deficiency and exposure to Diethylstilbestrol (DES), a hormonal therapy used until 1971 for the prevention of miscarriages. There were 37 cases of vaginal cancer diagnosed over the ten-year span from 2005-2015. Unlike vulvar cancer, the majority of these cases were diagnosed at stage II and III with only 21% diagnosed at stage 0 or I. Survival rates at Woman's Hospital were noted to be better when compared to state and national statistics.

**Beverly Ogden, MD**  
Chairman, Cancer Committee

**Deborah Cavalier, MD**  
Cancer Liaison Physician

**Dennis DeSimone, DO**  
GYN Oncologist

## Cancer Discussion

Cancer of the vulva is an uncommon form of cancer with an estimated 5,950 cases diagnosed last year in the United States. An estimated 1,110 deaths will be attributed to this disease. Vulvar cancer is usually diagnosed in patients greater than 50 years old, but there is a rise in cases reported in younger women. The presumed cause is human papillomavirus infection (HPV). Approximately 15% of cases of vulvar cancer are diagnosed in women less than 40 years old. Risk factors for development of vulvar cancer include age greater than 50, HPV, smoking, immune deficiency and lichen sclerosus. Lichen sclerosus is an uncommon skin condition that creates white patches and thinning of the skin. In 2015, vulvar cancer represented 4.4% of all cancers diagnosed at Woman's.

For this report, we reviewed all cases of vulvar cancer diagnosed at Woman's from 2005-2015. A total of 226 cases were reported during this time period; 77% of cases were diagnosed in women greater than 50 years of age and 9% of cases were diagnosed between ages 30 and 39. The majority of tumors were squamous cell carcinoma with a variety of other histologic types including malignant melanoma, basal cell carcinoma, Paget's disease, and 2 cases of sarcoma. At 74%, a majority of cases were diagnosed as stage 0 or stage I. Survival statistics for Woman's for this time period indicated 72.6% overall survival which is better than that reported by both the National Surveillance, Epidemiology, and End Results (SEER) database (62.5%) and the Louisiana Tumor Registry (LTR) data (61.7%).

The incidence of vulvar cancer reported nationally for years 2004–2013 was a rate of 2.4/100,000. Louisiana reported a higher incidence of 2.7/100,000 during this same time interval, which is statistically significant in comparison to the national rate. A rate of 2.7/100,000 was reported in the Baton Rouge region, with higher rates reported in the Northwest, Central, Southwest and Acadiana regions of the state. A lower incidence (2.1/100,000) was reported in the New Orleans region. Woman's will work with the LTR over the next year to further evaluate the increased incidence of vulvar cancer in Louisiana and in our region and state.

Smoking is listed as a significant risk factor for vulvar cancer. 15% of our patients with vulvar cancer reported having a history of smoking and 35% of our patients were listed as being current smokers. These percentages are high considering the 2014 Center for Disease Control (CDC) report, showing that only 14.8% of females currently smoked.

Vaginal cancer is a rare form of cancer. It is estimated that 4,620 new cases were diagnosed in 2015 and about 950 deaths reported. The risk factors associated with vaginal cancer are age, exposure to Diethylstilbestrol (DES) hormonal drug that was used until 1971 for the prevention of miscarriage, HPV infection, smoking and immune deficiency. Vaginal cancer represented 0.5% of all cancer cases diagnosed at Woman's in 2015. We reviewed all vaginal cancers diagnosed at Woman's over the ten year span from 2005-2015.

A total of 37 cases were diagnosed during this time period. Squamous cell carcinoma made up 43% of cases and adenocarcinoma represented 19% of cases. Other diagnoses included malignant melanoma and various sarcomas. One case of clear cell carcinoma was reported which is the specific histology associated with DES exposure. Unlike vulvar cancer, the majority of cases were diagnosed as stage II and III with only 21% diagnosed as stage 0 or I. Overall five-year survival was reported as 56% at Woman's compared to 42% by SEER and 39% reported by the LTR. Due to the small number of patients with vaginal cancer at Woman's, differences are to be expected between its rates and those of the comparative groups which have significantly more patients.

Smoking is a known risk factor for vaginal cancer. At Woman's 25% of women with vaginal cancer are noted to be current tobacco users while 11% reported having a history of smoking. This 25% is also higher than the 14.8% reported in the 2014 CDC report as women that currently smoke.

## Comparative Analysis of Local and National Patient Populations

**Figure I**  
Vulvar and Vaginal Malignant Tumors • Age at Diagnosis: Years 2005-2015

Age at Diagnosis	Vulvar				Vagina			
	Woman's		NCDB*		Woman's		NCDB*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 20	0	0	99	<1	0	0	80	1
20-29	1	<1	790	1	1	2	103	1
30-39	20	9	3,000	6	0	0	399	4
40-49	31	14	8,122	16	5	13	1,284	11
50-59	63	28	10,410	20	11	30	2,213	20
60-69	42	19	9,539	19	8	22	2,458	22
70-79	43	19	9,235	18	4	11	2,345	21
80-89	24	11	7,818	15	8	22	1,849	17
90-99	2	<1	1,800	4	0	0	354	3
Unknown	0	0	1	<1	0	0	0	0
<b>Total</b>	<b>226</b>	<b>100</b>	<b>50,814</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>11,085</b>	<b>100</b>

\*National Cancer Data Base (NCDB) data only available for years 2003-2013.

The age at diagnosis of both vulvar and vaginal tumors exhibited a peak in the sixth decade among Woman's patients. Although vulvar cancers were seen as early as the third decade, no vaginal cancers were diagnosed prior to the fifth decade. NCDB data generally demonstrated similar distributions, although the relatively few cases of vulvar and vaginal tumors diagnosed at earlier ages may reflect the much larger population base of that sample.

**Figure II**  
Vulvar and Vaginal Malignant Tumors • Race: Years 2005-2015

Race	Vulvar				Vagina			
	Woman's		NCDB**		Woman's		NCDB**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Caucasian	190	84	43,115	85	25	68	8,145	74
African American	35	16	4,281	8	12	32	1,695	15
Other*	1	< 1	3,418	7	0	0	1,245	11
<b>Total</b>	<b>226</b>	<b>100</b>	<b>50,814</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>11,085</b>	<b>100</b>

\*Other category includes Native American and Hispanic.

\*\*NCDB data only available for 2003-2013.

The variations in the percentages of vulvar and vaginal cancer within the Caucasian and African American patient population at Woman's most likely reflect different population mix compared to the NCDB. The lack of other racial group representation for this time period is interesting given the local racial diversity, and the small but distinct percentages reported nationally, but may reflect the makeup of Woman's population.

**Figure III**  
Vulvar and Vaginal Malignant Tumors • Year of Diagnosis: Years 2005-2015

Year of Diagnosis*	Vulvar	Vagina
2005	13	2
2006	24	2
2007	24	2
2008	20	6
2009	21	6
2010	25	3
2011	17	4
2012	12	2
2013	19	2
2014	25	5
2015	26	3
<b>Total</b>	<b>226</b>	<b>37</b>

\*Year of diagnosis is based on accession year.

**Figure IV**  
Vulvar and Vaginal Malignant Tumors • Histologies: Years 2005-2015

Cell Types	Vulvar				Vagina			
	Woman's		NCDB*		Woman's		NCDB*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Invasive</b>								
Squamous Cell Carcinoma In-Situ	71	31			3	8		
Carcinoma In-Situ	2	1						
Melanoma In-Situ	1	< 1						
Paget Disease Extramammary In-Situ	3	1						
<b>Non-Invasive</b>								
Squamous Cell Carcinoma, NOS	82	36	30,000	59	12	32	6,096	55
Keratinizing Squamous Cell Carcinoma, NOS	32	14	6,818	14	3	8	699	6
Adenocarcinoma, NOS			471		7	19	743	7
Carcinoma, NOS			3,087	6			714	6
Microinvasive Squamous Carcinoma Large Cell, Nonkeratinizing Squamous Cell Carcinoma	7	3	538	1	1	3		
Squamous Cell Carcinoma Adenoid Endometrioid Carcinoma	1	< 1	634	1			328	3
Clear Cell Adenocarcinoma	1	< 1			2	5	211	2
Basaloid Squamous Cell Carcinoma	1	< 1	485	1	1	3	193	2
Basal Cell Carcinoma	9	4	1,178	2				
Basosquamous Carcinoma	1	< 1						
Mucinous Adenocarcinoma	1	< 1						
Paget Disease Extramammary	6	3	2,241	4				
Dermatofibrosarcoma	1	< 1						
Malignant Melanoma	6	3	1,383	3	2	5	442	4
Sarcoma Myoxide	1	< 1						
Leiomyosarcoma, NOS					1	3	136	1
Sarcoma					1	3		
Spindle Cell Sarcoma					1	3		
Small Cell Neuroendocrine Carcinoma					2	5		
Papillary Squamous Cell Carcinoma							129	1
Malignant Peripheral Nerve Sheath Tumor					1	3		
Other Specified types			3,979	8			1,394	13
<b>Total</b>	<b>226</b>	<b>100</b>	<b>50,814</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>11,085</b>	<b>100</b>

\*NCDB data only available for years 2003-2013.

The majority of cases of vulvar cancer (55%) were squamous cell carcinoma and 32% were squamous cell carcinoma in-situ. Additional diagnoses included basal cell carcinoma, malignant melanoma and 2 sarcomas. No reported cases of sarcoma were noted nationally.

The majority of cases of vaginal cancer were squamous cell carcinoma (43%), 19% were adenocarcinoma, 8% squamous cell carcinoma in-situ, and other diagnoses including 3 cases of malignant melanoma, 3 cases of various sarcomas, 2 small cell neuroendocrine tumors and 1 malignant peripheral nerve sheath tumor.

**Figure V**  
Vulvar and Vaginal Malignant Tumors • Stage at Diagnosis: Years 2005-2015

Stage at Diagnosis	Vulvar				Vagina			
	Woman's		NCDB*		Woman's		NCDB*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>0</b>	<b>79</b>	<b>35</b>	<b>13,104</b>	<b>26</b>	<b>3</b>	<b>8</b>	<b>1,300</b>	<b>12</b>
<b>I</b>	<b>89</b>	<b>39</b>	<b>16,888</b>	<b>33</b>	<b>5</b>	<b>13</b>	<b>2,537</b>	<b>23</b>
I	8							
IA	31							
IB	50							
<b>II</b>	<b>24</b>	<b>11</b>			<b>10</b>	<b>27</b>		
II	22		<b>6,242</b>	<b>12</b>			<b>2,135</b>	<b>19</b>
IIC	2							
<b>III</b>	<b>17</b>	<b>8</b>			<b>8</b>	<b>22</b>		
III	6		<b>6,209</b>	<b>12</b>			<b>1,502</b>	<b>13</b>
IIIA	5							
IIIB	2							
IIIC	4							
<b>IV</b>	<b>9</b>	<b>4</b>	<b>2,959</b>	<b>6</b>	<b>4</b>	<b>11</b>	<b>1,468</b>	<b>13</b>
IV								
IVA	5							
IVB	4							
<b>Unknown /Not Applicable</b>	<b>8</b>	<b>3</b>	<b>5,720</b>	<b>11</b>	<b>7</b>	<b>19</b>	<b>2,215</b>	<b>20</b>
<b>Total</b>	<b>226</b>	<b>100</b>	<b>51,122</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>11,157</b>	<b>100</b>

\*NCDB data only available for years 2003-2013.

At Woman's, 74% of vulvar cancers were diagnosed as stage 0 or I, better than the 59% reported in the NCDB.

At Woman's, 49% of vaginal cancers were diagnosed as stage II or III, compared to 32% reported in the NCDB. 21% of vaginal cancers were reported as stage 0 or I at Woman's compared to 35% reported in the NCDB.

**Figure VI**  
Vulvar and Vaginal Malignant Tumors • First Course of Treatment: Years 2005-2015

Treatment First Course	Vulvar				Vagina			
	Woman's		NCDB*		Woman's		NCDB*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Surgery	192	85	38,335	75	7	19	2,314	21
Surgery/Chemotherapy	1	<1	386	<1	2	5	205	2
Surgery/Radiation	7	3	3,174	6	6	16	958	9
Surgery/Radiation/Chemotherapy	18	8	2,314	5	4	11	769	7
Surgery/Radiation/ Hormone	1	<1	8	<1	0	0	0	0
Surgery/Radiation/Chemotherapy and Hormone	0	0	0	0	1	<3	6	<1
Chemotherapy	0	0	200	<1	1	<3	358	3
Radiation	0	0	1,199	2	1	<3	1,979	18
Radiation/Chemotherapy	4	2	2,177	4	14	38	2,932	26
Surgery/Biological Response Modifier (BRM)	0	0	309	<1	0	0	0	0
Other Specified Therapy	0	0	873	2	0	0	291	2
None	3	1	1,953	4	1	<3	1,293	12
<b>Total</b>	<b>226</b>	<b>100</b>	<b>50,928</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>11,105</b>	<b>100</b>

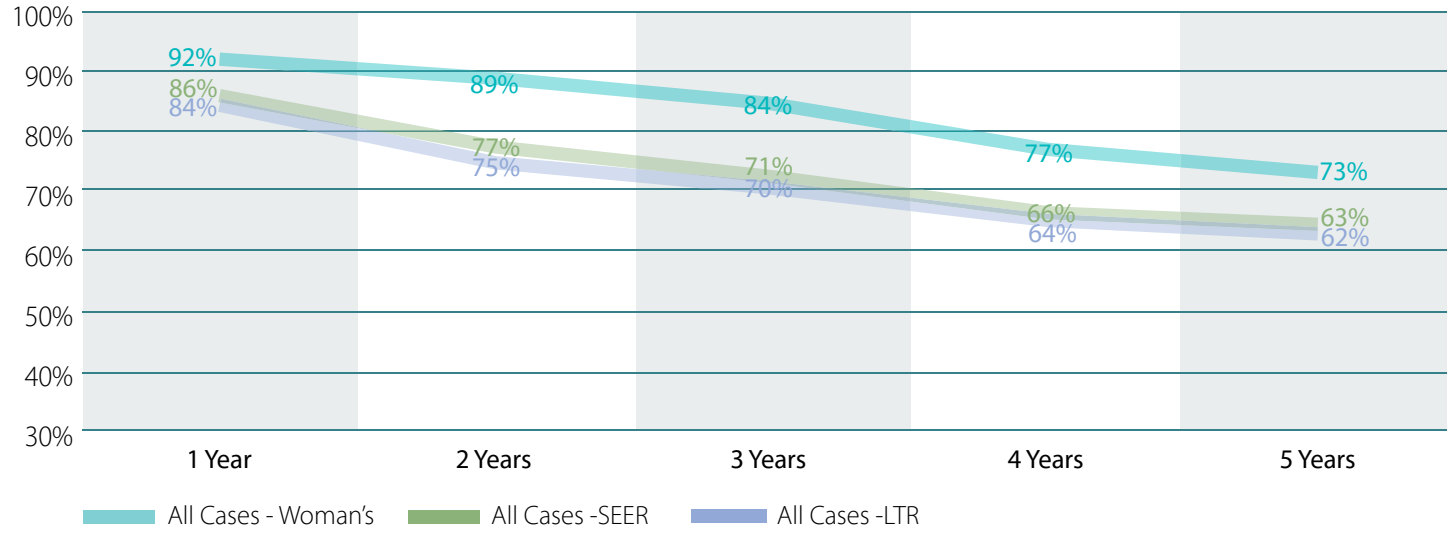
\*NCDB data available for years 2003-2013.

Comparison of first course treatment modalities for vulvar and vaginal tumors for Woman's and the NCDB data suggests similar utilization of these various modalities except for a somewhat greater percentage of surgery only for vulvar tumors and surgery plus radiation for vaginal tumors among the Woman's patient group.

The majority of patients with vulvar cancer were treated by surgery alone (85% at Woman's, 75% in the NCDB).

38% of patients with vaginal cancer were treated with radiation and chemotherapy at Woman's compared to 26% in the NCDB. 16% of patients were treated with surgery and radiation at Woman's compared to 9% in the NCDB. Only 1% of patients received radiation alone at Woman's compared to 18% in the NCDB.

**Figure VII**  
**Vulvar Cancer Five-Year Survival: All Cases**

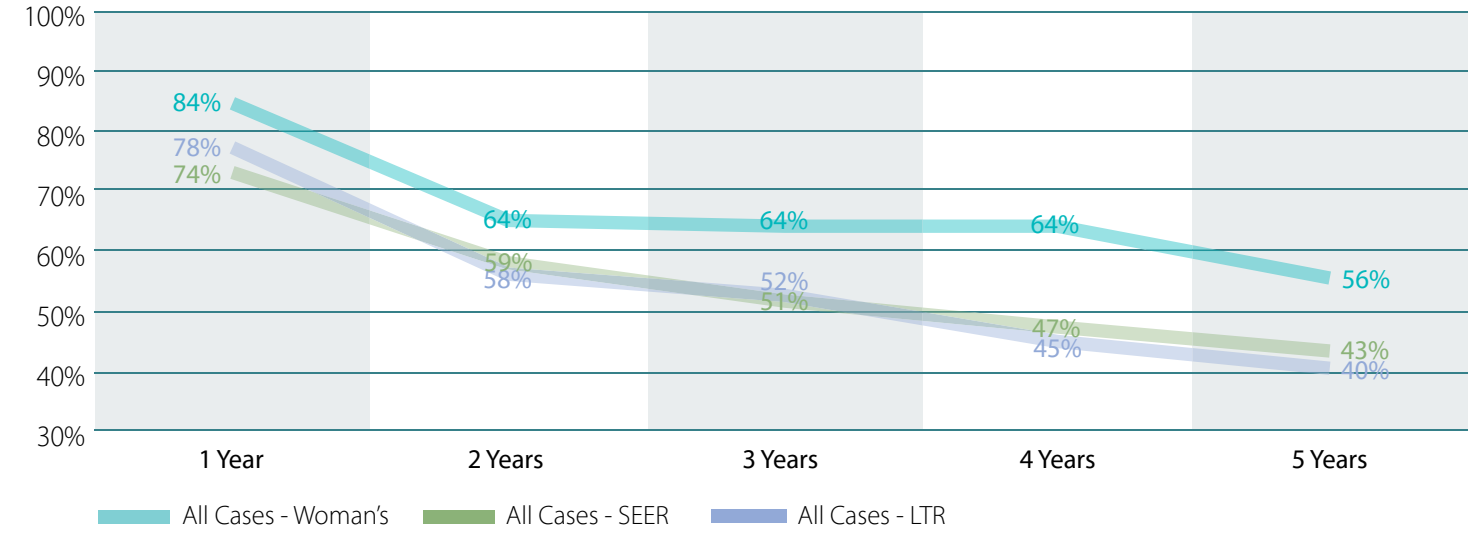


Total number for Woman's: 225; SEER: 5,594 and LTR: 355

Five-year survival at Woman's is significantly better than that reported at the LTR or nationally.

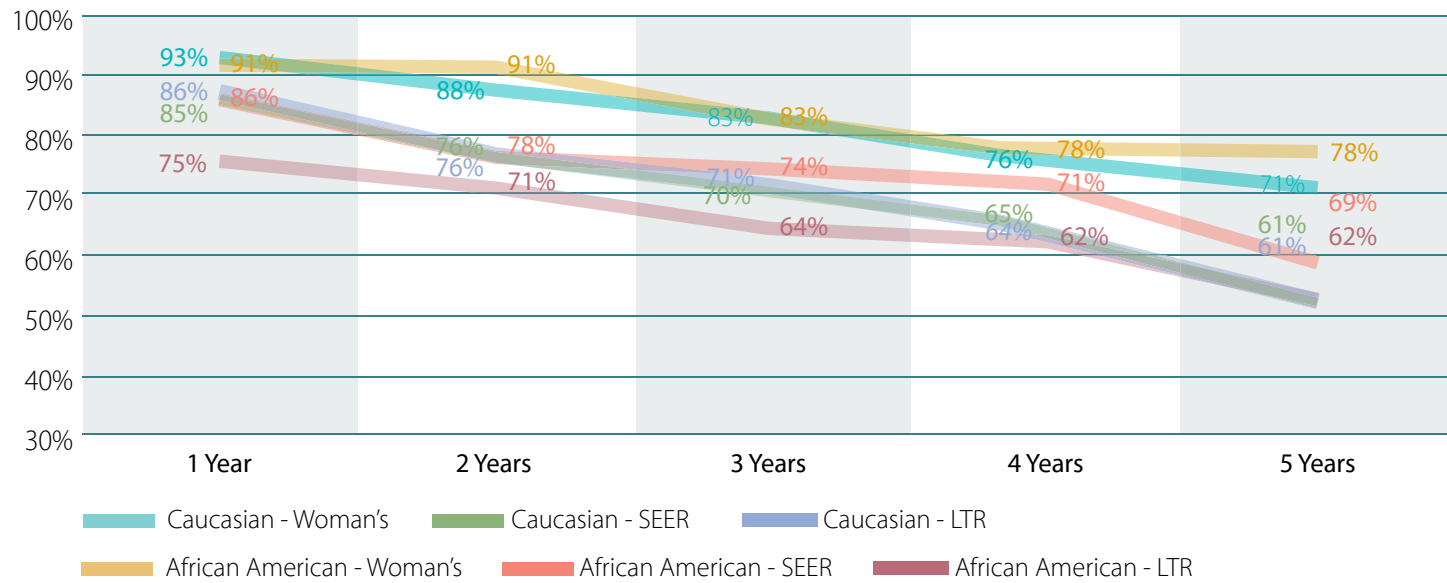
**Note:** 74% of cases at Woman's were stage 0 or I. Only 59% of cases in the NCDB were reported as stage 0 or I.

**Figure IX**  
**Vaginal Cancer Five-Year Survival: All Cases**



Five-year survival at Woman's was reported to be 56% compared to SEER national database (43%) and LTR (40%). No deaths were reported at Woman's for years 3 and 4, which is why the survival rate repeats from year 2.

**Figure VIII**  
**Vulvar Cancer Five-Year Survival by Race**



Woman's reported no deaths in years 2 or 5 for African Americans with vulvar cancer; this is why there are repeated percentages. For the same reason, LTR's percentage repeats from years 4 to 5.



## Research & Education

### Woman's Health Research Department

With the goal of enhancing medical care and improving patient outcomes, the Woman's Health Research Department provides clinical and molecular biology / genetic research services. These divisions conduct hospital and translational cancer research including inherited cancer and tumor markers. Hospital studies involve gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology. In 2015, there were 25 active cancer-related studies, 17 of which were NRG-sponsored studies. Active studies include studies that are closed to patient entry but are open for follow-up of patients who were enrolled in the studies.

### Gynecologic Oncology Group

Woman's is a participant in the Gynecologic Oncology Group (GOG) research program, a national collaborative funded through the National Cancer Institute. The GOG is the only group that focuses its research on women with pelvic cancers in order to compare the best existing treatments with promising new ones. Gynecologic Oncologist, Giles Fort, MD, directs Woman's gynecologic oncology research program, which is affiliated through Wake Forest University School of Medicine.

#### January-December 2015

- Patients registered on GOG protocols: 1
- Patients ineligible for GOG treatment protocols: 249
- Patients eligible but not registered: 9
- Patients with no cancer or non-GYN cancer: 182
- Patients registered on GOG non-treatment protocols: 2
- Patients reviewed for GOG protocols: 448
- GOG protocols approved by IRB: 5
- New protocols: 4
- Reactivated protocols: 1
- Number of follow-up contacts: 11
- Number of open protocols (treatment and non-treatment as of December 2015): 10

### Continuing Medical Education

Accredited by the Louisiana State Medical Society, Woman's Continuing Medical Education department offers physicians appropriate education programs related to the healthcare of women, children and infants. In 2015, 50 Breast Tumor Conferences and 12 GYN Tumor Conferences were held, in addition to a program titled "The Pregnant Patient with Cancer."

### The cancer-related studies that have active enrollment are:

1. Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA1)
2. Molecular Analysis of Human Breast Cancer (LABR)
3. Human Papillomavirus and Genetic Cofactors in Anogenital Cancer
4. GNRH, Quantitative Immunoperoxidase Analysis of LH and GnRH Receptor Status in Cancer of the Breast, Endometrium and Ovary
5. The Incidence of Underlying Endometrial Cancer in Biopsy-Proven Complex Atypical Endometrial Hyperplasia
6. A Randomized Phase III Trial of IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 q21 days x3 Courses Plus Low Dose Paclitaxel 40 MG/M2 Wk Versus IV Carboplatin (AUC 6) and Paclitaxel 175 MG/M2 Q21 Days x 3 Courses Plus observation in Patients with Early Stage Ovarian Carcinoma (GOG#175)
7. A Prospective Longitudinal Study of YKL 40 in Patients with FIGO Stage III or IV Invasive Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancer Undergoing Primary Chemotherapy (GOG#235)
8. A Phase III Randomized Controlled Clinical Trial of Carboplatin and Paclitaxel (or Gemcytobine) Alone or in Combination with Bevacizumab (NSC#704865, IND#113912) Followed by Bevacizumab and Secondary Cytoreductive Surgery in Platinum-Sensitive Recurrent Ovarian, Primary Peritoneal and Fallopian Tube Cancer (GOG#213)
9. A Randomized Trial of Pelvic Irradiation With or Without Concurrent Weekly Cisplatin in Patients with Pelvic Only Recurrence of Carcinoma of the Uterine Corpus (GOG#238)
10. A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel Versus Carboplatin and Paclitaxel for Optimally Debulked Advanced Endometrial Carcinoma (GOG#258)
11. Randomized Phase III Clinical Trial of Adjuvant Radiation Versus Chemoradiation in Intermediate Risk, Stage I/IIA Cervical Cancer Treated with Initial Radical Hysterectomy and Pelvic Lymphadenectomy (GOG#263)
12. A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12 Monthly Cycles of Single Agent Paclitaxel or Xytotax (CT-2103) (IND#70177) Versus No treatment Until Documented Relapse in Women with Advanced Ovarian or Primary Peritoneal Cancer who Achieve a Completed Clinical Response to Primary Platinum/Taxane Chemotherapy (GOG#212)
13. Can Diet and Exercise Modulate Ovarian, Fallopian Tube and Primary Peritoneal Cancer Progression-Free Survival
14. Evaluation of Physical Function and Quality of Life Before and After Non-Radical Surgical Therapy (Extra Fascial Hysterectomy or Cone Biopsy with Pelvic Lymphadenectomy) for Stage IA1 (LVSI+) and IA2-IB1 (<2cm) Cervical Cancer (GOG#278)
15. A Phase III Randomized Trial of Gemcitabine (NSC#613327) Plus Docetaxel (NSC#123127) Versus Observation for Uterus-Limited High Grade Uterine Leiomyosarcoma (GOG#277)
16. Phase II Trial Evaluating Cisplatin (NSC#119875) and Gemcitabine (NSC#613327) Concurrent with intensity-Modulated Radiation Therapy (IMRT) in the Treatment of Locally Advanced Squamous Cell Carcinoma of the Vulva (NCT#01595061) (GOG#279)
17. Phase II Trial of Cabozantinib (XL-184)(NSC#761968) in Women with Recurrent Clear Cell Carcinoma of the Ovary, Fallopian Tube or Peritoneum (NRG#GY001)
18. Phase III Trial of Adjuvant Chemotherapy Following Chemoradiation as Primary Treatment for Locally Advanced Cervical Cancer Compared to Chemoradiation Alone: The Outback Trial (GOG#274)
19. Comparative Analysis of CA-IX p16 Proliferative Markers and Human Papilloma Virus (HPV) in the Diagnosis of Significant Cervical Lesions in Patients with a Cytologic Diagnosis of Atypical Glandular Cells (AGC) (GOG#237)
20. Randomized Phase II/III Study to Assess the Efficacy of Trametinib (GSK#1120212) in Patients with Recurrent or Progressive Low-Grade Serous Ovarian Cancer or Peritoneal Cancer NCT#NCT02101788 (GOG#281)
21. Case Collection Protocol for Research, Development and Testing of Full-Field Digital mammography, Digital Breast Tomosynthesis and Computer Aided Algorithms
22. Locoregional Recurrence of Breast Cancer in Patients who Underwent Total Mastectomy and Axillary Lymph Node Dissection for Positive Sentinel Lymph Nodes.





*Woman's  
Continuum of  
Care*

*E*very woman's experience with cancer is personal and unique. Sometimes that journey begins by helping a sister or friend who is fighting the disease and sometimes it starts with a call-back for your mammogram. Woman's provides women assurance that they will receive the best medical and personal care available.

For nearly 50 years, the hospital has exclusively focused on keeping women healthy and supporting them through medical challenges. We know you want the most efficient and comprehensive care. We understand the value of moving quickly, but with consideration.

When it comes to breast and GYN cancers, Woman's is the expert. Our intense specialization drives the best medical outcomes and experience – from education and prevention, to screening and diagnosis, to treatment, survivorship and quality of life.

# Amy's Story

## Ovarian Cancer

It was lingering abdominal pains that let me know something wasn't right. I had been to several doctors, each with a different diagnosis, but the pain continued. I finally made an appointment with my physician at Woman's Hospital and on December 12, 2014, I was told that I had Stage IV Ovarian Cancer. Following my diagnosis, I made it clear that my family was my main concern. That's why I chose Woman's; I knew I could get the best care for me and my family right here at home.

The doctors and nurses were so compassionate, so knowledgeable and truly wanted to ensure that my quality of life was the best. The medical team not only cared for me, but extended that same quality of care to my husband and girls. My daughters were four and seven at the time, and they always had questions regarding what was happening to mommy. It was incredible to watch the nurses and doctors talk to them and help them understand that they were working to help make me feel better.

When my chemotherapy ended, I was able to get my strength back by entering Woman's Cancer Rehabilitation Program. The side effects of the treatments were tough; the nausea and fatigue made daily life challenging. The therapists were dedicated to tailoring my therapy sessions around my energy level, so I could get back to doing what I loved as quickly as possible.

Woman's will always be a special place to me. I was born there, my daughters were born there and I have continued to receive the highest quality care throughout my journey with cancer. I am happy to say that I am now in remission and can thank the medical staff for helping me reach this point. I am optimistic about the future and forever thankful for the doctors, the nurses and for choosing Woman's for my cancer care.



## Diagnosis

### Gynecologic Cancers

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

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

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

## Diagnosis

### Breast Cancer

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

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

## Mammography

- **28,721** total screening mammograms

### 2D Mammograms

- **21,554** screenings
- **84** cancers detected
- **4/1000** detection rate

### 3D Mammograms

- **7,167** screenings
- **56** cancers detected
- **8/1000** detection rate
- Double readings identified **11** of the **140** cancers, increasing detection rate by **8%**

### Additional breast studies included

- **576** MRIs
- **1,934** core biopsies
- **425** needle localizations

## Courtney's Story

### Breast Cancer

At 28 years old, the furthest thing from my mind was cancer. I was young, happy and healthy; I was a wife and a new mom. But that fall, everything changed.

I had a pain under my right arm and decided I needed to get it checked out. I made an appointment with my doctor, who then suggested I have a mammogram. Following the exam, a spot was found on my left side and soon after I was diagnosed with breast cancer. Those words were so shocking and so scary. I was filled with so many different emotions, but when the idea of not being able to watch my daughter and family grow came to mind, I quickly put things into perspective. I knew what I had to do; I had to fight.

There was never a doubt that I would choose Woman's Hospital for my cancer care. I went into treatment with a lot of questions and as optimistic as possible. The doctors helped me find the answers I needed to understand my treatment options. Knowing that I wanted to live the longest and healthiest life possible, I opted for a double mastectomy.

I completely trusted my doctor. He and his team walked me through one of the scariest times in my life and I couldn't be more thankful to have them by my side. They were there for me and my family the entire time. They may have started as medical professionals, but they have become honorary members of my family. To this day, I am so grateful for what Woman's has done for me.

# Shuntell's Story

## Breast Cancer

I noticed that one of my breasts began to take on a very unfamiliar shape, with one becoming much bigger than the other. I knew something wasn't right so I began to feel around and that's when I found a lump. I immediately called my aunt, who is a nurse, and she advised me to seek medical attention.

I was referred to Woman's Hospital for a mammogram and biopsy. When the results came back, the doctors diagnosed me with triple negative, an aggressive type of breast cancer.

I was completely devastated! Having recently gone through a family tragedy, I was beside myself trying to find the words to explain this to my loved ones. Luckily the staff at Woman's was there for me. They provided me with resources that not only helped me, but also helped my family.

Having two young children, I knew I had to stay strong and fight to get back to my regular duties as a mom. Because of the staff at Woman's, I was able to do just that! The doctors and nurses provided me with the very best care, holding my hand and making sure I was properly cared for. From the beginning they were there for me, and they are still there for me as I continue my journey into survivorship.



## Treatment

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

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

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

During chemotherapy, **Woman's Pharmacy** team works with physicians and nurses to optimize chemotherapy effectiveness and minimize its toxicities. When administering any drug, patient safety is our top priority and every dosage is reviewed by two pharmacists for

accuracy at time of receipt, prior to preparation and at final dispensation. **Woman's Respiratory Care** can help patients with any cardiopulmonary problems during treatment.

**Woman's Adult Intensive Care Unit** provides the most complex monitoring available, including **Mobile Virtual Critical Care (MVCC)**. This enables physicians to share observations immediately through video/audio access to Our Lady of the Lake Critical Care Unit – a team of 12 physicians, 5 advanced practice nurses and 5 physician assistants. High resolution audio/video cameras in every AICU room allow Woman's and OLOL's team to view the patient, their condition, medications, treatments and vital signs.

During your journey, there may be times when you need extra support. This can include managing your psychosocial needs, such as work, school and home environments; relationships; mental and emotional health and financial concerns. The oncology social workers in **Woman's Social Services** are prepared to encourage and coordinate services, including referrals for complementary therapies, home health and hospice, to maintain your continuity of care.

A common problem among breast cancer patients is lymphedema, commonly the consequence of surgically removing the lymph nodes in the armpit or the result of radiotherapy. Lymphedema occurs when excess fluid collects in tissues causing edema (swelling). Woman's offers a **Lymphedema**

**Management Program** including education, exercise, manual lymphatic techniques, compression and use of a gradient sequential pump.

As a leader in treating breast and GYN cancers, we understand that the side effects of chemotherapy, radiation and surgery can lead to fatigue, weakness, insomnia, memory loss, fear, anxiety and depression. These side effects can interfere with daily function and well-being. **Woman's Cancer Rehabilitation Therapy** is designed to help patients heal faster and better.

Cancer Rehabilitation Therapy utilizes specially trained clinicians, including physicians, nurses, physical therapists, occupational therapists, speech and swallowing therapists, audiologists, registered dietitians, mental health

professionals and others. This team works individually with each patient on a personalized plan to increase strength and energy, alleviate pain, improve physical function, achieve emotional balance and boost the immune system.

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

## Nutrition

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

## Community Education

Every woman differs in the level of support desired during cancer care. To provide options, Woman's offers a **monthly support group** and hosts **educational seminars**. We also share local resources to women seeking more specific guidance, such as programs at the American Cancer Society of Baton Rouge, Cancer Services of Baton Rouge and the Red Shoes.

## Survivorship

Two cancer survivor programs are offered by Woman's: Celebrate Life and Women Living with Cancer. Held each spring and fall, these programs celebrate survivorship and educate women about programs specifically suited to their continued recovery.



### Celebrate Life

A special celebration held at Woman's honoring women living with cancer, cancer survivors, caregivers and family members of former patients.



### Women Living with Cancer

An educational event held at Woman's for women, family members and caregivers to learn the latest in cancer care and discover how to manage the lifestyle changes associated with cancer.

## Palliative Care

Palliative care is specialized service that focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. **Woman's Adult Palliative Care Program** includes physicians, nurses, social workers, and other specialists working together to fulfill physical, emotional, spiritual and psychosocial needs.

## End-of-Life Care

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

## Nicola's Story

### Cervical Cancer

I just knew something was off. After experiencing a sudden weight loss and some abnormalities in my monthly cycle, I decided to go to my family physician to get some answers. At the visit, it was suggested that I follow up with a specialist. This led to many appointments and doctor visits, leaving me with all the same questions and no answers. It was then that I decided to go to Woman's Hospital.

Following a routine exam and a few tests, I was diagnosed with cervical cancer. Upon hearing those words, I became very scared and anxious, not only for me but also for my family. The doctors at Woman's quickly put me at ease. They were able to answer all of my questions and develop a treatment plan that would work best for me.

Because of the care I received with my diagnosis, I decided to also get my treatments at Woman's. I went through several rounds of chemotherapy and radiation that really began to take a toll. The nurses and staff refused to let me give up. They were always there to make sure I was comfortable and to let me know I wasn't alone. Because of them, I am proud to say that I am doing it – I am beating cancer.



## *Focused on Prevention*

Performing more than 44,000 breast procedures and processing more than 70,000 Pap tests a year, Woman's commitment to fighting and detecting breast and gynecological cancers is unparalleled in Louisiana.

The goal of prevention is to educate women about ways to lower their risk of breast and gynecological cancer and how to detect potential abnormalities earlier for a better outcome. To this end, our outreach extends far beyond our campus. Woman's continuously focuses on education and free screenings to keep our community healthy. In 2015, we attended health fairs and presented information on breast self-exams, cancer screenings and wellness.

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

- American Cancer Society
- Azalea Estates Assisted Living
- BASF Geismar Plant
- BREC
- Capital City Family Health Center
- Central Tangipahoa Head Start
- Doc's Dash for Pennington Biomedical Research Center
- Dow Chemical Company
- First United Methodist Church
- Gloryland Baptist Church
- Honeywell
- Jacobs Engineering Group
- Louisiana Cancer Registry
- Louisiana State University
- Mt. Gideon Baptist Church
- New Macedonia Church
- New Rising Sun Baptist Church
- Occidental Chemical Corp.
- Rotary Club
- Rubicon
- Shell Geismar Plant
- Southern University
- Susan G. Komen
- Syngenta
- Turner Industries
- Westdale Middle School
- Women's Council of Greater Baton Rouge

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

## GYN Cancers

There is no simple and reliable way to screen for gynecologic cancers except cervical cancer, which uses the **Pap test**. The Pap test also helps prevent cervical cancer by finding pre-cancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.

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

Due to the importance of early detection in gynecologic cancers, Woman's focused a community marketing campaign on the signs and symptoms.

### Treating gynecologic (GYN) cancer is our specialty.

GYNECOLOGIC (GYN) CANCERS					
SYMPTOMS <i>for 2 weeks or longer</i>	Cervical Cancer	Ovarian Cancer	Uterine Cancer	Vaginal Cancer	Vulvar Cancer
Abnormal vaginal bleeding or discharge	✓	✓	✓	✓	
Pelvic pain or pressure	✓	✓	✓		✓
Abdominal or back pain		✓	✓		
Bloating		✓			
Changes in bathroom habits		✓		✓	
Itching or burning of the vulva					✓
Changes in vulva color or skin, such as a rash, sores or warts					✓

Additional risk factors:  
Personal history of breast cancer; Family history of GYN Cancer

Choose gynecologic cancer treatment close to home at Woman's.

Dr. Giles Fort, gynecologic oncologist  
Dr. Dennis DeSimone, gynecologic oncologist

For more information:  
[womans.org/GYNCancer](http://womans.org/GYNCancer)

## Community Events

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



### LSU Bengal Belles

Woman's sponsored the LSU Bengal Belles' Pink Luncheon to support breast cancer awareness and provided more than 1,000 women with pink bags and breast care education.



### Geaux Teal

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



### Relay for Life

Woman's Relay for Life team raised \$7,409 for the American Cancer Society.



### Race for the Cure

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



## Breast Cancer

Beginning at age 40, Woman's and the American Cancer Society recommend that women undergo annual screening mammograms. Women with a family history or a suspicious lump may undergo a diagnostic mammogram earlier. **Woman's Imaging Department** offers the most advanced technology in detecting breast cancers including five 3-D mammography machines. Because we know that a call to return for further testing is a stressful experience, two radiologists and a computer-assisted detection system review results before any calls are made. 3-D mammography increases cancer detection by 30-40% and reduces the call-back rate by 20-30%.

### Mammography Coach

Woman's Mammography coach reduces geographic and financial

barriers to care by bringing screening mammograms directly to women in their communities. We continued to make a difference in the lives of women by providing breast care to low-income, at-risk, uninsured and underinsured women:

- 15 parishes visited
- 4,784 mammograms performed
- 29 cancers detected
- 6/1000 detection rate

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



## Colonoscopy

While Woman's cancer treatment services focus on breast and gynecological cancer, our prevention outreach extends to other cancers that can affect women. At the age of 50 and every 10 years thereafter, women with no family history of colon cancer are advised to get a colonoscopy. This procedure has an embarrassing reputation. For this reason, we offer private rooms with restrooms before and after the procedure to encourage more women to be screened. Annually, more than 450 women choose Woman's for colonoscopy.



## Skin Cancer Screenings

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

## Genetic Testing

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

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

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





# Philanthropic Support



Philanthropic giving allows individuals, corporations and private foundations to invest in programs at Woman's Hospital that are addressing critical community needs. In 2015, the Foundation for Woman's supported the following programs and services.

## Comprehensive Cancer Support

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

## Breast Cancer Outreach

Since 2014, Foundation for Woman's has been raising financial support for a new mammography coach featuring 3-D tomography. This second coach will increase Woman's capacity to provide screening mammograms to underserved women in mostly rural areas from 5,000 to 10,000 women each year. The investment required to purchase a new coach and refurbish the existing coach is approximately \$1.5 million.

## Healing Arts Program

Enhancing the hospital experience for patients and their families through music, poetry, dance and art is the goal of the Woman's Healing Arts Program. 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 Adult Palliative Care team includes 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 faced with a serious illness to decrease symptoms and improve quality of life.

## Fundraising events

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



### BUST Breast Cancer

BUST Breast Cancer is a unique celebration that embraces bra art to raise awareness for breast cancer. It includes a fashion show, chef's showcase and silent auction to raise funds for Woman's breast cancer outreach, including the Mammography Coach, and education programs at Woman's. This event raises approximately \$100,000 annually.



### Woman's Victory Open

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

# 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 team of experts carefully tracks each patient diagnosed with cancer starting at the time of diagnosis, through treatment and for life.

## The Importance of Data

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 stage of disease at diagnosis), treatment received and follow-up information. This data is used to ensure that patients are diagnosed and treated in compliance with national benchmarks and approved standards of care. It is also considered in the planning of new services for our patient population.

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

## Accurate, Quality Data

Our staff 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 full accreditation with commendation from the Commission on Cancer and full accreditation with the National Accreditation Program for Breast Centers.

Woman's Cancer Registry has been awarded the Silver Seal of Excellence by the Louisiana Tumor Registry for two consecutive years (third quarter 2014– second quarter 2015 and third quarter 2015– second quarter 2016). 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 and have proven high quality of data for at least 90% of the required data quality indicators in the case submissions.

**NAPBC**

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS



# Statistics

## Woman's 2015 Tumor Report Site Distribution

### Analytic Cases Only

SITE Group	CLASS Cases	STAGE					Not Applicable/Unknown
		Stage 0	Stage I	Stage II	Stage III	Stage IV	
<b>All Sites</b>	<b>584</b>	<b>95</b>	<b>292</b>	<b>91</b>	<b>65</b>	<b>24</b>	<b>17</b>
Stomach	1	0	1	0	0	0	0
Colon	3	1	1	0	0	1	0
Rectum & Rectosigmoid	1	0	0	0	0	0	1
Peritoneum, Omentum, Mesent	1	0	0	0	1	0	0
Esophagus	1	0	0	0	0	1	0
Breast	362	84	182	73	19	1	3
Cervix Uteri	38	1	21	6	7	3	0
Corpus Uteri	101	1	65	8	19	5	3
Ovary	42	0	6	3	17	12	4
Vagina	3	0	2	0	0	0	1
Vulva	26	8	13	0	2	1	2
Fallopian Tube	1	0	1	0	0	0	0
Thyroid	2	0	0	0	0	0	2
Other Endocrine	1	0	0	0	0	0	1
Hodgkin's Disease	1	0	0	1	0	0	0

### 2015 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
Under 20	1	<1
20-29	7	1
30-39	45	8
40-49	91	16
50-59	158	27
60-69	165	28
70-79	82	14
80-89	29	5
90-99	6	1
<b>Total</b>	<b>584</b>	<b>100</b>

### 2015 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	413	71
African American	159	27
Asian/Other	12	2
<b>Total</b>	<b>584</b>	<b>100</b>

Cancer of the Vulva  
and Vagina  
2015 Analytic Cases

Site	Number of Cases	Percent
Vagina	3	10
Vulva	26	90
<b>Total</b>	<b>29</b>	<b>100</b>
Age at Diagnosis	Number of Cases	Percent
30-39	3	10
40-49	6	21
50-59	9	31
60-69	3	10
70-79	4	14
80-89	3	10
90-99	1	<4
<b>Total</b>	<b>29</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	22	76
African American	7	24
Asian/Other	0	0
<b>Total</b>	<b>29</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	8	28
Stage I	15	52
Stage II	0	0
Stage III	2	7
Stage IV	1	<4
Unknown/Not Applicable	3	10
<b>Total</b>	<b>29</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<4
Radiation/Chemotherapy	1	<4
Surgery	25	86
Surgery/Chemotherapy	1	<4
Surgery/Radiation	1	<4
<b>Total</b>	<b>29</b>	<b>100</b>
Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	7	24
Squamous Cell Carcinoma	16	55
Squamous Cell Carcinoma Adenoid	1	<4
Basal Cell Carcinoma	2	7
Adenocarcinoma	2	7
Melanoma	1	<4
<b>Total</b>	<b>29</b>	<b>100</b>

Cancer of the Breast  
2015 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	< 1
30-39	26	7
40-49	62	17
50-59	104	29
60-69	92	25
70-79	50	14
80-89	22	6
90-99	4	1
<b>Total</b>	<b>361</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	259	72
African American	95	26
Asian/Other	7	2
<b>Total</b>	<b>361</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	84	23
Stage I	182	51
Stage II	73	20
Stage III	19	6
Stage IV	0	0
Unknown/Not Applicable	3	<1
<b>Total</b>	<b>361</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Chemotherapy/Immunotherapy	1	<1
Radiation/Chemotherapy	1	<1
Radiation/Chemotherapy/Immunotherapy	1	<1
Surgery	179	50
Surgery/Chemotherapy	30	8
Surgery/Radiation	33	9
Surgery/Radiation/Chemotherapy	4	1
Surgery/Radiation/Chemotherapy/ Immunotherapy	3	<1
Surgery/Hormone	31	9
Surgery/Hormone/Immunotherapy	1	<1
Surgery/Radiation/Hormone	60	17
Surgery/Chemotherapy/Hormone	1	<1
Surgery/Chemotherapy/Immunotherapy	9	2
Surgery/Chemotherapy/Hormone/ Immunotherapy	1	<1
Surgery/Radiation/Chemotherapy/Hormone	4	1
Surgery/Radiation/Chemotherapy/Hormone/ Immunotherapy	2	<1
<b>Total</b>	<b>361</b>	<b>100</b>
Histology	Number of Cases	Percent
Carcinoma In-Situ	13	4
Ductal Carcinoma In-Situ	72	20
Lobular Carcinoma In-Situ	2	<1
Infiltrating Ductal & Lobular Carcinoma	4	1
Infiltrating Ductal Carcinoma	244	67
Lobular Carcinoma	17	5
Medullary Carcinoma	1	<1
Metaplastic Carcinoma	4	1
Mucinous Adenocarcinoma	4	1
<b>Total</b>	<b>361</b>	<b>100</b>

## Cancer of the Ovary 2015 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	3	7
30-39	0	0
40-49	8	19
50-59	10	24
60-69	14	33
70-79	4	10
80-89	3	7
<b>Total</b>	<b>42</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	29	69
African American	12	29
Asian/Other	1	2
<b>Total</b>	<b>42</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	6	14
Stage II	3	7
Stage III	17	40
Stage IV	12	29
Unknown/Not Applicable	4	10
<b>Total</b>	<b>42</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Chemotherapy	2	5
Surgery	15	36
Surgery/Chemotherapy	23	55
Surgery/Radiation/Chemotherapy	1	2
None	1	2
<b>Total</b>	<b>42</b>	<b>100</b>
Histology	Number of Cases	Percent
Carcinoma	2	5
Adenocarcinoma, NOS	5	12
Clear Cell Adenocarcinoma	2	5
Endometrioid Adenocarcinoma	3	7
Mixed Cell Adenocarcinoma	1	2
Papillary Serous Cystadenocarcinoma	20	48
Mucinous Adenocarcinoma	5	12
Malignant Sex Cord Tumor	1	2
Granulosa Cell Tumor	2	5
Mixed Mullerian Tumor	1	2
<b>Total</b>	<b>42</b>	<b>100</b>

## Cancer of the Cervix 2015 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	<3
30-39	9	24
40-49	10	26
50-59	5	13
60-69	9	24
70-79	3	8
80-89	0	0
90-99	1	<3
<b>Total</b>	<b>38</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	19	50
African American	17	45
Asian/Other	2	5
<b>Total</b>	<b>38</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	<3
Stage I	21	55
Stage II	6	16
Stage III	7	18
Stage IV	3	8
Unknown/Not Applicable	0	0
<b>Total</b>	<b>38</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Chemotherapy	2	5
Surgery	23	61
Surgery/Chemotherapy	3	8
Surgery/Radiation	3	8
Surgery/Radiation/Chemotherapy	4	10
Radiation/Chemotherapy	3	8
<b>Total</b>	<b>38</b>	<b>100</b>
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	11	29
Squamous Cell Carcinoma, NOS	23	60
Adenosquamous Carcinoma	3	8
Mixed Mullerian Tumor	1	<3
<b>Total</b>	<b>38</b>	<b>100</b>

Age at Diagnosis	Number of Cases	Percent
20-29	1	1
30-39	4	4
40-49	3	3
50-59	26	26
60-69	46	45
70-79	20	20
80-89	1	1
90-99	0	0
<b>Total</b>	<b>101</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	75	74
African American	25	25
Asian/Other	1	1
<b>Total</b>	<b>101</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	1
Stage I	65	64
Stage II	8	8
Stage III	19	19
Stage IV	5	5
Unknown/Not Applicable	3	3
<b>Total</b>	<b>101</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Surgery	71	70
Surgery/Chemotherapy	15	15
Surgery/Radiation	8	8
Surgery/Radiation/Chemotherapy	6	6
Surgery/Hormone	1	1
<b>Total</b>	<b>101</b>	<b>100</b>
Histology	Number of Cases	Percent
Endometrial Stromal Sarcoma	1	1
Endometrioid Adenocarcinoma	79	78
Leiomyosarcoma	4	4
Mixed Cell Adenocarcinoma	1	1
Mixed Mullerian Tumor	6	6
Serous Adenocarcinoma	8	8
Adenosarcoma	1	1
Clear Cell Adenocarcinoma	1	1
<b>Total</b>	<b>101</b>	<b>100</b>

## Cancer Registry Report on Cases Presented at Breast Cancer Conferences

### January 2015-December 2015

Total conferences held. . . . .	51
Total cases presented . . . . .	115
Average number of attendees. . . . .	21
Total number of analytic breast cancer cases accessioned in 2015 . . . . .	361

Age of Patients	Number of Cases	Percent
30-39	20	17
40-49	23	20
50-59	25	22
60-69	27	23
70-79	13	11
80-89	5	4
90-99	2	3
<b>Total</b>	<b>115</b>	<b>100</b>

### Histology of Cases Presented

#### Non-Invasive Tumors

- Ductal Carcinoma – In-Situ
- Comedo Ductal Carcinoma – In-Situ
- Paget Disease
- Fibrocystic Disease
- Atypical Follicular Hyperplasia

#### Invasive Tumors

- Infiltrating Ductal Carcinoma
- Lobular Carcinoma
- Metaplastic Carcinoma
- Malignant Epithelioid Neoplasm
- Metastatic Mammary Carcinoma

# Cancer Registry Report on Cases Presented at Gynecologic Cancer Conference

## January 2015-December 2015

Total conferences held . . . . .	12
Total cases presented . . . . .	73
Average number of attendees . . . . .	27
Total number of analytic gynecologic cases accessioned in 2015 . . . . .	210

## Sites Presented

	Age of Patients	Number of Cases	Percent
Cervix Uteri			
Corpus Uteri			
Stomach	20-29	3	4
Gastrointestinal	30-39	7	11
Endometrium	40-49	4	5
Fallopian Tube	50-59	15	21
Ovary	60-69	20	27
Peritoneum	70-79	19	26
Vagina	80-89	4	5
Vulva	90-99	1	1
Urethra			
<b>Total</b>		<b>73</b>	<b>100</b>

## Histology of Cases Presented

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

# 2015 Cancer Committee

## Physician Members

Co-Chair, Pathology . . . . .	Beverly Ogden, MD
Co-Chair, Breast Surgical Oncology . . . . .	Mindy Bowie, MD
Gyn Oncology . . . . .	Giles Fort, MD
Cancer Liaison Physician . . . . .	Deborah Cavalier, MD
General Surgery . . . . .	Alec Hirsch, MD
Genetics . . . . .	Duane Superneau, MD
Medical Oncology . . . . .	Kellie Schmeekle, MD
OB/Gyn . . . . .	Julius Mullins, MD
OB/Gyn . . . . .	Tammy Dupuy, MD
Radiology (MEC Liaison) . . . . .	Steven Sotile, MD
Radiation Oncology . . . . .	Sheldon Johnson, MD
Surgical Oncology . . . . .	John Lyons, MD

## Administrative Liaisons

Senior Vice President/CNE . . . . .	Patricia R. Johnson, DNP, RN, NEA-BC
Director, Health Information Management Services . . . . .	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 Olsson, MS LOTR
Social Services . . . . .	Robin Maggio, LCSW, OSW-C, ACHP-SW
Director, Medical/Surgical/Oncology . . . . .	Mary Ann Smith, BSN, RN, OCN
Imaging Services Compliance/Resource Coordinator . . . . .	Mary Salaro, RN, BSN, CRN
Data Manager/Oncology . . . . .	Ashley Marks, RN, OCN, CHPN
Food and Nutrition Services . . . . .	Paula Meeks, MS, RDN
Director, Communications . . . . .	Amiee Goforth
Director, Pharmacy . . . . .	Peggy Dean, B.S. Pharm, MBA

## The Cancer Committee:

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

### The Breast Program Leadership:

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

## 2015 Breast Cancer Ad-Hoc Committee

### Physician Members

<i>Co-Chair, Breast Surgical Oncology</i> .....	Mindy Bowie, MD
<i>Co-Chair, Radiology</i> .....	Steven Sotile, MD
<i>OB/Gyn</i> .....	Charles Lawler, MD
<i>OB/Gyn</i> .....	Lisa Gautreau, MD
<i>OB/Gyn</i> .....	Julius Mullins, MD
<i>Radiation Oncology</i> .....	Renee Levine, MD
<i>Medical Oncology</i> .....	Derrick Spell, MD
<i>Pathology</i> .....	Beverly Ogden, MD
<i>General Surgeon</i> .....	Michael Puyau, MD
<i>Genetics</i> .....	Duane Superneau, MD
<i>Plastic Surgery</i> .....	Gary Cox, MD
<i>OB/Gyn (Resident PGY III)</i> .....	Diana Dietrich, MD
<i>OB/Gyn (Resident PGY IV)</i> .....	Mary Dark-Busch, MD

### Administrative Liaisons

<i>Vice President of Ancillary Services</i> .....	Kurt Scott
<i>Senior Vice President/CNE</i> .....	Patricia R. Johnson, DNP, RN, NEA-BC
<i>Director, Health Information Management Services</i> .....	Danielle P. Berthelot, MHI, RHIA, CHTS-IM
<i>Director, Radiology</i> .....	Cynthia Rabalais, RT(M)
<i>Director, Medical/Surgical/Oncology</i> .....	Mary Ann Smith, BSN, RN, OCN
<i>Social Services</i> .....	Robin Maggio, LCSW, OSW-C, ACHP-SW
<i>Patient Navigator, Social Services</i> .....	Tracy Johnson, LMSW, OSW-C
<i>Clinical Supervisor, Therapy Center</i> .....	Michelle Spear, PT
<i>*Director, Communications</i> .....	Amiee Goforth
<i>*Director, Pharmacy</i> .....	Peggy Dean, B.S. Pharm, MBA
<i>*Manager, Health Information Management</i> .....	Tonya Songy, RHIA, CPC
<i>*Cancer Registrar</i> .....	Heather McCaslin, RHIT, CTR
<i>*Director, Educational Services</i> .....	Joan Ellis, PhD

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



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