



Woman's

CANCER ANNUAL REPORT



2025

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Cancer Pavilion

We are pleased to present the 2025 Cancer Program Annual Report. Data contained in this report includes statistics of the top five cancer sites treated at Woman's Hospital in calendar year 2024. A site distribution table shows the total number of cases by site of all analytic cancer cases treated in 2024, along with stages, ages, and race breakdown.

Descriptions of services and treatments available to our cancer patients are contained within this report. There is also a summary of cancer conferences and cancer committees held in 2024.

Cancer Registry
Woman's Hospital



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

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

The technology at the Pavilion is unparalleled:

- A highly advanced digital linear accelerator enhances precision, but with less radiation exposure and a shorter treatment time.
- Custom beam-shaping technology is used in conjunction with the accelerator to further enhance precision and spare normal, healthy tissue. Optical imaging allows for real-time tumor tracking during treatment.
- New technology blends PET and CT images into one image for greater accuracy in detecting small tumors and in identifying tumor boundaries, allowing for more targeted and concentrated radiation to save healthy tissue.
- High-Dose Rate Brachytherapy for gynecologic and breast cancer treatment, which allows for minimal exposure to healthy tissue using a device that delivers a high dose of radiation directly to the tumor site, is available in a dedicated suite that keeps the patient in one area for the entirety of her procedure. This design is unique to only a few facilities in the country.
- The Catalyst system (by C-RAD) offers a complete solution for positioning the patient and motion tracking. Optical cameras in the room can detect and track a 3D surface image of the patient. This sophisticated and non-invasive technology allows us to accurately align the anatomy in the treatment position and increase precision.
- A state-of-the-art clinical pharmacy is located within the infusion center for quick, safe delivery of chemotherapy medications. With an onsite clinical infusion pharmacy, patients' wait times for infusions are approximately 20 minutes, which is well below the national average. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.
- Every detail for patient comfort and convenience was considered in the design of the infusion center, which includes 15 bays and four private rooms. Scalp Cooling technology is available for patients who are eligible to utilize this technology.

Woman's Cancer Pavilion

In partnership with:





RESEARCH AND EDUCATION



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

Cancer Clinical Trials

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

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

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

Woman's Cancer Pavilion Clinical Research Statistics (January – December 2024):

- 2024 Patients enrolled – 553
- Breast Studies open – 15
- GYN Studies open – 7

The National Cancer Institute Community Oncology Research Program (NCORP)

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

Cancer-related Studies With Active Enrollment

1. ES 2021-05 - Specimen Collection Study to Evaluate Biomarkers in Subjects with Cancer
2. AstraZeneca Tropion-Breast05 - A Phases III, Open-label, Randomized Study of Datopotamab Deruxtecan (Dato-DXd) With or Without Durvalumab compared with Investigator's Choice of Chemotherapy in Combination with Pembrolizumab in Patients with PD-L1 Positive Locally Recurrent Inoperable or Metastatic Triple-Negative Breast Cancer
3. Cambria-1 - A Phase III, Open-Label, Randomized Study to Assess the Efficacy and Safety of Extended Therapy with Camizestrant versus Standard ET in Patients with ER+/HER2- Early Breast Cancer and an intermediate or High Risk of recurrence who have completed Definitive Locoregional Therapy and at Least 2 Years of Standard Adjuvant Endocrine-Based Therapy without Disease Progression
4. XPORT-EC-042 - A Phase III, Randomized, Placebo-Controlled, Double-blind, Multicenter Trial of Selinexor in Maintenance Therapy after Systemic therapy for Patients with P53Wild-Type Advanced or Recurrent Endometrial Carcinoma
5. NRG GY026 - A Phase II/III Study of Paclitaxel/Carboplatin Alone or Combined with Either Trastuzumab and Hyaluronidase-osyk or Pertuzumab, Trastuzumab, and Hyaluronidase-zzxf (PHESGO) in Her2 +, Stage I-IV Endometrial Serous Carcinoma or Carcinosarcoma
6. ES 2021-05 - Specimen Collection Study to Evaluate Biomarkers in Subjects with Cancer
7. URCC 21038 - Disparities in Results of Immune Checkpoint Inhibitor Treatment: A Prospective Cohort Study of Cancer Survivors Treated with anti-PD-1/PD-L1 Immunotherapy in a Community Oncology Setting
8. ECOG-ACRIN EA1511 - Tomosynthesis Mammographic Imaging Screening Trial (TMIST)
9. NCI DCP-001 - Use of a Clinical Trial Screening Selection Tool to Address Cancer Health Disparities in the NCORP
10. SWOG S1501 - Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER2+ Breast Cancer, Phase III
11. AFT-25 COMET - Comparison of Operative to Monitoring and Endocrine Therapy (COMET) Trial for Low-Risk DCIS: A Phase III Prospective Randomized Trial
12. ICARE - Inherited Cancer Registry
13. A012103 OptimICE-pCR - Pembrolizumab vs. Observation in People With Triple-negative Breast Cancer Who Had a Pathologic Complete Response After Chemotherapy Plus Pembrolizumab
14. ASCENT -05 - A randomized, open-label, phase 3 study of adjuvant Sacituzumab Govitecan and Pembrolizumab versus treatment of physician's choice in patients with Triple Negative Breast Cancer who have residual invasive disease after surgery and neoadjuvant therapy
15. ARTISTRY-07 - A Phase 3, Multicenter, Open-Label, Randomized Study of Nemvaleukin Alfa in Combination with Pembrolizumab vs. Investigator's Choice Chemotherapy in Patients with Platinum-Resistant Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer
16. TroFuse10 - A Phase 3 Study of MK-2870 as a Single Agent and in Combination with Pembrolizumab Versus Treatment of Physician's Choice in Participants with HR+/HER2- Unresectable Locally Advanced or Metastatic Breast Cancer
17. EAQ221CD CONCURxP - Improving Medication Adherence in Metastatic Breast Cancer using a CONnected CUstomized Treatment Platform
18. TROPION-Breast 05 - A Phase III Study of Dato-DXd With or Without Durvalumab Compared With Investigator's Choice of Chemotherapy in Combination With Pembrolizumab in Patients With PD-L1 Positive Locally Recurrent Inoperable or Metastatic Triple-negative Breast Cancer
19. TROPION-Breast 04 - A Phase III Randomised Study to Evaluate Dato-DXd and Durvalumab for Neoadjuvant/Adjuvant Treatment of Triple-Negative or Hormone Receptor-low/

Continuing Medical Education

Accredited by the Texas Medical Association, Woman's Continuing Medical Education offers physicians appropriate education programs focused on cancer care and treatment. These programs are also open for other disciplines to attend. In 2024, 48 Breast Tumor Conferences and 16 GYN Tumor Conferences were held.

Woman's continuing medical education programs included a Mammography conference.





WOMAN'S CONTINUUM OF CARE



Gynecologic Cancers

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

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

Breast Cancers

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

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

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

Treatment

Woman's is the destination of choice for women with breast and gynecologic cancers. Despite the cancer, stage and treatment, our care is fully comprehensive.

Surgery

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

Treatment options for breast cancer patients have come a long way. Our surgeons perform new procedures to help women feel whole after cancer. Hidden scar surgery minimizes visible scarring by removing cancerous tissue through a single, inconspicuous incision, usually along the edge of the nipple or the underside of the breast. Autologous tissue reconstruction allows the use of a patient's own tissue to reconstruct a new breast mound that can look and feel more natural. Some surgeries also allow

for nipple-sparing mastectomies, which keep the nipple and areola intact along with the breast skin. Woman's breast surgeons are some of the few currently performing nipple-sparing mastectomies in the Baton Rouge area.

Chemotherapy

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

Should the need arise, Woman's provides the most complex hospital monitoring available in our Adult Critical Care Unit.

Radiation Oncology

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

Cancer Rehabilitation Therapy

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

Lymphedema Program

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

Nutrition

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



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



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



Woman's Cancer Registry received the Gold Seal of Excellence Award in 2025 by the Louisiana Tumor Registry for submission of high-quality, complete, and timely 2024 diagnosis year data. This award reflects an ongoing commitment to excellence in cancer reporting and recognizes the vital role the Cancer Registry plays in the shared mission to improve cancer outcomes across the state.

Woman's Breast Specialists

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

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.

Oncology Nurse Navigators

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

Oncology Social Worker

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

Medical Exercise

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

Cancer Education

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

Areola Tattooing

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

Massage Therapy

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

Microblading

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

Adult Palliative Care

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

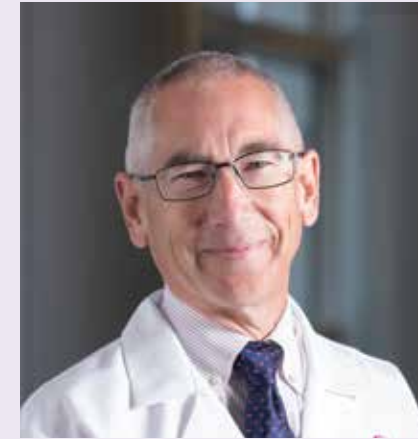
End-of-Life Care

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

Healing Arts & Special Events

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

Woman's Gynecologic Oncology Clinic



Anthony Evans, MD, PhD
Gynecologic Oncologist



Laurel King, MD
Gynecologic Oncologist



Renee Cowan, MD
Gynecologic Oncologist



Gabrielle Hawkins, MD
Gynecologic Oncologist

Woman's GYN Oncology Group includes four gynecologic oncologists, Dr. Anthony Evans, Dr. Laurel King, Dr. Renee Cowan and Dr. Gabrielle Hawkins. 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 Advanced Practice Providers.



PREVENTION



Mammogram Screening Software

Catching breast cancer as early as possible is every patient and physician's goal. Woman's uses the Tyrer-Cuzick 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 2024, Woman's Genetic Services cared for 450 patients and performed 425 genetic tests. Mutations were identified in 11.4%, or 46 cases.

Community Involvement

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

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

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

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

- Junior League
- Mary Bird Perkins
- RKM
- Second Baptist Church
- Southern University Athletics
- Syngenta
- YWCA

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
- 37 parishes served including Adams and Wilkinson counties
- 292 trips
- 5,000 women screened
- 25 cancers detected
- \$870,000 operating expense



CANCER REGISTRY



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

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

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

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

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

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

The Cancer Registry is staffed by three full-time registrars and a director who maintain Oncology Data Specialist Certified (ODS-C) credentials and are all Registered Health Information Management Administrators (RHIA). Registry staff are also members of the National Cancer Registrars Association and the Louisiana Tumor Registrars Association.



Woman's 2024 Tumor Report Site Distribution



STATISTICS

Analytic Cases Only

SITE Group	CLASS Analytic	SEX		STAGE					Unknown/ Not Applicable
		M	F	Stage 0	Stage I	Stage II	Stage III	Stage IV	
All Sites	996	3	993	125	504	140	116	59	52
Breast	659	2	657	123	338	107	52	23	16
Cervix Uteri	44	0	44	0	11	10	14	4	5
Colon	7	1	6	1	0	1	1	3	1
Corpus Uteri	186	0	186	0	121	10	26	17	12
Fallopian Tube	2	0	2	0	0	1	1	0	0
GI Tract	1	0	1	0	0	0	0	0	1
Hemoretic	1	0	1	0	0	0	0	0	1
Peritoneum, Retroperitoneum, Omentum, Mesentery	4	0	4	0	0	0	2	2	0
Lung	2	0	2	0	0	0	0	0	2
Non-Hodgkin's Lymphoma	5	0	5	0	2	1	2	0	0
Ovary	50	0	50	0	18	7	15	5	5
Rectum, Rectosigmoid	2	0	2	0	0	0	0	1	1
Soft Tissue	2	0	2	0	0	0	0	0	2
Stomach	1	0	1	0	0	0	0	1	0
Thyroid	2	0	2	0	2	0	0	0	0
Unknown	1	0	1	0	0	0	0	0	1
Vagina	5	0	5	0	0	2	0	0	3
Vulva	22	0	22	1	12	1	3	3	2

2024 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
0-19	0	0
20-29	4	<1
30-39	53	5
40-49	182	18
50-59	208	21
60-69	304	31
70-79	193	19
80-89	47	5
90-99	5	<1
Total	996	100

2024 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	646	65
African American	327	33
Asian/Other	23	2
Total	996	100

Cancer of the Breast
2024 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
10-19	0	0
20-29	3	<1
30-39	34	5
40-49	134	20
50-59	138	21
60-69	195	30
70-79	109	17
80-89	43	7
90-99	3	<1
Total	659	100
Race	Number of Cases	Percent
Caucasian	437	66
African American	209	32
Asian/Other	13	2
Total	659	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	123	19
Stage I	338	51
Stage II	107	16
Stage III	52	8
Stage IV	23	4
Unknown/Not Applicable	16	2
Total	659	100

Treatment First Course	Number of Cases	Percent
Chemotherapy Only	30	5
Chemotherapy/Hormone	9	1
Chemotherapy/Immunotherapy	48	7
Chemotherapy/Hormone/Immunotherapy	1	<1
Hormone	11	2
Immunotherapy	2	<1
Radiation/Chemotherapy	1	<1
Radiation/Chemotherapy/Hormone	2	<1
Radiation/Chemotherapy/Hormone/Immunotherapy	1	<1
Radiation/Hormone	1	<1
Surgery	72	11
Surgery/Chemotherapy	61	9
Surgery/Chemotherapy/Hormone	8	1
Surgery/Chemotherapy/Immunotherapy	56	8
Surgery/Chemotherapy/Hormone/Immunotherapy	2	<1
Surgery/Hormone	92	14
Surgery/Immunotherapy	4	<1
Surgery/Hormone/Immunotherapy	2	<1
Surgery/Radiation	57	9
Surgery/Radiation/Chemotherapy	15	2
Surgery/Radiation/Chemotherapy/Hormone	4	<1
Surgery/Radiation/Chemotherapy/Immunotherapy	17	3
Surgery/Radiation/Hormone	150	23
Surgery/Radiation/Chemotherapy/Hormone/Immunotherapy	3	<1
None	10	2
Total	659	100
Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	121	18
Noninfiltrating Intracystic Carcinoma	1	<1
Paget's Disease	2	<1
Papillary Carcinoma In-Situ	3	<1
Adenoid Cystic Carcinoma	1	<1
Adenosquamous Carcinoma	1	<1
Carcinoma, NOS	5	1
Infiltrating Ductal and Lobular Carcinoma	7	1
Infiltrating Ductal Carcinoma	432	66
Intracystic Carcinoma	2	<1
Invasive Micropapillary Carcinoma	4	<1
Leiomyosarcoma	1	<1
Lobular Carcinoma	75	11
Metaplastic Carcinoma, NOS	1	<1
Phyllodes Tumor	1	<1
Tubular Adenocarcinoma	1	<1
Neuroendocrine Carcinoma	1	<1
Total	659	100

Cancer of the Cervix
2024 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	8	18
40-49	11	25
50-59	10	23
60-69	10	23
70-79	5	11
80-89	0	0
90-99	0	0
Total	44	100
Race	Number of Cases	Percent
Caucasian	29	66
African American	12	27
Asian/Other	3	7
Total	44	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	11	25
Stage II	10	23
Stage III	14	32
Stage IV	4	9
Unknown/Not Applicable	5	11
Total	44	100
Treatment First Course	Number of Cases	Percent
Chemotherapy/Immunotherapy	2	<5
Surgery	8	18
Surgery/Chemotherapy	1	2
Surgery/Chemotherapy/ Immunotherapy	1	2
Surgery/Radiation	3	7
Surgery/Radiation/Chemotherapy	3	7
Surgery/Radiation/Chemotherapy Immunotherapy	2	5
Radiation	2	5
Radiation/Chemotherapy	7	16
Radiation/Chemotherapy/ Hormone	1	2
Radiation/Chemotherapy/ Immunotherapy	12	27
None	2	<5
Total	44	100
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	7	16
Adenosquamous Carcinoma	1	<3
Basaloid Squamous Cell Carcinoma	1	<3
Carcinoma, NOS	1	<3
Clear Cell Adenocarcinoma, NOS	1	<3
Squamous Cell Carcinoma, NOS	33	75
Total	44	100

Cancer of the Ovary
2024 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
Under 20	0	0
20-29	1	2
30-39	3	6
40-49	6	12
50-59	10	20
60-69	23	46
70-79	7	14
80-89	0	0
90-99	0	0
Total	50	100
Race	Number of Cases	Percent
Caucasian	30	60
African American	16	32
Other/Asian/NOS	4	8
Total	50	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	18	36
Stage II	7	14
Stage III	15	30
Stage IV	5	10
Unknown/Not Applicable	5	10
Total	50	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	1	2
Chemotherapy/Immunotherapy	1	2
Surgery	19	38
Surgery/Chemotherapy	14	28
Surgery/Chemotherapy/Hormone	2	4
Surgery/Chemotherapy/Immunotherapy	12	24
Surgery/Hormone	1	2
Total	50	100
Histology	Number of Cases	Percent
Carcinoma In-Situ, NOS	1	2
Adenocarcinoma, NOS	1	2
Carcinoma, NOS	3	6
Carcinosarcoma	3	6
Clear Cell Carcinoma	2	4
Endometrioid Adenocarcinoma	11	22
Granulosa Cell Tumor, Malignant	6	12
Mixed Germ Cell Tumor	1	2
Papillary Serous Cystadenocarcinoma	2	4
Serous Cystadenocarcinoma	18	36
Struma Ovarii, Malignant	2	4
Total	50	100

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	2	1
40-49	21	11
50-59	38	20
60-69	66	36
70-79	54	29
80-89	4	2
90-99	1	<1
Total	186	100
Race	Number of Cases	Percent
Caucasian	110	59
African American	73	39
Asian/Other	3	2
Total	186	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	121	65
Stage II	10	5
Stage III	26	14
Stage IV	17	9
Unknown/Not Applicable	12	7
Total	186	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<1
Chemotherapy/Immunotherapy	6	3
Hormone Therapy	1	<1
Radiation	2	1
Surgery	98	53
Surgery/Chemotherapy	8	4
Surgery/Chemotherapy/ Immunotherapy	15	8
Surgery/Chemotherapy/Hormone/ Immunotherapy	1	<1
Surgery/Hormone Therapy	1	<1
Surgery/Radiation	24	13
Surgery/Radiation/Chemotherapy	15	8
Surgery/Radiation/Chemotherapy/ Immunotherapy	6	3
None/Other (IUD)	8	4
Total	186	100
Histology	Number of Cases	Percent
Adenocarcinoma In-Situ	5	3
Adenocarcinoma, NOS	152	82
Carcinoma, NOS	1	<1
Carcinosarcoma, NOS	12	6
Clear Cell Adenocarcinoma, NOS	7	4
Leiomyosarcoma, NOS	2	1
Mixed Cell Adenocarcinoma	4	2
Rhabdomyosarcoma	1	<1
Squamous Cell Carcinoma, NOS	1	<1
Undifferentiated Sarcoma	1	<1
Total	186	100

Site	Number of Cases	Percent
Vulva	22	81
Vagina	5	19
Total	27	100
Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	1	4
40-49	6	22
50-59	6	22
60-69	2	7
70-79	11	41
80-89	0	0
90-99	1	4
Total	27	100
Race	Number of Cases	Percent
Caucasian	20	74
African American	7	26
Other	0	0
Total	27	100
Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	4
Stage I	12	44
Stage II	3	11
Stage III	3	11
Stage IV	3	11
Unknown/Not Applicable	5	19
Total	27	100
Treatment First Course	Number of Cases	Percent
Chemotherapy	1	4
Chemotherapy/Immunotherapy	1	4
Radiation	2	7
Radiation/Chemotherapy	5	19
Surgery	15	55
Surgery/Radiation	3	11
Total	27	100
Histology	Number of Cases	Percent
Adenocarcinoma, NOS	2	7
Basal Cell Carcinoma	1	4
Leiomyosarcoma	2	7
Lentigo Maligna Melanoma	1	4
Melanoma In-Situ	1	4
Squamous Cell Carcinoma In-Situ	2	7
Squamous Cell Carcinoma, NOS	18	67
Total	27	100

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2024–December 2024

Total conferences held	16
Total cases presented	59
Average number of attendees	24
Total number of analytic gynecologic cases accessioned in 2024	309

Sites Presented

- Appendix
- Cervix
- Endometrium
- Fallopian Tube
- Myometrium
- Ovary
- Uterine Corpus
- Vagina
- Vulva

Age of Patients	Number of Cases	Percent
10-19	0	0
20-29	2	3
30-39	4	7
40-49	9	15
50-59	9	15
60-69	19	33
70-79	14	24
80-89	2	3
90-99	0	0
Total	59	100

Histology of Cases Presented

- Adenocarcinoma
- Carcinosarcoma
- Clear Cell Adenocarcinoma
- Endometrial Stromal Sarcoma
- Endometrioid Carcinoma
- Granulosa Cell Tumor
- Highly Cellular Leiomyoma with Degenerative Cytologic Atypia
- Leiomyosarcoma
- Low-Grade Appendiceal Mucinous Neoplasm
- Malignant Struma Ovarii
- Melanoma
- Mesophrenic-Like Adenocarcinoma
- Mucinous Adenocarcinoma
- Papillary Thyroid Carcinoma, Infiltrative Follicular Variant Arising in Struma Ovarii
- Perivascular Epithelioid Cell Tumor, Uncertain Malignant Potential
- Serous Borderline Tumor
- Serous Carcinoma
- Squamous Cell Carcinoma
- Undifferentiated Sarcoma

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2024–December 2024

Total conferences held	48
Total cases presented	256
Average number of attendees	37
Total number of analytic breast cases accessioned in 2024	659

Age of Patients	Number of Cases	Percent
10-19	1	0
20-29	8	3
30-39	18	7
40-49	54	21
50-59	47	18
60-69	73	29
70-79	35	14
80-89	18	7
90-99	2	1
Total	256	100

Histology of Cases Presented • Non-Invasive Tumors

- Acute and Chronic Inflammation including Granulomatous Inflammation
- Adenosquamous Carcinoma
- Borderline Phyllodes Tumor
- Ductal Carcinoma In-Situ
- Ductal Mastitis
- High-Grade Neuroendocrine Carcinoma
- Invasive Carcinoma with Ductal and Lobular Features
- Invasive Carcinoma with Micropapillary & Apocrine Features
- Invasive Ductal Carcinoma
- Invasive Ductal Carcinoma with Basal Like Features
- Invasive Ductal Carcinoma with Mucinous and Basal Like Features
- Invasive Ductal Carcinoma with Mucinous Features
- Invasive Lobular Carcinoma
- Invasive Lobular Carcinoma with Pleomorphic and Signet Ring Cell Features
- Invasive Mammary Carcinoma
- Invasive Metaplastic Carcinoma
- Invasive Micropapillary Carcinoma
- Lobular Carcinoma In-Situ
- Malignant Spindle Cell Neoplasm, Favor Radiation Induced High Grade Undifferentiated Sarcoma
- Metaplastic Carcinoma
- Paget's Disease
- Papillary Lesion with Atypical Epithelial Proliferation
- Post-partum Mastitis

2024 Cancer Committee

The Cancer Committee:

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

Physician Members

- *Chair, Breast Surgical Oncology Lindsey Fauveau, MD
- *Vice-Chair, Pathology Robert Koscick, MD
- *Cancer Liaison Physician, Gynecologic Surgical Oncology Anthony Evans, MD, PhD
- *Radiation Oncology Charles Wood, MD
- *Medical Oncology William Varnado, MD
- *Radiology Steven Sotile, MD

Administrative Liaisons

- Cancer Registrar, ODS-C Leslie Sparks Barnett, RHIA, ODS-C
- *Survivorship Program Coordinator, Oncology RN Navigator Shelisa Cager, RN, OCN
- Administrator, Cancer Pavilion Brooke Coogan, MS
- Director, Pharmacy Peggy Dean, RPH
- *Cancer Conference Coordinator Madeleine Dufrene, RHIA
- Senior Vice President, Payor Relations/Cancer Services Kevin Guidry, MHA
- *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, SN, OC, CBCN, ONN-CG
- Coordinator, Tumor Registry, ODS-C Bria Orgeron, RHIA, ODS-C
- Adult Therapy Supervisor Angela Page, PT
- *Cancer Pavilion Quality/Compliance Coordinator, Quality Improvement Coordinator, Clinical Director, Cancer Pavilion Mary Salario, RN, BSN
- *Manager, Med-Surg/Oncology Gillian Sanford, BSN, RN, OCN
- Associate Chief Nursing Officer Wendy Singleton, MSN, APRN-BC, ANP-BC, NEA-BC
- *Director, Tumor Registry, Cancer Registry Quality Coordinator, Cancer Program Administrator Tonya Songy Handley, RHIA, ODS-C, CPC
- Genetic Counselor Caroline Stites, LCGC
- Dietitian Robin Strate, RDN, CSO, LDNPa

**Must attend at least 75% of meetings.*

2024 Breast Program Leadership Committee

The Breast Program Leadership shall:

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

Physician Members

Chair, Breast Program Director, Breast Surgical Oncology	Lindsey Fauveau, MD
Vice-Chair, Radiology	Ashley Grindol, MD
Pathology	Robert Koscick, MD
Radiation Oncology	Charles Wood, MD
Medical Oncology	Lauren Zatarain, MD

Administrative Liaisons

Administrator, Cancer Pavilion	Brooke Coogan, MS
Clinical Research	Cyndi Knox, RN, BSN, MBA, OCN, CCRC
Social Services	Robin Maggio, LCSW, OSW-C, ACHP-SW
Oncology RN Navigator	LaToya Sampson, RN, BSN, OCN
Coordinator, Tumor Registry, ODS-C	Bria Orgeron, RHIA, ODS-C
Adult Therapy Supervisor, Wellness Center	Angela Page, PT
Clinical Director, Cancer Pavilion	Mary Salario, RN, BSN
Director, Tumor Registry, ODS-C	Tonya Songy Handley, RHIA, ODS-C, CPC
Genetic Counselor	Caroline Stites, LCGC



About Woman's Hospital

Woman's Hospital opened in 1968 to meet the unique needs of women requiring specialized care. We have more experience with gynecologic and other surgery for women than most other hospitals in Louisiana. Today we offer the latest diagnostic technology and surgical techniques. Woman's Hospital also has more doctors and nurses with exceptional experience in caring for women before, during, and after surgery. We are here to provide the resources women need through all the changes and stages of their lives. Woman's Hospital is a not-for-profit institution. The earnings from our business are dedicated to new clinical services, equipment, and community service programs.

Our Mission

The mission of Woman's Hospital is to improve the health of women and infants.

Our Vision

Woman's will be the provider of choice for women's healthcare.

Our Values

Respect
Innovation
Compassion
Excellence



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