

Woman's 

2022 CANCER ANNUAL REPORT

F O C U S O N C E R V I C A L C A N C E R

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December 1, 2022

In 2022, it is predicted that there will be 14,100 new cases of invasive carcinoma of the cervix and approximately 4,280 deaths in the United States. Risk factors include exposure to Human papillomavirus (HPV) and smoking. HPV is the most commonly reported sexually transmitted disease in the United States and accounts for virtually all cervical cancers. It is estimated that by age 50, four out of five women show evidence of prior infection with HPV. There are thirteen known oncogenic HPV strains. Guidelines set by the United States Preventive Services recommend screening with pap tests every three years for women between the ages of 21-29 and every five years in women ages 30-65. Screening may be omitted after age 65 in selected individuals who have had adequate negative screening tests in years prior. Cervical cancer is largely a preventable disease when appropriate screening is employed. Risk is also profoundly diminished among those vaccinated against oncogenic HPV subtypes. Seventeen of our reported cases of cervical cancer were in women under the age of 30, with three deaths due to cervical cancer; one diagnosed at the age of 22 and two diagnosed at age 29. In addition, we reported 23% of our cervical cancer cases were detected in women greater than 60 years old. We want to take this opportunity to acknowledge the Cary Daugherty Cancer Detection Lab, one of the oldest pap test labs in the country, which has a history of evaluating over 2,000,000 pap tests and has been credited with saving many lives of the women in our community since 1959.

The Gardasil 9 vaccine, released in 2014, immunizes against HPV strains 6, 11, 16, 18, 31, 33, 45, 52 and 58. This vaccine has proven to decrease the number of HPV infections and cervical cancer cases in vaccinated women. However, a pilot study performed at Woman's Hospital in 2018, looked at the HPV strains found in abnormal pap test specimens. We knew before the study that 85% of the pap specimens with HPV infection were not associated with the most commonly reported HPV strains (HPV 16 and 18). The study, performed in collaboration with Dr. Jennifer Cameron at LSU New Orleans, showed that the four most common viruses identified in our samples were HPV strains 51, 53, 59 and 89, which are not included in the Gardasil 9 vaccine. We are in the process of a follow-up study, led by Dr. Caitlin Witt, one of our LSU residents, looking at the HPV oncogenic strains identified in cases of anogenital precancer and cancer diagnosed at Woman's Hospital in the last five years. We will report our results when the study is completed. These studies facilitate hypothesis generation that may lead to work investigating whether vaccine effectiveness could vary by geographic location or community. We want to thank the Woman's Hospital Tumor Registry for their work in maintaining an accurate tumor database, for helping us meet all our requirements for maintaining our CoC Cancer Accreditation, for hosting all our tumor conferences and for helping us create this report. We would also like to thank Landon Roy for providing our statistical analysis for this report.

Beverly Ogden, MD
Co-chair, Cancer Committee

Mindy Bowie, MD
Co-chair, Cancer Committee

Anthony Evans, MD, PhD
Medical Director, GYN Oncology



Cancer Discussion

According to the NIH, the incidence of cervical cancer is 9.2 cases per/100,000 African-American women and 7.1 cases per 100,000 Caucasian women with a mortality rate of 3.6 deaths per 100,000 African-American women and 2.1 deaths per 100,000 in Caucasian women. This higher cervical cancer incidence and mortality among African-American women is reflected in our graphs on pages 8-9, comparing national, regional and local data. In 2021, we recorded the highest number of cervical cancers referred to our cancer center in the last 10 years, 46 cases. Overall 5-year survival reported for all cases of cervical cancer for women diagnosed at Woman's Hospital was 68%. 66% survival was reported in the national database, 64% survival was reported in the Louisiana database and 66% was reported in Louisiana Region 2. The graph of 5-year survival for women diagnosed at Woman's Hospital by stage, on page 11, shows 84.5% survival for Stage I, 57% survival for Stage II, 59.9% survival for Stage III and 18% survival for Stage IV. Graphs comparing 5-year survival for Caucasians to that of survival for African Americans, on pages 12-13, show 76% overall survival for Caucasians and 59% overall survival for African Americans, a significant finding.

Cervical cancer is a largely preventable disease. As reflected in the figures, survival rate decreased as stage increased. Screening and early detection is a proven strategy for decreasing illness and death related to cervical cancer.

Comparative Analysis of Local and National Patient Populations

Figure I
Cervix Uteri Malignant Tumors • Age at Diagnosis: Years 2011-2021

| Age at Diagnosis | Woman's | | NCDB* | |
|------------------|------------|------------|---------------|------------|
| | Number | Percent | Number | Percent |
| Under 20 | 0 | 0 | 91 | <1 |
| 20-29 | 17 | 5 | 4,793 | 5 |
| 30-39 | 82 | 25 | 19,714 | 20 |
| 40-49 | 88 | 27 | 23,962 | 25 |
| 50-59 | 64 | 20 | 21,340 | 22 |
| 60-69 | 39 | 12 | 15,222 | 16 |
| 70-79 | 21 | 7 | 7,704 | 8 |
| 80-89 | 8 | 3 | 3,171 | 3 |
| 90-99 | 3 | 1 | 559 | 1 |
| Total | 322 | 100 | 96,556 | 100 |

*National Cancer Data Base (NCDB) data only available for years 2010-2019.

The age at diagnosis of malignant tumors of the uterine cervix for Woman's Hospital patients during the years 2011 to 2021 was compared to the age at diagnosis for these cancers among a national patient population for the years 2010 to 2019, the latter data reported in the NCDB data.

Our data demonstrates a slightly left-shifted bell shaped distribution, with a peak incidence in the fourth and fifth decades (ages 30-49) with a national peak in the fifth and sixth decades (ages 40-59).

Figure IV
Cervix Uteri Malignant Tumors • Histologies: Years 2011-2021

| Cell Types | Woman's | | NCDB* | |
|--|------------|------------|---------------|------------|
| | Number | Percent | Number | Percent |
| Squamous Cell Carcinoma, NOS | 219 | 68 | 63,308 | 66 |
| Adenosquamous Carcinoma | 10 | 3 | 2,788 | 3 |
| Adenocarcinoma, NOS | 68 | 21 | 19,340 | 20 |
| Carcinoma, NOS | 5 | 2 | 1,845 | 2 |
| Endometrioid Carcinoma | 2 | <1 | 1,163 | 1 |
| Large Cell Neuroendocrine Carcinoma | 3 | 1 | 195 | <1 |
| Small Cell Carcinoma, NOS | 3 | 1 | 969 | 1 |
| Mullerian Mixed Tumor | 2 | <1 | 606 | 1 |
| Leiomyosarcoma | 1 | <1 | 197 | <1 |
| Adenocarcinoma with Neuroendocrine Features | 2 | <1 | 106 | <1 |
| Clear Cell Adenocarcinoma, NOS | 2 | <1 | 929 | 1 |
| Embryonal Rhabdomyosarcoma | 1 | <1 | 95 | <1 |
| Mixed Cell Adenocarcinoma w/High Grade Serous & Clear Cell Adenocarcinoma Components | 2 | <1 | 614 | 1 |
| Spindle Cell Carcinoma | 1 | <1 | 15 | <1 |
| Squamous Cell Carcinoma Clear Cell Type | 1 | <1 | 32 | <1 |
| Other Specified Types | 0 | 0 | 4,354 | 4 |
| Total | 322 | 100 | 96,556 | 100 |

*NCDB data only available for years 2010-2019.

The majority of cases (68%) are invasive squamous cell carcinoma as would be expected. Adenocarcinoma is the second most common histologic type representing 21%, with scattered cases of less common cancer types seen.

Figure II
Cervix Uteri Malignant Tumors
Race Years: 2011-2021

| Race | Woman's | | NCDB* | |
|------------------|------------|------------|---------------|------------|
| | Number | Percent | Number | Percent |
| Caucasian | 179 | 56 | 61,491 | 64 |
| African American | 138 | 42 | 14,628 | 15 |
| Other/Unknown** | 5 | 2 | 20,437 | 21 |
| Total | 322 | 100 | 96,556 | 100 |

*NCDB data only available for 2010-2019.

**Other category includes Native American, Asian and Hispanic.

There is a higher percentage of cases of cervical cancer in African-American women than the percentage seen in our other cancer annual reports. In 2018, 20% of our ovarian cancers were seen in African-American women; in 2019, 17% of vulvar cases and 31% of vaginal cancers, in 2020, 28% breast cancers and in 2021 32% of endometrial cancer were diagnosed in African-American women.

Figure III
Cervix Uteri Malignant Tumors
Year of Diagnosis:
Years 2011-2021

| Year of Diagnosis* | Cervix Uteri |
|--------------------|--------------|
| 2011 | 16 |
| 2012 | 19 |
| 2013 | 43 |
| 2014 | 24 |
| 2015 | 37 |
| 2016 | 24 |
| 2017 | 22 |
| 2018 | 23 |
| 2019 | 36 |
| 2020 | 32 |
| 2021 | 46 |
| Total | 322 |

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

In 2021, we recorded the highest number of cervical cancer cases in the last 10 years.

Figure V
Cervix Uteri Malignant Tumors • Stage at Diagnosis: Years 2011–2021

| Stage at Diagnosis | Woman's | | NCDB* | |
|--------------------------------|------------|------------|---------------|------------|
| | Number | Percent | Number | Percent |
| 0 | 4 | 1 | 653 | 1 |
| I | 161 | 50 | 41,821 | 43 |
| I | 10 | | | |
| IA | 17 | | | |
| IA1 | 39 | | | |
| IA2 | 4 | | | |
| IB | 12 | | | |
| IB1 | 58 | | | |
| IB2 | 21 | | | |
| II | 61 | 19 | 15,397 | 16 |
| II | 3 | | | |
| IIA | 3 | | | |
| IIA1 | 3 | | | |
| IIA2 | 21 | | | |
| IIB | 31 | | | |
| III | 31 | 10 | 19,608 | 20 |
| III | 5 | | | |
| IIIA | 2 | | | |
| IIIB | 24 | | | |
| IV | 33 | 10 | 13,996 | 15 |
| IV | 2 | | | |
| IVA | 10 | | | |
| IVB | 21 | | | |
| Unknown /Not Applicable | 32 | 10 | 5,081 | 5 |
| Total | 322 | 100 | 96,556 | 100 |

*NCDB data is for years 2010-2019.

We have a higher percentage of cases of invasive cervical cancer diagnosed as Stage I representing 50% of cases as compared to the NCDB data noted to be 43% of cases.

Figure VI
Cervix Uteri Malignant Tumors • First Course of Treatment All Stages: Years 2011–2021

| Treatment First Course | Woman's | | NCDB* | |
|---|------------|------------|---------------|------------|
| | Number | Percent | Number | Percent |
| Surgery | 118 | 37 | 31,187 | 32 |
| Surgery/Biological Response Modifier (BRM) | 0 | 0 | 15 | <1 |
| Surgery/Chemotherapy | 16 | 5 | 2,641 | 3 |
| Chemotherapy/Biological Response Modifiers (BRM) | 0 | 0 | 236 | <1 |
| Surgery/Chemotherapy/Hormone | 0 | 0 | 24 | <1 |
| Surgery/Hormone | 1 | <1 | 47 | <1 |
| Surgery/Radiation | 20 | 6 | 3,929 | 4 |
| Surgery/Radiation/Chemotherapy | 61 | 19 | 12,623 | 13 |
| Surgery/Radiation/Chemotherapy/Hormone | 0 | 0 | 69 | <1 |
| Surgery/Radiation/Chemotherapy/Immunotherapy | 1 | <1 | 0 | 0 |
| Surgery/Radiation/Hormone | 0 | 0 | 10 | <1 |
| Radiation | 12 | 4 | 4,410 | 5 |
| Radiation/Chemotherapy | 81 | 25 | 28,605 | 30 |
| Radiation/Chemotherapy/Hormone | 2 | <1 | 0 | 0 |
| Radiation/Chemotherapy/Immunotherapy | 1 | <1 | 0 | 0 |
| Radiation/Hormone | 0 | 0 | 8 | <1 |
| Chemotherapy | 4 | 1 | 5,013 | 5 |
| Chemotherapy/Hormone/Biological Response Modifiers (BRM) | 0 | 0 | 828 | 1 |
| Chemotherapy/Hormone | 0 | 0 | 29 | <1 |
| Chemotherapy/Hormone/ Biological Response Modifiers (BRM) | 0 | 0 | 1 | <1 |
| Hormone | 0 | 0 | 18 | <1 |
| Other Specified Therapy | 0 | 0 | 1,940 | 2 |
| Active Surveillance | 0 | 0 | 61 | <1 |
| None | 5 | 2 | 4,862 | 5 |
| Total | 322 | 100 | 96,556 | 100 |

*NCDB data available for years 2010–2019.

37% of our cases were treated by surgery alone, 25% by radiation and chemotherapy and 19% received surgery, radiation and chemotherapy as first course treatment.

Figure VII
Cervical Cancer Incidence Rates
 Louisiana vs US 2008-2019

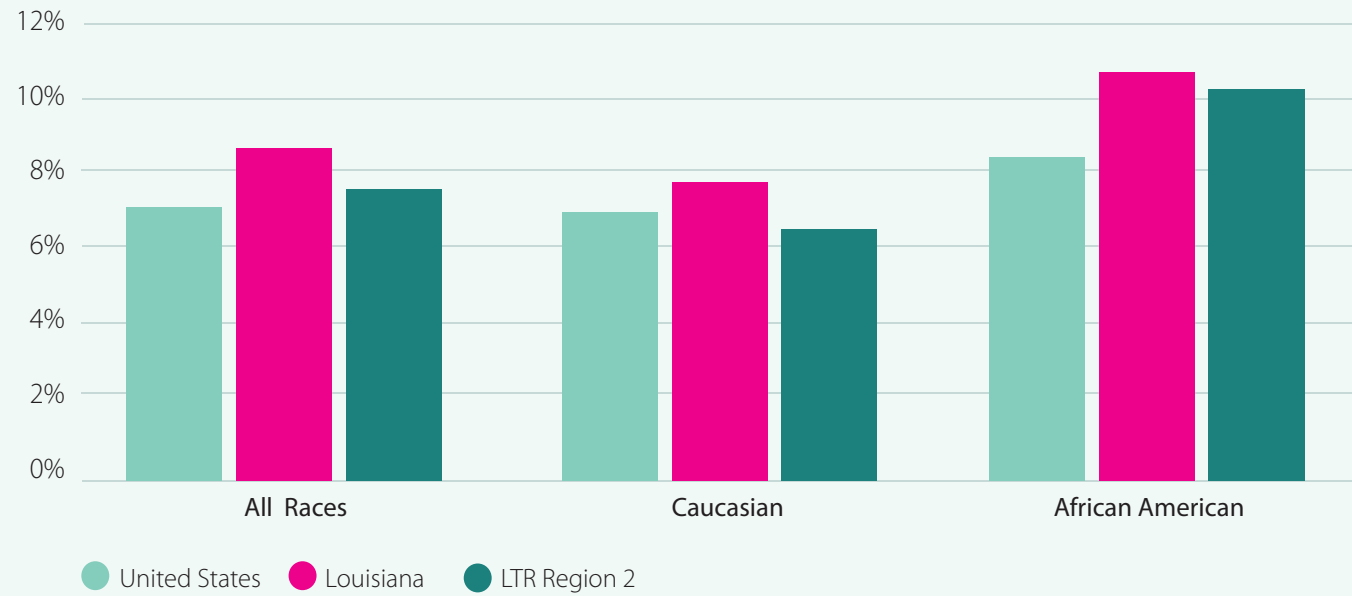
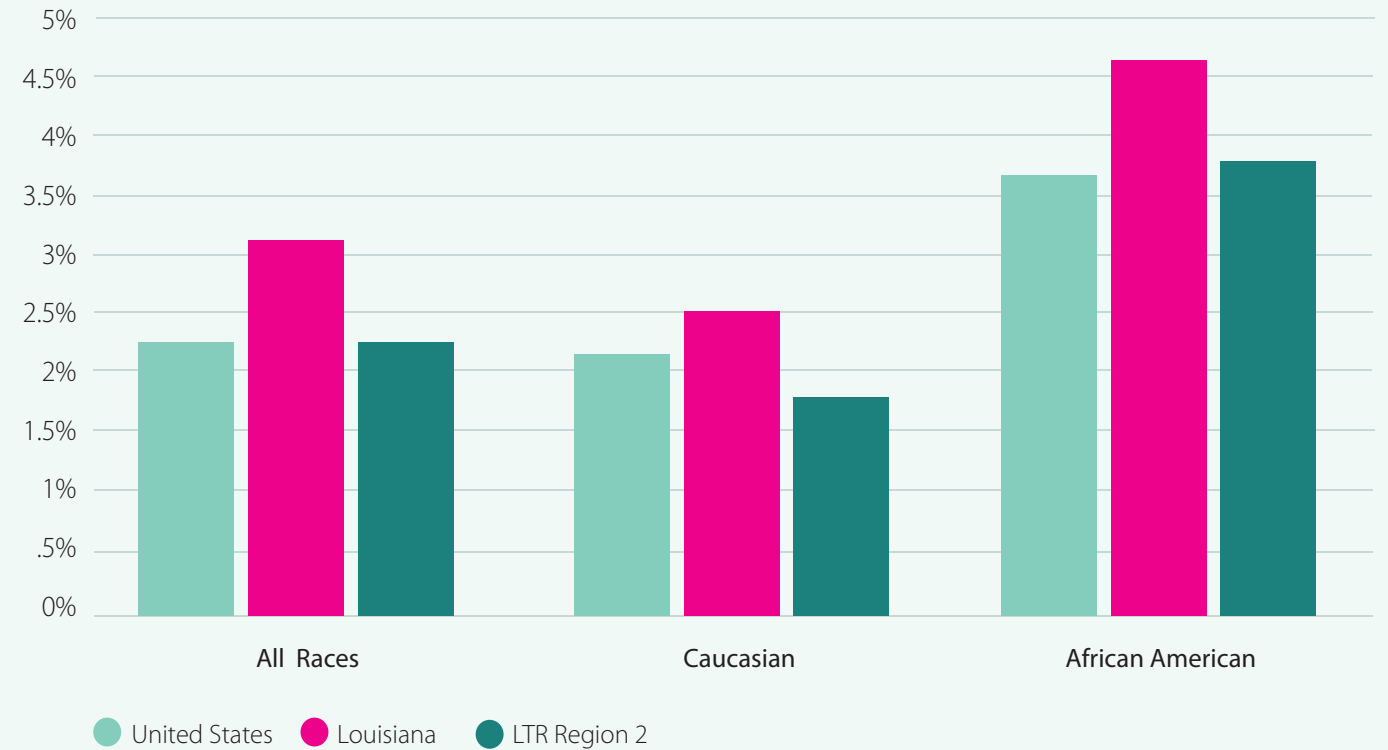


Figure VIII
Cervical Cancer: Mortality Rates
 Louisiana vs US 2008-2019



Cervix Uteri Incidence Rates and Counts, All Stages Combined, 2010-2019

| | United States (SEER) | | Louisiana | | LTR Region 2 | |
|-------------------------------|----------------------|-------|-----------|-------|--------------|-------|
| | Rate | Count | Rate | Count | Rate | Count |
| Non-Hispanic Combined | 6.9 | !! | 8.6 | 1,916 | 7.6 | 346 |
| Non-Hispanic Caucasian | 6.7 | !! | 7.8 | 1,130 | 6.2 | 183 |
| Non-Hispanic African American | 8.2 | !! | 10.6 | 786 | 10.2 | 163 |

This graph reflects the increased incidence of cervical cancer noted in African-American women in national, regional and local data bases.

- Rates are per 100,000 and age-adjusted to the 2000 US Std Population.
- The counts are the total number of cases for the 10-year period.
- LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana
- U.S. incidence rate estimates are from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, 18 regions.
- !! Counts for US (SEER) are removed, as this would only represent a percentage of the US population counted in the 17 SEER registries.
- The Louisiana Tumor Registry is supported by the SEER Program (NCI), the National Program of Cancer Registries (CDC), the State of Louisiana, the LSU Health Sciences Center-New Orleans, and host institutions.

Cervix Uteri Mortality Rates and Counts 2008-2019

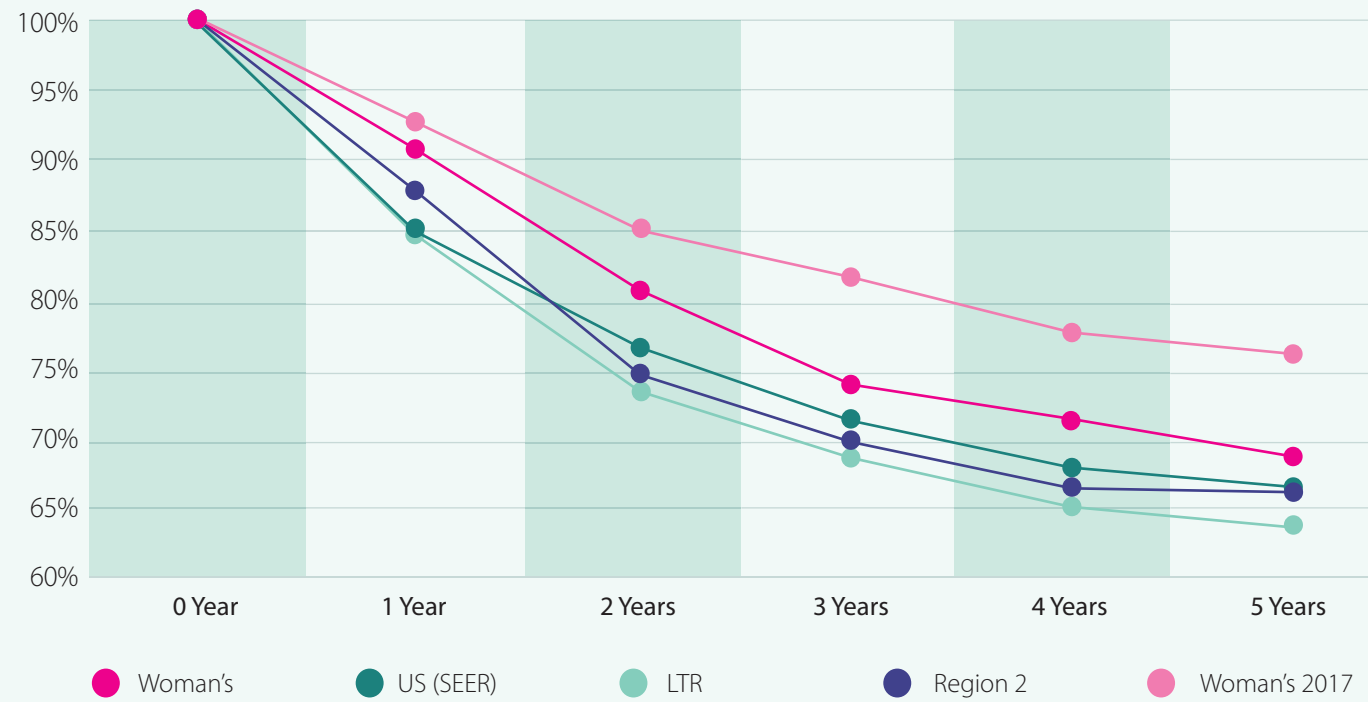
| | United States (SEER) | | Louisiana | | LTR Region 2 | |
|------------------|----------------------|--------|-----------|-------|--------------|-------|
| | Rate | Count | Rate | Count | Rate | Count |
| All races | 2.3 | 49,214 | 3.1 | 928 | 2.3 | 131 |
| Caucasian | 2.1 | 37,238 | 2.5 | 503 | 1.7 | 63 |
| African American | 3.6 | 9,505 | 4.6 | 414 | 3.7 | 67 |

This graph reflects the increased mortality documented in African-American women when compared to Caucasian women as noted in national, regional and local data bases.

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

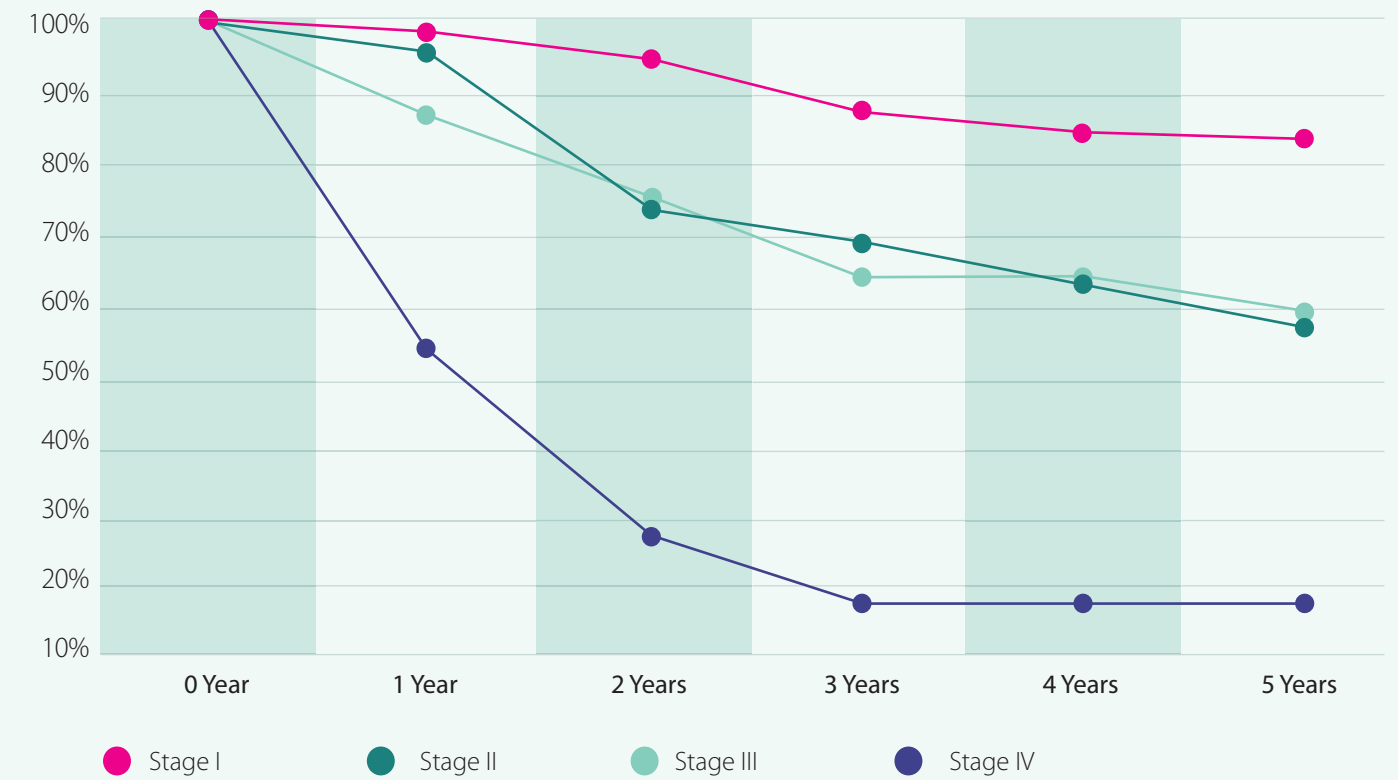
- Rates are per 100,000 and age-adjusted to the 2000 US Std Population.
- The counts are the total number of deaths for the 11-year period.

Figure IX
Cervical Cancer 5-Year Survival All Cases



Overall 5-year survival is reported to be similar in national, regional, local and Woman's data.

Figure X
Cervical Cancer 5-Year Survival by Stage

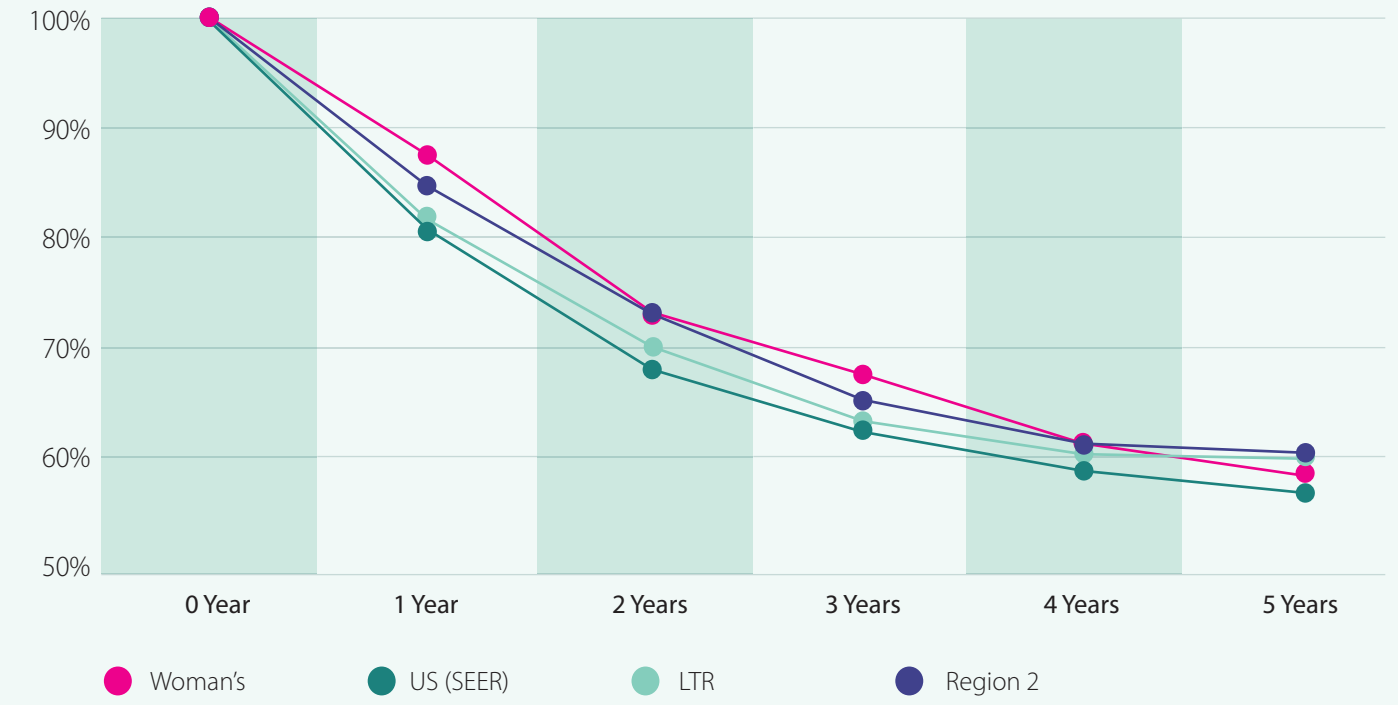


This survival graph demonstrates the decreasing survival rates as the stage progresses.

Figure XI
Cervical Cancer 5-Year Survival: All Cases-Caucasians



Figure XII
Cervical Cancer 5-Year Survival: All Cases-African Americans



In all databases, statistics show African-American women have poorer survival when compared to Caucasian women.

Breast & GYN Cancer Pavilion



The Breast & GYN 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 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 is approximately 20 minutes, which is well below the national average. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.
- Every detail for patient comfort and convenience was considered in the design of the infusion center, which includes 15 bays and four private rooms. Scalp Cooling technology is available for patients who are eligible to utilize this technology.

Research & Education



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

Cancer Clinical Trials

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

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

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

Breast & GYN Cancer Pavilion Clinical Research Statistics (January – December 2021):

- 2021 Patients enrolled – 218
- Breast Studies open – 33
- GYN Studies open – 7
- Symptom Management Studies for Breast & GYN - 2

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. S1501 - Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER-2+ Breast Cancer, Phase III
2. A011202 - A Randomized Phase III Trial Comparing Axillary Lymph Node Dissection to Axillary Radiation in Breast Cancer Patients (CT1-3 N1) Who Have Positive Sentinel Lymph Node Disease After Neoadjuvant Chemotherapy
3. A011401 - Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer
4. A011502 - A Randomized Phase III Double Blinded Placebo Controlled Trial of Aspirin as Adjuvant Therapy for HER2 Negative Breast Cancer: The ABC Trial
5. A221602 - Olanzapine With or Without Fosaprepitant for the Prevention of Chemotherapy Induced Nausea and Vomiting (CINV) in Patients Receiving Highly Emetogenic Chemotherapy (HEC): A Phase III Randomized, Double Blind, Placebo-Controlled Trial
6. A221505 - RT CHARM: Phase III Randomized Trial of Hypofractionated Post Mastectomy Radiation with Breast Reconstruction
7. COMET (Comparison of Operative versus Monitoring and Endocrine Therapy) trial: a Phase III randomized controlled clinical trial for low-risk ductal carcinoma In-Situ (DCIS)
8. Determining the effectiveness of the intervention of cryotherapy for Paclitaxel-induced peripheral neuropathy on breast cancer patients
9. EA1131 - A Randomized Phase III Post-Operative Trial of Platinum Based Chemotherapy vs. Capecitabine in Patients with Residual Triple-Negative Breast Cancer Following Neoadjuvant Chemotherapy
10. EA1151 - Tomosynthesis Mammographic Imaging Screening Trial (TMIST)
11. EAZ171 - Prospective Validation Trial of Taxane Therapy (Docetaxel or Weekly Paclitaxel) and Risk of Chemotherapy-Induced Peripheral Neuropathy in African American Women
12. NRG-BR004 - A Randomized, Double-Blind, Phase III Trial of Taxane/Trastuzumab/Pertuzumab with Atezolizumab or Placebo in First-Line HER2-Positive Metastatic Breast Cancer
13. NSABP B-43 - A Phase III Clinical Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma in-Situ Resected by Lumpectomy
14. NSABP B-51 - A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chestwall and Regional Nodal XRT and Post-Lumpectomy Regional Nodal XRT in Patients with Positive Axillary Nodes Before Neoadjuvant Chemotherapy Who Convert to Pathologically Negative Axillary Nodes After Neoadjuvant Chemotherapy
15. SWOG S1418 - A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of Pembrolizumab (MK-3475) as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with ≥ 1 CM Residual Invasive Cancer or Positive Lymph Nodes (ypN1mi, ypN1-3) after Neoadjuvant Chemotherapy
16. URCC 18007 - Randomized Placebo Controlled Trial of Bupropion For Cancer Related Fatigue
17. WF 97116 - A Phase III Randomized Placebo Controlled Clinical Trial of Donepezil in Chemotherapy Exposed Breast Cancer Survivors with Cognitive Impairment (REMEMBER)
18. NRG-GY005 - A Randomized Phase II/III Study of the Combination of Cediranib and Olaparib Compared to Cediranib or Olaparib Alone, or Standard of Care Chemotherapy in Women with Recurrent Platinum-Resistant or -Refractory Ovarian, Fallopian Tube or

- Primary Peritoneal Cancer (COCOS)
19. NRG-GY007 - A Phase I/II Study of Ruxolitinib with Front-Line Neoadjuvant and Post-Surgical Therapy in Patients with Advanced Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer
20. NRG GY008 - A Phase II Evaluation of Copanlisib (BAY 80-6946) (IND #130822), a Selective Inhibitor of PI3KCA, in Patients with Persistent or Recurrent Endometrial Carcinoma Harboring PIK3CA Hotspot Mutations
21. GOG 3041 AZ DUO-E - A Randomized, Multicentre, Double-blind, Placebo-controlled, Phase III Study of First-line Carboplatin and Paclitaxel in Combination with Durvalumab, Followed by Maintenance Durvalumab with or without Olaparib in Patients with Newly Diagnosed Advanced or Recurrent Endometrial Cancer (DUO-E)
22. Will the HPV Gardasil-9 Vaccine Be Effective in Preventing Cervical Cancer in Louisiana?
23. Improving Insulin Resistance in Gynecological Cancer Patients Post-Treatment using Integrative and Functional Medicine (IFM) Food Plan, Brooke Schoonenberg, MS, RDN, LDN NRG-BR003 - A Randomized Phase III Trial of Adjuvant Therapy Comparing Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel with or without Carboplatin for Node-Positive or High-Risk Node-Negative Triple-Negative Invasive Breast Cancer
24. A221601 - Evaluation of Mammographic Breast Density Effect of Aspirin: A Companion to Alliance Study A011502
25. Metformin Study - Metformin Use to Reduce Disparities in Newly Diagnosed Breast Cancer Response to Neoadjuvant Treatment
26. GOG 3047 - A Randomized, Phase III, Double-Blind Study of Chemoradiotherapy with or without Pembrolizumab for the Treatment of High-Risk, Locally Advanced Cervical Cancer (Keynote-A18)

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 2021, 40 Breast Tumor Conferences and 19 GYN Tumor Conferences were held.

Woman's continuing education programs included:

- Current Issues in Breast Cancer Management-HER2 Low Expression (Ground Rounds offered in Partnership with Rockpointe and Oncology Exchange)
- Interpreting and Understanding Critical Lab Results
- Community Health Disparities in Women: Breast Cancer and Beyond
- Innovations in Interventional Radiology
- Practice Guidelines: The Latest on Medical Marijuana

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 2021, Woman's performed more than 41,400 breast procedures.

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

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

Treatment

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

Surgery

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

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 and Lauren Juneja, MD.

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, and Charles G. Wood, 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 Specialists

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



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.

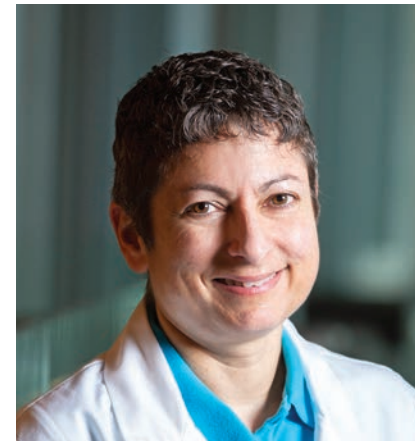
Woman's Gynecologic Oncology Clinic



Anthony Evans, MD, PhD
gynecologic oncologist



Laurel King, MD
gynecologic oncologist



Tammy Dupuy, MD, OB-GYN



Renee Cowan, MD
gynecologic oncologist



Evan Smith, MD
gynecologic oncologist

Woman's GYN Oncology Group includes four gynecologic oncologists, Dr. Anthony Evans, Dr. Laurel King, Dr. Evan Smith and Dr. Renee Cowan. The team specializes in surgical treatments such as robotics-assisted and other minimally invasive methods that speed recovery and lessen downtime as well as radical and complex gynecologic surgeries. The comprehensive care team also includes GYN Dr. Tammy Dupuy and nurse practitioner Nai'Ja Mack.

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.

Prevention

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

Our outreach included:

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

Mammogram Screening Software

Catching breast cancer as early as possible is every patient and physician's goal. Woman's uses the Tyrer-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 2021, Woman's Genetic Services cared for 178 patients and performed 152 genetic tests. Mutations were identified in 11%, or 16 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 Medical Center.

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

AMIKIDS

Bayou View Estate Association

Geaux Pink

Mary Bird Perkins

New Ark Baptist Church

Pine Grove Baptist Church

Rubicon

Shiloh Baptist Church

St. Francis Xavier

Philanthropic Support

Donors Make a Difference!

Gifts from individuals, organizations, and private foundations change the lives of women with cancer. Donors to the Foundation for Woman's support care for the underserved, the uninsured, and those requiring the highest level of intervention. Philanthropic support provides:

- Screening to support the early detection of gynecological and breast cancers in women
- Guidance and care coordination from Oncology Nurse Navigators as a woman walks through every step of life with cancer
- Palliative Care Specialists to assist in meeting the emotional and physical needs of patients and their families
- Individualized medical exercise and nutrition counseling for 119 cancer patients, improving quality of life, strength, and endurance
- Lymphedema treatment and compression garments that are typically not covered by medical insurance
- Areola tattooing to help our patients feel whole again after breast reconstruction
- 659 oncology massages for women with cancer, reducing pain and discomfort
- Funding to ensure all women get the medicine they need even when they do not have the money to pay
- Financial assistance for transportation to ensure a woman can get to critical cancer treatments
- 41 memberships to Woman's Center for Wellness for patients who could otherwise not afford it
- Healing Arts programs that foster creativity and camaraderie among our cancer patients
- Legacy Kits for the family and children of women with terminal cancer

Return to Screenings

In 2021, the world remained fearful of COVID-19. Despite a nationwide focus on health, many people neglected to schedule basic cancer screenings for themselves. Unfortunately, cancer doesn't wait, even during a pandemic.

In partnership with the American Cancer Society, Woman's executed a multi-messaging approach to patient communication to increase the compliance rate of women needing mammograms. The result of the targeted campaign was a 15% increase in screening mammograms in 2021 compared to the number of women screened in 2020.

Mammography Coaches

3,667 women were screened and received information about proper breast health through Woman's Mobile Mammography Program in 2021. The two mammography coaches provide at-risk women access to appropriate breast care through screening and diagnostic services, thus reducing cancer mortality rates through early detection and intervention.

Sensory Mammogram Rooms

Gifts to the *We Are Woman's Employee Giving Campaign* provided a special Sensory Mammogram Room designed to ease the fear and stress many women feel during the procedure. The first Sensory Mammogram Room was so well-received by our patients that we will expand this program in the future.

Special Events

BUST Breast Cancer, BUST Out, Woman's Victory Open, and numerous special events held across the area bring people together to support cancer services and outreach. Generous sponsors and donors provided \$473,000 for cancer programs through special events in 2021.



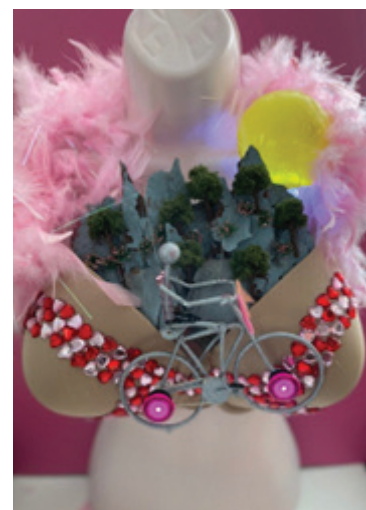
Rayanna (Ray) Messenger is a breast cancer survivor, Woman's Hospital advocate and owner of Messengers Gifts.

She learned of her breast cancer diagnosis at the young age of 30. The hardest part of having cancer for Ray was the unknown – what chemotherapy would do to her body, what hair loss would look like, and how she would fight cancer in the middle of a pandemic. However, Ray's "I got this" attitude helped her through her treatment and now she uses that resilience to support other women.

"So many women were coming to my store because they heard about my cancer story. They were battling cancer and were looking for support." She believes it is her calling to support women battling breast cancer.

Messengers Gifts hosts an annual "Breast Cancer Bash" to raise money for Woman's. Additionally, Messenger's Gifts and Ray support BUST Breast Cancer as a Corporate Sponsor. Ray was also one of the 2021 breast cancer survivors modeling in BUST Breast Cancer.

BUST Breast Cancer Underwriting Sponsors



"Woman's physicians and staff literally saved my life. I want EVERY woman to have the opportunity to have a mammogram... to be educated on the importance of mammograms and to know that there is nothing to fear. I want all women to know that there is a Sisterhood who cares about them, their cancer journey and who will support them every step of the way."

Karen Coor
Cancer Survivor and 2021 Winner of BUST Out Bra Design Contest

Cancer Registry

*Pictured from left to right:
Bria Orgeron, RHIA, CTR
Tonya Songy, Director, RHIA, CTR, CPC
Leslie Barnett, RHIA, CTR, MHA
Madeleine Dufrene Ladner, RHIA*



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.

The 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 certified tumor registrar (CTR) 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 2021 Tumor Report Site Distribution

Analytic Cases Only

| SITE Group | CLASS Cases | SEX | | STAGE | | | | | |
|---|----------------|----------|------------|------------|------------|------------|-----------|-----------|-----------|
| | | M | F | Stage 0 | Stage I | Stage II | Stage III | Stage IV | Unknown |
| All Sites | 896 | 3 | 893 | 113 | 470 | 108 | 78 | 41 | 86 |
| Anus, Anal Canal | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Bladder | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Breast | 589 | 2 | 587 | 111 | 330 | 80 | 34 | 15 | 19 |
| Cervix Uteri | 46 | 0 | 46 | 0 | 16 | 11 | 3 | 2 | 14 |
| Colon | 4 | 0 | 4 | 1 | 0 | 0 | 1 | 2 | 0 |
| Corpus Uteri | 143 | 0 | 143 | 0 | 91 | 11 | 21 | 10 | 10 |
| Hodgkin's Lymphoma | 2 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 |
| Fallopian Tube, Peritoneum, Retroperitoneum, Omentum, Mesentery | 6 | 0 | 6 | 0 | 0 | 0 | 3 | 1 | 2 |
| Kidney | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Liver | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Lung | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| Non-Hodgkin's Lymphoma | 5 | 0 | 5 | 1 | 0 | 0 | 0 | 1 | 3 |
| Ovary | 59 | 0 | 59 | 0 | 16 | 5 | 11 | 4 | 23 |
| Small Intestine | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| Soft Tissue | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Stomach | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Thyroid | 4 | 0 | 4 | 0 | 3 | 0 | 0 | 0 | 1 |
| Unknown Primary Site | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Vagina | 3 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 2 |
| Vulva | 23 | 0 | 23 | 0 | 12 | 0 | 4 | 0 | 7 |

2021 All Sites Distribution by Age

| Age at Diagnosis | Number of Cases | Percent |
|------------------|-----------------|------------|
| 20-29 | 6 | 1 |
| 30-39 | 69 | 8 |
| 40-49 | 139 | 16 |
| 50-59 | 191 | 21 |
| 60-69 | 245 | 27 |
| 70-79 | 190 | 21 |
| 80-89 | 52 | 6 |
| 90-99 | 4 | <1 |
| Total | 896 | 100 |

2021 All Sites Distribution by Race

| Race | Number of Cases | Percent |
|------------------|-----------------|------------|
| Caucasian | 610 | 68 |
| African American | 265 | 30 |
| Asian/Other | 21 | 2 |
| Total | 896 | 100 |

**Cancer of the Breast
2021 Analytic Cases**

| Age at Diagnosis | Number of Cases | Percent |
|---|-----------------|------------|
| 10-19 | 0 | 0 |
| 20-29 | 4 | 1 |
| 30-39 | 43 | 7 |
| 40-49 | 95 | 16 |
| 50-59 | 132 | 22 |
| 60-69 | 159 | 27 |
| 70-79 | 119 | 20 |
| 80-89 | 35 | 6 |
| 90-99 | 2 | <1 |
| Total | 589 | 100 |
| Race | Number of Cases | Percent |
| Caucasian | 406 | 69 |
| African American | 172 | 29 |
| Asian/Other | 11 | 2 |
| Total | 589 | 100 |
| Stage at Diagnosis | Number of Cases | Percent |
| Stage 0 | 111 | 19 |
| Stage I | 330 | 56 |
| Stage II | 80 | 14 |
| Stage III | 34 | 6 |
| Stage IV | 15 | <3 |
| Unknown/Not Applicable | 19 | 3 |
| Total | 589 | 100 |
| Treatment First Course | Number of Cases | Percent |
| Chemotherapy Only | 3 | <1 |
| Chemotherapy/Immunotherapy | 14 | 2 |
| Chemotherapy/Hormone/Immunotherapy | 2 | <1 |
| Hormone | 8 | 1 |
| Chemotherapy/Radiation | 1 | <1 |
| Chemotherapy/Radiation/Immunotherapy | 1 | <1 |
| Radiation/Hormone | 1 | <1 |
| Surgery | 74 | 13 |
| Surgery/Chemotherapy | 44 | 7 |
| Surgery/Radiation | 72 | 12 |
| Surgery/Radiation/Chemotherapy | 40 | 7 |
| Surgery/Immunotherapy | 1 | <1 |
| Surgery/Hormone | 81 | 14 |
| Surgery/Radiation/Transplant (Endocrine) | 1 | <1 |
| Surgery/Radiation/Hormone | 126 | 21 |
| Surgery/Radiation/Hormone/Immunotherapy | 1 | <1 |
| Surgery/Chemotherapy/Hormone | 8 | 1 |
| Surgery/Chemotherapy/Immunotherapy | 48 | 8 |
| Surgery/Chemotherapy/Hormone/Immunotherapy | 4 | <1 |
| Surgery/Radiation/Chemotherapy/Hormone | 16 | 3 |
| Surgery/Radiation/Chemotherapy/Hormone/Immunotherapy | 20 | 3 |
| Surgery/Radiation/Chemotherapy/Hormone/Immunotherapy | 6 | 1 |
| Surgery/Radiation/Chemotherapy/Immunotherapy/Transplant (Endocrine) | 1 | <1 |
| None | 16 | 3 |
| Total | 589 | 100 |
| Histology | Number of Cases | Percent |
| Ductal Carcinoma In-Situ | 107 | 18 |
| Lobular Carcinoma In-Situ | 3 | <1 |
| Carcinoma, NOS | 1 | <1 |
| High Grade Neuroendocrine Ca, Small Cell | 1 | <1 |
| Infiltrating Ductal and Lobular Carcinoma | 4 | <1 |
| Infiltrating Ductal Carcinoma | 412 | 70 |
| Lobular Carcinoma | 54 | 9 |
| Metaplastic Carcinoma, NOS | 4 | <1 |
| Paget's Disease | 1 | <1 |
| Spindle Cell Carcinoma, NOS | 2 | <1 |
| Total | 589 | 100 |

**Cancer of the Cervix
2021 Analytic Cases**

| Age at Diagnosis | Number of Cases | Percent |
|--|-----------------|------------|
| 20-29 | 1 | 2 |
| 30-39 | 11 | 24 |
| 40-49 | 12 | 26 |
| 50-59 | 12 | 26 |
| 60-69 | 6 | 13 |
| 70-79 | 3 | 7 |
| 80-89 | 0 | 0 |
| 90-99 | 1 | 2 |
| Total | 46 | 100 |
| Race | Number of Cases | Percent |
| Caucasian | 26 | 57 |
| African American | 18 | 39 |
| Asian/Other | 2 | 4 |
| Total | 46 | 100 |
| Stage at Diagnosis | Number of Cases | Percent |
| Stage 0 | 0 | 0 |
| Stage I | 16 | 35 |
| Stage II | 11 | 24 |
| Stage III | 3 | 7 |
| Stage IV | 2 | 4 |
| Unknown/Not Applicable | 14 | 30 |
| Total | 46 | 100 |
| Treatment First Course | Number of Cases | Percent |
| Surgery | 13 | 28 |
| Surgery/Chemotherapy | 2 | 4 |
| Surgery/Radiation | 5 | 11 |
| Surgery/Radiation/Chemotherapy | 3 | 7 |
| Radiation | 4 | 9 |
| Radiation/Chemotherapy | 15 | 33 |
| Radiation/Chemotherapy/Immunotherapy | 2 | 4 |
| None | 2 | 4 |
| Total | 46 | 100 |
| Histology | Number of Cases | Percent |
| Adenocarcinoma, Endocervical Type | 3 | 7 |
| Adenocarcinoma with Neuroendocrine Differentiation | 2 | 4 |
| Adenocarcinoma, NOS | 6 | 13 |
| Adenosquamous Carcinoma | 1 | 2 |
| Mixed Cell Adenocarcinoma | 1 | 2 |
| Small Cell Carcinoma, NOS | 2 | 4 |
| Squamous Cell Carcinoma, NOS | 31 | 68 |
| Total | 46 | 100 |

**Cancer of the Ovary
2021 Analytic Cases**

| Age at Diagnosis | Number of Cases | Percent |
|--|-----------------|------------|
| Under 20 | 0 | 0 |
| 20-29 | 0 | 0 |
| 30-39 | 2 | 3 |
| 40-49 | 12 | 20 |
| 50-59 | 14 | 24 |
| 60-69 | 15 | 26 |
| 70-79 | 14 | 24 |
| 80-89 | 2 | 3 |
| Total | 59 | 100 |
| Race | Number of Cases | Percent |
| Caucasian | 43 | 73 |
| African American | 14 | 24 |
| Asian/Other | 2 | 3 |
| Total | 59 | 100 |
| Stage at Diagnosis | Number of Cases | Percent |
| Stage 0 | 0 | 0 |
| Stage I | 16 | 27 |
| Stage II | 5 | 8 |
| Stage III | 11 | 19 |
| Stage IV | 4 | 7 |
| Unknown/Not Applicable | 23 | 39 |
| Total | 59 | 100 |
| Treatment First Course | Number of Cases | Percent |
| Chemotherapy | 5 | 8 |
| Chemotherapy/Hormone | 1 | <2 |
| Chemotherapy/Immunotherapy | 1 | <2 |
| Surgery | 18 | 31 |
| Surgery/Chemotherapy | 24 | 41 |
| Surgery/Chemotherapy/Radiation | 1 | <2 |
| Surgery/Chemotherapy/Hormone/Immunotherapy | 1 | <2 |
| Surgery/Chemotherapy/Hormone | 1 | <2 |
| Surgery/Chemotherapy/Immunotherapy | 4 | 7 |
| Surgery/Chemotherapy/Immunotherapy/Other | 1 | <2 |
| Surgery/Hormone | 1 | <2 |
| None | 1 | <2 |
| Total | 59 | 100 |
| Histology | Number of Cases | Percent |
| Adenocarcinoma, NOS | 1 | <2 |
| Carcinoid Tumor, NOS | 1 | <2 |
| Carcinoma, NOS | 1 | <2 |
| Endometrioid Adenocarcinoma | 9 | 15 |
| Granulosa Cell Tumor, Malignant | 3 | 5 |
| Mixed Cell Adenocarcinoma, NOS | 1 | <2 |
| Mucinous Adenocarcinoma | 5 | 8 |
| Serous Cystadenocarcinoma | 37 | 63 |
| Seromucinous Carcinoma, High Grade | 1 | <2 |
| Total | 59 | 100 |

**Cancer of the Uterus
2021 Analytic Cases**

| Age at Diagnosis | Number of Cases | Percent |
|---------------------------------------|-----------------|------------|
| 20-29 | 0 | 0 |
| 30-39 | 6 | 4 |
| 40-49 | 13 | 9 |
| 50-59 | 26 | 18 |
| 60-69 | 49 | 34 |
| 70-79 | 41 | 29 |
| 80-89 | 8 | 6 |
| 90-99 | 0 | 0 |
| Total | 143 | 100 |
| Race | Number of Cases | Percent |
| Caucasian | 93 | 65 |
| African American | 47 | 33 |
| Asian/Other | 3 | 2 |
| Total | 143 | 100 |
| Stage at Diagnosis | Number of Cases | Percent |
| Stage 0 | 0 | 0 |
| Stage I | 91 | 63 |
| Stage II | 11 | 8 |
| Stage III | 21 | 15 |
| Stage IV | 10 | 7 |
| Unknown/Not Applicable | 10 | 7 |
| Total | 143 | 100 |
| Treatment First Course | Number of Cases | Percent |
| Chemotherapy/Radiation | 3 | 2 |
| Chemotherapy/Radiation/Immunotherapy | 1 | <1 |
| Radiation | 1 | <1 |
| Surgery | 75 | 52 |
| Surgery/Chemotherapy | 14 | 10 |
| Surgery/Chemotherapy/Immunotherapy | 1 | <1 |
| Surgery/Radiation | 22 | 15 |
| Surgery/Radiation/Chemotherapy | 24 | 17 |
| None | 2 | 1 |
| Total | 143 | 100 |
| Histology | Number of Cases | Percent |
| Endometrial Intraepithelial Neoplasia | 5 | 4 |
| Adenocarcinoma, NOS | 100 | 70 |
| Carcinosarcoma, NOS | 21 | 15 |
| Endometrial Stromal Sarcoma | 4 | 3 |
| Leiomyosarcoma | 3 | 2 |
| Mixed Cell Adenocarcinoma | 5 | 3 |
| Mucinous Adenocarcinoma | 1 | <1 |
| Mullerian Mixed Tumor | 1 | <1 |
| Serous Surface Papillary Carcinoma | 2 | 1 |
| Squamous Cell Carcinoma, NOS | 1 | <1 |
| Total | 143 | 100 |

Cancer of the Vulva and Vagina
2021 Analytic Cases

| Site | Number of Cases | Percent |
|---------------------------------|-----------------|------------|
| Vulva | 23 | 88 |
| Vagina | 3 | 12 |
| Total | 26 | 100 |
| Age at Diagnosis | Number of Cases | Percent |
| 20-29 | 0 | 0 |
| 30-39 | 3 | 12 |
| 40-49 | 2 | 8 |
| 50-59 | 1 | <4 |
| 60-69 | 6 | 23 |
| 70-79 | 7 | 27 |
| 80-89 | 6 | 23 |
| 90-99 | 1 | <4 |
| Total | 26 | 100 |
| Race | Number of Cases | Percent |
| Caucasian | 22 | 85 |
| African American | 3 | 12 |
| Other | 1 | <4 |
| Total | 26 | 100 |
| Stage at Diagnosis | Number of Cases | Percent |
| Stage 0 | 0 | 0 |
| Stage I | 13 | 50 |
| Stage II | 0 | 0 |
| Stage III | 4 | 15 |
| Stage IV | 0 | 0 |
| Unknown/Not Applicable | 9 | 35 |
| Total | 26 | 100 |
| Treatment First Course | Number of Cases | Percent |
| Chemotherapy/Immunotherapy | 1 | <4 |
| Radiation | 1 | <4 |
| Radiation/Chemotherapy | 2 | 8 |
| Surgery | 15 | 58 |
| Surgery/Radiation | 4 | 15 |
| Surgery/Radiation/Chemotherapy | 1 | <4 |
| None | 2 | 8 |
| Total | 26 | 100 |
| Histology | Number of Cases | Percent |
| Clear Cell Adenocarcinoma, NOS | 1 | <4 |
| Lentigo Maligna | 1 | <4 |
| Paget Disease, Extramammary | 2 | 8 |
| Squamous Cell Carcinoma In-Situ | 1 | <4 |
| Squamous Cell Carcinoma, NOS | 21 | 81 |
| Total | 26 | 100 |

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2021– December 2021

| | |
|--|-----|
| Total conferences held | 40 |
| Total cases presented | 120 |
| Average number of attendees | 34 |
| Total number of analytic breast cancer cases accessioned in 2021 | 589 |

| Age of Patients | Number of Cases | Percent |
|-----------------|-----------------|------------|
| 20-29 | 4 | 3 |
| 30-39 | 16 | 13 |
| 40-49 | 20 | 17 |
| 50-59 | 17 | 14 |
| 60-69 | 33 | 28 |
| 70-79 | 20 | 17 |
| 80-89 | 10 | 8 |
| 90-99 | 0 | 0 |
| Total | 120 | 100 |

Histology of Cases Presented

Non-Invasive Lesions

Ductal Carcinoma – In-Situ
Atypical Lobular Hyperplasia and Lobular Carcinoma In-Situ
Galactocele

Invasive Tumors

Invasive Ductal Carcinoma
Invasive Lobular Carcinoma
Invasive Carcinoma
Invasive Pleomorphic Lobular Carcinoma
Apocrine Adenocarcinoma
Micro invasive Ductal Carcinoma arising in background of DCIS
High Grade Spindle Cell Sarcoma (Differential Diagnosis is Malignant Phyllodes Tumor)
Anaplastic Large Cell Lymphoma
Metastatic Carcinoma with Breast Origin
Ductal Carcinoma In-Situ/Metastatic Carcinoma
Invasive Ductal Carcinoma and Invasive Lobular Carcinoma
Malignant Neoplasm of Right Breast and Ductal Carcinoma In-Situ of Left Breast
Adenocarcinoma

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2021– December 2021

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|--|-----|
| Total conferences held | 19 |
| Total cases presented | 93 |
| Average number of attendees | 22 |
| Total number of analytic gynecologic cases accessioned in 2021 | 280 |

| Age of Patients | Number of Cases | Percent |
|-----------------|-----------------|------------|
| Under 20 | 0 | 0 |
| 20-29 | 3 | 3 |
| 30-39 | 14 | 15 |
| 40-49 | 13 | 14 |
| 50-59 | 21 | 23 |
| 60-69 | 23 | 25 |
| 70-79 | 9 | 10 |
| 80-89 | 9 | 10 |
| 90-99 | 1 | <1 |
| Total | 93 | 100 |

Sites Presented

| | |
|--|---|
| Abdominopelvic/Retroperitoneal Soft Tissue | Ovary with Metastases to Liver, Retroperitoneal |
| Gastric (Fallopian Tube and Ovary) | Vagina |
| Retroperitoneum | Cervix |
| Anal Canal | Ovary and Colon |
| Lymph Nodes and Ascites | Vulva |
| Small Bowel | Endometrium |
| Appendix | Pelvis |
| Ovary | Fallopian Tubes |
| Uterus | Peritoneum |
| Bladder | |

Histology of Cases Presented

| | |
|--|--|
| B-Cell Lymphoma | Endocervical Adenocarcinoma |
| Large Cell Neuroendocrine Carcinoma | Mucinous Carcinoma and Adenocarcinoma |
| Recurrent Yolk Sac Tumor | Smooth Muscle Tumor of Uncertain Malignant Potential (STUMP) |
| Carcinoid Carcinoma | Endometrial Serous Carcinoma |
| Leiomyosarcoma | Multinucleated Giant Cell Granulomas |
| Serous Adenocarcinoma | Squamous Cell Carcinoma |
| Carcinoma with Neuroendocrine Features | Endometrial Stromal Sarcoma |
| Lentigo Maligna | Neurofibroma |
| Serous Borderline Tumor | Squamous Cell Carcinoma and Carcinosarcoma |
| Carcinosarcoma | Endometrioid Carcinoma |
| Low Grade Appendiceal Mucinous Neoplasm | Paget's Disease |
| Serous Borderline Tumor with Microinvasion | Squamous Dysplasia |
| Carcinosarcoma (Mixed Mullerian Tumor) | Endometrioid Carcinoma with focal Squamous Differentiation of the Left Ovary |
| Moderately Differentiated Endometrioid Carcinoma | Serous Carcinoma |
| Serous Carcinoma | Cellular Myoma |
| Serous vs. Borderline Tumor | Mixed Epithelial Carcinoma |
| Dedifferentiated Liposarcoma | Serous vs. Borderline Tumor |
| Mucinous Borderline Tumor | Serous vs. Borderline Tumor |
| Sertoli-Leydig Cell Tumor | Dedifferentiated Liposarcoma |
| Dysgerminoma | Mucinous Borderline Tumor |
| Mucinous Carcinoma | Sertoli-Leydig Cell Tumor |
| Small Cell Neuroendocrine Carcinoma | Dysgerminoma |
| | Mucinous Carcinoma |
| | Small Cell Neuroendocrine Carcinoma |

2021 Cancer Committee

The Cancer Committee:

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

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

Administrative Liaisons

| | |
|--|---|
| Cancer Registrar | Leslie Sparks Barnett, RHIA, CTR |
| Director, Health Information Management | Danielle Berthelot, MHI, RHIA, CHTS-IM |
| Director, Wellness Center | Brooke Coogan, MS |
| Director, Pharmacy | Peggy Dean, RPH |
| *Oncology Nurse | Paula DeLee, BSN, RN, OCN |
| *Clinical Research Coordinator | Cyndi Knox, RN, BSN, MBA, OCN, CCRC |
| Oncology Palliative Care Coordinator | Michelle Leerkes, RN, BSN, MS |
| *Social Services/Psychosocial Services Coordinator | Robin Maggio, LCSW, OSW-C, ACHP-SW |
| Oncology RN Navigator | Ashley Marks, RN, OCN, CHPN |
| *Cancer Registrar, Cancer Conference Coordinator | Bria Orgeron, RHIA, CTR |
| Adult Therapy Supervisor | Angela Page, PT |
| *Executive Director, Cancer Pavilion, Cancer Program Administrator/ Survivorship Program Coordinator | Cynthia Rabalais, RT(M) |
| Imaging Services/Cancer Pavilion Quality/ Compliance Coordinator | Mary Salario, RN, BSN |
| Senior Vice President, COO, Clinical Operations/Ancillary Services | Kurt Scott |
| Director, Nursing Administration | Wendy Singleton, MSN, APRN-BC, ANP-BC, NEA-BC |
| *Manager, HIM/Cancer Registry, CTR, Cancer Registry Quality Coordinator | Tonya Songy, RHIA, CTR, CPC |
| Dietitian | Robin Strate, RDN |
| *Quality Analyst, Interim Quality Improvement Coordinator | Sarah Watts, BSN, RNC-NIC, CPHQ |

*Must attend at least 75% of meetings.

2021 Breast Program Leadership Committee

The Breast Program Leadership shall:

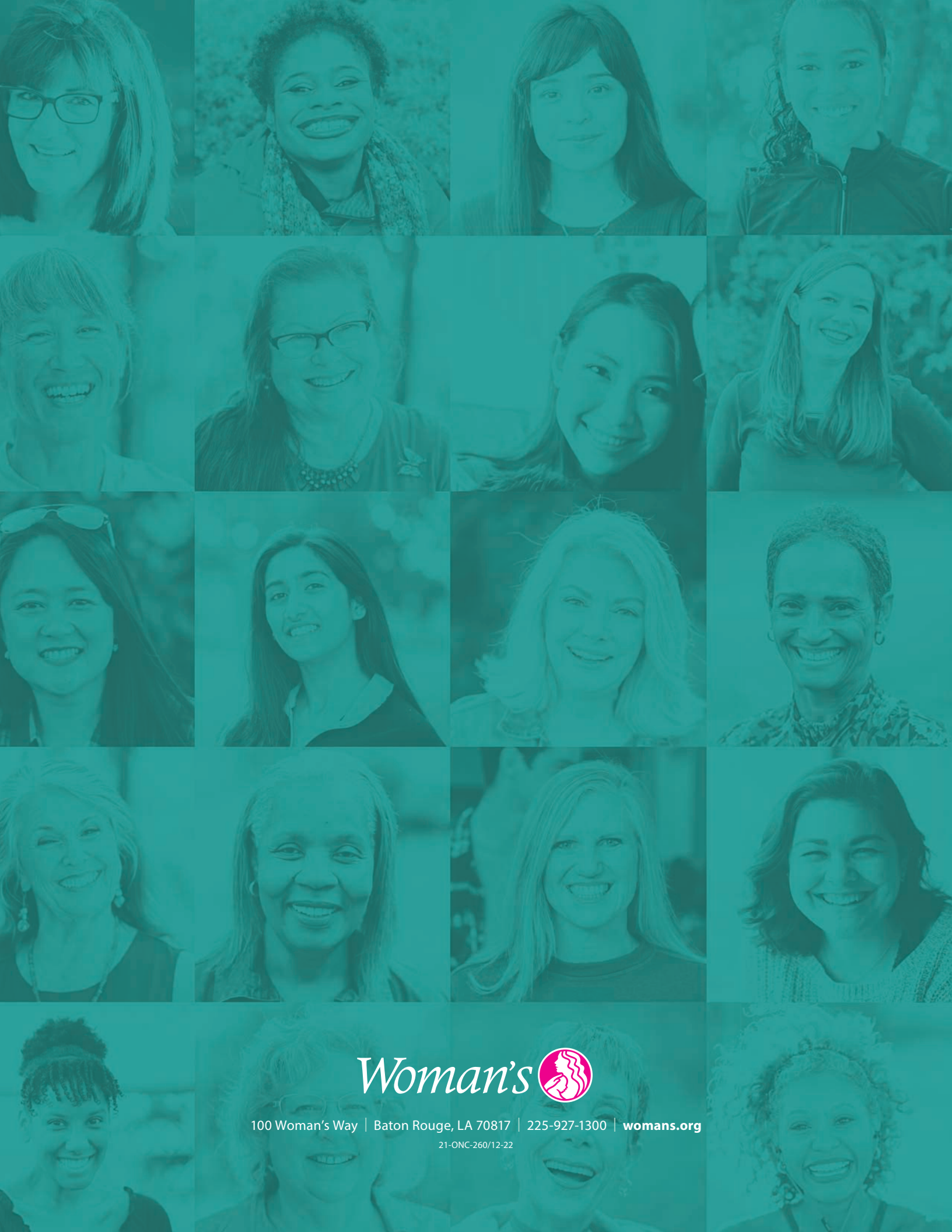
1. develop and evaluate annual goals and objectives for the clinical, educational, and programmatic activities related to the breast center;
2. plan, initiate and implement breast-related activities;
3. evaluate breast center activities annually;
4. audit interdisciplinary breast cancer center activities;
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 Surgical Oncology | Mindy Bowie, MD |
| Vice-Chair, Radiology | Steven Sotile, MD |
| Plastic Surgery | Jenna Bourgeois, MD |
| OB-GYN | Jolie Bourgeois, MD |
| Pathology | Beverly Ogden, MD |
| Genetics | Duane Superneau, MD |
| OB-GYN | Laurie Whitaker, MD |
| Radiation Oncology | Charles Wood, MD |
| Medical Oncology | Lauren Zatarain, MD |

Administrative Liaisons

| | |
|--|--|
| Director, Health Information Management | Danielle Berthelot, MHI, RHIA, CHTS-IM |
| Cancer Registrar | Leslie Barnett, RHIA, CTR |
| Director, Wellness Center | Brooke Coogan, MS |
| Director, Pharmacy | Peggy Dean, RPH |
| Executive Director, Marketing & Communications | Amiee Goforth |
| Social Services | Robin Maggio, LCSW, OSW-C, ACHP-SW |
| Oncology RN Navigator | Ashley Marks, RN, OCN, CHPN |
| Cancer Registrar | Bria Orgeron, RHIA, CTR |
| Adult Therapy Supervisor, Wellness Center | Angela Page, PT |
| Executive Director, Cancer Pavilion, Cancer Program Administrator/ Survivorship Program Coordinator | Cynthia Rabalais, RT(M) |
| Quality/Compliance Coordinator, Nursing | Mary Salario, RN, BSN |
| Oncology RN Navigator | LaToya Sampson, RN, BSN, OCN |
| Senior Vice President, Chief Operating Officer/Ancillary Services | Kurt Scott, SVP, COO |
| Manager, HIM/Cancer Registry | Tonya Songy, RHIA, CTR, CPC |
| Quality Analyst | Sarah Watts, BSN, RNC-NIC, CPHQ |



Woman's 

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