



*Woman's  
2020 Cancer Annual Report*



*Profiles*



## Contents

Letter from Physicians.....	1
Cancer Discussion.....	2
Breast Cancer Statistics.....	3
Breast and GYN Cancer Pavilion .....	14
Research and Education.....	16
Woman's Continuum of Care .....	20
Focused on Prevention.....	30
Philanthropic Support .....	30
Cancer Registry .....	36
Statistics .....	38

December 21, 2020

Breast cancer is the most common type of cancer diagnosed in women, second only to skin cancer. It is estimated that there will be 276,000 new cases of breast cancer diagnosed in 2020 with an estimated 42,000 deaths. A woman is diagnosed with breast cancer every 2 minutes and 1 in 8 women will develop breast cancer in their lifetime.

We are pleased to present to you our 2020 Cancer Annual Report which focuses on a review of breast cancers diagnosed at Woman's Hospital between the years of 2009 and 2019. 4,677 cases of breast cancer were diagnosed during this time period which showed an overall survival ranging from 89-93%, which is much higher than the survival reported in other common forms of cancer that affect women.

As has been noted in all of our other cancer annual reports, there is a racial disparity in survival of women with breast cancer. On review of national and regional statistics, breast cancer survival, stage for stage, is worse in African-American women when compared to Caucasian women.

On review of breast cancers in our region, we noted that St. Helena Parish has the highest incidence of breast cancer, with high numbers of cases also reported in Iberville Parish and East Feliciana Parish. The highest rates of mortality for breast cancer seen in our region were in East Feliciana Parish, Ascension Parish and East Baton Rouge Parish.

May 1, 2019 marked our first year anniversary of opening the Breast and GYN Cancer Pavilion, providing approximately 22,000 early detection screenings, surgeries, treatments and survivorship services to women residing in 36 Louisiana Parishes and Mississippi counties. There remains a lot of work to be done in the battle against breast cancer. Woman's Hospital has been, and will continue to be committed to being a leader in this fight.

**Beverly Ogden, MD**  
*Co-chair, Cancer Committee*  
*Chairman, Cancer Services*

**Mindy Bowie, MD**  
*Co-chair, Cancer Committee*  
*Chairman, NAPBC Program*

## Cancer Discussion

This year's cancer annual report focused on the cases of breast cancer diagnosed at Woman's Hospital between the years 2009 and 2019. During this time period, 4,677 cases of breast cancer were diagnosed with 71% of cases noted in Caucasian women, 28% in African-American women and 1% listed as other ethnic group category. Since 2017, the number of breast cancers diagnosed at Woman's Hospital has been steadily increasing with our highest number of cases (568) diagnosed in 2019. The majority of cases (47%) were diagnosed as Stage I, 24% of cases diagnosed as Stage II, 19% diagnosed at Stage 0, 8% diagnosed as Stage III and 1% diagnosed at Stage IV.

On review of local, state, and national data, we noted an increased incidence of breast cancers diagnosed in African-American women in Louisiana when compared to the US SEER 18 region database. The Louisiana parish in our region with the highest overall incidence of breast cancer was St. Helena Parish (164.4/100,000) when compared to the SEER database (126.8/100,000) and the Louisiana Tumor Registry database (125.9/100,000). The Louisiana parishes in our region with the highest incidence of breast cancer in

African-American women are St. Helena Parish (208/100,000), Iberville Parish (168/100,000) and East Feliciana Parish (158.1/100,000). The Louisiana parishes with the highest incidence of breast cancer in Caucasian women are Pointe Coupee Parish (174.3/100,000) and East Feliciana Parish (153.1/100,000).

The overall mortality rate for breast cancer in the United States is 20.3/100,000 with a mortality rate of 19.8/100,000 in Caucasian women and 27.6/100,000 in African-American women. The overall mortality rate for breast cancer in Louisiana is 23.1/100,000 (higher than national statistics) with a mortality rate of 19.8/100,000 (similar to national statistics) in Caucasian women and 32.1/100,000 (higher than the national statistics) in African-American women.

The highest rate of mortality seen in our region for breast cancer is 36.4/100,000 in East Feliciana Parish during this time period. (Note: only 21 cases of breast cancer were diagnosed during this time period). There are high rates of mortality noted in African-American women in Ascension Parish (40.1/100,000) and East Baton Rouge Parish (31.5/100,000) which is much higher than that reported nationally.

The good news is that overall survival for all cases of breast cancer is in the range of 85-93%. Survival for Stage 0 should be 100% but review of our local, state, and national statistics showed a range of 95-100%. A review of a sampling of cases of deaths at Stage 0 showed that 50% of patients were >75 years old and 76% of these patients had significant comorbidities including hypertension, diabetes mellitus, and a history of other types of cancer putting these patients at increased risk for unexpected mortality. Our comparative review showed a range of survival for Stage I breast cancer from 93-100%. A closer review of a sample of cases of deaths showed that 50% of women were >70 years old, 35% had high grade tumors and 76% had other significant comorbidities. Survival for Stage II breast cancer ranged from 88-92%. Survival for Stage III breast cancer was 70-74% which is remarkable. Survival for Stage IV breast cancer ranged from 16-45%, with Woman's Hospital showing a 45% survival.

# Comparative Analysis of Local and National Patient Populations

**Figure I**  
**Breast Malignant Tumors • Age at Diagnosis: Years 2009-2019**

Age at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
Under 20	2	<1	140	<1
20-29	34	1	10,291	<1
30-39	241	5	83,299	4
40-49	797	17	345,313	16
50-59	1,305	28	527,463	25
60-69	1,285	27	585,976	28
70-79	757	16	387,576	18
80-89	232	5	166,877	8
90-99	24	<1	22,924	1
<b>Total</b>	<b>4,677</b>	<b>100</b>	<b>2,129,859</b>	<b>100</b>

\*National Cancer Data Base (NCDB) data only available for years 2008-2017.

The age of diagnosis of breast cancer at Woman's parallels that reported in the NCDB.

**Figure II**  
**Breast Malignant Tumors • Race Years: 2009-2019**

Race	Woman's		NCDB*	
	Number	Percent	Number	Percent
Caucasian	3,305	71	1,646,346	77
African American	1,299	28	246,472	12
Other**	73	1	237,041	11
<b>Total</b>	<b>4,677</b>	<b>100</b>	<b>2,129,859</b>	<b>100</b>

\*NCDB data only available for 2008-2017.

\*\*Other category includes Native American and Hispanic.

Data reflected in NCDB totals are higher than totals reflected in other filters reviewed.

A higher percentage of cases of breast cancer were diagnosed in African-American women at Woman's (28%) compared to cases reported in the NCDB (12%).

A lower percentage of cases of breast cancer were diagnosed in women in the other racial category (1%) than were reported in the NCDB (11%).

**Figure III**

**Breast Malignant Tumors • Year of Diagnosis: Years 2009-2019**

Year of Diagnosis*	Breast
2009	405
2010	355
2011	364
2012	395
2013	409
2014	390
2015	387
2016	401
2017	467
2018	536
2019	568
<b>Total</b>	<b>4,677</b>

\*Year of Diagnosis based on Date of First Contact.

Woman's continued to see an increase in the number of breast cancer cases since 2017.

**Figure IV**

**Breast Malignant Tumors • Histologies: Years 2009-2019**

Cell Types	Woman's		NCDB*	
	Number	Percent	Number	Percent
<b>In-Situ</b>				
Ductal Carcinoma In-Situ	874	98	N/A	N/A
Lobular Carcinoma In-Situ	13	1	N/A	N/A
Paget's Disease and Ductal Carcinoma In-Situ	8	1	N/A	N/A
<b>Sub-Total</b>	<b>895</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>
<b>Invasive</b>				
Carcinoma, NOS	6	<1	16,326	<1
Squamous Cell Carcinoma, NOS	1	<1	617	<1
Adenoid Cystic Carcinoma	3	<1	1,400	<1
Tubular Adenocarcinoma	5	<1	9,251	<1
Neuroendocrine Carcinoma	6	<1	570	<1
Adenocarcinoma with mixed subtypes	1	<1	1,357	<1
Clear Cell Adenocarcinoma, NOS	1	<1	63	<1
Mucinous Adenocarcinoma	87	2	40,775	2
Infiltrating Ductal Carcinoma	3,303	87	1,663,368	78
Lobular Carcinoma, NOS	276	7	215,044	10
Infiltrating Ductal and Lobular Carcinoma	55	1	106,469	5
Adenosquamous Carcinoma	1	<1	425	<1
Metaplastic Carcinoma	25	1	7,580	<1
Carcinosarcoma	2	<1	300	<1
Phyllodes Malignant Tumor	9	<1	2,748	<1
Basaloid Squamous Cell Carcinoma	1	<1	6	<1
Other Specified Types	0	0	63,560	3
<b>Subtotal</b>	<b>3,782</b>	<b>100</b>	<b>2,129,859</b>	<b>100</b>
<b>Total Cases</b>	<b>4,677</b>		<b>2,129,859</b>	

\*NCDB data only available for years 2008-2017.

The histologic patterns of breast cancers diagnosed at Woman's were similar to those reported in the NCDB.

**Figure V**

**Breast Malignant Tumors • Stage at Diagnosis: Years 2009-2019**

Stage at Diagnosis	Woman's		NCDB*	
	Number	Percent	Number	Percent
<b>0</b>	<b>876</b>	<b>19</b>	<b>430,511</b>	<b>20</b>
<b>I</b>	<b>2,218</b>	<b>47</b>	<b>892,148</b>	<b>42</b>
I	161	3	0	0
IA	1,864	40	0	0
IB	193	4	0	0
<b>II</b>	<b>1,127</b>	<b>24</b>	<b>518,679</b>	<b>24</b>
II	3	<1	0	0
IIA	787	17	0	0
IIB	337	7	0	0
<b>III</b>	<b>340</b>	<b>8</b>	<b>168,315</b>	<b>8</b>
III	1	<1	0	0
IIIA	209	4	0	0
IIIB	81	2	0	0
IIIC	49	1	0	0
<b>IV</b>	<b>57</b>	<b>1</b>	<b>80,908</b>	<b>4</b>
<b>Unknown /Not Applicable</b>	<b>59</b>	<b>1</b>	<b>36,724</b>	<b>2</b>
<b>Total</b>	<b>4,677</b>	<b>100</b>	<b>2,127,285</b>	<b>100</b>

\*NCDB data only available for years 2008-2017.

A higher percentage of cases were diagnosed as Stage I at Woman's (47%) when compared to cases reported in the NCDB (42%).

A lower percentage of cases were diagnosed as Stage IV at Woman's (1%) when compared to cases reported in the NCDB (4%).

Figure VI

## Breast Malignant Tumors • First Course of Treatment by Stage: Years 2009-2019

	STAGE PERCENT						Total Case Count
	0	I	II	III	IV	Unknown/ Not Applicable	
Surgery	26	8	5	3	4	22	486
Surgery/Radiation	23	8	<3	<2	4	10	429
Surgery/Radiation/Hormone	36	41	17	7	<2	24	1,450
Surgery/Hormone	12	16	11	1	<2	7	580
Surgery/Hormone/Immunotherapy	0	<1	<1	0	0	0	3
Surgery/Chemotherapy	<1	<5	7	7	9	10	221
Surgery/Radiation/Chemotherapy	<1	8	15	26	20	12	466
Surgery/Radiation/Chemotherapy/ Hormone	<1	6	24	40	29	5	565
Surgery/Chemotherapy/Hormone	<1	3	7	3	11	<2	165
Surgery/Radiation/Hormone/ Immunotherapy	<1	<1	0	0	0	0	7
Surgery/Immunotherapy	0	<1	0	0	0	0	1
Chemotherapy	0	<1	<1	<1	<2	<2	14
Chemotherapy/Hormone	0	<1	<1	0	0	0	2
Chemotherapy/Immunotherapy	0	<1	0	0	0	<2	2
Hormone/Radiation	0	<1	<1	0	<2	0	3
Radiation/Chemotherapy	0	<1	<1	<1	4	0	15
Surgery/Chemotherapy/Immunotherapy	<1	<1	2	<1	<2	0	40
Chemotherapy/Radiation/Hormone	0	0	0	<1	0	0	1
Chemotherapy/Radiation/Immunotherapy	0	0	0	<1	0	0	1
Surgery/Chemotherapy/Hormone/ Immunotherapy	0	1	1	1	<2	<2	39
Hormone	<1	<1	0	0	<2	0	5
Surgery/Radiation/Immunotherapy	0	<1	<1	0	0	0	2
Surgery/Radiation/Chemotherapy/ Immunotherapy	0	<1	<3	4	<2	0	62
Surgery/Radiation/Chemotherapy/ Hormone/Immunotherapy	<1	2	<4	3	7	0	100
None	<1	<1	<1	0	0	3	18
<b>Total Cases</b>	<b>876</b>	<b>2,218</b>	<b>1,127</b>	<b>340</b>	<b>57</b>	<b>59</b>	<b>4,677</b>
<b>Total Percentage</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	



**Figure VII**

**Breast Malignant Cases • Age by Stage Percentage: Years 2009-2019**

WOMAN'S							
PERCENT OF STAGE							
	0	I	II	III	IV	Unknown/ Not Applicable	Total Case Count
Under 20	0	<1	0	<1	0	0	2
20-29	<1	<1	1	1	0	3	34
30-39	4	3	9	6	9	7	241
40-49	17	15	21	18	12	19	797
50-59	30	27	26	30	39	31	1,305
60-69	29	30	24	24	26	29	1,285
70-79	16	19	13	13	11	10	757
80-89	4	5	5	5	<2	<2	232
90-99	<1	<1	1	2	<2	0	24
<b>Total Cases</b>	<b>876</b>	<b>2,218</b>	<b>1,127</b>	<b>340</b>	<b>57</b>	<b>59</b>	<b>4,677</b>
<b>Total Percentage</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	

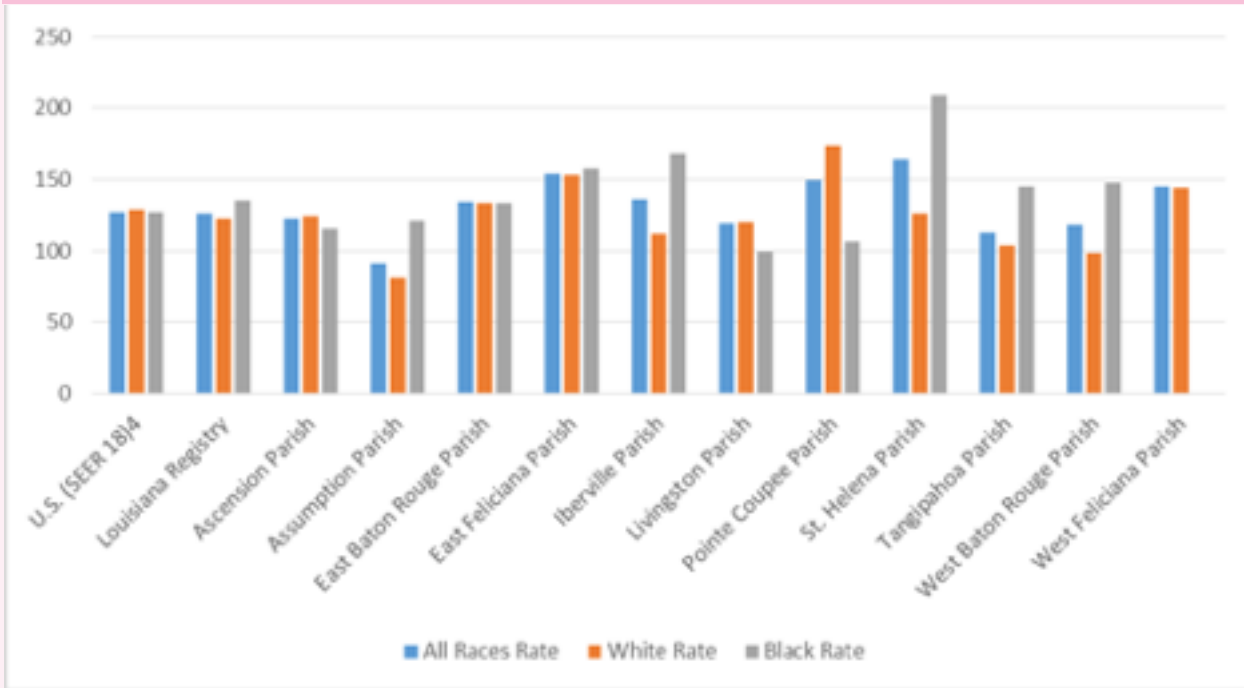
  

NCDB							
PERCENT OF STAGE							
	0	I	II	III	IV	Unknown/ Not Applicable	
Under 20	<1	<1	<1	<1	<1	<1	
20-29	<1	<1	<1	<1	<1	<1	
30-39	3	3	6	7	5	4	
40-49	20	13	18	19	13	16	
50-59	28	23	25	26	24	23	
60-69	28	30	25	24	27	23	
70-79	16	21	16	14	17	18	
80-89	5	8	8	8	11	12	
90-99	<1	1	<2	<2	2	4	
<b>Total Cases</b>	<b>432,230</b>	<b>894,940</b>	<b>520,257</b>	<b>168,879</b>	<b>81,046</b>	<b>36,812</b>	
<b>Total Percentage</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	

There is no statistical difference noted between ages of diagnosis by stage at Woman's when compared to those reported in the NCDB.

Figure VIII

Female Breast Cancer • Incidence Rates Louisiana vs US\* 2008-2017



Invasive cases only.

\*Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups -Census P25-1130) standard.

\*\*U.S. incidence rates are based on the SEER 18 Regions. Counts are not displayed, as they would only represent a fraction of the case counts.

Counts are the total number of new cases for the 5-year time period.

Statistic not displayed if fewer than 16 cases.

There is an increased incidence of breast cancers diagnosed in African-American women in Louisiana when compared to the US SEER 18 region database.

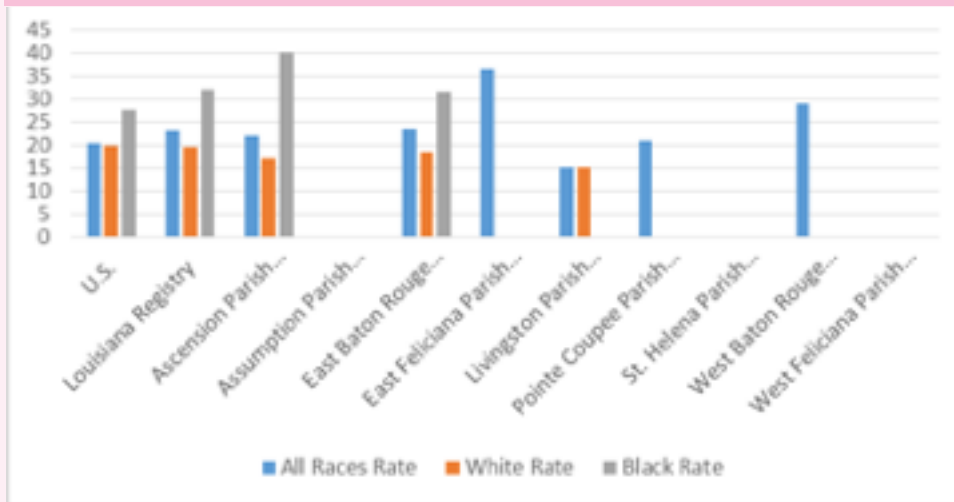
The Louisiana parish in our region with the highest overall incidence of breast cancer is St. Helena Parish (164.4/100,000) when compared to the SEER database (126.8/100,000) and the Louisiana Tumor Registry database (125.9/100,000).

The Louisiana parishes in our region with the highest incidence of breast cancer in African-American women are St. Helena Parish (208.1/100,000), Iberville Parish (168/100,000) and East Feliciana Parish (158.1/100,000).

The Louisiana parishes with the highest incidence of breast cancer in Caucasian women are Pointe Coupée Parish (174.3/100,000) and East Feliciana Parish (153.1/100,000).

Figure IX

Female Breast Cancer • Mortality Rates Louisiana vs US\* 2008-2017



Underlying mortality data provided by National Center of Health Statistics, NCHS ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

\*Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups-Census P25-1130) standard.

Counts are the total number of new cases for the 5-year time period.

Statistic not displayed if fewer than 16 cases.

The Louisiana Tumor Registry is supported by the SEER Program (NCI), the National Program of Cancer Registries (NPCR of CDC), the State of Louisiana, the LSU Health Sciences Center-New Orleans, and host institutions.

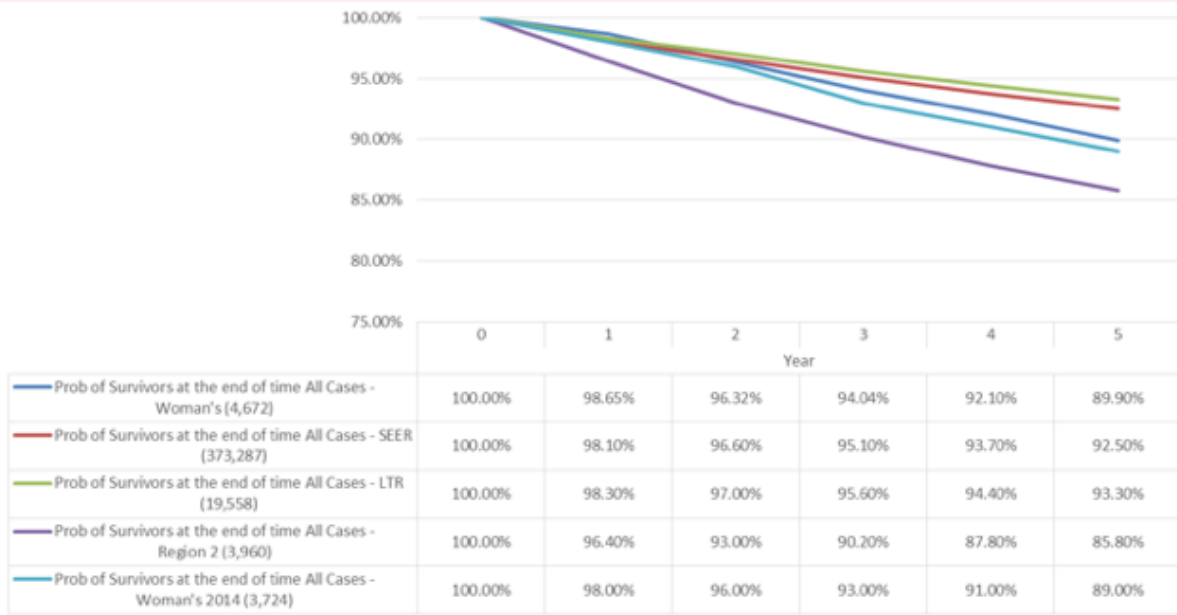
The overall mortality rate for breast cancer in the United States is 20.3/100,000 with a mortality rate of 19.8/100,000 in Caucasian women and 27.6/100,000 in African-American women.

The overall mortality rate for breast cancer in Louisiana is 23.1/100,000 with a mortality rate of 19.8/100,000 in Caucasian women and 32.1/100,000 in African-American women.

The overall mortality rate for breast cancer in East Feliciana Parish during this time period is 36.4/100,000. Note: Only 21 cases of breast cancer were diagnosed during this time period.

There are high rates of mortality noted in African-American women in Ascension parish (40.1/100,000) and East Baton Rouge Parish (31.5/100,000).

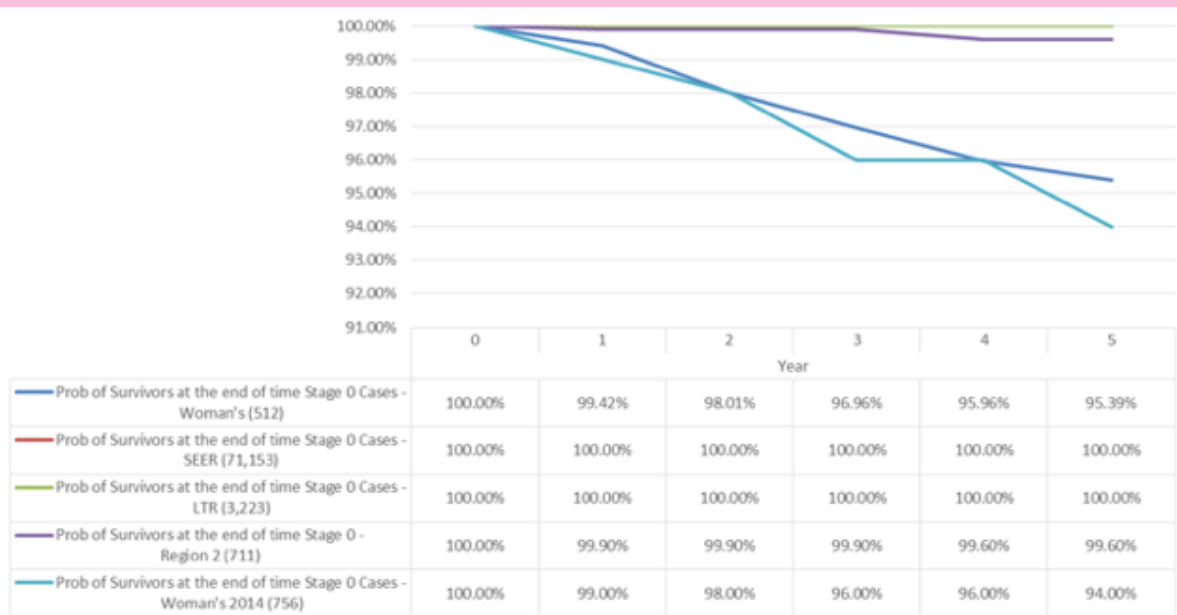
**Figure X**  
**Breast Cancer • 5-Year Survival All Cases**



Overall survival of all breast cancer patients reported in the SEER database is 92.5%, 93.3% in the Louisiana Tumor Registry database and 85.8% in Region 2 of Louisiana.

Overall survival for Woman's is 89.9%.

**Figure XI**  
**Breast Cancer • 5-Year Survival: Stage 0**



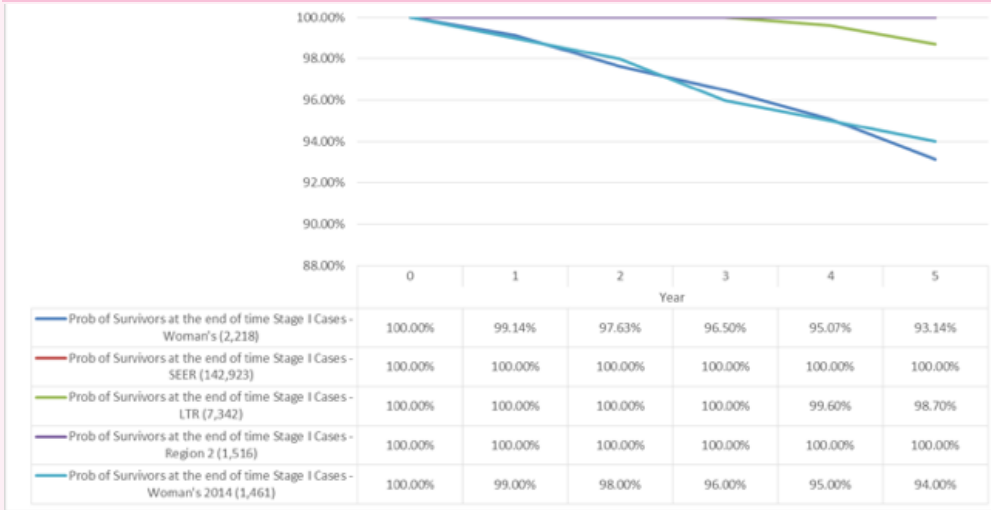
Survival of Stage 0 breast cancer reported in the SEER and Louisiana Tumor Registry databases is 100%.

Survival of Stage 0 breast cancer reported in Region 2 of Louisiana is 99.6% and 95.39% in the Woman's database.

The total number of Stage 0 breast cancers diagnosed at Woman's during this time period was 512 cases. Review of 26 Stage 0 deaths reported at Woman's during this time period showed 50% were over the age of 75. 76% of these patients had significant comorbidities including hypertension, diabetes mellitus, and a history of other types of cancer putting these patients at increased risk for morbidity and mortality.

**Figure XII**

**Breast Cancer • 5-Year Survival: Stage I**



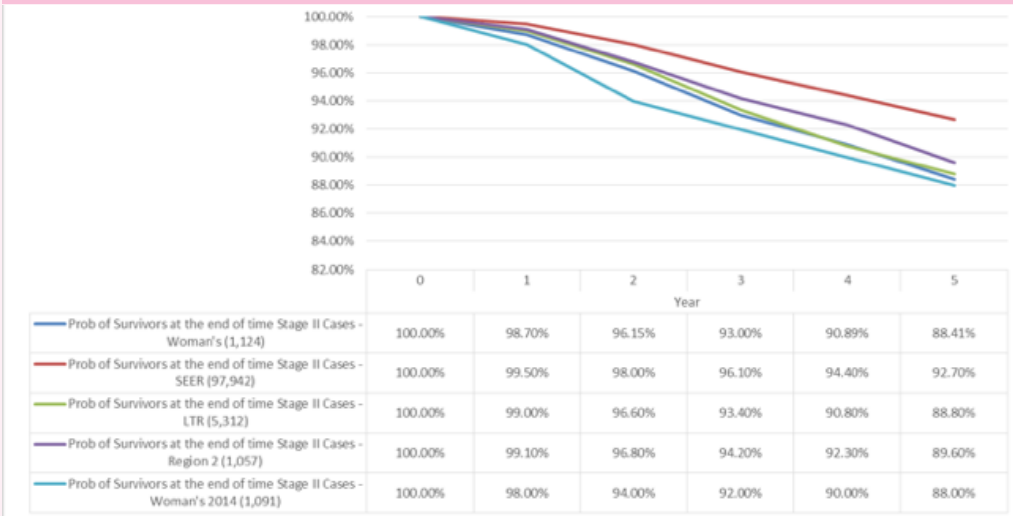
Survival of Stage I breast cancer reported in the SEER and Louisiana Region 2 databases is 100% and 98.7% in the Louisiana Tumor Registry database.

Survival of Stage I breast cancers reported in Woman's database is 93.4%. The total number of Stage I cases diagnosed at Woman's during this time period was 2,218 cases. Review of 17 cases of Stage I deaths reported at Woman's during this time period showed 50% of patients were over the age of 70 years old, 76% had other significant comorbidities including hypertension and diabetes mellitus and 35% had Grade III tumors putting the patients at increased risk for morbidity and mortality.

Note: Evaluation of survival by race for Stage I at Woman's showed an overall survival of 93.4 % in Caucasian women and 90.4% in African-American women.

**Figure XIII**

**Breast Cancer • 5-Year Survival: Stage II**



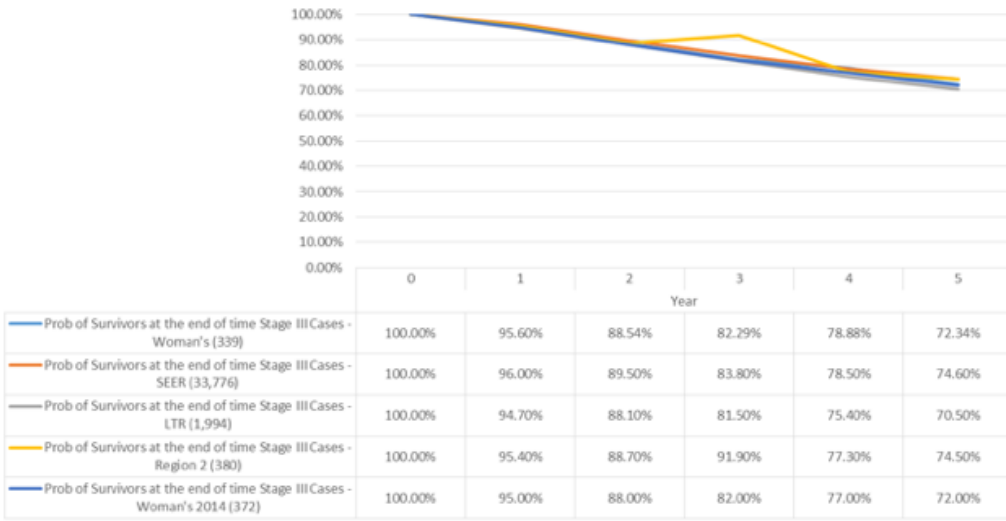
Survival of Stage I breast cancer reported in the SEER and Louisiana Region 2 databases is 100% and 98.7% in the Louisiana Tumor Registry database.

Survival of Stage I breast cancers reported in Woman's database is 93.4%. The total number of Stage I cases diagnosed at Woman's during this time period was 2,218 cases. Review of 17 cases of Stage I deaths reported at Woman's during this time period showed 50% of patients were over the age of 70 years old, 76% had other significant comorbidities including hypertension and diabetes mellitus and 35% had Grade III tumors putting the patients at increased risk for morbidity and mortality.

Note: Evaluation of survival by race for Stage I at Woman's showed an overall survival of 93.4 % in Caucasian women and 90.4% in African-American women.

**Figure XIV**

**Breast Cancer • 5-Year Survival: Stage III**

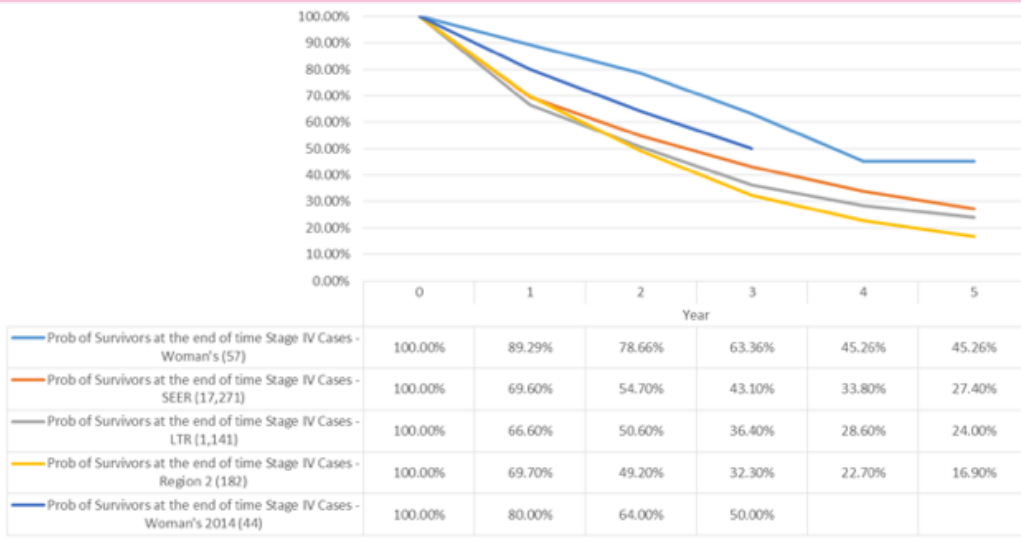


There was no statistical difference noted in reported cases of survival in any of the reviewed databases.

Note: Evaluation of survival by race for Stage III at Woman's showed an overall survival of 73.84 % in Caucasian women and 67.82% in African-American women.

**Figure XV**

**Breast Cancer • 5-Year Survival: Stage IV**

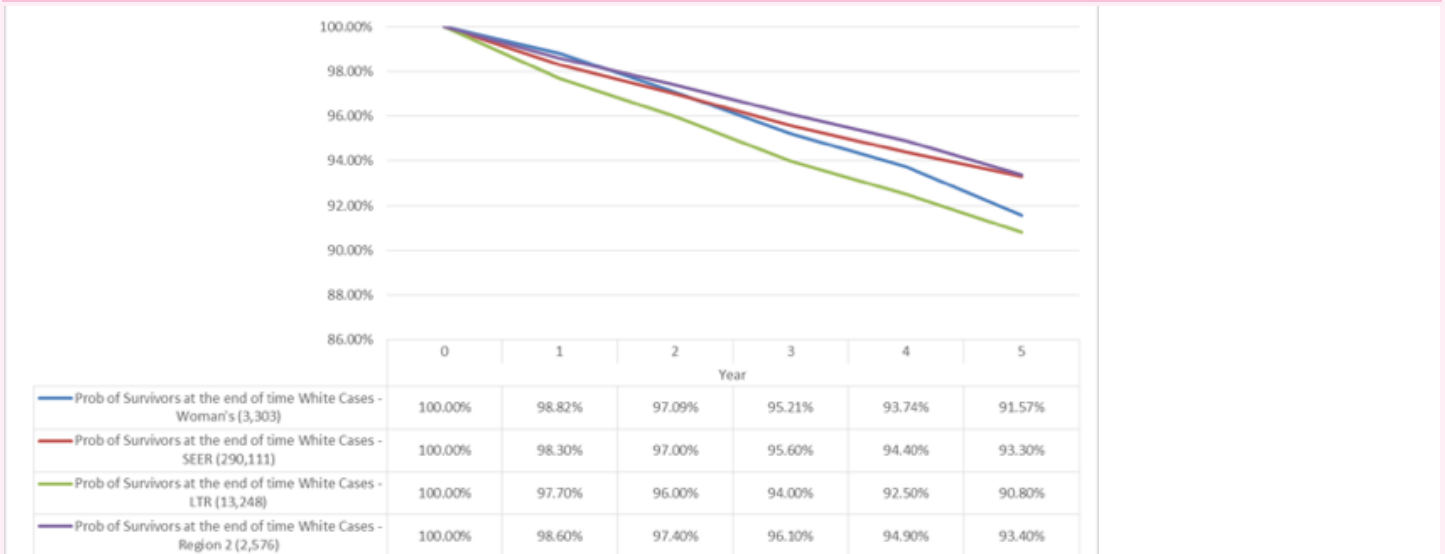


Even though the number of cases are low (57 cases), survival of Stage IV breast cancers at Woman's is statistically better than survival reported in the SEER, Louisiana Tumor Registry and Louisiana Region 2 databases.

Note: Evaluation of survival by race for Stage IV at Woman's showed overall survival of 51.36 % in Caucasian women and 41.16% in African-American women which were markedly better than that reported survival of 28.7% in Caucasian women and 18.9% of African-American women in the SEER database.

Figure XVI

Breast Cancer • 5-Year Survival by Race: Caucasians



Overall survival in Caucasian women diagnosed during this time period at Woman's was slightly lower (91.57%) than survival reported in the SEER database (93.3%), but slightly better than reported in the Louisiana Tumor Registry Database (90.8%).

Figure XVII

Breast Cancer • 5-Year Survival by Race: African Americans



African-American women with breast cancer have an overall better survival reported in the Woman's database (86.08%) when compared to the SEER database (85.8%), the Louisiana Region 2 database (84.5%) and the Louisiana Tumor Registry database (83.4%).

However, African-American women have worse overall survival in all databases.



# Breast & GYN Cancer Pavillion



## More Than 55,682 Patient Services in 2019



The Breast & GYN Cancer Pavilion provides women diagnosed with breast or gynecologic cancer with a multitude of resources for enhanced care. The Pavilion is a partnership between Woman's Hospital and Mary Bird Perkins – Our Lady of the Lake Cancer Center 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. In its first year, the Pavilion delivered approximately 55,682 services to women residing throughout Louisiana and a number of Mississippi counties that included early detection screenings, surgeries, clinical trials, treatments, survivorship and other support programs.

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

### **The technology at the Pavilion is unparalleled:**

- *A highly advanced digital linear accelerator enhances precision, but with less radiation exposure and a shorter treatment time.*
- *Custom beam-shaping technology is used in conjunction with the accelerator to further enhance precision and spare normal, healthy tissue. Optical imaging allows for real-time tumor tracking during treatment.*
- *New technology blends PET and CT images into one image for greater accuracy in detecting small tumors and in identifying tumor boundaries, allowing for more targeted and concentrated radiation to save healthy tissue.*
- *High-Dose Rate Brachytherapy for gynecologic cancer treatment, which allows for minimal exposure to healthy tissue using a device that delivers a high dose of radiation directly to the tumor site, is available in a dedicated suite that keeps the patient in one area for the entirety of her procedure. This design is unique to only a few facilities in the country.*
- *The Catalyst system (by C-RAD) offers a complete solution for positioning the patient and motion tracking. Optical cameras in the room can detect and track a 3D surface image of the patient. This sophisticated and non-invasive technology allows us to accurately align the anatomy in the treatment position and increase precision.*
- *A state-of-the-art clinical pharmacy is located within the infusion center for quick, safe delivery of chemotherapy medications. With an onsite clinical infusion pharmacy, patients' wait times for infusions is approximately 20 minutes, which is well below the national average. The dedicated medical oncology lab adjacent to the infusion center makes having blood work before treatment more convenient and accessible.*
- *Every detail for patient comfort and convenience was considered in the design of the infusion center, which includes 12 bays and four private rooms.*



*Research  
and  
Education*

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

## Cancer Clinical Trials

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

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

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

### Breast and GYN Cancer Pavilion Clinical Research Statistics (January-December 2019):

- 285 patients enrolled in clinical trials
- 16 breast cancer trials offered
- 2 GYN trials offered
- 2 "other" studies offered

### The National Cancer Institute Community Oncology Research Program (NCORP)

NCORP provides Pavilion researcher's 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 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. *Molecular Investigation of Breast and Ovarian Tumor Tissue (BRCA-1)*
2. *Human Papillomavirus and Genetic Cofactors in Anogenital Cancer (HPV)*
3. *A Randomized Phase III Clinical Trial Evaluating Post-Mastectomy Chest Wall 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 (NSABP-B-51 /RTOG 1304)*
4. *Randomized Phase III Trial Comparing Axillary Radiation in Breast Cancer Patients (cT1-3 N1) Who Have Positive Sentinel Lymph Node Disease after Neoadjuvant Chemotherapy (Alliance A011202)*
5. *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 (NRG-BR003)*
6. *A Randomized Phase III Double Blinded Placebo Controlled Trial of Aspirin as Adjuvant Therapy for Node Positive HER2/neu Negative Breast Cancer: The ABC Trial (Alliance A011502)*
7. *A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of MK-3475 (Pembrolizumab) as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with  $\leq$  1CM Residual Invasive Cancer or Positive Lymph Nodes (ypN+) after Neoadjuvant Chemotherapy (SWOG S1418)*
8. *Phase III Randomized Trial of Hypofractionated Post Mastectomy Radiation with Breast Reconstruction (Alliance A221505)*
9. *A Randomized Phase III Post-Operative Trial of Platinum Based Chemotherapy versus Capecitabine in Patients with Residual Triple Negative Basal-like Breast Cancer Following Neoadjuvant Chemotherapy (ECOG EA 1131)*
10. *A Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer (Alliance A011401)(BWEL)*
11. *Tomosynthesis Mammographic Imaging Screening Trial (TMIST) (ECOG EA1151)*
12. *Olanzapine with or without Fosaprepitant for the Prevention of Chemotherapy Induced Nausea and Vomiting in Patients Receiving Highly Emetogenic Chemotherapy (HEC): A Phase III Randomized, Double Blind, Placebo-Controlled Trial (Alliance A221602)*
13. *Evaluation of Mammographic Breast Density Effect of Aspirin: A Companion study to Alliance Study A011502 (Alliance 211602)*
14. *Prospective Validation Trial of Taxane Therapy (Docetaxel or Weekly Paclitaxel) and Risk of Chemotherapy – Induced Peripheral Neuropathy in African American Women (ECOG EAZ171)*
15. *A Randomized Double-Blind Phase III Trial of Paclitaxel / Trastuzumab / Pertuzumab with Atezolizumab or Placebo in First-Line HER-Positive Metastatic Breast Cancer (NRG BR004)*
16. *Prospective Evaluation of Carvedilol in Preventive of Cardiac Toxicity in Patients with Metastatic HER-2 + Breast Cancer, Phase III (SWOG51501)*
17. *Randomized Placebo Controlled Trial of Bupropion for Cancer Related Fatigue (URCC18007)*
18. *A Phase III Randomized Placebo Controlled Clinical Trial of Donepezil in Chemotherapy Exposed Breast Cancer Survivors with Cognitive Impairment (WF-97116)*

## Continuing Medical Education

Accredited by the Louisiana State Medical Society, Woman's Continuing Medical Education offers physicians appropriate education programs focused on cancer care and treatment. These programs are also open for other disciplines to attend. In 2019, 47 Breast Tumor Conferences, 11 GYN Tumor Conferences and 3 Breast Cancer Multidisciplinary Taskforce meetings were held.

### **Woman's continuing education programs included:**

- *Oncofertility*
- *End-of-Life Nursing Education Consortium (ELNEC) – Adult Palliative Care*
- *Oncology Symposium (BRONS):*
  - o *Breast presentation*
  - o *Cancer survivorship*
  - o *HDR Brachytherapy for Gynecologic Malignancies*
  - o *Cancer Rehabilitation (PT) presentation*



## *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.

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

## *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. Today, Woman's performs more than 46,000 breast procedures each year.

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. Our care is fully comprehensive, and should the need arise, Woman's provides the most complex hospital monitoring available in our Adult Critical Care Unit.

### • Surgery

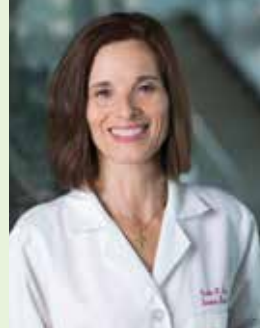
Woman's offers the most advanced surgical technology including robotics and minimally invasive laparoscopy. The most common gynecologic cancer surgeries include robotics-assisted hysterectomies and cancer staging hysterectomies, while breast cancer procedures include sentinel lymph node biopsy, mastectomy,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

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.

### Woman's Breast Specialists



*Mindy Bowie, MD*



*Cecilia Cuntz, MD*

Our team of female breast surgeons, Dr. Mindy Bowie and Dr. Cecilia Cuntz, perform 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 nurse navigator, genetic counselor, social worker and specialized cancer dietitian.

### Woman's Gynecologic Oncology Clinic



*Anthony Evans, MD, PhD, gynecologic oncologist; Laurel King, MD, gynecologic oncologist; Tammy Dupuy, MD, OB-GYN*

Woman's GYN Oncology Group includes two of Louisiana's few gynecologic oncologists, Dr. Anthony Evans and Dr. Laurel King specialize in surgical treatments such as robotic-assisted and other minimally invasive methods that speed recovery and lessen downtime as well as radical and complex gynecologic surgeries. The comprehensive care team also includes OB-GYN Dr. Tammy Dupuy, nurse practitioner Nai'Ja Mack, a nurse navigator, palliative care coordinator, social worker and specialized cancer dietitian.



# Profile of a Survivor

## Lindsey

Two weeks before her 30th birthday, and at the beginning of the COVID-19 pandemic, Lindsey McCombie was diagnosed with Invasive Ductal Carcinoma in her right breast. This young mother of two almost didn't go to her yearly OB appointment, but she wanted some time to herself. That's where her doctor felt the lump in her breast and three hours later she was getting a biopsy.

"I'm only 29, there's no way I have breast cancer! I have two babies, I work two jobs, I don't have time for this! But if there is one thing I've learned about cancer, it's that it doesn't wait for a convenient time," said Lindsey.

"Cancer has changed my perspective and my life for the better. Cancer helped me truly have a love for life that I would have never had before cancer. My advice is to not look at this disease as a curse; see this as your opportunity to stand strong and fight. Of course, cry it out and have your moments. Then remember to listen to that inner voice, there is power in YOUR story not in your diagnosis. You are MORE than breast cancer."





**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.**

- **Chemotherapy**

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

- **Radiation Oncology**

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

- **Cancer Rehabilitation Therapy**

The side effects of chemotherapy, radiation and surgery can lead to pain, fatigue, weakness, insomnia, memory loss, fear, anxiety and depression. Woman's Cancer Rehabilitation program addresses the full spectrum of cancer care with a personalized plan 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.

# Profile of a Survivor

## Whitney

One day can change everything, and it did for Whitney Breaux. Friday, March 20, 2020, she received a huge promotion, closed on her dream home and was diagnosed with breast cancer.

Whitney lived in the fast lane; she was a work-a-holic who loved every minute of it. She was supposed to be across the world, but due to the pandemic global travel was shut down. But that day in March everything changed. "See when you live life in the fast lane you inevitably miss some things. For more than a year, I missed three tumors growing in my left breast one of which measured nearly 6 cm. The staff and doctors at Woman's Hospital and the Breast & GYN Cancer Pavilion have been amazing and especially given the difficult circumstances surrounding COVID," said Whitney.

Representing the 85% of breast cancer patients who have no family history, Whitney chose to be open and transparent about her experience to increase awareness of premenopausal breast cancer among black women. She started an awareness campaign called "Day 18" to encourage all women and especially those under 40 to perform a self-exam on the 18th day of each month. Why 18? 1 in 8 women will be diagnosed with breast cancer in their lifetime.

"I'm 32-years-old. I'm a mom, sister, daughter, aunt, friend, global business leader, avid LSU Football fan and OrangeTheory addict. And soon I look forward to adding breast cancer survivor!"

The **Breast & GYN Cancer Pavilion** is a partnership between Woman's Hospital and Mary Bird Perkins – Our Lady of the Lake Cancer Center



## 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 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 Breast & GYN Cancer Pavilion. Chair or table massages are also available to women during the course of their cancer treatments.

- **Microblading**

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

- **Adult Palliative Care**

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

# Profile of a Survivor

## Sarah

“By the third kid you like to think you have the pregnancy thing figured out. However, my third pregnancy included a curveball no prior pregnancy could have prepared me for. Twenty-nine weeks into my pregnancy I - Sarah Gray - was diagnosed with invasive ductal carcinoma at age 37. One morning I noticed a hard lump in my left breast. Within days I had an ultrasound, mammogram, needle biopsy and cancer diagnosis. I thought, “If this is cancer, what about my 3 and 4-year-old and my unborn child I was still carrying?”

“Since my cancer was hormone positive, doing nothing until the baby was born was not an option as the pregnancy hormones would feed the cancer. After starting chemo my amniotic fluid was basically gone. I was admitted into the AICU. I was induced at 35 weeks. After the baby was born, tests showed the cancer had grown and was in my lymph nodes.”

“I had surgery less than a week after giving birth, and my newborn son was still in the NICU when I received my first round of chemo at Woman’s.”

“I always thought I was too young to worry about something like this, especially with no family history. But there are so many of us, at all different ages and stages of this disease, who never thought cancer would be a part of our story. Keep up with your annual mammograms, well-woman visits and perform monthly self-breast exams.”



# Profile of a Survivor

## Tracey

Tracey Neldare, a 52-year-old wife, mother and a grandmother felt a lump during a self-exam in the shower. It was the beginning of the pandemic, so she decided to wait until things settled down to make an appointment. But, two days later something moved her to get it checked out. Tracey was diagnosed with Invasive Ductal Triple Negative Breast Cancer.

"I see the words Life Support as faith in God and unbelievable support from family and friends. I went through five months of chemotherapy and during those five months my faith in God and man grew tremendously. And still today my faith continues to grow," said Tracey.

"I have many family members and friends that became my Life Support. During chemotherapy, they would wait for me to walk out the Pavilion door because they couldn't be with me," explained Tracey. Her tough journey became a lot easier every time she looked out of the window and saw her #TeamTracey waving back up.



# Profile of a Survivor

## Jenn

Jenn thought the hardest thing she would have to encounter during the pandemic would be giving birth via c-section to her first child. It turns out she would have more obstacles. When her newborn daughter was just three months old, Jenn was diagnosed with Stage IIIC breast cancer.

“I noticed a lump in my breast, while putting on a sports bra. I wasn’t concerned—I was a young, new mom, and I really didn’t have time for this. The word cancer was so far back in my head and vocabulary,” said Jenn.

However, that quickly changed and she took on a positive attitude and a fighter’s spirit. “The same God that has brought me an amazing husband and beautiful little girl, even after a miscarriage, is carrying me. I am so thankful for my friends and loved ones for their constant calls, texts, cards, prayers, love and thoughtful good vibes.”

“Woman’s Hospital brings life into the world and saves lives through the cancer center. And while I never thought I’d experience both in the same year, I’m thankful for the amazing staff who helped me through the highest highs and the lowest lows this year brought.”



# Prevention





## Woman's Mammography Coaches



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 - Our Lady of the Lake Cancer Center.

### In 2020, our outreach included:

- 2 coaches
- 22 parishes served
- 214 trips
- 3,318 women screened
- 16 cancers detected
- \$610 K 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 2019, Woman's Genetic Services cared for 453 patients and performed 313 genetic tests. Mutations were identified in 11%, or 33 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-Our Lady of the Lake Cancer Center.

Despite an extremely challenging year, we attended health fairs and presented information on breast self-exams, cancer screenings and wellness. Below are just a few of the organizations we work alongside:

*Pennington*  
*Susan G. Komen*  
*Law of Life Ministries*  
*Point Coupée Schools*  
*Bomb Boozie Fairies*  
*LCIW*

*Helping Hands at Home*  
*EBR Parish Library*  
*Unitech*  
*Wymer FCU*  
*Vanguard College*

# Philanthropic Support

Philanthropic gifts allow individuals, corporations and private foundations to invest in programs at Woman's Hospital.

The Foundation for Woman's provided the following programs and services for women with cancer this year:

- *Cancer Navigation and Survivorship*
- *Mobile Mammography*
- *Medical Exercise*
- *Nutrition Counseling*
- *Physical Therapy*
- *Palliative Care*

Philanthropic gifts funded the construction of a second High-Dose-Rate Brachytherapy Suite for our GYN cancer patients to allow treatment, planning, and delivery in the same space; making Woman's one of the few facilities in the country designed for patient comfort and convenience.

## Fundraising Events



**BUST Breast Cancer**, the Foundation's annual signature event, was created to provide essential support for Woman's breast cancer outreach, including Woman's two mammography coaches. As the region's leader in comprehensive breast care, Woman's commits its skills and resources to aiding women in their fight against breast cancer. The event was reimagined for 2020. The online campaign featured creatively designed bras. Local restaurants, businesses and boutiques displayed their works of art at their businesses and asked individuals to cast votes for their favorite bra. More than \$95,000 was raised through community sponsorships, t-shirt sales and online voting.

The **22nd Annual Woman's Victory Open** was held November 5, 2020. The annual event moved to TopGolf in 2019 and the location provided the perfect setting for a fundraising event while accommodating social distancing requirements. Since 1999 this event has raised more than \$3.1 million to support women diagnosed with breast or gynecologic cancer throughout their cancer journey.



*WVO Top Team  
JP Morgan Chase Bank Team  
Jareth Rosman and Justin Black*

### **Amy Counce, a Champion for Woman's**

Woman's lost a very special friend on August 19, 2019. Amy Counce passed away after a two-year battle with ovarian cancer. Amy served as a member of the Foundation for Woman's Board of Trustees. WVO and money raised to support breast and GYN cancer services were dedicated in her memory.



*"She was a fighter with a strong spirit of never giving up. She was competitive and hated to lose. She loved walks around the lakes with friends and making time for a snowball. She was committed to the work of Woman's, and she would want us to fight this awful disease."*

*CATHY GIERING, Trustee, Foundation for Woman's*



*Cancer  
Registry*

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

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

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

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

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

# Statistics





# Woman's 2019 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	Stage Unknown
<b>All Sites</b>	<b>773</b>	<b>1</b>	<b>772</b>	<b>109</b>	<b>483</b>	<b>84</b>	<b>59</b>	<b>15</b>	<b>23</b>
Anus, Anal Canal	2	0	2	0	1	0	1	0	0
Breast	568	1	567	109	354	69	21	6	9
Cervix Uteri	30	0	30	0	17	5	4	1	3
Colon	2	0	2	0	1	0	0	1	0
Corpus Uteri	116	0	116	0	91	4	15	3	3
Hodgkin's Lymphoma	1	0	1	0	0	0	0	0	1
Fallopian Tube, Peritoneum, Omentum, Mesentery	4	0	4	0	0	0	3	0	1
Ovary	36	0	36	0	11	4	13	4	4
Rectum, Rectosigmoid	3	0	3	0	1	1	0	0	1
Skin	1	0	1	0	1	0	0	0	0
Vagina	3	0	3	0	1	1	0	0	1
Vulva	7	0	7	0	5	0	2	0	0

## 2019 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
10-19	2	<1
20-29	13	2
30-39	39	5
40-49	108	14
50-59	200	26
60-69	238	31
70-79	133	17
80-89	36	5
90-99	4	<1
<b>Total</b>	<b>773</b>	<b>100</b>

## 2019 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	514	66
African American	236	31
Asian/Other	23	3
<b>Total</b>	<b>773</b>	<b>100</b>

# Cancer of the Breast

## 2019 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
10-19	0	0
20-29	6	1
30-39	27	5
40-49	89	16
50-59	141	25
60-69	170	30
70-79	105	18
80-89	27	5
90-99	3	<1
<b>Total</b>	<b>568</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	386	68
African American	165	29
Asian/Other	17	3
<b>Total</b>	<b>568</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	109	19
Stage I	355	62
Stage II	68	12
Stage III	20	4
Stage IV	6	1
Unknown/Not Applicable	10	2
<b>Total</b>	<b>568</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Chemotherapy Only	14	2
Chemotherapy/Hormone	1	<1
Hormone	2	<1
Chemotherapy/Radiation	10	2
Surgery	66	12
Surgery/Chemotherapy	43	10
Surgery/Radiation	78	14
Surgery/Radiation/Chemotherapy	58	10
Surgery/Hormone	76	13
Surgery/Radiation/Hormone	141	25
Surgery/Chemotherapy/Hormone	17	3
Surgery/Chemotherapy/Immunotherapy	6	1
Surgery/Chemotherapy/Hormone/Immunotherapy	3	<1
Surgery/Radiation/Chemotherapy/Hormone	28	5
Surgery/Radiation/Chemotherapy/Immunotherapy	9	1
Surgery/Radiation/Chemotherapy/Hormone/Immunotherapy	3	<1
None	13	2
<b>Total</b>	<b>568</b>	<b>100</b>
Histology	Number of Cases	Percent
Ductal Carcinoma In-Situ	107	19
Paget's Disease In-Situ	2	<1
Infiltrating Ductal and Lobular Carcinoma	6	1
Infiltrating Ductal Carcinoma	419	74
Lobular Carcinoma	28	5
Metaplastic Carcinoma, NOS	4	<1
Phyllodes Tumor	2	<1
<b>Total</b>	<b>568</b>	<b>100</b>

# Cancer of the Cervix

## 2019 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	<4
30-39	8	27
40-49	8	27
50-59	8	27
60-69	4	13
70-79	1	<4
80-89	0	0
90-99	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

Race	Number of Cases	Percent
Caucasian	21	70
African American	9	30
Asian/Other	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	17	57
Stage II	5	17
Stage III	4	13
Stage IV	1	<4
Unknown/Not Applicable	3	10
<b>Total</b>	<b>30</b>	<b>100</b>

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<4
Surgery	13	44
Surgery/Radiation	1	<4
Surgery/Radiation/Chemotherapy	5	17
Radiation	2	7
Radiation/Chemotherapy	6	20
Radiation/Chemotherapy/Immunotherapy	1	<4
None	1	<4
<b>Total</b>	<b>30</b>	<b>100</b>

Histology	Number of Cases	Percent
Mixed Cell Adenocarcinoma	7	23
Adenosquamous Carcinoma	1	<4
Endometrioid Adenocarcinoma	1	<4
Squamous Cell Carcinoma, NOS	19	64
Large Cell Neuroendocrine Carcinoma	1	<4
Leiomyosarcoma, NOS	1	<4
<b>Total</b>	<b>30</b>	<b>100</b>

# Cancer of the Ovary

## 2019 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
Under 20	2	<6
20-29	2	<6
30-39	0	0
40-49	4	11
50-59	9	25
60-69	9	25
70-79	5	14
80-89	5	14
<b>Total</b>	<b>36</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	26	72
African American	10	28
<b>Total</b>	<b>36</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	11	31
Stage II	4	11
Stage III	13	36
Stage IV	4	11
Unknown/Not Applicable	4	11
<b>Total</b>	<b>36</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Chemotherapy	4	11
Surgery	9	25
Surgery/Radiation/Chemotherapy	2	6
Surgery/Chemotherapy	21	58
<b>Total</b>	<b>36</b>	<b>100</b>
Histology	Number of Cases	Percent
Carcinoma In-Situ, NOS	1	<3
Carcinoma, NOS	1	<3
Granulosa Cell Tumor	1	<3
Carcinosarcoma, NOS	3	8
Clear Cell Adenocarcinoma	1	<3
Endometrioid Adenocarcinoma	6	17
Papillary Serous Cystadenocarcinoma	14	39
Teratocarcinoma	1	<3
Dysgerminoma	1	<3
Mixed Germ Cell Tumor	2	6
Mucinous Adenocarcinoma	4	11
Seromucinous Adenocarcinoma	1	<3
<b>Total</b>	<b>36</b>	<b>100</b>

# Cancer of the Uterus

## 2019 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	1	<1
30-39	4	3
40-49	6	5
50-59	39	34
60-69	48	41
70-79	16	14
80-89	2	2
90-99	0	0
<b>Total</b>	<b>116</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	66	57
African American	45	39
Asian/Other	5	4
<b>Total</b>	<b>116</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	91	78
Stage II	4	3
Stage III	15	13
Stage IV	3	3
Unknown/Not Applicable	3	3
<b>Total</b>	<b>116</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Radiation	2	2
Surgery	55	47
Surgery/Hormone	1	<1
Surgery/Chemotherapy	7	6
Surgery/Chemotherapy/Hormone	1	<1
Surgery/Chemotherapy/Immunotherapy	1	<1
Surgery/Radiation	19	16
Surgery/Radiation/Chemotherapy	26	22
Surgery/Radiation/Chemotherapy/ Immunotherapy	1	<1
None	3	3
<b>Total</b>	<b>116</b>	<b>100</b>
Histology	Number of Cases	Percent
Clear Cell Adenocarcinoma, NOS	2	2
Adenocarcinoma, NOS	96	83
Mixed Cell Adenocarcinoma	2	2
Mullerian Mixed Tumor	10	9
Leiomyosarcoma	3	3
Adenosarcoma	1	<1
Endometrial Stromal Sarcoma	1	<1
Serous Surface Papillary Carcinoma	1	<1
<b>Total</b>	<b>116</b>	<b>100</b>

# Cancer of the Vulva and Vagina

## 2019 Analytic Cases

Site	Number of Cases	Percent
Vulva	7	70
Vagina	3	30
<b>Total</b>	<b>10</b>	<b>100</b>
Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	0	0
40-49	0	0
50-59	0	0
60-69	5	50
70-79	3	30
80-89	1	10
90-99	1	10
<b>Total</b>	<b>10</b>	<b>100</b>
Race	Number of Cases	Percent
Caucasian	7	70
African American	2	20
Asian/Other	1	10
<b>Total</b>	<b>10</b>	<b>100</b>
Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	6	60
Stage II	1	10
Stage III	2	20
Stage IV	0	0
Unknown/Not Applicable	1	10
<b>Total</b>	<b>10</b>	<b>100</b>
Treatment First Course	Number of Cases	Percent
Surgery/Radiation	2	20
Surgery	6	60
Surgery/Radiation/Chemotherapy	2	20
<b>Total</b>	<b>10</b>	<b>100</b>
Histology	Number of Cases	Percent
Squamous Cell Carcinoma In-Situ	1	10
Adenoid Basal Carcinoma	1	10
Melanoma	1	10
Squamous Cell Carcinoma, NOS	7	70
<b>Total</b>	<b>10</b>	<b>100</b>

# Cancer Registry Report on Cases Presented at Breast Cancer Conferences

## January 2019-December 2019

Total Conferences held . . . . .	45
Total Cases Presented . . . . .	123
Average number of attendees . . . . .	31
Total number of analytic breast cancer cases accessioned in 2019 . . . . .	568

Age of Patients	Number of Cases	Percent
20-29	4	3
30-39	12	10
40-49	12	10
50-59	28	23
60-69	33	27
70-79	21	17
80-89	9	7
90-99	4	3
<b>Total</b>	<b>123</b>	<b>100</b>

## Histology of Cases Presented

### Non-Invasive Lesions

- Pseudoangiomatous Stromal Hyperplasia
- Atypical Ductal Hyperplasia
- Ductal Carcinoma-In-Situ
- Prolactinoma & Degenerating Ductal Epithelial Cells of Galactocele
- Paget's Disease
- Encapsulated Papillary Carcinoma

### Invasive Tumors

- Mucinous Carcinoma
- Lobular Carcinoma
- High Grade Malignant Phyllodes Tumor with Fibrosarcomatous and Chondrosarcomatous Elements
- Invasive Ductal Carcinoma
- Metaplastic Carcinoma
- Metastatic Adenocarcinoma
- Carcinoma with Squamous Differentiation
- Multifocal Invasive Carcinoma
- Invasive Papillary Carcinoma
- Mucinous Carcinoma (of Omentum)
- Well Differentiated Neuroendocrine Tumor (of Duodenum)

# Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

## January 2019-December 2019

Total conferences held. . . . .	11
Total cases presented . . . . .	85
Average number of attendees. . . . .	33
Total number of analytic gynecologic cases accessioned in 2019. . . . .	196

Age of Patients	Number of Cases	Percent
Under 20	1	1
20-29	1	1
30-39	7	8
40-49	3	4
50-59	27	32
60-69	24	28
70-79	15	18
80-89	6	7
90-99	1	1
<b>Total</b>	<b>85</b>	<b>100</b>

### Sites Presented

Ovary  
 Endometrium  
 Vagina  
 Cervix  
 Fallopian Tube  
 Colon  
 Pelvis  
 Vulva  
 Uterus  
 Lower Uterine Segment  
 Posterior Fourchette  
 Myometrium  
 Peritoneum  
 Omentum

### Histology of Cases Presented

Serous Carcinoma  
 Endometrioid Carcinoma  
 Leiomyosarcoma  
 Endometrioid Carcinoma with Focal Squamous Differentiation  
 Carcinosarcoma  
 Endometrioid Adenocarcinoma  
 Spindle Cell Neoplasm  
 Mixed Germ Cell  
 Invasive Squamous Cell Carcinoma  
 Granulosa Cell Tumor  
 Squamous Cell Carcinoma In-Situ  
 Keratinizing Squamous Cell Carcinoma  
 Serous Borderline Tumor  
 Mucinous Borderline Tumor  
 Pleomorphic Leiomyosarcoma  
 Mucinous Carcinoma  
 Neuroendocrine Carcinoma Small Cell Type  
 Adenoid Basal Carcinoma  
 Uterine Tumor Resembling Sex Cord Tumor  
 Poorly Differentiated Adenocarcinoma  
 Dysgerminoma  
 Leiomyoma  
 Carcinoma with Serous & Clear Cell Features  
 Undifferentiated Carcinoma



## 2019 Cancer Committee

### The Cancer Committee:

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

### Physician Members

<i>Co-Chair, Pathology</i> .....	Beverly Ogden, MD
<i>Co-Chair, Breast Surgical Oncology</i> .....	Mindy Bowie, MD
<i>OB-GYN</i> .....	Elizabeth Buchert, MD
<i>Radiation Oncology</i> .....	Katherine Castle, MD
<i>Cancer Liaison Physician</i> .....	Deborah Cavalier, MD
<i>OB-GYN</i> .....	Tammy Dupuy, MD
<i>Surgical Oncology</i> .....	John Lyons, MD
<i>Medical Oncology</i> .....	Kellie Schmeeckle, MD
<i>Radiology</i> .....	Steven Sotile, MD

### Administrative Liaisons

<i>Quality Improvement Coordinator</i> .....	Jena Aucoin, RN, CPHQ
<i>Cancer Conference Coordinator</i> .....	Leslie Sparks Barnett, RHIA
<i>Director, Health Information Management</i> .....	Danielle Berthelot, MHI, RHIA, CHTS-IM
<i>Director, Pharmacy</i> .....	Peggy Dean, RPH
<i>Community Outreach Coordinator</i> .....	Angela Hammett, BSN, RNC-OB
<i>Genetic Counselor</i> .....	Hillary Wienpahl Janani, MS
<i>Vice President, Perinatal Services</i> .....	Cheri Johnson, MSN, RNC-CNO
<i>Clinical Research Coordinator</i> .....	Cyndi Knox, RN, BSN, MBA, OCN, CCRC
<i>Social Services/Psychosocial Services Coordinator</i> .....	Robin Maggio, LCSW, OSW-C, ACHP-SW
<i>GYN/Oncology Patient Navigator</i> .....	Ashley Marks, RN, OCN, CHPN
<i>Dietary</i> .....	Paula Meeks, MS, LDN, RD
<i>Breast Patient Navigators</i> .....	Hannah Arnold, BSN, RN and Ashli Morales, RN, BSN
<i>Adult Therapy Supervisor</i> .....	Angela Page, PT
<i>Executive Director, Cancer Pavilion, Cancer Program Administrator</i> .....	Cynthia Rabalais, RT(M)
<i>Imaging Services Quality/Compliance Coordinator</i> .....	Mary Salario, RN, BSN
<i>Oncology Palliative Care Nurse</i> .....	LaToya Sampson, RN, BSN, ONC
<i>Vice President, Ancillary Services</i> .....	Kurt Scott, MBA, FACHE
<i>Director, Medical/Surgical/Oncology</i> .....	Mary Ann Smith, RN, ONC
<i>Manager, HIM/Cancer Registry, Cancer Registry Quality Coordinator</i> .....	Tonya Songy, RHIA, CTR, CPC

## The Breast Program Leadership shall:

### 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.

## 2019 Breast Program Leadership Committee

### Physician Members

<i>Chair, Breast Surgical Oncology</i> .....	Mindy Bowie, MD
<i>Radiology</i> .....	Steven Sotile, MD
<i>Medical Oncology</i> .....	Lauren Zatarain, MD
<i>Pathology</i> .....	Beverly Ogden, MD
<i>Plastic Surgery</i> .....	Jenna Bourgeois, MD
<i>Radiation Oncology</i> .....	Charles Wood, MD

### Administrative Liaisons

<i>Vice President, Ancillary Services</i> .....	Kurt Scott, MBA, FACHE
<i>Director, Health Information Management</i> .....	.....Danielle Berthelot, MHI, RHIA, CHTS-IM
<i>Executive Director, Cancer Center</i> .....	Cynthia Rabalais, RT(M)
<i>*Director, Communications</i> .....	Amiee Goforth
<i>*Director, Pharmacy</i> .....	Peggy Dean, RPH
<i>Breast Patient Navigator</i> .....	Ashli Morales, RN, BSN
<i>Social Services</i> .....	Robin Maggio, LCSW, OSW-C, ACHP-SW
<i>Adult Therapy Supervisor, Wellness Center</i> .....	Angela Page, PT
<i>*Manager, HIM/Cancer Registry</i> .....	Tonya Songy, RHIA, CTR, CPC
<i>*Cancer Registrar</i> .....	Leslie Sparks Barnett, RHIA

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



