

# Then & Now



## Renea Foster: Then & Now



When Renea Foster moved to Louisiana in 1997, her future was bright. The Mississippi native began a new job in October and married in January. However, the honeymoon was short lived. By Valentine's Day, she had visited two urgent care clinics with what appeared to be a nasty virus that caused nausea, emesis and dehydration. Rather than relenting after two weeks, the symptoms not only persisted but intensified.

After another visit to the emergency room and an appointment with her primary care physician, an ultrasound detected a mass on her left ovary. Ectopic pregnancy seemed to be the likely culprit, so a surgeon removed the 22-year-old's left tube and ovary. The pathology indicated a malignant tumor producing the pregnancy hormone beta HCG. The surgeon then referred Foster to gynecological oncologist Giles Fort, MD.

"Renea had a germ cell tumor," says Fort. "The ovary is composed of three types of tissues: an epithelium (surface), stroma (connective tissue) and eggs (germ cell tumor). The most common form—80 percent—comes from the surface, 15 percent from germ cells and five percent from connective tissue."

With ovarian cancer, Fort explains, the role of radiation is usually limited to palliative care for late stage patients. Chemotherapy is more commonly used in adjuvant therapy.

"Germ cell tumors are often the most curable forms of ovarian cancer," says Fort, "but, without chemotherapy, she would not have lived longer than five to six months."

Foster's three-month chemotherapy regimen included a Monday-through-Friday stay at Woman's Hospital. While weekends at home provided needed relief, they were difficult. Foster's hair fell out, and she was often nauseated. The sudden onset of the illness required understanding on the part of Foster's new employer and her new husband, Jeff.

In the midst of her whirlwind diagnosis, surgery and chemotherapy, Foster says, "Whether or not I could have children later was never a concern. We didn't worry about having kids. I normally worry and obsess. I had peace about this. We just focused on getting through life."

Still, the removal of Foster's second ovary was a possibility. Fort says, "When she came to see me, she had been prepared for the fact that she needed everything removed. However, in a woman that young, you should try to do fertilization conserving surgery if possible." In fact, the fertilization conserving protocol used in Foster's cancer treatment has proven so effective, it remains the standard of care even a decade after her treatment.

Even after Foster responded well to the chemotherapy and appeared cancer free, Fort remained vigilant. "With most cancers, if they are going to recur, it's in the first two years," he explains. "We check every three months for the first year, every four months for the next two years and every six months for five years. We do a review of symptoms, physical exam and test tumor markers, which in this case was a pregnancy hormone. After five years, the survival of ovarian cancer patients matches that of the general population."

Since the pregnancy hormone serves as a tumor marker and any increase in hormone level may raise the specter of recurrence, Fort strongly recommends ovarian cancer patients remain on a stringent birth control regimen for at least a year after they have successfully completed treatment. If the hormone level rises unexpectedly, early ultrasound is an essential tool to confirm the presence of a fetus, with frequent subsequent ultrasound studies to monitor the pregnancy.



Five years after treatment, Foster became pregnant. Both Fort and Foster's ob/gyn carefully monitored hormone levels at each prenatal visit. Fortunately, the pregnancy progressed normally. In April 2002, Renea and Jeff Foster welcomed their daughter Lola. Since then, Foster has enjoyed good health. In fact, in November 2008, Foster was again admitted to Woman's Hospital—this time, to give birth to Lola's brother.

Foster still visits Fort's office—as a 10-year survivor who returns to encourage other cancer patients. Talking to Foster helps newly diagnosed patients hold on to hope. "Ovarian cancer is not invariably fatal," says Fort. And, furthermore, he continues, "Many young women who develop gynecologic cancer may have fertility sparing options."

## A Brief Discussion of Ovarian Cancer

In 2008, an estimated 21,650 American women will have been diagnosed with ovarian cancer and approximately 15,520 patients will have lost their lives to the malignancy.

The majority of cancers that form in the tissues of the ovary are classified as either epithelial carcinomas (which begin in the cells on the surface of the ovary) or malignant germ cell tumors (which begin in egg cells). Stromal (connective tissue) tumors are relatively uncommon. Epithelial carcinoma of the ovary is one of the most common gynecologic malignancies and the fifth most frequent cause of cancer death among women. Approximately half of all epithelial carcinoma cases appear in women older than 65 years. The 5% to 10% of ovarian cancers that are hereditary typically follow one of three distinct patterns: ovarian cancer alone, ovarian and breast cancers or ovarian and colon cancers.

### Risk Factors & Prophylactic Treatment

The most significant risk factor for ovarian cancer is a family history of a mother, sister or other first-degree relative with the disease. The highest risk appears in women with two or more first-degree relatives with ovarian cancer. The risk is somewhat less for women with one first-degree and one grandmother, aunt or other second-degree relative with ovarian cancer.

In most families affected with the breast and ovarian cancer syndrome or site-specific ovarian cancer, genetic linkage has been found to BRCA1 and in some cases BRCA2 gene mutations. The lifetime risk for developing ovarian cancer in patients harboring BRCA1 mutations is substantially higher than that of the general population.

Studies suggest patients with BRCA1 mutations have improved survival compared

to BRCA1-mutation-negative women. Since the majority of women with a BRCA1 mutation have family members with a history of ovarian and/or breast cancer, they may tend to be more vigilant and inclined to participate in cancer screening programs that lead to earlier detection.

Women who are at increased risk for ovarian cancer, who are over age 35 and whose families are complete may consider prophylactic oophorectomy. In a family-based study of 259 women with BRCA1 or BRCA2 mutations who had undergone bilateral prophylactic oophorectomy, two (0.8%) subsequently developed a primary peritoneal carcinoma (which has a similar appearance to ovarian cancer), and six (2.8%) had Stage I ovarian cancer at the time of surgery. Of the 292 matched controls, 20% who did not have prophylactic surgery developed ovarian cancer. After an average of nine years of follow-up, prophylactic surgery reduced the risk of ovarian cancer by more than 90%. However, family-based studies may contain biases resulting from case selection and other factors that may influence the estimate of benefit.

### Symptoms & Diagnosis

Most patients with ovarian cancer have widespread disease at presentation. This may be partly explained by relatively early spread (and implantation) of high-grade papillary serous cancers to the rest of the peritoneal cavity. Conversely, abdominal pain and swelling, gastrointestinal symptoms, pelvic pain and other symptoms often go unrecognized, resulting in a delayed diagnosis.

Ovarian cancer usually spreads via local shedding into the peritoneal cavity followed by implantation on the peritoneum and local invasion of bowel and bladder. The incidence of positive nodes at primary surgery may be seen in 24% of patients with Stage I disease, 50% of patients with Stage II disease, 74% of patients with Stage III disease

1998 • January 25 • *The Denver Broncos won the Super Bowl over the Green Bay Packers, 31 to 24.*

and 73% of patients with Stage IV disease. The pelvic nodes are involved as often as the para-aortic nodes. Tumor cells may also block diaphragmatic lymphatics. The resulting impairment of lymphatic drainage of the peritoneum is thought to play a role in development of ascites in ovarian cancer. Also, transdiaphragmatic spread to the pleura is common.

## Treatment & Prognosis

Prognosis in ovarian cancer is influenced by multiple factors including age, performance status, cell type other than mucinous and clear cell, tumor stage and differentiation, disease volume prior to any surgical debulking, presence of ascites and residual tumor following primary cytoreductive surgery.

While the ovarian cancer-associated antigen CA-125 has no prognostic significance when measured at the time of diagnosis, it has a high correlation with survival one month after the third course of chemotherapy for patients with Stage III or Stage IV disease. For patients whose elevated CA-125 normalizes with chemotherapy, two or more subsequent elevated CA-125 measurements usually predict reactivated disease; but this discovery does not indicate the need for immediate therapy.

There have been two major developments in the treatment of ovarian cancer in the last two decades. The first breakthrough was the FDA approval of Taxol for the treatment of ovarian cancer. Taxol is a chemotherapeutic agent developed from the bark of the Pacific yew tree. Taxol is usually used in combination with a platinum-based therapy for the treatment of ovarian cancer.

The second major breakthrough was the 2007 revival of the use of an intra-peritoneal route for giving chemotherapy in patients with ovarian cancer. Taxol and a platinum-based medication are usually administered in combination.

## The Woman's Hospital Experience

Between 1995 and 2007, Woman's Hospital Tumor Registry recorded a total of 387 ovarian cancer cases. The majority of ovarian cancers were diagnosed in women age 50 and older. That finding is comparable to the age of diagnosis reported in the 2000-2005 National Cancer Data Base (NCDB). This is true for all histologic types except germ cell tumors, which are diagnosed in younger women (see Graph XIII). As seen in previous reviews, our 2007 analysis shows survival is higher in patients younger than age 50 as compared to women over 50 (see Graph VII).

A comparison of stage at diagnosis shows 27% of patients diagnosed at Woman's Hospital were Stage I and II, and 73% of cases were Stage III and IV. NCDB data indicate 36% of cases were diagnosed as Stage I and II cases, and 64% of cases as Stage III and IV (see Graph VIII). Comparisons of histologic type to stage show most ovarian tumors are diagnosed in advanced stages except for sex cord stromal tumors, which usually present in early stages (see Graph XII).

When our current statistics are compared with data discussed in the 1997 annual report, the older data demonstrated an unusual high percentage of early stage ovarian cancer with a ratio of Stage I/Stage IV of 3:1, when the NCDB showed a 1:1 ratio. This ratio was maintained in the 2003 data with Woman's Hospital showing a 3:1 and NCDB maintaining a 1:1 ratio. However, the 2007 statistics show a ratio of Stage I/Stage IV of 1:1 at Woman's Hospital, which is similar to the NCDB ratio (see Graphs VIII, IX, X).

Comparison of treatment with histologic types shows the overwhelming majority of patients diagnosed with ovarian cancer receive chemotherapy following surgical removal of the tumor (see Graph XI).

## Woman's Ongoing Investigation Into Differences in Survival Rates

A recurring finding in our review of survival statistics is a poorer survival for African-American women as compared to Caucasian women (see Graph VI). This finding is consistent throughout all types and stages of cancer. In the past, we have reviewed variables such as treatment choices and stage of diagnosis but have been unable to find any clues as to the causes of this discrepancy.

This year, we questioned whether platinum resistance was more prevalent in the African-American population. Platinum resistance is defined by recurrence of ovarian cancer within six months following completion of platinum-based therapy.

Gyn oncologist Sterling Sightler, MD, reviewed all ovarian cancer cases diagnosed in 2003-2004. Seventy cases of ovarian cancer were diagnosed in Caucasian women, and 12 were diagnosed in African-American women. Only 23 out of 70 cases in Caucasians and eight out of 12 cases in African-American women were eligible for review. Ineligibility was mainly the result of the patients receiving their primary treatment elsewhere. Six patients expired prior to the six-month follow-up.

The analysis revealed nine (39%) of the 23 cases diagnosed in Caucasian women showed evidence of platinum resistance; and, five (62%) of the eight cases diagnosed in African-American women showed evidence of platinum resistance.

In this initial review, there is preliminary evidence of increased platinum resistance in African-American women. However, the case numbers are small and are not considered clinically significant. We will continue to review cases to achieve statistically significant results and will publish our findings in a future annual report.



## Ovary Study 2007

**Table I**  
Ovary Cases  
Age at Diagnosis  
Years 1995 – 2007

Age at Diagnosis	Woman's Hospital		NCDB	
	Number	Percent	Number	Percent
<16	3	<1	390	<1
16-29	10	3	1,980	2
30-39	23	6	3,754	4
40-49	47	12	12,258	13
50-59	100	26	20,263	22
60-69	89	23	20,620	23
70-79	89	23	19,694	22
80-89	26	7	11,317	12
>90	0	0	1,094	1
Total	387	100	91,370	100

**Table II**  
Ovary Cases  
Race  
Years 1995 – 2007

Race	Woman's Hospital		NCDB	
	Number	Percent	Number	Percent
Caucasian	316	82	76,291	84
African American	69	18	6,686	7
Asian	2	<1	2,115	2
Other*	0	0	6,278	7
Total	387	100	91,370	100

\* Other category includes Native American and Hispanic.

**Table III**  
Ovary Cases  
Year of Diagnosis  
Years 1995 – 2007

Year	Woman's Hospital		NCDB	
	Number	Percent	Number	Percent
1995 – N/381	24	6	**	**
1996 – N/363	20	6	**	**
1997 – N/386	16	4	**	**
1998 – N/434	29	7	**	**
1999 – N/471	28	6	**	**
2000 – N/451	32	7	16,291	17.8
2001 – N/413	28	7	14,179	15.5
2002 – N/448	35	8	15,170	16.6
2003 – N/471	38	8	15,326	16.8
2004 – N/536	35	7	15,084	16.5
2005 – N/494	32	6	15,320	16.8
2006 – N/612	42	7	**	**
2007 – N/585	28	5	**	**
TOTAL	387	100	91,370	100

\*\* NCDB data are only available for years 2000 – 2005.

Year of diagnosis is based on accession year.

Cell Type	Woman's Hospital		NCDB	
	Number	Percent	Number	Percent
Papillary Serous Adenocarcinoma	205	53	21,670	24
Adenocarcinoma	54	14	12,789	14
Endometrioid Carcinoma	33	9	10,021	11
Mucinous Adenocarcinoma	33	9	2,910	3
Clear Cell Adenocarcinoma	10	3	4,149	4
Mullerian Mixed Tumor	13	3	6	<1
Carcinoma	6	2	4,767	5
Dysgerminoma	3	<1	7	<1
Carcinoid	3	<1	7	<1
Granulosa Cell Carcinoma	5	1	18	<1
Transitional Cell Carcinoma	1	<1		
Neuroendocrine Carcinoma	2	<1		
Adenosquamous Carcinoma	1	<1		
Brenner Tumor Malignant	3	<1		
Small Cell Carcinoma	1	<1		
Primitive Neuroectodermal	1	<1		
Papillary Carcinoma Follicular Variant (Association w/Strum Ovarii and Benign Cystic Teratoma)	1	<1		
Signet Ring Carcinoma	1	<1		
Yolk Sac Tumor	3	<1		
Teratoma	4	1		
Other Specified Types			22,932	25
<b>Total</b>	<b>387</b>	<b>100</b>	<b>91,370</b>	<b>100</b>

**Table IV**  
Ovary Cases  
Histology  
Years 1995 – 2007

Stage	Woman's Hospital		NCDB	
	Number	Percent	Number	Percent
<b>I</b>	<b>79</b>	<b>20</b>	<b>17,405</b>	<b>19</b>
IA	44	11	***	***
IB	6	<2	***	***
IC	29	8	***	***
<b>II</b>	<b>42</b>	<b>11</b>	<b>6,913</b>	<b>8</b>
IIA	6	<2	***	***
IIB	11	3	***	***
IIC	25	6	***	***
<b>III</b>	<b>204</b>	<b>53</b>	<b>35,106</b>	<b>38</b>
IIIA	9	<3	***	***
IIIB	16	4	***	***
IIIC	179	46	***	***
<b>IV</b>	<b>48</b>	<b>12</b>	<b>21,558</b>	<b>24</b>
<b>NA/Unknown</b>	<b>14</b>	<b>4</b>	<b>10,388</b>	<b>11</b>
<b>Total</b>	<b>387</b>	<b>100</b>	<b>91,370</b>	<b>100</b>

**Table V**  
Ovary Cases  
Stage at Diagnosis  
Years 1995 – 2007

\*\*\* NCDB data are not divided into A/B/C stage categories.

\*\*Staging is done on years accessioned from 1995-2007.

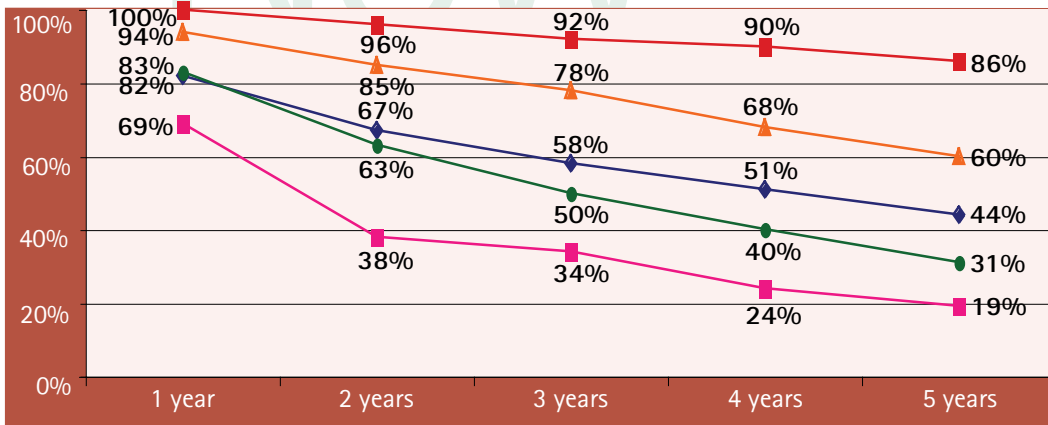
**Table VI**  
**Ovary Cases**  
**First Course Treatment**  
**Years 1995 – 2007**

	Number	Percent
<b>Stage IA Treatments - 44</b>		
Surgery	24	55
Surgery/Chemotherapy	19	43
Surgery/Chemotherapy/Hormone	1	2
Total	44	100
<b>Stage IB Treatments - 6</b>		
Surgery	4	67
Surgery/Chemotherapy	2	33
Total	6	100
<b>Stage IC Treatments - 29</b>		
Surgery	5	17
Surgery/Chemotherapy	23	79
Surgery/Radiation/Chemotherapy	1	<4
Total	29	100
<b>Stage II Treatments - 42</b>		
Surgery	3	7
Surgery/Chemotherapy	37	88
Surgery/Radiation/Chemotherapy	2	5
Total	42	100
<b>Stage III Treatments - 204</b>		
Surgery	19	9
Chemotherapy	2	<1
Surgery/Chemotherapy	179	88
Surgery/Hormone	1	<1
Surgery/Radiation/Chemotherapy	1	<1
Surgery/Chemotherapy/Hormone	2	<1
Total	204	100
<b>Stage IV Treatments - 48</b>		
None	1	2
Surgery	7	15
Chemotherapy	3	6
Surgery/Chemotherapy	35	73
Surgery/Hormone	1	2
Surgery/Radiation/Chemotherapy	1	2
Total	48	100

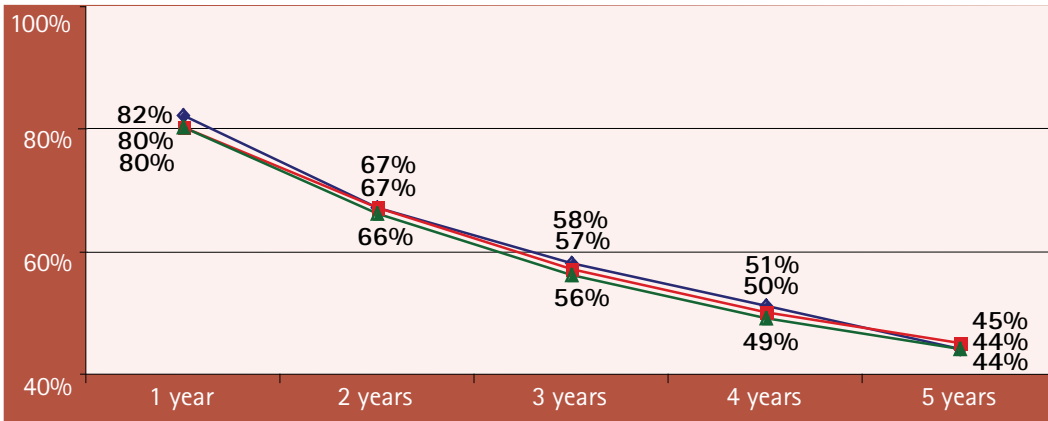
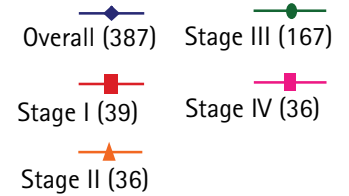
Note: NCDB treatment information is not available by stage.

1998 • February 7 • *The 1998 Winter Olympics opens in Nagano, Japan.*

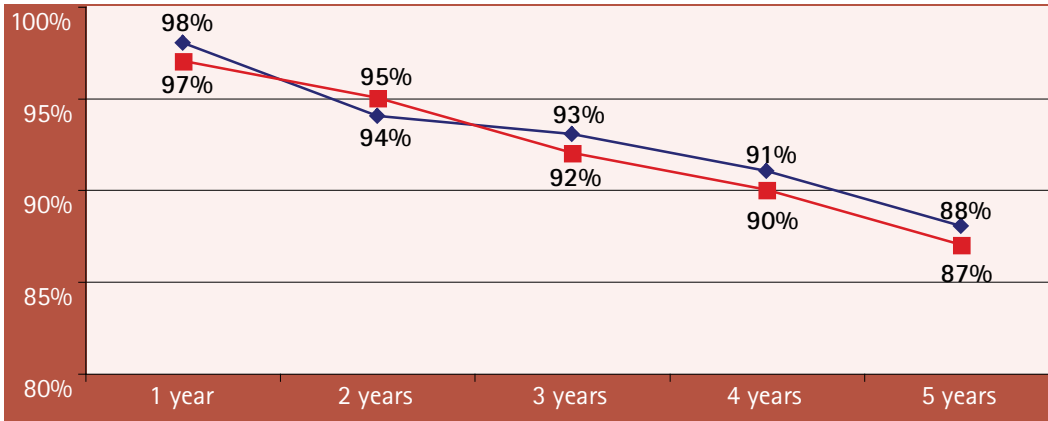
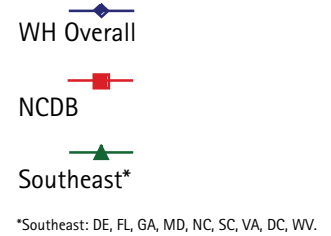
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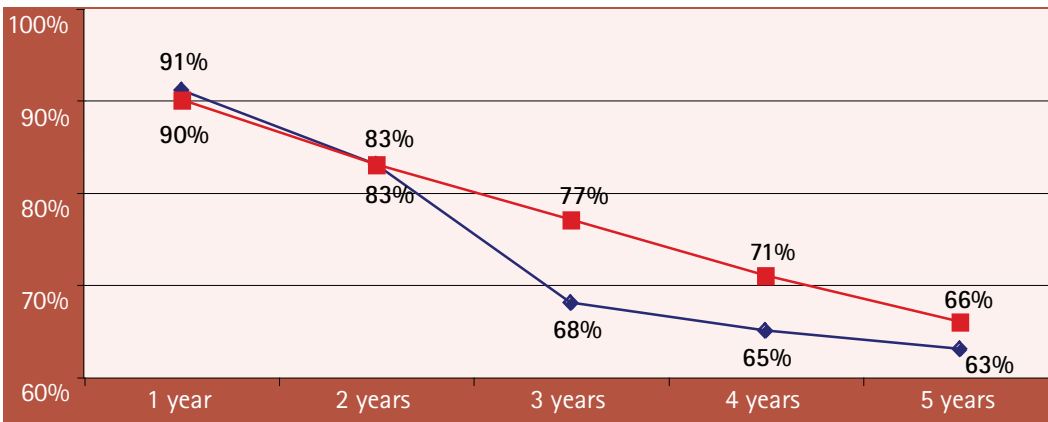
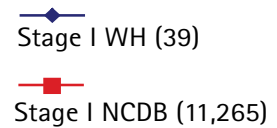
**Graph IA**  
Five-Year Survival:  
Ovarian Cancer  
(Woman's Hospital Cases Only)



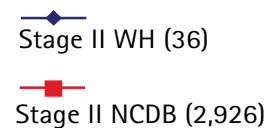
**Graph IB**  
Ovarian Cancer  
Five-Year Survival  
(Comparison with regional and national data)



**Graph II**  
Ovarian Cancer  
Five-Year Survival: Stage I  
(Comparison with national data)



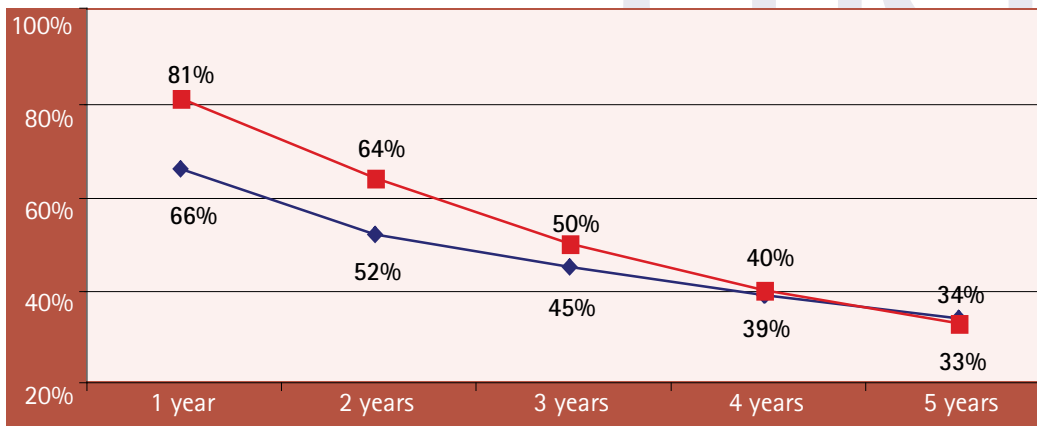
**Graph III**  
Ovarian Cancer  
Five-Year Survival: Stage II  
(Comparison with national data)





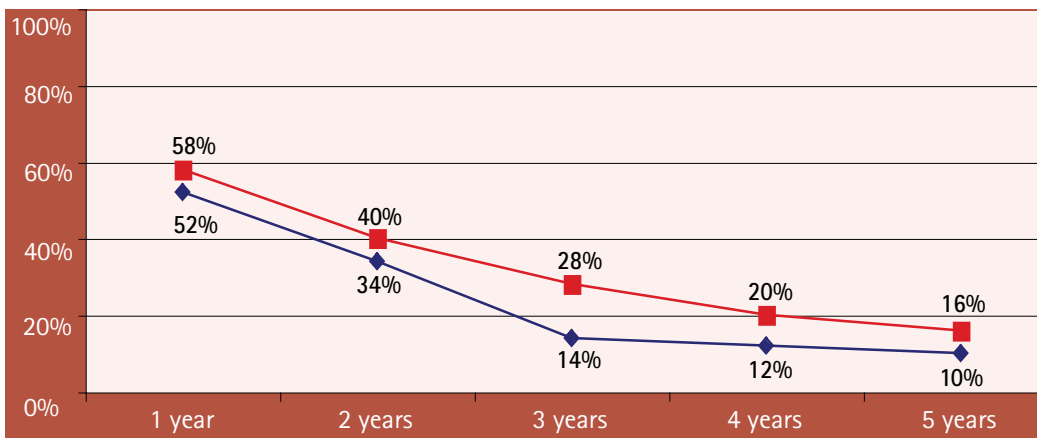
**Graph IV**  
Ovarian Cancer  
Five-Year Survival: Stage III  
(Comparison with national data)

◆ Stage III WH (167)  
■ Stage III NCDB (15,572)



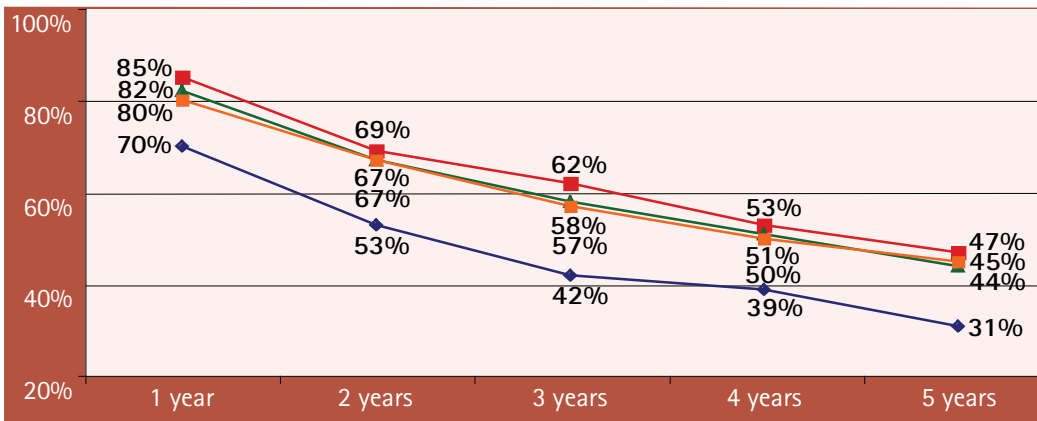
**Graph V**  
Ovarian Cancer  
Five-Year Survival: Stage IV  
(Comparison with national data)

◆ Stage IV WH (36)  
■ Stage IV NCDB (10,031)



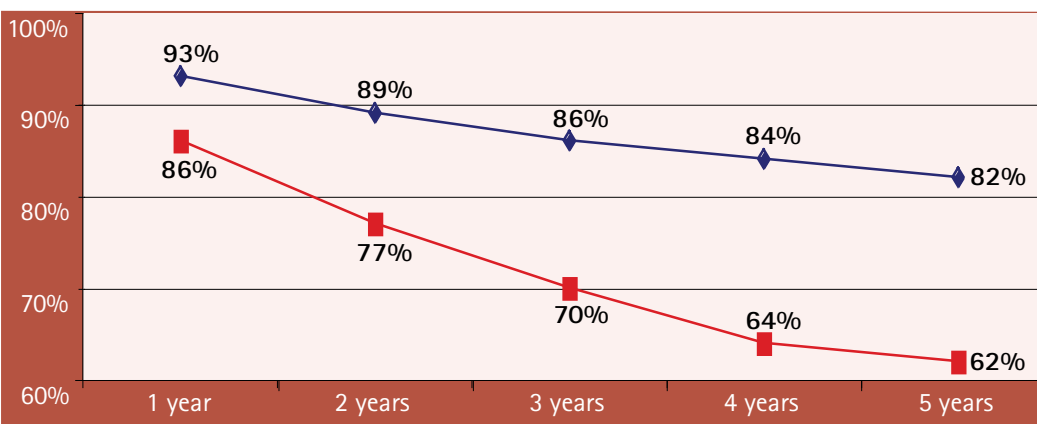
**Graph VI**  
Ovarian Cancer  
Five-Year Survival by Race  
(Woman's Hospital cases and limited comparison with national data)

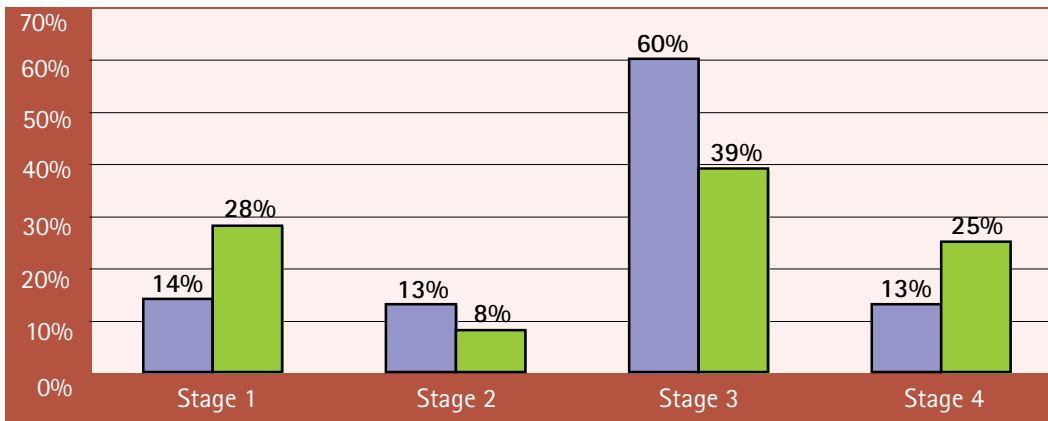
◆ African American (69)  
■ Caucasian (316)  
▲ Overall (387)  
■ NCDB



**Graph VII**  
Ovarian Cancer  
Five-Year Survival by Age

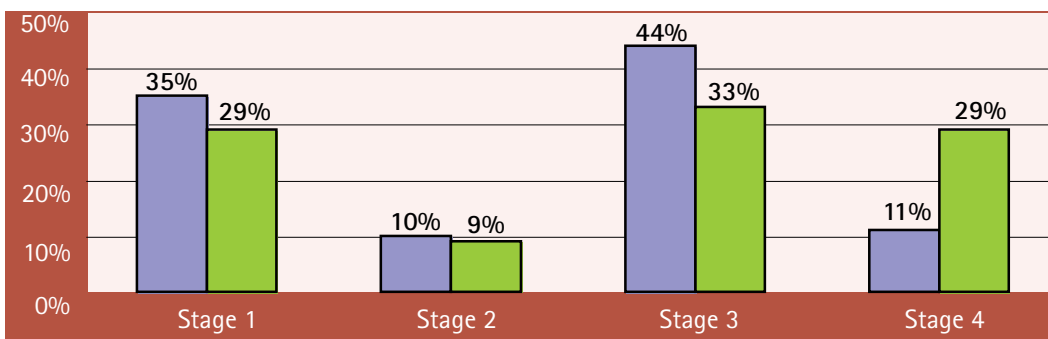
◆ ≤50 years (241)  
■ >50 years (240)





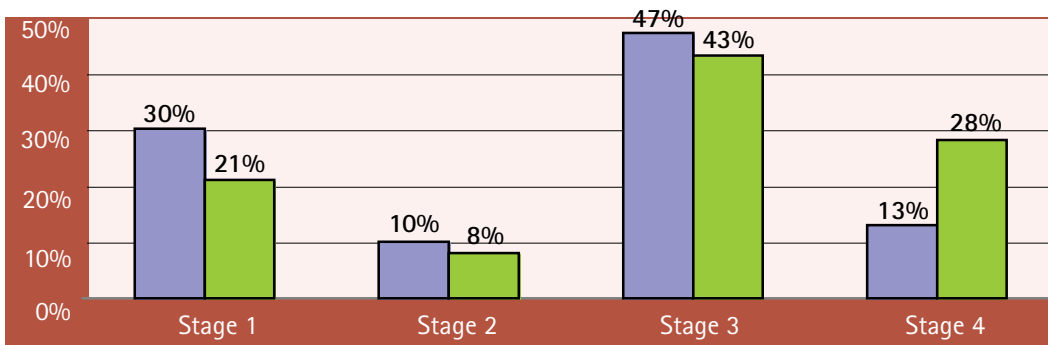
**Graph VIII**  
Ovarian Cancer  
Percentage of Patients  
by Stage (2008 report  
on 2007 data)

■ WH ■ NCDB\*



**Graph IX**  
Ovarian Cancer  
Percentage of Patients  
by Stage (1997 report)

■ WH ■ NCDB



**Graph X**  
Ovarian Cancer  
Percentage of Patients  
by Stage (2003 report)

■ WH ■ NCDB

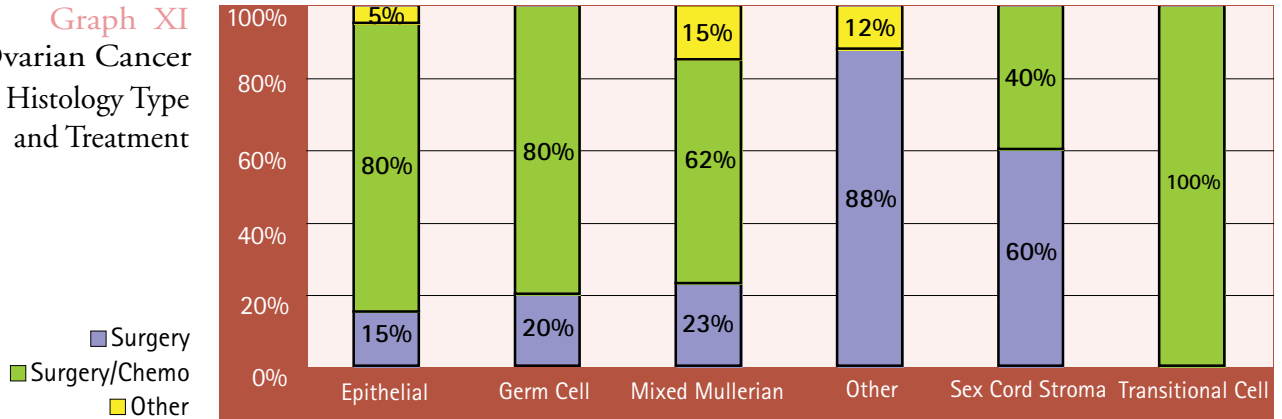
\* NCDB data were only available for 2000-2005, thus for comparison, Woman's Hospital statistics for years 1995-2007 were used for the 2008 report.

Now

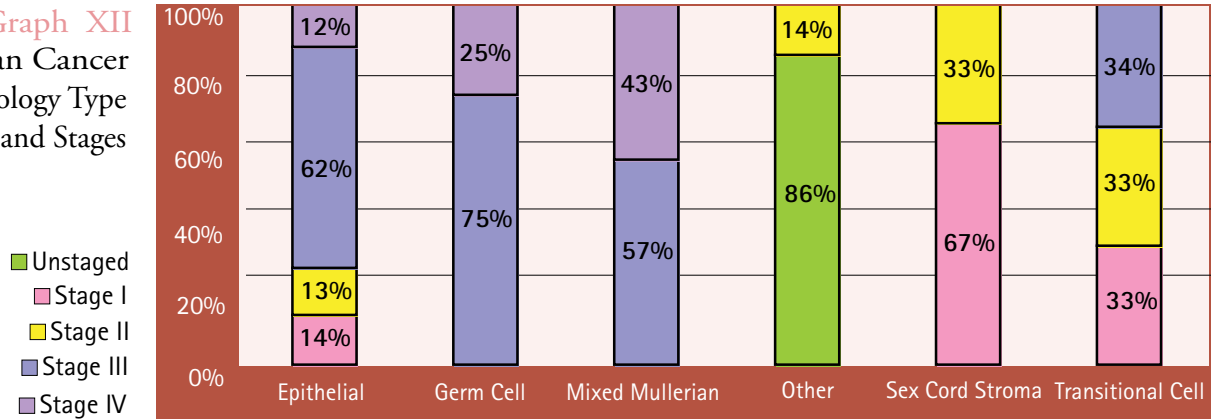
2008 • April 20 • Danica Patrick became the first woman to win an IndyCar race after she took first place in the Indy Japan 300.

# Then

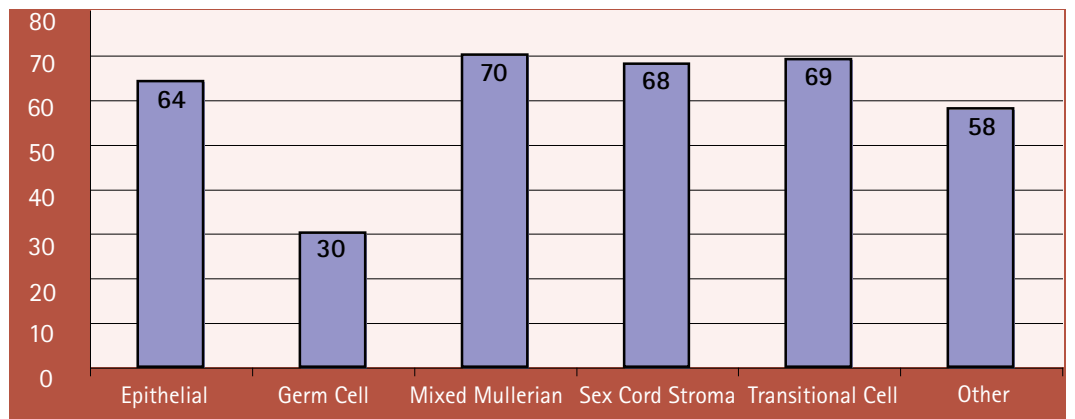
**Graph XI**  
Ovarian Cancer  
Histology Type  
and Treatment



**Graph XII**  
Ovarian Cancer  
Histology Type  
and Stages



**Graph XIII**  
Ovarian Cancer  
Histology Type  
and Average Age  
in Years



## Support Services

### Food and Nutrition Services

Registered dietitians ensure patients receive adequate nutrition. The education of patients involves stressing the importance of eating properly and developing a nutrition care plan. The plan assists patients with coping strategies to deal with the possible side effects of their treatments.

Room Service is a concept most women equate with a high-end hotel, not a hospital. However, in 2004, Woman's Hospital initiated a pilot room service plan on the oncology unit. The innovative program allows patients to order when they are hungry rather than having meals at predetermined times. By 2005, this program—the first of its kind in area hospitals—was expanded to include all units. While patient satisfaction with the quality of food served at Woman's Hospital has always been high, this program, during its testing stage, brought the food service satisfaction rating to 99%.

### Respiratory Care

Respiratory Care provides diagnostic and therapeutic services to both inpatients and outpatients. The respiratory care practitioners collaborate with physicians and nurses to maintain physiological homeostasis of the patient. Under the direction of a physician, therapists evaluate, treat and care for patients with breathing disorders. Respiratory care practitioners are a vital part of the hospital's lifesaving response team with current Louisiana RCP licensure, BCLS, PALS, NRP and ACLS certifications.

### Social Services

Social workers provide emotional support for patients and their families. They discuss the patient's feelings toward her diagnosis and integrate this information into the treatment plan. The department also helps coordinate any services the patient needs during recovery and links the patient and her family with the hospital's support groups and community services.

### Woman's Center For Wellness

The Fitness Club at Woman's Center for Wellness specializes in designing exercise programs to help women feel and look better. Programs are tailored to a woman's individual needs based on an initial assessment. The Fitness Club recognizes a woman needs more than traditional exercises, so the staff offers programs for the mind and spirit including yoga and Pilates, which have been shown to reduce stress, increase flexibility and restore balance. Nutrition plays an integral role in good health, and the Fitness Club offers many options tailored to women and their busy lifestyles. Located within the Wellness Center, the Spa offers soothing treatments, including massages and facials. All of these services and programs aid in health maintenance as well as healing and offer exercise options particularly suited for women with cancer.

### Pharmacy

The Pharmacy Department follows the mission of the American Society of Health-System Pharmacists by helping to ensure the best use of medications. Pharmacy services include dispensing oral and intravenous medications, chemotherapy and drugs used in clinical trials. The pharmacy also provides drug information services.

For patient safety, one pharmacist reviews each chemotherapy order for accuracy by comparing it with current dosing recommendations in medical literature or the investigational protocol's dosing regimen for research study patients. A second pharmacist checks the drug order information entered in the patient's medication profile and verifies the correct drug and dose have been selected prior to preparation.

### Imaging Services

The Imaging Services Department provides comprehensive diagnostic imaging and offers general diagnostic and fluoroscopy imaging, ultrasound examinations, nuclear medicine, CT scans and general body, breast and breast core biopsy MRI. Nuclear medicine services include sentinel node biopsy and scintimammography.

As a leader in diagnostic imaging for women, the Breast Center provides women with an affordable means of cancer detection, a supportive atmosphere for evaluating breast conditions and breast self-examination education. The Breast Pretreatment Planning Conference provides women access to a panel of breast cancer experts to help them make informed decisions about treatment options.

With a full-time staff of board-certified radiologists, registered nurses and technologists, the Breast Center performs more than 3,500 breast related procedures each month. Services include screening and diagnostic mammography, needle localization, galactography, cyst aspiration and stereotactic and ultrasound-guided or MRI-guided core biopsy.

### Pathology/Laboratory

Pathology/Laboratory offers anatomic pathology, bacteriology/serology/virology, blood transfusions, clinical chemistry, cytogenetics, cytology, hematology/coagulation/urinalysis and special chemistry. These services include testing that is related to cancer diagnoses and monitoring, such as CA-125, AFP, B-HCG, and Her2/neu FISH and Urovysion FISH. The laboratory is under the direction of board-certified pathologists and is inspected and accredited by the College of American Pathologists.

**Now**  
2008 • April 22 • Surgeons at London's Moorfields Eye Hospital perform the first operations using bionic eyes, implanting them into two blind patients.

## Cancer Detection Laboratory

The concept of pap smears as a means of detecting precancerous lesions was in its infancy when Cary Dougherty, MD, founded the Cancer Detection Laboratory (CDL) in 1958. In the 50 years since, more than 1 million pap smears have been processed at Woman's Hospital, and the CDL has received recognition for its quality assurance practices, which exceed all regulation standards.

The CDL is one of the nation's oldest cytology laboratories. During the first two years of its operation, 4,732 Pap smears were processed. Today, more than 85,000 cases per year are processed. The fees charged during the early days of the CDL were used to pay the \$64,000 purchase price for the land on which Woman's Hospital was built.

Directed by a pathologist board certified in cytopathology and staffed by certified experienced cytotechnologists, CDL performs cytological and histological correlations on abnormal Pap smears and participates in nationally recognized proficiency surveys. The lab adheres to the workload standards set by the American Society of Cytology and has passed inspection by and the accreditation requirements of the College of American Pathologists.

## Surgical Services

The staff of Surgical Services specializes in oncologic, reconstructive plastic, breast, general, gynecologic and urogynecologic surgery and minimally invasive endoscopic surgical procedures. In November 2007, Woman's added the da Vinci robotic system to its surgical repertoire. Robotic surgery is a minimally invasive technique that reduces recovery time associated with hysterectomies and other gynecological surgeries.

The Day Surgery staff preoperatively cares for ambulatory surgery patients and inpatients in private rooms. After surgery, ambulatory surgery patients recover in their preoperative rooms, and inpatients are admitted to private rooms on a nursing floor. In addition, critical care professionals staff the adult intensive care unit (AICU). To insure post-surgical patients receive adequate pain control, board-certified anesthesiologists remain in the hospital 24 hours a day to provide pain management and anesthesia care.

## Gynecologic Oncology Services

For the diagnosis and treatment of gynecologic cancer, Woman's Hospital provides inpatient and outpatient diagnostic services, surgery, chemotherapy administration, symptom management and supportive care. The oncology data manager phones each gynecologic oncology patient within one week following chemotherapy administration. The nurse reviews side effects experienced by the patient, offers emotional support, answers questions as approved by the physician, continues teaching initiated during admission and refers the patient to a physician or social worker if necessary. The purpose of this follow-up is to assist in decreasing side effects (possibly preventing re-hospitalization) and to further reinforce the hospital's commitment to patient well-being.

In 2007, the oncology data manager made 1,040 calls to patients. Subsequently, 53 patients were referred to physicians; two were referred to social services; another two were referred to dietary services for nutritional support; and one patient was referred to exercise physical therapy.

All of our oncology patients have access to presentation at the multidisciplinary Gynecologic Tumor Conference, genetic counseling and participation in national trials through the Gynecologic Oncology Group (GOG).

In addition, Woman's Hospital provides ongoing support for women whose lives have been touched by gynecologic cancer. *Woman to Woman*, a monthly support group for women with gynecologic cancer, provides educational seminars and a means of sharing information about local resources, other support groups and reliable websites. Two educational programs are held each year for cancer survivors and their families: *Celebrate Life* in the spring and *Women Living with Cancer* in the fall.

Then

1998 • April 22 • *The Disney's Animal Kingdom theme park at Walt Disney World opens to the public for the first time.*

## Gynecologic Oncology Group

Woman's Hospital is one of five institutions in Louisiana that participate in the Gynecologic Oncology Group (GOG). The GOG is a national collaborative group funded by the federal government through the National Cancer Institutes.

A group of leading oncologists founded the GOG in 1970 because they believed a nationwide cooperative effort by a variety of specialists, who pool their knowledge, would allow for a more rapid accumulation of information concerning treatment for gynecologic cancer. The GOG program at Woman's Hospital was initiated in 1988.

The GOG designs and implements clinical trials in all aspects of gynecologic cancer. These research studies compare the best existing treatments with promising new ones.

Gynecologic oncologist Giles Fort, MD, directs the gynecologic oncology research program at Woman's Hospital, which is affiliated with the GOG through Wake Forest University School of Medicine in Winston-Salem, N.C. Through this affiliation, Woman's Hospital participates in GOG protocols and registers patients in clinical trials, giving women access to the latest treatments. Below is the summary of participation in GOG studies for 2007:

Number of patients registered on GOG treatment protocols: 2

Number of patients reviewed for GOG protocols: 198

Number of patients found to be ineligible for treatment protocols: 132

Number of patients registered on GOG non-treatment protocols: 18

Number of GOG protocols approved by the Institutional Review Board: 5

Number of patients being actively followed on GOG studies: 26

## Therapy Services

Therapy Services at Woman's Center for Wellness offers patients a broad spectrum of treatments. Patients who are on extended bed rest may need the help of physical and occupational therapies to become as independent as possible in daily activities. Physical or occupational therapists evaluate each patient's level of physical activity and prescribe exercises to maintain or increase functional ability.

Woman's Hospital also offers a comprehensive lymphedema management program, including exercise, education, manual lymphatic techniques, compression bandaging and use of a gradient sequential pump. The lymphedema management program educates patients about prevention and treatment options.

Outpatient services are available for patients who need ongoing rehabilitation after breast or abdominal surgery or for generalized weakness after prolonged illness. The Forward Motion program was established in 2003 to help these women successfully transition from therapy to independent exercise. This program bridges the gap between patients who are discharged from physical therapy, but who still need support to maintain a therapy program. Therapists guide Forward Motion patients through individualized exercise programs that incorporate different wellness components, such as flexibility, strength, endurance, body composition and cardiovascular and stress management.

Elements of the Forward Motion program were incorporated into a new program created in 2006 to help cancer patients maintain their strength. The Cancer Health and Fitness program is designed for patients who are receiving treatment as well as for those who want to start exercising but who need guidance in determining a safe level of physical exertion. This program combines therapy, Forward Motion techniques and independent exercise to help improve overall fitness by increasing strength and endurance, reducing pain and improving function.

## Development

### NINTH ANNUAL WOMAN'S VICTORY OPEN

The Woman's Victory Open is an exciting all-women's golf tournament that supports breast cancer education, outreach and research programs at Woman's Hospital. Established in 1999, the Woman's Victory Open is the premier women's charity golf event in Louisiana.

The ninth annual Woman's Victory Open golf tournament, presented by Capital One, raised more than \$139,000 for the mobile mammography coach and outreach programs at Woman's Hospital.

### EIGHTH ANNUAL TOUR OF PONDS

Since its inception in 1999, the Tour of Ponds has raised more than \$54,000 to support cancer care for women. Proceeds from the 2007 event benefited breast and gynecologic cancer services at Woman's Hospital.

The Eighth Annual Tour of Ponds was held June 2 and 3 and showcased more than 30 private water gardens in the Greater Baton Rouge area. Tour of Ponds organizer and Harb's Oasis owner Charbel Harb presented a check of \$12,000 in proceeds to Woman's Hospital.

2008 • June 27 • *After three decades as the chairman of Microsoft Corporation, Bill Gates steps down from daily duties to concentrate on philanthropy.*



## Continuing Medical Education

Woman's Hospital is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. The mission of the hospital's continuing medical education program is to offer appropriate programs related to the healthcare of women, children and infants.

**THE ROLE OF HUMAN PAPILLOMAVIRUS (HPV) IN CERVICAL CANCER** was a program held on Friday, January 12, 2007 in Baton Rouge. The panel included John Thomas Cox, MD; Edward J. Mayeaux, MD, ABFP, FAAFP; and Amy B. Middleman, MD, MEd, MPH.

## Woman's Health Research Department

Founded in 1994, Woman's Hospital Research Department provides clinical and molecular biology/genetic research services for the hospital. The goal of research at Woman's Hospital is to promote women's and infants' health research, while enhancing medical care and improving patient outcomes. The research staff provides technical and administrative support to Woman's Hospital staff who conduct research. The Department has two divisions:

### CLINICAL DIVISION

The Clinical Division conducts hormonal research including research related to polycystic ovarian disease, metabolic syndromes and insulin resistance. This division coordinates hospital studies such as those involving fertility and reproductive hormones, maternal-fetal medicine, neonatal medicine, investigational medications, physical therapy, exercise and administrative and social issues.

### MOLECULAR BIOLOGY/GENETICS/ONCOLOGY DIVISION

The Molecular Biology/Genetics/Oncology Division conducts translational cancer research studies including investigation of inherited cancer and tumor markers. This division coordinates hospital studies involving gynecologic oncology, surgical treatment of breast cancer, genetics and molecular biology.

The Molecular Biology Laboratory utilizes advanced technology for mutation detection, allowing the research team to perform clinically relevant genetic research. The Pathology/Laboratory works closely with the research team to perform many of the studies.

In 2007, Woman's Health Research Department had 51 active research studies, 25 of which were Gynecology Oncology Group (GOG) studies, with nine available for patients with ovarian cancer. These ovarian cancer studies included two treatment protocols with conventional chemotherapy, four Phase II trials with new chemotherapeutic agents, two translational research studies (one GOG and one independent study) and one tissue banking study.

An interesting study, GOG 235 opened in 2004 involving the evaluation of a new tumor marker YKL 40, which is a glycoprotein with its gene located on chromosome 1a32. In initial reports, 72% of patients with Stage I and II ovarian tumors showed elevated YKL 40, whereas only 40% of these patients had elevated Ca-125. Another study showed 91% of patients with advanced ovarian cancer and 75% of patients with recurrence had documented elevation of YKL 40. The study is still active and available for patients with FIGO Stage III or IV epithelial ovarian, primary peritoneal and fallopian tube cancer.

1998 • May 11 • *The first Euro coins are minted in Pessac, France. Because the final specifications for the coins were not finished in 1998, they will have to be melted and minted again in 1999.*

## 2007 Cancer Committee

### Physician Members

Chair, Pathologist	Beverly Ogden, MD
Vice-Chair and Cancer Liaison Physician, Surgeon	Mary Elizabeth Christian, MD
Medical Oncologist	Frederic Billings, MD
Medical Oncologist	Deborah Abernathy, MD
Radiologist	Gay Winters, MD
Radiation Oncologist	Maurice King Jr., MD
Radiation Oncologist	Will Russell, MD
Ob/Gyn	Curtis Solar, MD
Ob/Gyn	Timothy Andrus, MD
Ob/Gyn	Julius Mullins, MD
Gyn Oncologist	Giles Fort, MD
Gyn Oncologist (MEC Liaison)	Sterling Sightler, MD
Surgeon	Peter Bostick, MD

### Administrative Liaisons

Vice President, Nursing Services	Tricia Johnson, RN, MN, CNAA
Vice President, Medical Staff Services	Nancy Crawford, RHIA
Vice President, Operations	Jamie Haeuser, MHA
Director, Health Information Management	Danielle Berthelot, RHIA
Manager, Health Information Management	Tonya Songy, RHIA, CPC
Cancer Registrar	Kathy Probst, CTR
Cancer Registrar	Heather McCaslin, RHIT
Director, Quality /UM	Del Currier, RN, BSN, CPHQ
Oncology Social Worker	Robin Maggio, LCSW
Director, Gyn/Onc	Mary Ann Smith, RN, OCN
Manager, Breast Center	Mary Salaro, RN, BSN
Data Manager/Oncology	Sherry Noel, RN, BSN
Clinical Dietician	Paula Meeks, MS, LDN, RD
Medical Editor	Paula Zimlicki
Director, Pharmacy	Peggy Dean, RPH
Community Education Coordinator	Harriett Walters, RN, BSN

### The Cancer Committee shall:

- develop and evaluate the annual goals and objectives for the clinical, educational and programmatic activities related to cancer;
- promote a coordinated, multidisciplinary approach to patient management;
- ensure educational and consultative cancer conferences cover all major sites and related issues;
- ensure an active supportive care system is in place for patients, families, and staff;
- monitor quality management and improvement through completion of quality management studies that focus on quality, access to care and outcomes;
- promote clinical research;
- supervise the cancer registry and ensure accurate and timely abstracting, staging and follow-up reporting;
- encourage data usage and regular reporting;
- ensure content of the annual report meets requirements;
- perform quality control of registry data; and
- publish the annual report by the end of the fourth quarter of the following year.

## Cancer Registry 2007 Activities

The Cancer Registry Program of Woman's Hospital is a medical data collection system of patients diagnosed with cancer and/or receiving cancer treatment at the hospital. Cancer cases are abstracted and reported to the Louisiana State Tumor Registry in accordance with state and federal guidelines. The information gathered by the registry is used for presentation in the Cancer Annual Report as well as in other specialty reports as requested.

Within the Cancer Registry, coordination of the hospital's compliance with standards of the American College of Surgeons takes place to maintain accreditation. Woman's Hospital currently maintains full accreditation. In fact, Woman's Hospital received the 2005 Commission on Cancer Outstanding Achievement Award.

The reference date for the Cancer Registry is January 1, 1991. The total number of cases in the database is 8,282 with 7,337 cases being analytical and 945 cases being non-analytical. The Cancer Registry at Woman's Hospital accessioned 525 new cases during 2007. Of the newly accessioned cases, 525 were analytical. These numbers include in-situ cases of the cervix, vagina and vulva.

The cancer program coordinator and cancer program abstractors identify, for statistical purposes, all cancer cases according to established state and federal guidelines. These individuals work directly with the medical staff, nursing and other allied health professionals within the Baton Rouge area as well as personnel of the Baton Rouge Regional Tumor Registry, Louisiana State Tumor Registry and tumor registrars across the country to gain access to information in abstracting and completing all pertinent cancer cases.

The cancer program coordinator at Woman's Hospital is a Certified Tumor Registrar (CTR) and a Certified Clinical Research Professional (CCRP). She is a member of the Society of Clinical Research Associates. There are two cancer program abstractors. One is a Registered Health Information Technician (RHIT), who is a member of the American Health Information Management Association. Both cancer program abstractors are gaining job experience to become Certified Tumor Registrars. All three are members of the National Cancer Registrars Association (NCRA), the Louisiana Cancer Registrars Association (LCRA) and the Region II Cancer Registrar Forum.

1998 • May 28 • *In response to a series of Indian nuclear tests, Pakistan explodes five nuclear devices, prompting the United States, Japan and other nations to impose economic sanctions.*

**Cancer of the Breast**  
368 Analytic Cases  
2007

Age at Diagnosis	Number of Cases	Percent
20 -29	3	<1
30-39	28	8
40-49	80	22
50-59	101	27
60-69	88	24
70-79	47	13
80-89	19	5
90-99	2	<1

Race	Number of Cases	Percent
Caucasian	269	73
African American	96	26
Asian/Other	3	1

Stage at Diagnosis	Number of Cases	Percent
Stage 0	73	20
Stage I	145	39
Stage II	113	31
Stage III	29	8
Stage IV	1	<1
Unknown/Not Applicable	7	<2

Treatment First Course	Number of Cases	Percent
Surgery	158	43
Surgery/Chemotherapy	40	11
Surgery/Radiation	92	25
Surgery/Radiation/Chemotherapy	32	9
Surgery/Hormone	14	4
Surgery/Radiation/Hormone	26	7
Surgery/Chemotherapy/Hormone	2	<1
Surgery/Radiation/Chemotherapy/Hormone	3	<1
Chemotherapy	1	<1

Histology	Number of Cases	Percent
Infiltrating Ductal Carcinoma	252	68
Intraductal Carcinoma In-Situ	74	20
Adenocarcinoma, NOS	1	<1
Lobular Carcinoma	24	7
Ductal and Lobular Carcinoma	10	3
Dermatofibrosarcoma Protuberans	1	<1
Carcinoma, NOS	5	1
Angiosarcoma	1	<1

2008 • September 1 • Hurricane Gustav makes landfall on Louisiana as Category 2 hurricane and kills seven in the United States.

Now

Cancer of the Uterus  
61 Analytic Cases  
2007

Age at Diagnosis	Number of Cases	Percent
20-29	1	2
30-39	2	3
40-49	9	15
50-59	19	31
60-69	14	23
70-79	8	13
80-89	7	11
90-99	1	2

Race	Number of Cases	Percent
Caucasian	44	72
African American	17	28

Stage at Diagnosis	Number of Cases	Percent
Stage 0	4	7
Stage I	37	61
Stage II	2	3
Stage III	6	10
Stage IV	3	<5
Not Applicable	9	15

Treatment First Course	Number of Cases	Percent
None	2	3
Surgery	44	72
Surgery/Radiation	7	11
Surgery/Chemotherapy	6	10
Surgery/Radiation/Chemotherapy	1	2
Surgery/Hormone	1	2

Histology	Number of Cases	Percent
Endometrioid Carcinoma	37	61
Mixed Cell Adenocarcinoma	4	7
Adenocarcinoma	4	7
Edometrial Stromal Sarcoma	5	8
Leiomyosarcoma	3	5
Carcinosarcoma	2	3
Endometrioid Adenocarcinoma In-Situ	2	3
Mullerian Mixed Tumor	1	<2
Clear Cell Adenocarcinoma	1	<2
Adenocarcinoma In-Situ	1	<2
Adenosquamous Carcinoma	1	<2

1998 • September 7 • *Google, Inc., is founded in Menlo Park, Ca., by Stanford University Ph.D. candidates Larry Page and Sergey Brin.*

Then

## Cancer of the Ovary

28 Analytic Cases  
2007

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	2	7
40-49	3	11
50-59	10	36
60-69	7	25
70-79	5	18
80-89	1	<4

Race	Number of Cases	Percent
Caucasian	21	75
African American	7	25

Stage at Diagnosis	Number of Cases	Percent
Stage I	5	18
Stage II	2	7
Stage III	15	54
Stage IV	4	14
Not Applicable/Unknown	2	7

Treatment First Course	Number of Cases	Percent
Surgery/Chemotherapy	18	64
Surgery	8	29
Chemotherapy	2	7

Histology	Number of Cases	Percent
Papillary Serous Cystadenocarcinoma	16	57
Endometrioid Carcinoma	3	11
Adenocarcinoma	3	11
Granulosa Cell-Theca Cell Tumor	1	<4
Mucinous Adenocarcinoma	1	<4
Mucinous Cystadenocarcinoma	1	<4
Clear Cell Adenocarcinoma	1	<4
Carcinoma, NOS	1	<4
Carcinosarcoma	1	<4

2008 • September 16 • The U.S. Government, through the Federal Reserve, lends \$85 billion dollars to AIG in exchange for the right to buy 80% of the company, in one of the largest U.S. interventions in the banking industry.



Cancer of the Cervix  
24 Analytic Cases  
2007

Age at Diagnosis	Number of Cases	Percent
20-29	1	4
30-39	4	17
40-49	4	17
50-59	8	33
60-69	3	<13
70-79	3	<13
80-89	1	4

Race	Number of Cases	Percent
Caucasian	17	71
African American	6	25
Asian/Other	1	4

Stage at Diagnosis	Number of Cases	Percent
Stage 0	1	4
Stage I	15	63
Stage II	5	21
Stage III	3	<13
Stage IV	0	0
Not Applicable	0	0

Treatment First Course	Number of Cases	Percent
Surgery	11	46
Radiation	1	4
Surgery/Radiation/Chemotherapy	3	13
Radiation/Chemotherapy	2	8
Surgery/Radiation	3	13
Surgery/Chemotherapy	2	8
None	2	8

Histology	Number of Cases	Percent
Squamous Cell Carcinoma	17	71
Adenocarcinoma, NOS	1	4
Adenosquamous Carcinoma	1	4
Squamous Cell Carcinoma In-Situ	1	4
Villoglandular Adenocarcinoma	1	4
Adenocarcinoma, Endocervical Type	2	<9
Adenocarcinoma, Mucinous/Intestinal Type	1	4

1998 • September 8 • *St. Louis Cardinals first baseman Mark McGwire breaks baseball's single-season home-run record, formerly held by Roger Maris.*

Then



**Cancer of the  
Vulva and Vagina**  
27 Analytic Cases  
2007

Site	Number of Cases	Percent
Vulva	24	89
Vagina	3	11

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	2	7
40-49	5	19
50-59	6	22
60-69	6	22
70-79	4	15
80-89	4	15

Race	Number of Cases	Percent
Caucasian	22	81
African American	5	19

Stage at Diagnosis	Number of Cases	Percent
Stage 0	11	41
Stage I	4	15
Stage II	6	22
Stage III	1	4
Stage IV	3	11
Not Applicable	2	7

Treatment First Course	Number of Cases	Percent
None	1	<4
Surgery	20	74
Surgery/Chemotherapy	1	<4
Surgery/Radiation/Chemotherapy	2	7
Radiation/Chemotherapy	1	<4
Radiation	1	<4
Chemotherapy	1	<4

Histology	Number of Cases	Percent
Squamous Cell Carcinoma	13	48
Squamous Cell Carcinoma In Situ	9	33
Leiomyosarcoma	1	<4
Adenosquamous Carcinoma	1	<4
Paget's Disease Extramammary	1	<4
Melanoma In Situ	1	<4
Sarcoma Myxoid	1	<4

## 2007 Tumor Report Site Distribution

Analytic Cases Only

Group	Analytic	Stage 0	Stage I	Stage II	Stage III	Stage IV	Not Applicable	Unknown
All Sites	525	90	208	130	56	13	21	7
Breast	368	73	145	113	29	1	2	5
Corpus Uteri	61	4	37	2	6	3	9	0
Ovary	28	0	5	2	15	4	1	1
Cervix Uteri	24	1	15	5	3	0	0	0
Vulva	24	11	4	4	1	3	1	0
Peritoneum, Omentum, Mesentery	3	0	0	0	0	0	3	0
Vagina	3	0	0	2	0	0	1	0
Non-Hodgkin's Lymphoma	3	0	0	0	1	1	0	1
Other Female Genital	2	0	1	1	0	0	0	0
Unknown Or Ill-Defined	2	0	0	0	0	0	2	0
Stomach	1	0	0	0	0	1	0	0
Small Intestine	1	0	0	1	0	0	0	0
Colon	1	0	1	0	0	0	0	0
Rectum and Rectosigmoid	1	0	0	0	1	0	0	0
Soft Tissue	1	0	0	0	0	0	1	0
Melanoma of Skin	1	1	0	0	0	0	0	0
Bladder	1	0	0	0	0	0	1	0

1998 • October 29 • *The Space Shuttle Discovery blasts off with 77-year-old John Glenn on board, making him the second oldest person to go into space.*

## 2007 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
20-29	5	<1
30-39	39	7
40-49	104	20
50-59	146	28
60-69	125	24
70-79	71	14
80-89	32	6
90<	3	<1

## 2007 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	389	74
African American	132	25
Asian/Other	4	1

## Tumor Conferences

### Cancer Registry Report on Cases Presented at Gynecologic Cancer Conference by Age January 2007- December 2007

Age at Diagnosis	Number of Cases	Percent
20-29	1	3
30-39	3	8
40-49	8	22
50-59	10	28
60-69	6	17
70-79	5	14
80-89	3	8
Total	36	100

Total conferences held ..... 7

Total cases presented ..... 36

Average number of attendees ..... 17

Total number of analytic gynecologic cases accessioned in 2007 ..... 145

#### Sites Presented

Bladder Dome  
Cervix  
Endometrium  
Fallopian Tube  
Labium Majus  
Myometrium  
Ovary  
Pelvis  
Peritoneum  
Vulva

#### Histology of Cases Presented

Adenocarcinoma  
Basaloid Squamous Cell Carcinoma  
Carcinosarcoma  
Clear Cell Adenocarcinoma  
Endometrioid Adenocarcinoma  
Endometrial Stromal Sarcoma  
Fibromyxosarcoma  
Granulosa Cell Tumor  
Leiomyosarcoma  
Leiomyosarcoma Epitheloid  
Liposarcoma Myoxid  
Malignant Mullerian Mixed Tumor  
Melanoma In Situ  
Mucinous Adenocarcinoma  
Papillary Serous Cystadenocarcinoma  
Pheochromocytoma  
Squamous Cell Carcinoma

Now

2008 • November 4 • Barack Obama becomes the first African-American president-elect.

1998 • December 1 • Exxon announces a \$73.7 billion deal to buy Mobil, thus creating Exxon-Mobil, the second-largest company on the planet by revenue.

## Cancer Registry Report on Cases Presented at Breast Cancer Conference by Age January 2007- December 2007

Age at Diagnosis	Number of Cases	Percent
20-29	1	3
30-39	5	16
40-49	8	25
50-59	9	28
60-69	6	19
70-79	0	0
80-89	2	6
90-99	1	3
Total	32	100

Total conferences held .....	10
Total cases presented .....	32
Average number of attendees.....	22
Total number of analytic breast cancer cases accessioned in 2007 .....	368

### Histology of Cases Presented:

- Adenocarcinoma
- Cribiform Carcinoma In Situ
- Dermatofibrosarcoma
- Hemangiosarcoma
- Inflammatory Carcinoma Lobular Carcinoma
- Infiltrating Ductal Carcinoma
- Infiltrating Ductal and Lobular Carcinoma
- Infiltrating Ductal Mixed with other types of Carcinoma
- Lobular Carcinoma
- Metaplastic Carcinoma
- Mucinous Adenocarcinoma

2008 • November 22 • Frozen water is found on Mars.

# Now

## About Woman's Hospital

Woman's Hospital opened in 1968 to meet the unique needs of women requiring specialized care. We have more experience with gynecologic and other surgery for women than most other hospitals in Louisiana. Today we offer the latest diagnostic technology and surgical techniques. Woman's Hospital also has more doctors and nurses with exceptional experience in caring for women before, during, and after surgery. We are here to provide the resources women need through all the changes and stages of their lives.

Woman's Hospital is a 501(c)(3) not-for-profit organization governed by a board of community volunteers. Contributions, along with proceeds from hospital operations, are reinvested in research, community education, service programs, equipment, and facilities.



Woman's Hospital is a Magnet hospital signifying nursing excellence and quality patient care.



Woman's Hospital is accredited by The Joint Commission.

The oncology program is also accredited by the American College of Surgeons.