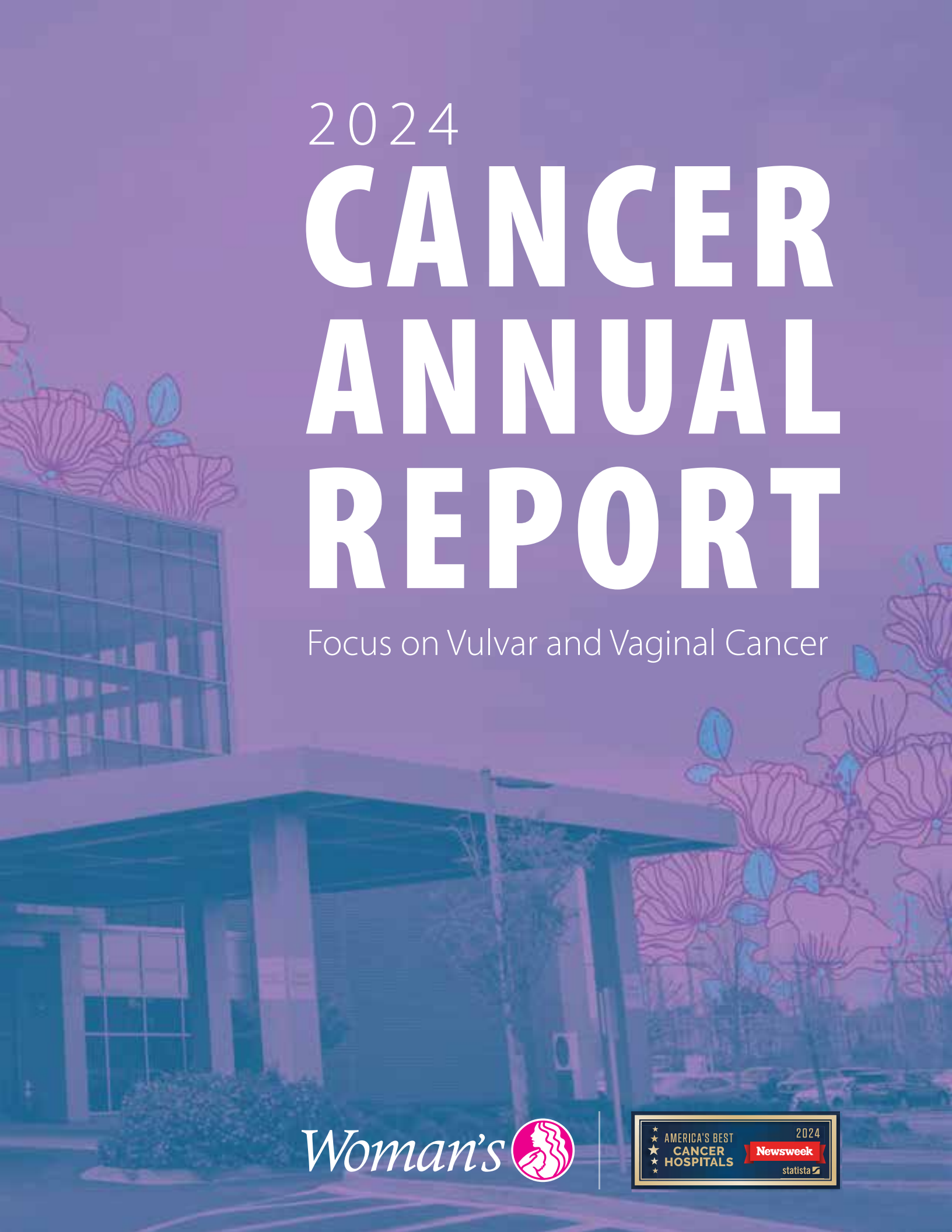

2024

CANCER ANNUAL REPORT

Focus on Vulvar and Vaginal Cancer

Woman's

AMERICA'S BEST CANCER HOSPITALS 2024 Newsweek statista

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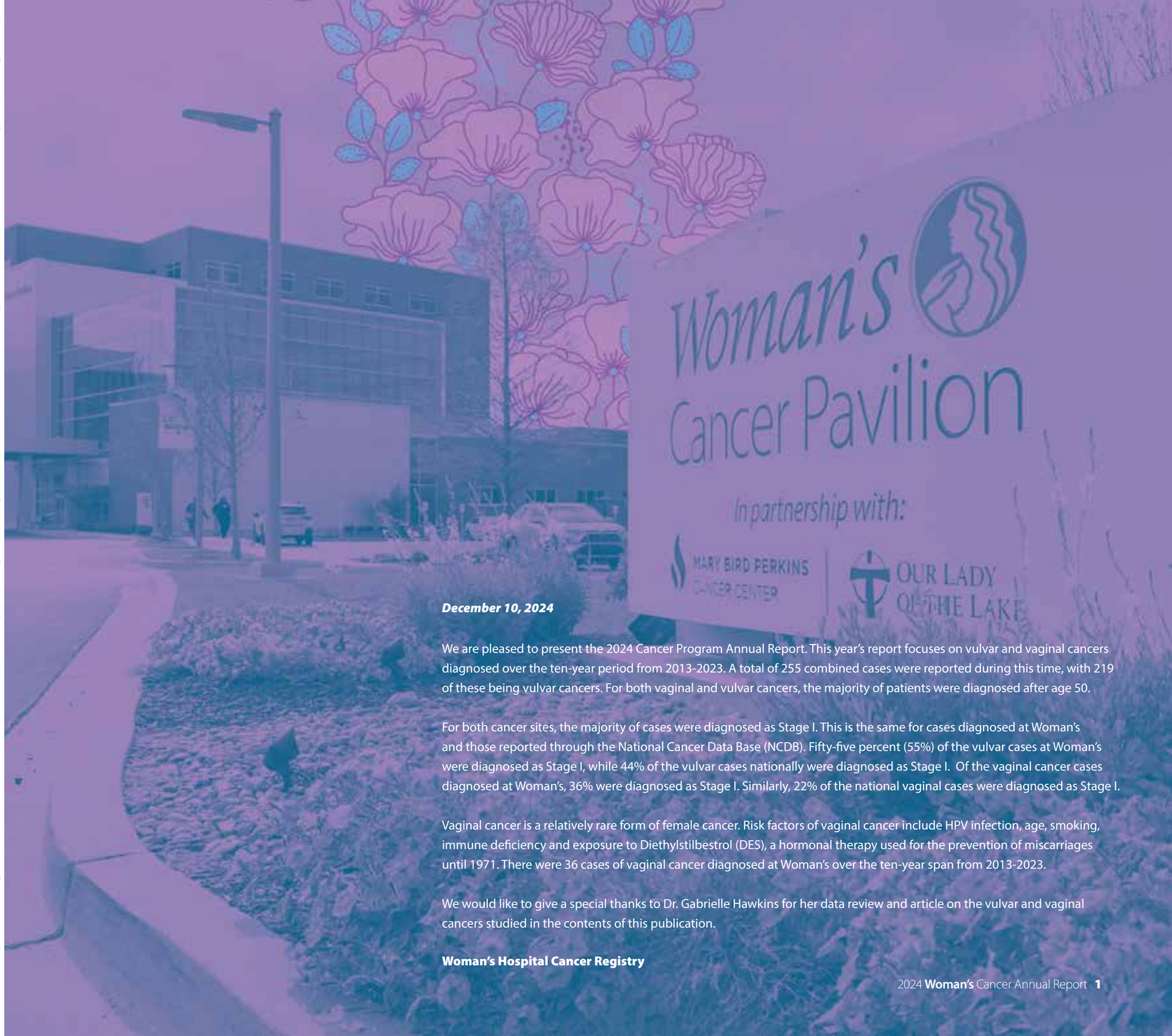


December 10, 2024

We are pleased to present the 2024 Cancer Program Annual Report. This year's report focuses on vulvar and vaginal cancers diagnosed over the ten-year period from 2013-2023. A total of 255 combined cases were reported during this time, with 219 of these being vulvar cancers. For both vaginal and vulvar cancers, the majority of patients were diagnosed after age 50.

For both cancer sites, the majority of cases were diagnosed as Stage I. This is the same for cases diagnosed at Woman's and those reported through the National Cancer Data Base (NCDB). Fifty-five percent (55%) of the vulvar cases at Woman's were diagnosed as Stage I, while 44% of the vulvar cases nationally were diagnosed as Stage I. Of the vaginal cancer cases diagnosed at Woman's, 36% were diagnosed as Stage I. Similarly, 22% of the national vaginal cases were diagnosed as Stage I.

Vaginal cancer is a relatively rare form of female cancer. Risk factors of vaginal cancer include HPV infection, age, smoking, immune deficiency and exposure to Diethylstilbestrol (DES), a hormonal therapy used for the prevention of miscarriages until 1971. There were 36 cases of vaginal cancer diagnosed at Woman's over the ten-year span from 2013-2023.

We would like to give a special thanks to Dr. Gabrielle Hawkins for her data review and article on the vulvar and vaginal cancers studied in the contents of this publication.

Woman's Hospital Cancer Registry

CANCER DISCUSSION

In the United States, vulvar and vaginal cancer account for 6% and 1–2%, respectively, of all cancers arising from the female reproductive organs. At Woman's, vulvar cancers account for 9% and vaginal cancers account for 2% of gynecologic cancer diagnoses. In this report, we reviewed all cases of vulvar and vaginal cancers diagnosed at Woman's between 2013–2023. During this interval, 219 cases of vulvar cancer and 36 vaginal cancers were identified. The race distribution of women with vulvar and vaginal cancers identified shows that the majority of patients diagnosed with these cancers here at Woman's were Caucasian, which is similar to NCDB reporting (79% and 82%, respectively). Twenty percent of the cases diagnosed at Woman's were in African American women compared to 9% reported in the NCDB.

Vulvar Cancer

According to the American Cancer Society, it is projected that there will be approximately 6,900 new cases of vulvar cancer diagnosed in 2024 in the United States, with an estimated 1,630 women dying from this type of cancer. At Woman's, the age distribution parallels the distribution by age reported in the NCDB. The majority of cases were diagnosed between the ages of 40–89, with the highest percentage reported between 60-69 years of age (24%). However, 20% of cases were diagnosed between the ages of 30–49. Sixty-eight percent of the cases were squamous cell carcinomas, which are the most common form of vulvar cancer, but we also noted that 6% were basal cell carcinomas, 4% were malignant melanomas, and 4% were extramammary Paget's disease.

The majority of cases of vulvar cancer diagnosed at Woman's were diagnosed as Stage I (55%), 5% as Stage II, 14% as Stage III and 4% as Stage IV. Surgery alone was the mainstay of treatment for most patients (69%) with vulvar cancer at Woman's, and this is consistent with NCDB data. In comparison to the United States National Surveillance, Epidemiology, and End Results (SEER) database, the vulvar cancer incidence rate is higher for all races in Louisiana as reported to the Louisiana Tumor Registry (LTR). However, the mortality rates for all races are lower in Louisiana in comparison to the national database. The five-year relative survival for all cases of vulvar cancer was 71.3% in the SEER database which is comparable to the 71.2% reported to the LTR, but survival rates were higher at Woman's (76.1%).

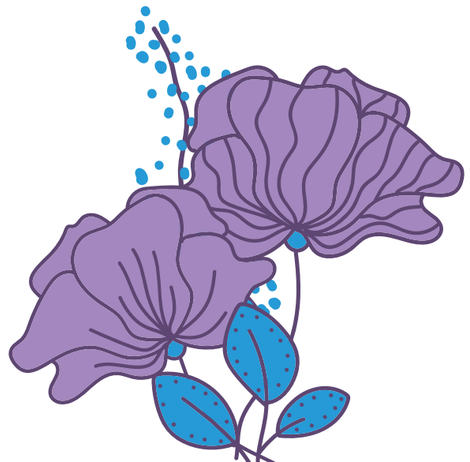
There are two major pathways that lead to the development of vulvar malignancies: human papilloma virus infection (HPV) and chronic inflammatory conditions of the vulvar skin such as lichen sclerosus. HPV infection is often asymptomatic and cleared by the body, but persistent HPV infections can cause between 60–70% of vulvar and vaginal cancers. There are some modifiable (smoking, treatment of lichen sclerosus and vulvar intraepithelial neoplasia (VIN)) and non-modifiable (age, HIV infection or other immunodeficiency syndromes) risk factors for the development of both types of cancer. Of our patients with vulvar cancer at Woman's, 28% of patients reported current smoking whereas 21% report previous smoking. Forty-six percent of patients diagnosed with vulvar cancer have never smoked.

Vaginal Cancer

It is estimated that there will be 8,650 new cases of vaginal (and other female genital) cancer diagnosed in 2024 in the United States, with approximately 1,870 deaths from this cancer, according to the American Cancer Society Annual Report. The best historical estimates indicate that there are roughly 1,400 cases of primary vaginal malignancies diagnosed in the United States. At Woman's, most cases were diagnosed between the ages of 40-89. The highest percentage (33%) of cases were in 60–69-year-olds, and 28% of cases were in patients 50-59 years of age. Again, the primary histology for these cases is squamous cell carcinoma (55%). Additional carcinomas included adenocarcinomas (11%), endometrioid (8%), and 3% in each of the following categories: clear cell, adenoid basal cell, sarcoma, small cell neuroendocrine and leiomyosarcoma.

The majority of patients were diagnosed with Stage I or Stage II disease, 36% and 22% respectively. Stages III and IV disease each represented 11% of our cases. Similarly, the NCDB data indicated that Stage I disease is most commonly diagnosed (22%) with relatively equal distribution of Stages II, III and IV diseases at 16%, 18% and 18%, respectively. The five-year survival rates for vaginal cancer are similar at Woman's (51.3%) in comparison to the SEER database (52.6%), but survival rates are lower in Louisiana per LTR reporting (45.7%). The greater portion of early-stage cancers diagnosed at Woman's likely contributes to the survival advantage seen in the Woman's patients. Treatment was primarily with a combination of radiation and chemotherapy (33%) followed by surgery, radiation and chemotherapy (17%) and surgery alone (14%). The NCDB reports similar rates of combination radiation and chemotherapy and surgery alone.

Vaginal cancer is also highly linked to persistent HPV infection. Additional risk factors unique to vaginal cancers include the following: exposure to diethylstilbestrol (DES), prior history of cervical cancer or high-grade cervical intraepithelial neoplasia (CIN). Smoking remains a significant modifiable risk factor as well. At Woman's, our patients with vaginal cancer reported smoking at a rate of 28% with an additional 22% reporting previous use. Half (50%) of our patients with vaginal cancer reported no smoking history.



VULVAR AND VAGINAL CANCER STATISTICS

Comparative Analysis of Local and National Patient Populations

Figure I

Vulvar and Vaginal Malignant Tumors • Age at Diagnosis: Years 2013-2023

	Vulvar				Vaginal			
	Woman's		NCDB*		Woman's		NCDB*	
Age at Diagnosis	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 20	0	0	44	<1	0	0	65	<1
20-29	2	1	380	<1	1	3	44	<1
30-39	15	7	1,920	4	0	0	250	2
40-49	28	13	4,962	10	4	11	894	9
50-59	41	19	9,688	19	10	28	1,911	18
60-69	53	24	12,406	25	12	33	2,785	27
70-79	39	18	11,320	22	2	5	2,606	25
80-89	32	14	7,679	15	6	17	1,472	14
90-99	9	4	2,138	4	1	3	391	4
Total	**219**	**100**	**50,537**	**100**	**36**	**100**	**10,418**	**100**

**National Cancer Data Base (NCDB) data only available for years 2013-2022.*

A total of 219 cases of vulvar cancer were diagnosed during this time.
The age distribution parallels the distribution by age reported in the NCDB. The majority of cases are diagnosed between the ages of 40-89 with the highest percentage reported between 60-69 years of age.

A total of 36 vaginal cancers were diagnosed between 2013-2023.
The age distribution is similar to the age distribution reported in the NCDB. The largest percentage of our cases were diagnosed between 50-69 years of age compared to the largest percentage of cases in the NCDB being between 50-79 years of age.

Figure II

Vulvar and Vaginal Malignant Tumors • Race: Years 2013-2023

	Woman's		NCDB*	
Race	Number	Percent	Number	Percent
Caucasian	201	79	50,105	82
African American	50	20	5,611	9
Other**	4	1	5,239	9
Total	**255**	**100**	**60,955**	**100**

**NCDB data only available for 2013-2022.*
***Other category includes Native American, Asian and Hispanic.*

The race distribution of women with vulvar and vaginal cancers identified between 2013-2023 shows the majority of patients diagnosed with these cancers at Woman's and in the NCDB are Caucasian (79% and 82% respectively). Twenty percent of cases diagnosed at Woman's were in African American women compared to 9% African American women reported in the NCDB. At Woman's, we only reported a 1% "other" category with the NCDB showing 9%. In the NCDB, 8% of patients were Hispanic, 3% were Asian, 1.4% had unknown/unreported ethnicity and less than 1% were Native American.

Figure III

Vulvar and Vaginal Malignant Tumors • Year of Diagnosis: Years 2013-2023

	Woman's	
Year of Diagnosis*	Vulvar	Vaginal
2013	19	2
2014	25	5
2015	25	2
2016	15	0
2017	15	1
2018	17	7
2019	12	5
2020	15	5
2021	22	3
2022	32	4
2023	22	2
Total	**219**	**36**

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

The number of cases of vulvar cancer diagnosed over the last ten years ranged from a low of 12 cases diagnosed in 2019 to a high of 32 cases diagnosed in 2022. The number of vaginal cases during this period was 0-7 cases per year.

Figure IV

Vulvar and Vaginal Malignant Tumors • Histologies: Years 2013–2023

	Vulvar		Vaginal	
	Woman's		Woman's	
Cell Types	Number	Percent	Number	Percent
Squamous Cell Carcinoma In-Situ	35	16	3	8
Adenoid Basal Carcinoma	0	0	1	3
Adenocarcinoma, NOS	0	0	4	11
Basal Cell Carcinoma	12	6	0	0
Basosquamous Cell Carcinoma	1	<1	0	0
Carcinoma, NOS	1	<1	1	3
Clear Cell Adenocarcinoma	0	0	1	3
Endometrioid Carcinoma	0	0	3	8
Malignant Adnexal Neoplasm	1	<1	0	0
Malignant Eccrine Spiradenoma, NOS	1	<1	0	0
Malignant Fibrous Histiocytoma	1	<1	0	0
Malignant Melanoma	9	4	0	0
Malignant Myopepithelioma	1	<1	0	0
Paget's Disease Extramammary	8	4	0	0
Sarcoma	0	0	1	3
Small Cell Neuroendocrine Carcinoma	0	0	1	3
Squamous Cell Carcinoma, NOS	149	68	20	55
Leiomyosarcoma, NOS	0	0	1	3
Total	**219**	**100**	**36**	**100**

68% of our cases of vulvar cancer were diagnosed as squamous cell carcinoma, the most common histologic type of cancer for this site. However, 4% of our cancers were malignant melanoma, 4% were extramammary Paget's disease and 6% were basal cell carcinoma.

The types of vaginal cancer diagnosed were 55% squamous cell carcinoma, 11% adenocarcinoma, 8% endometrioid carcinoma, 3% adenoid basal carcinoma, 3% carcinoma, NOS, 3% clear cell adenocarcinoma, 3% sarcoma, 3% small cell neuroendocrine carcinoma and 3% leiomyosarcoma.

Figure V

Vulvar and Vaginal Malignant Tumors • Stage at Diagnosis: Years 2013–2023

	Vulvar				Vaginal			
	Woman's		NCDB*		Woman's		NCDB*	
Stage at Diagnosis	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0	**23**	**11**	**5,135**	**10**	**1**	**3**	**385**	**4**
I	**121**	**55**	**22,401**	**44**	**13**	**36**	**2,302**	**22**
I	10				4			
IA	45				4			
IB	66				5			
II	**10**	**5**	**3,438**	**7**	**8**	**22**	**1,715**	**16**
II	10				3			
IIA					3			
IIB					2			
IIC								
III	**30**	**14**	**6,659**	**13**	**4**	**11**	**1,841**	**18**
III	2				4			
IIIA	15							
IIIB	3							
IIIC	9							
IIID	1							
IV	**10**	**4**	**3,380**	**7**	**4**	**11**	**1,851**	**18**
IV					1			
IVA	6							
IVB	4				3			
Unknown /Not Applicable	**25**	**11**	**9,524**	**19**	**6**	**17**	**2,324**	**22**
Total	**219**	**100**	**50,537**	**100**	**36**	**100**	**10,418**	**100**

**NCDB data only available for years 2013-2022.*

The majority of cases of vulvar cancer diagnosis at Woman's are Stage 0 or I (66%) compared to NCDB of 54% diagnosed as Stage 0 or I. The NCDB shows 7% of cases diagnosed as Stage IV compared to only 4% at Woman's. The majority of cases of vaginal cancer diagnosed at Woman's were Stage I and II.

Figure VI

Vulvar and Vaginal Malignant Tumors • First Course of Treatment: Years 2013–2023

	Vulvar				Vaginal			
	Woman's		NCDB*		Woman's		NCDB*	
Treatment First Course	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Surgery	151	69	33,524	66	5	14	1,470	14
Surgery/Chemotherapy	2	1	482	1	0	0	202	2
Surgery/Immunotherapy	2	1	0	0	0	0	0	0
Surgery/Radiation	19	9	3,142	6	3	8	621	6
Surgery/Radiation/ Chemotherapy	19	9	3,267	6	6	17	737	7
Chemotherapy	1	<1	432	1	1	3	559	5
Chemotherapy/ Immunotherapy	1	<1	0	0	0	0	0	0
Hormone Therapy	1	<1	20	<1	0	0	17	<1
Hormone/Immunotherapy	1	<1	0	0	0	0	0	0
Immunotherapy	0	0	0	0	1	3	0	0
Radiation	3	1	1,686	3	3	8	1,443	14
Radiation/Chemotherapy	13	6	3,570	7	12	33	3,300	32
Other Specified Therapy	0	0	2,103	4	0	0	774	7
None	6	3	2,311	5	5	14	1,295	12
Total	**219**	**100**	**50,537**	**100**	**36**	**100**	**10,418**	**100**

**NCDB data only available for years 2013-2022.*

The majority of patients with vulvar cancer were treated with surgery alone at Woman's and in the NCDB.

The majority of patients with vaginal cancer were treated with radiation and chemotherapy in both Woman's data and the NCDB.

Figure VII

Vulvar and Vaginal Malignant Tumors • Smoking History: For Years of Diagnosis 2013–2023

	Woman's			
Smoking History	Vulvar		Vaginal	
	Number	Percent	Number	Percent
Current Cigarette Smoker	61	28	10	28
Previous Use	45	21	8	22
Never Used	101	46	18	50
Unknown	12	5	0	0
Total	**219**	**100**	**36**	**100**

Of our patients with vulvar cancer, 28% reported that they currently smoke and 21% say they had a previous history of smoking. 46% reported no history of ever smoking.

It is reported that 28% of our vaginal cancer patients are current smokers with an additional 22% claiming to have a history of previous use. 50% of patients with vaginal cancer have never been smokers.

Figure VIII

Vaginal and Vulvar • Cancer Incidence Rates

Vaginal Cancer, 5-Year Relative Survival, All Malignant Cases, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	2,273	76.70%	177	77.30%	25	90.2%#
All Races/Ethnicities	24 mo	2,273	64.10%	177	61.30%	25	69.70%#
All Races/Ethnicities	36 mo	2,273	58.10%	177	55.3%#	25	64.4%#
All Races/Ethnicities	48 mo	2,273	55.40%	177	49.90%	25	51.3%#
All Races/Ethnicities	60 mo	2,273	52.60%	177	45.7%#	25	51.3%#
Non-Hispanic White	12 mo	1,418	76.00%	115	75.80%	16	83.0%#
Non-Hispanic White	24 mo	1,418	63.20%	115	57.40%	16	54.20%
Non-Hispanic White	36 mo	1,418	57.10%	115	55.0%#	16	54.2%#
Non-Hispanic White	48 mo	1,418	54.70%	115	49.30%	16	44.6%#
Non-Hispanic White	60 mo	1,418	52.00%	115	46.0%#	16	44.6%#
Non-Hispanic Black	12 mo	331	79.40%	56	82.90%	~	~
Non-Hispanic Black	24 mo	331	66.00%	56	71.3%#	~	~
Non-Hispanic Black	36 mo	331	59.0%#	56	60.1%#	~	~
Non-Hispanic Black	48 mo	331	56.6%#	56	54.5%#	~	~
Non-Hispanic Black	60 mo	331	51.9%#	56	47.4%#	~	~

Vaginal Cancer, 5-Year Relative Survival, Localized, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	653	90.70%	62	88.9%#	~	~
All Races/Ethnicities	24 mo	653	82.60%	62	80.1%#	~	~
All Races/Ethnicities	36 mo	653	78.40%	62	71.1%#	~	~
All Races/Ethnicities	48 mo	653	76.60%	62	62.60%	~	~
All Races/Ethnicities	60 mo	653	73.20%	62	60.2%#	~	~
Non-Hispanic White	12 mo	424	90.00%	43	87.2%#	~	~
Non-Hispanic White	24 mo	424	81.30%	43	75.8%#	~	~
Non-Hispanic White	36 mo	424	77.30%	43	71.0%#	~	~
Non-Hispanic White	48 mo	424	75.30%	43	63.10%	~	~
Non-Hispanic White	60 mo	424	73.00%	43	63.1%#	~	~
Non-Hispanic Black	12 mo	89	92.5%#	16	94.3%#	~	~
Non-Hispanic Black	24 mo	89	83.1%#	16	94.3%*#	~	~
Non-Hispanic Black	36 mo	89	74.7%#	16	85.0%#	~	~
Non-Hispanic Black	48 mo	89	72.5%#	16	85.0%#	~	~
Non-Hispanic Black	60 mo	89	66.1%#	16	52.7%#	~	~

Vaginal Cancer, 5-Year Relative Survival, Regional, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	914	82.50%	60	84.30%	~	~
All Races/Ethnicities	24 mo	914	70.20%	60	65.0%#	~	~
All Races/Ethnicities	36 mo	914	63.00%	60	61.8%#	~	~
All Races/Ethnicities	48 mo	914	59.00%	60	53.2%#	~	~
All Races/Ethnicities	60 mo	914	57.6%#	60	51.0%#	~	~
Non-Hispanic White	12 mo	558	82.60%	35	82.40%	~	~
Non-Hispanic White	24 mo	558	71.10%	35	63.0%#	~	~
Non-Hispanic White	36 mo	558	63.10%	35	60.3%#	~	~
Non-Hispanic White	48 mo	558	60.00%	35	49.9%#	~	~
Non-Hispanic White	60 mo	558	58.5%#	35	46.3%#	~	~
Non-Hispanic Black	12 mo	139	82.60%	23	89.6%#	~	~
Non-Hispanic Black	24 mo	139	68.30%	23	69.2%#	~	~
Non-Hispanic Black	36 mo	139	63.0%#	23	65.2%#	~	~
Non-Hispanic Black	48 mo	139	58.1%#	23	59.4%#	~	~
Non-Hispanic Black	60 mo	139	54.4%#	23	59.4%#	~	~

Vaginal Cancer, 5-Year Relative Survival, Distant, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	474	54.80%	40	56.40%	~	~
All Races/Ethnicities	24 mo	474	36.40%	40	33.10%	~	~
All Races/Ethnicities	36 mo	474	30.5%#	40	28.1%#	~	~
All Races/Ethnicities	48 mo	474	27.70%	40	28.1%#	~	~
All Races/Ethnicities	60 mo	474	24.4%#	40	22.5%#	~	~
Non-Hispanic White	12 mo	312	53.40%	29	52.9%#	~	~
Non-Hispanic White	24 mo	312	32.40%	29	23.40%	~	~
Non-Hispanic White	36 mo	312	27.2%#	29	23.4%#	~	~
Non-Hispanic White	48 mo	312	24.8%#	29	23.4%#	~	~
Non-Hispanic White	60 mo	312	22.1%#	29	20.5%#	~	~
Non-Hispanic Black	12 mo	139	82.60%	23	89.6%#	~	~
Non-Hispanic Black	24 mo	139	68.30%	23	69.2%#	~	~
Non-Hispanic Black	36 mo	139	63.0%#	23	65.2%#	~	~
Non-Hispanic Black	48 mo	139	58.1%#	23	59.4%#	~	~
Non-Hispanic Black	60 mo	139	54.4%#	23	59.4%#	~	~

Vulvar Cancer, 5-Year Relative Survival, All Malignant Cases, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	9,415	88.30%	642	89.60%	132	86.60%
All Races/Ethnicities	24 mo	9,415	80.80%	642	83.20%	132	80.4%#
All Races/Ethnicities	36 mo	9,415	77.00%	642	78.70%	132	79.10%
All Races/Ethnicities	48 mo	9,415	74.00%	642	74.90%	132	76.7%#
All Races/Ethnicities	60 mo	9,415	71.30%	642	71.20%	132	76.1%#
Non-Hispanic White	12 mo	7,135	87.70%	465	90.10%	97	84.30%
Non-Hispanic White	24 mo	7,135	80.10%	465	83.10%	97	78.8%#
Non-Hispanic White	36 mo	7,135	76.40%	465	79.60%	97	78.8%#
Non-Hispanic White	48 mo	7,135	73.50%	465	75.90%	97	77.6%#
Non-Hispanic White	60 mo	7,135	70.70%	465	72.20%	97	77.4%#
Non-Hispanic Black	12 mo	740	90.30%	156	88.50%	31	94.4%#
Non-Hispanic Black	24 mo	740	84.0%#	156	82.6%#	31	85..4%#
Non-Hispanic Black	36 mo	740	79.20%	156	75.20%	31	78.8%#
Non-Hispanic Black	48 mo	740	76.30%	156	71.50%	31	70.8%#
Non-Hispanic Black	60 mo	740	72.8%#	156	67.0%#	31	70.8%#

Vulvar Cancer, 5-Year Relative Survival, Localized, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	5,631	97.40%	400	97.90%	79	96.1%#
All Races/Ethnicities	24 mo	5,631	93.60%	400	93.70%	79	94.6%#
All Races/Ethnicities	36 mo	5,631	91.20%	400	90.00%	79	93.80%
All Races/Ethnicities	48 mo	5,631	89.10%	400	86.20%	79	91.0%#
All Races/Ethnicities	60 mo	5,631	86.70%	400	83.30%	79	90.6%#
Non-Hispanic White	12 mo	4,274	97.00%	292	97.5%#	58	96.1%#
Non-Hispanic White	24 mo	4,274	93.10%	292	92.40%	58	95.3%#
Non-Hispanic White	36 mo	4,274	91.00%	292	89.40%	58	95.3%#
Non-Hispanic White	48 mo	4,274	88.80%	292	85.20%	58	92.7%#
Non-Hispanic White	60 mo	4,274	86.20%	292	82.50%	58	92.7%#
Non-Hispanic Black	12 mo	462	99.4%#	93	99.50%	17	100.0%*#
Non-Hispanic Black	24 mo	462	96.0%#	93	96.6%#	17	95.9%#
Non-Hispanic Black	36 mo	462	92.30%	93	90.90%	17	91.0%#
Non-Hispanic Black	48 mo	462	90.4%#	93	89.0%#	17	85.1%#
Non-Hispanic Black	60 mo	462	87.5%#	93	85.0%#	17	85.1%#

Vulvar Cancer, 5-Year Relative Survival, Regional, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	2,589	80.30%	168	79.20%	36	74.00%
All Races/Ethnicities	24 mo	2,589	66.30%	168	67.0%#	36	57.0%#
All Races/Ethnicities	36 mo	2,589	59.40%	168	59.3%#	36	54.4%#
All Races/Ethnicities	48 mo	2,589	54.50%	168	55.90%	36	51.8%#
All Races/Ethnicities	60 mo	2,589	50.70%	168	52.4%#	36	48.6%#
Non-Hispanic White	12 mo	1,997	79.80%	122	78.90%	24	64.20%
Non-Hispanic White	24 mo	1,997	65.80%	122	67.6%#	24	46.4%#
Non-Hispanic White	36 mo	1,997	58.80%	122	60.9%#	24	46.4%#
Non-Hispanic White	48 mo	1,997	54.10%	122	58.7%#	24	46.4%#
Non-Hispanic White	60 mo	1,997	50.20%	122	55.7%#	24	46.4%#
Non-Hispanic Black	12 mo	191	78.60%	41	81.7%#	~	~
Non-Hispanic Black	24 mo	191	68.0%#	41	67.2%#	~	~
Non-Hispanic Black	36 mo	191	61.50%	41	55.4%#	~	~
Non-Hispanic Black	48 mo	191	57.70%	41	47.40%	~	~
Non-Hispanic Black	60 mo	191	53.1%#	41	42.3%#	~	~

Vulvar Cancer, 5-Year Relative Survival, Distant, 2010-2020 (Followed into 2021)							
		U.S. (SEER)[1]		Louisiana		LTR Region 2	
		N	Relative	N	Relative	N	Relative
All Races/Ethnicities	12 mo	631	49.60%	46	57.40%1	~	~
All Races/Ethnicities	24 mo	631	34.90%	46	53.2%#	~	~
All Races/Ethnicities	36 mo	631	29.10%	46	51.8%#	~	~
All Races/Ethnicities	48 mo	631	25.4%#	46	47.2%#	~	~
All Races/Ethnicities	60 mo	631	22.1%#	46	39.2%#	~	~
Non-Hispanic White	12 mo	467	47.20%	29	66.50%	~	~
Non-Hispanic White	24 mo	467	33.20%	29	59.7%#	~	~
Non-Hispanic White	36 mo	467	28.30%	29	59.7%#	~	~
Non-Hispanic White	48 mo	467	25.2%#	29	53.3%#	~	~
Non-Hispanic White	60 mo	467	22.5%#	29	44.1%#	~	~
Non-Hispanic Black	12 mo	53	58.2%#	17	41.7%#	~	~
Non-Hispanic Black	24 mo	53	49.1%#	17	41.7%#	~	~
Non-Hispanic Black	36 mo	53	42.9%#	17	36.3%#	~	~
Non-Hispanic Black	48 mo	53	37.7%#	17	36.3%#	~	~
Non-Hispanic Black	60 mo	53	31.3%#	17	30.4%#	~	~

Kaplan-Meier method. Ederer II method used for cumulative expected.

- ~ Statistic not displayed due to less than 16 cases.
- * The relative cumulative survival is over 100 percent and has been adjusted.
- # The relative cumulative survival increased from a prior interval and has been adjusted.
- [1] U.S. incidence rate estimates are from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, 17 regions.
- LTR Region 2: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupée, St. Helena, Tangipahoa, West Baton Rouge and West Feliciana.
- The Louisiana Tumor Registry is supported by the SEER Program (NCI), the National Program of Cancer Registries (CDC), the State of Louisiana, the LSU Health Sciences Center-New Orleans, and host institutions.

Compiled by Ingrid Wagner, MPH of the Louisiana Tumor Registry, on 05/08/2024.

Cynthia Rabalais

We would like to give a special thank you to Cynthia Rabalais for over 50 years of service at Woman's Hospital. Cynthia began her career in 1971 as a Radiology Technician, eventually becoming the Director of Imaging and finally serving as the Executive Director of the Cancer Pavilion from 2018 until her retirement in 2024.

In her time at Woman's Hospital, Cynthia was a visionary in growing the services offered in our Imaging department and developing our cancer program. Her knowledge and experience served as an asset to our organization. Her compassion for her co-workers and the patients she served was a true testament to the wonderful lady she is. For years, she has served as leader, mentor and friend to those she worked with. Her guidance has been invaluable.

Cynthia's influence and dedication to Woman's Hospital and the cancer program will be appreciated for years to come. We wish her a very happy retirement and all the best in her future endeavors.

Dr. Beverly Ogden

We dedicate this report to Dr. Beverly Ogden who for many years has been the voice behind the written word of our cancer annual report studies. We would like to take this opportunity to thank Dr. Ogden for her years of service at Woman's Hospital and specifically her dedication to our cancer program. Dr. Ogden began her career at Woman's Hospital on October 22, 1987, and retired on April 12, 2024. In her 37 years at our organization, she served in multiple leadership roles. She was Medical Director of Pathology from 1993-2021 and served as the inaugural Chair of Cancer Clinical Services from 2019-2023. During these years, she remained loyal to the cancer program, serving as Cancer Committee Chair for the Commission on Cancer between 1998-2009 and again from 2011-2014. In 2010, she shared the Cancer Committee role as a Co-Chair and continued to serve as Co-Chair from 2015-2023. Additionally, she represented Woman's Hospital as the Cancer Liaison Physician for the Commission on Cancer in 2020 and 2023.

Dr. Ogden has always been a visionary in her field. In addition to her many contributions in pathology, genetics and research, she was a loyal supporter of all aspects of our cancer program. The Cancer Annual Report was dear to her heart, and she always prioritized this project. She believed in the importance of sharing our cancer statistics with physicians and patients in our region and state. Dr. Ogden enjoyed analyzing trends in the registry data to determine common links, such as similarities in areas of specific cancer diagnoses. She worked closely with our Cancer Registry department and also with the Louisiana Tumor Registry on multiple research projects. Dr. Ogden is a patient advocate above all else. She believes in taking the extra steps to improve patient lives and outcomes and that our end goal should always be to make a difference in the lives of our patients. She is a phenomenal presenter and has represented Woman's Hospital as a speaker at many events throughout her tenure.

We applaud the efforts and determination that Dr. Ogden demonstrated during her time with us. Her talent and dedication through the years helped our success in the field of cancer. We take pride in her accomplishments and her commitment to excellence. From the perspective of the Cancer Registry, Dr. Ogden has always been available to us for any questions that we may have. Her loyalty stretched beyond the boundaries of this facility and deep into the heart of the community around her. Those around her will always hold her in the highest respect and cherish the opportunity to have worked with her. She was always willing to take the extra step to investigate and identify patterns in cancer histologies. Her expectations of perfection motivated and encouraged all who worked closely with her. Dr. Ogden was not only a motivational leader at Woman's, but she was part of the foundation of this cancer program.

We wish Dr. Ogden the very best in her retirement!

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

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

The technology at the Pavilion is unparalleled:

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

RESEARCH AND EDUCATION

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

Cancer Clinical Trials

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

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

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

Woman's Cancer Pavilion Clinical Research Statistics (January – December 2023):

- 2023 Patients enrolled – 77
- Breast Studies open – 7
- GYN Studies open – 3

The National Cancer Institute Community Oncology Research Program (NCORP)

NCORP provides Pavilion researchers with access to NRG Oncology, an organization which brings together the complementary research areas of what was previously known as the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic OncologyGroup (GOG). In addition, this relationship with the National Cancer Initiative allows the Pavilion to participate in studies offered through theSouthwest 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. NCI DCP-001 - Use of a Clinical Trial Screening Selection Tool to Address Cancer Health Disparities in the NCI Community Oncology Research Program (NCORP)
2. ES 2021-05 - Specimen Collection Study to Evaluate Biomarkers in Subjects with Cancer
3. ECOG-ACRIN EA1511 - Tomosynthesis Mammographic Imaging Screening Trial (TMIST)
4. SWOG S1501 - Prospective Evaluation of Carvedilol in Prevention of Cardiac Toxicity in Patients with Metastatic HER2+ Breast Cancer, Phase III
5. AFT-25 COMET - Comparison of Operative to Monitoring and Endocrine Therapy (COMET) Trial for Low-Risk DCIS: A Phase III Prospective Randomized Trial
6. ICARE – Inherited Cancer Registry
7. ASCENT -05 - A Randomized, Open-Label, Phase III Study of Adjuvant Sacitizumab Govitecan and Pembrolizumab vs Treatment of Physician's Choice in Patients with Triple Negative Breast Cancer who have Residual Invasive Disease after Surgery and Neoadjuvant Therapry
8. ARTISTRY-07 -A Phase III, Multicenter, Open-Label, Randomized Study of Nemvaleukin Alfa in Combination with Pembrolizumab vs. Investigator's Choice Chemotherapy in Patients with Platinum-Resistant Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer

Continuing Medical Education

Accredited by the Texas Medical Association, Woman's Continuing Medical Education offers physicians appropriate education programs focused on cancer care and treatment. These programs are also open for other disciplines to attend. In 2023, 46 Breast Tumor Conferences and 20 GYN Tumor Conferences were held.

Woman's continuing education programs included:

- Ultrasound Conference
- Improvements in Multidisciplinary Care for Cancer Patients Conference
- Breast and Gynecologic Cancers Summit

WOMAN'S CONTINUUM OF CARE

Gynecologic Cancers

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

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

Breast Cancers

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

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

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

Treatment

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

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

Treatment options for breast cancer patients have come a long way. Our surgeons perform new procedures to help women feel whole after cancer. Hidden scar surgery minimizes visible scarring by removing cancerous tissue through a single, inconspicuous incision, usually along the edge of the nipple or the underside of the breast. Autologous tissue reconstruction allows the use of a patient's own tissue to reconstruct a new breast mound that can look and feel more natural. Some surgeries also allow for nipple-sparing mastectomies, which keep the nipple and areola intact along with the breast skin. Woman's breast surgeons are some of the few currently performing nipple-sparing mastectomies in the Baton Rouge area.

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

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

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

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

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

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

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

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

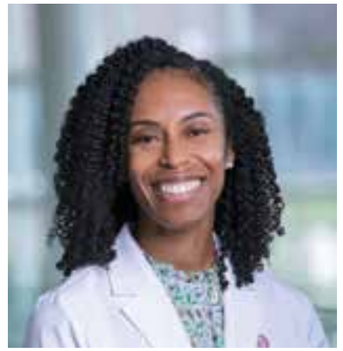
Woman's Breast Specialists
Our team of female breast surgeons, Dr. Lindsey Fauveau and Dr. Cecilia Cuntz, are certified in the latest breast conserving and nipple-sparing mastectomies and oncoplastic breast surgery. Active in the latest breast cancer research, Dr. Fauveau is also one of the state's few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

Woman's Gynecologic Oncology Clinic

Anthony Evans, MD, PhD
Gynecologic Oncologist

Laurel King, MD
Gynecologic Oncologist

Renee Cowan, MD
Gynecologic Oncologist



Gabrielle Hawkins, MD
Gynecologic Oncologist

Woman's GYN Oncology Group includes four gynecologic oncologists, Dr. Anthony Evans, Dr. Laurel King, Dr. Renee Cowan and Dr. Gabrielle Hawkins. The team specializes in surgical treatments such as robotics-assisted and other minimally invasive methods that speed recovery and lessen downtime as well as radical and complex gynecologic surgeries. The comprehensive care team also includes Advanced Practice Providers.

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.

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

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

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

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

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

We offer many ways to help you and your family cope with the physical and emotional aspects in safe environments.

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

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

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

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

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

PREVENTION

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

Our outreach included:

- 2 coaches
- 36 parishes served including Adams and Wilkinson counties
- 396 trips
- 4,997 women screened
- 14 cancers detected
- $945,140 operating expense

Mammogram Screening Software

Catching breast cancer as early as possible is every patient and physician's goal. Woman's uses the Tyrer-Cuzic 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 2023, Woman's Genetic Services cared for 528 patients and performed 443 genetic tests. Mutations were identified in 12%, or 52 cases.

Community Involvement

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

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

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

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

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

PHILANTHROPIC SUPPORT

Community Support Transforms Cancer Care for Women Across Louisiana

Gifts from individuals, organizations, and private foundations are transforming the lives of women with cancer across Louisiana. Through their generosity, these donors are not only helping to provide critical treatments but also offering hope and healing to women and their families facing some of life's most challenging battles.

Foundation for Woman's remains committed to improving the health of women and infants by providing philanthropic support for cancer care, education, and prevention. This work would not be possible without the steadfast support of generous donors and organizations.

Philanthropic support provides:

- Screening to support the early detection of gynecological and breast cancers in women
- Guidance and care coordination from oncology nurse navigators who walk a woman diagnosed with cancer through every step of her cancer journey
- Palliative Care Specialists who care for the emotional and physical needs of patients and their families
- Individualized medical exercise and nutrition counseling for cancer patients, improving quality of life, strength, and endurance
- Lymphedema treatment and compression garments that are typically not covered by medical Insurance
- Areola tattooing to help our patients feel whole again after breast reconstruction
- Oncology massages for women with cancer, reducing pain and discomfort
- Financial assistance for cancer medications and transportation to and from treatment
- Memberships to Woman's Center for Wellness for patients battling cancer
- Healing Arts programs that foster creativity and camaraderie among our cancer patients
- Legacy Kits for the family and children of women with terminal cancer

Mammography Coaches

In 2023, 4,997 women were screened and received information about proper breast health through Woman's Mobile Mammography Program. The two mammography coaches provide at-risk women access to screening mammograms with the goal of reducing cancer mortality rates through early detection and intervention. The coaches traveled to 36 parishes in Louisiana and two counties in Mississippi visiting churches, schools, and community centers offering women the opportunity to access life-saving screenings.

Employees Support Woman's

In 2023, employees pledged over **$214,000** to the "We Are Woman's" Employee Giving Campaign. Many of the programs funded through this campaign focus on cancer care and services, highlighting the generosity and dedication of our team members to making a positive impact on the lives of those we serve.

Special Events

BUST Breast Cancer, BUST Out, Woman's Victory Open, and numerous community "give-back" events were held throughout the community bringing people together to support women with breast and gynecological cancers. Generous sponsors and donors profoundly impacted cancer patients and their families and are devoted to furthering the mission of Woman's.

The Woman's Victory Open raised over **$64,000** to support breast and gynecological cancer services.

Capital One Team – Woman's Victory Open Presenting Sponsor

Community Fundraising

BUST Out is a 5-week fundraising challenge that invites anyone to support Woman's during Breast Cancer Awareness Month. Local businesses, schools, and individuals created bras-of-art to support the fight against breast cancer. Community members donated online by casting their vote for their favorite bra-of-art. **Karen Coor** raised **$5,000** and was named the Top Individual Fundraiser. **Lake District Family Dentistry** raised **$2,565** and was named the Top Corporate Fundraiser.

BUST Breast Cancer 2023

BUST Breast Cancer would not be possible without the continued support of our sponsors and donors. On September 21, 2023, over 1,200 guests cheered on breast cancer survivors who took the stage in bras-of-art created by local artists. Together, the Baton Rouge community raised over **$565,000** in support of breast cancer programs and services at Woman's.

Funds raised by BUST Breast Cancer provide:

- Convenient access to life-saving mammograms through Woman's two mammography coaches
- Advanced diagnosis and cancer care to women throughout Louisiana
- Financial assistance for cancer medications and basic needs
- Survivorship programs including rehabilitation, wellness services, and support groups
- Palliative care

My journey began after a routine mammogram. I do not carry a genetic marker. I was not symptomatic, and I did not discover a lump.

I am honored to be a part of the BUST Breast Cancer community which is dedicated to all women having access to mammograms and life-saving treatment options that are crucial in the fight to save lives. Fighting breast cancer takes everyone. I am celebrating 5 years of being cancer-free. I am also celebrating my family, friends, and amazing doctors who have walked beside me throughout my journey.

– **Wendy Fruge', *2023 BUST Breast Cancer Model***

Thanks to the generosity of our sponsors and supporters, we raise vital funds that directly impact breast cancer research, education, and patient support. **Together, we are making a difference, one step closer to a future without breast cancer.**

CANCER REGISTRY

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

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

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

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

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

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

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

STATISTICS

Woman's 2023 Tumor Report Site Distribution

Analytic Cases Only

SITE Group	CLASS Analytic	SEX M	SEX F	STAGE Stage 0	Stage I	Stage II	Stage III	Stage IV	Unknown/ Not Applicable
All Sites	**1,065**	**4**	**1,061**	**151**	**568**	**155**	**100**	**42**	**49**
Anus, Anal Canal	1	1	0	0	0	0	1	0	0
Breast	733	1	732	151	391	122	37	14	18
Cervix Uteri	32	0	32	0	12	6	7	1	6
Colon	8	0	8	0	1	3	1	3	0
Corpus Uteri	189	0	189	0	125	13	31	13	7
Esophagus	1	1	0	0	0	0	0	0	1
Fallopian Tube	4	0	4	0	1	0	1	1	1
Lung	1	0	1	0	0	0	0	0	1
Melanoma of Skin	1	1	0	0	0	0	0	1	0
Non-Hodgkin's Lymphoma	7	0	7	0	4	2	1	0	0
Ovary	51	0	51	0	17	4	17	5	8
Peritoneum, Retroperitoneum, Omentum, Mesentery	1	0	1	0	0	0	0	1	0
Placenta	1	0	1	0	0	0	0	0	1
Rectum, Rectosigmoid	1	0	1	0	0	0	0	0	1
Thyroid	10	0	10	0	9	1	0	0	0
Vagina	2	0	2	0	0	1	0	0	1
Vulva	22	0	22	0	8	3	4	3	4

2023 All Sites Distribution by Age

Age at Diagnosis	Number of Cases	Percent
0-19	1	<1
20-29	10	1
30-39	55	5
40-49	174	16
50-59	228	21
60-69	311	29
70-79	206	19
80-89	76	7
90-99	4	<1
Total	**1,065**	**100**

2023 All Sites Distribution by Race

Race	Number of Cases	Percent
Caucasian	697	65
African American	343	32
Asian/Other	25	3
Total	**1,065**	**100**

Cancer of the Breast
2023 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
10-19	0	0
20-29	3	<1
30-39	33	5
40-49	131	18
50-59	160	22
60-69	210	29
70-79	139	19
80-89	54	7
90-99	3	<1
Total	**733**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	487	66
African American	231	32
Asian/Other	15	2
Total	**733**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	151	21
Stage I	391	53
Stage II	122	17
Stage III	37	5
Stage IV	14	2
Unknown/Not Applicable	18	2
Total	**733**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Chemotherapy Only	15	2
Chemotherapy/Hormone	1	<1
Chemotherapy/Immunotherapy	35	5
Hormone	17	2
Radiation	1	<1
Radiation/Chemotherapy/Hormone	1	<1
Radiation/Chemotherapy/Hormone/ Immunotherapy	1	<1
Radiation/Hormone	1	<1
Surgery	107	15
Surgery/Chemotherapy	48	7
Surgery/Chemotherapy/Hormone	15	2
Surgery/Chemotherapy/Immunotherapy	50	7
Surgery/Chemotherapy/Hormone/Immunotherapy	7	<1
Surgery/Hormone	105	14
Sugery/Immunotherapy	1	<1
Surgery/Radiation	59	8
Surgery/Radiation/Chemotherapy	21	3
Surgery/Radiation/Chemotherapy/Hormone	22	3
Surgery/Radiation/Chemotherapy/Immunotherapy	28	4
Surgery/Radiation/Hormone	164	22
Surgery/Radiation/Chemotherapy/Hormone/ Immunotherapy	6	<1
None	28	4
Total	**733**	**100**
Histology	**Number of Cases**	**Percent**
Ductal Carcinoma In-Situ	146	20
Lobular Carcinoma In-Situ	5	<1
Adenoid Cystic Carcinoma	1	<1
Carcinoma, NOS	5	<1
Cribriform Carcinoma, NOS	1	<1
Infiltrating Ductal and Lobular Carcinoma	13	2
Infiltrating Ductal Carcinoma	501	68
Intraductal Papillary Adenocarcinoma with Invasion	2	<1
Lobular Carcinoma	51	7
Malignant Neoplasm	1	<1
Metaplastic Carcinoma, NOS	2	<1
Paget's Disease	2	<1
Phyllodes Tumor	1	<1
Solid Papillary Carcinoma with Invasion	1	<1
Tubular Adenocarcinoma	1	<1
Total	**733**	**100**

Cancer of the Cervix
2023 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	9	28
40-49	12	38
50-59	7	22
60-69	2	6
70-79	1	3
80-89	1	3
90-99	0	0
Total	**32**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	22	69
African American	10	31
Asian/Other	0	0
Total	**32**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	0	0
Stage I	12	37
Stage II	6	19
Stage III	7	22
Stage IV	1	3
Unknown/Not Applicable	6	19
Total	**32**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Surgery	9	28
Surgery/Chemotherapy	1	3
Surgery/Radiation	2	6
Surgery/Radiation/Chemotherapy	5	16
Radiation/Chemotherapy	11	34
Radiation/Chemotherapy/ Immunotherapy	1	3
None	3	10
Total	**32**	**100**
Histology	**Number of Cases**	**Percent**
Adenocarcinoma, NOS	5	16
Adenosquamous Carcinoma	1	3
Malignant Neoplasm	1	3
Squamous Cell Carcinoma, NOS	25	78
Total	**32**	**100**

Cancer of the Ovary
2023 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
Under 20	1	2
20-29	3	6
30-39	4	8
40-49	5	10
50-59	12	23
60-69	14	27
70-79	7	14
80-89	4	8
90-99	1	2
Total	**51**	**100**

Race	Number of Cases	Percent
Caucasian	30	59
African American	16	31
Asian/Other	5	10
Total	**51**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	17	33
Stage II	4	8
Stage III	17	33
Stage IV	5	10
Unknown/Not Applicable	8	16
Total	**51**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	2
Chemotherapy/Immunotherapy	1	2
Surgery	19	37
Surgery/Chemotherapy	23	45
Surgery/Chemotherapy/Hormone	1	2
Surgery/Chemotherapy/Immunotherapy	4	8
None	2	4
Total	**51**	**100**

Histology	Number of Cases	Percent
Adenocarcinoma, NOS	2	4
Carcinoma, NOS	2	4
Carcinosarcoma	1	2
Clear Cell Carcinoma	1	2
Dysgerminoma, NOS	1	2
Endometrioid Adenocarcinoma	5	10
Granulosa Cell Tumor, Malignant	4	8
Leiomyosarcoma, NOS	1	2
Mixed Cell Adenocarcinoma, NOS	1	2
Mucinous Adenocarcinoma	3	<6
Serous Cystadenocarcinoma	28	55
Teratoma, NOS	2	4
Total	**51**	**100**

Cancer of the Uterus
2023 Analytic Cases

Age at Diagnosis	Number of Cases	Percent
20-29	0	0
30-39	4	2
40-49	18	9
50-59	36	19
60-69	73	39
70-79	47	25
80-89	11	6
90-99	0	0
Total	**189**	**100**

Race	Number of Cases	Percent
Caucasian	116	61
African American	69	37
Asian/Other	4	2
Total	**189**	**100**

Stage at Diagnosis	Number of Cases	Percent
Stage 0	0	0
Stage I	125	66
Stage II	13	7
Stage III	31	16
Stage IV	13	7
Unknown/Not Applicable	7	4
Total	**189**	**100**

Treatment First Course	Number of Cases	Percent
Chemotherapy	1	<1
Chemotherapy/Immunotherapy	3	2
Hormone Therapy	1	<1
Radiation	1	<1
Radiation/Chemotherapy	2	1
Radiation/Chemotherapy/ Immunotherapy	1	<1
Radiation/Other (IUD)	1	<1
Surgery	83	44
Surgery/Chemotherapy	7	4
Surgery/Chemotherapy/Immunotherapy	15	8
Surgery/Hormone Therapy	1	<1
Surgery/Radiation	30	16
Surgery/Radiation/Chemotherapy	25	13
Surgery/Radiation/Chemotherapy/ Immunotherapy	9	5
Surgery/Radiation/Chemotherapy/ Hormone	1	<1
None	8	4
Total	**189**	**100**

Histology	Number of Cases	Percent
Adenocarcinoma In-Situ	1	<1
Adenocarcinoma, NOS	159	84
Carcinoma, NOS	2	1
Carcinosarcoma, NOS	17	9
Clear Cell Adenocarcinoma, NOS	3	2
Large Cell Neuroendocrine Carcinoma	1	<1
Mesonephric-Like Endometrioid Adenocarcinoma	1	<1
Mixed Cell Adenocarcinoma	4	2
Sarcoma, NOS	1	<1
Total	**189**	**100**

Cancer of the Vulva and Vagina
2023 Analytic Cases

Site	Number of Cases	Percent
Vulva	22	92
Vagina	2	8
Total	**24**	**100**
Age at Diagnosis	**Number of Cases**	**Percent**
20-29	0	0
30-39	0	0
40-49	1	4
50-59	8	33
60-69	7	29
70-79	4	17
80-89	4	17
90-99	0	0
Total	**24**	**100**
Race	**Number of Cases**	**Percent**
Caucasian	19	79
African American	4	17
Other	1	4
Total	**24**	**100**
Stage at Diagnosis	**Number of Cases**	**Percent**
Stage 0	0	0
Stage I	8	33
Stage II	4	17
Stage III	4	17
Stage IV	3	12
Unknown/Not Applicable	5	21
Total	**24**	**100**
Treatment First Course	**Number of Cases**	**Percent**
Radiation	3	12
Radiation/Chemotherapy	5	21
Surgery	9	38
Surgery/Immunotherapy	1	4
Surgery/Radiation	1	4
Surgery/Radiation/Chemotherapy	3	13
None	2	8
Total	**24**	**100**
Histology	**Number of Cases**	**Percent**
Basal Cell Carcinoma	1	4
Endometrioid Adenocarcinoma, NOS	1	4
Malignant Eccrine Spiradenoma	1	4
Neuroendocrine Carcinoma	1	4
Squamous Cell Carcinoma In-Situ	2	9
Squamous Cell Carcinoma, NOS	18	75
Total	**24**	**100**

Cancer Registry Report on Cases Presented at Gynecologic Cancer Conferences

January 2023– December 2023

Total conferences held 20
Total cases presented 76
Average number of attendees 24
Total number of analytic gynecologic cases accessioned in 2023..... 301

Age of Patients	Number of Cases	Percent
Under 20	1	1
20-29	5	7
30-39	8	11
40-49	9	12
50-59	15	20
60-69	24	31
70-79	11	14
80-89	3	4
90-99	0	0
Total	**76**	**100**

Sites Presented

- Anal Mucosa
- Cervix
- Clitoral Hood
- Endometrium
- Fallopian Tube
- Ovary
- Para-aortic Lymph Nodes
- Perineum
- Peritoneum
- Uterus
- Vagina
- Vulva

Histology of Cases Presented

- Adenocarcinoma
- Carcinosarcoma
- Chondrosarcoma
- Choriocarcinoma
- Clear Cell Adenocarcinoma
- Dysgerminoma
- Eccrine Spiradenocarcinoma
- Endometrial Adenocarcinoma with Mucinous Features
- Endometrioid Carcinoma
- Endometrial Stromal Sarcoma
- Granular Cell Tumor
- Leiomyosarcoma
- Mesothelioma
- Metastatic Gestational Trophoblastic Neoplasm
- Neuroendocrine Carcinoma
- Serous Borderline Tumor
- Serous Carcinoma
- Smooth Muscle Tumor of Uncertain Malignant Potential (STUMP)
- Squamous Cell Carcinoma
- Teratoma

Cancer Registry Report on Cases Presented at Breast Cancer Conferences

January 2023– December 2023

Total conferences held 46
Total cases presented 141
Average number of attendees 35
Total number of analytic breast
Cancer cases accessioned in 2023 733

Age of Patients	Number of Cases	Percent
20-29	4	3
30-39	8	6
40-49	30	21
50-59	28	20
60-69	40	28
70-79	26	18
80-89	5	4
90-99	0	0
Total	**141**	**100**

Histology of Cases Presented • Non-Invasive Tumors

- Ductal Carcinoma – In-Situ
- Dilated and Ectatic Ducts with Periductal Stromal Fibrosis
- Squamous Epithelial Lined Sinus of Breast
- Spindle Cell Proliferation
- Atypical Lobular Hyperplasia
- Atypical Ductal Hyperplasia
- Invasive Solid Papillary Carcinoma
- Invasive Ductal Carcinoma
- Invasive Ductal Carcinoma with Micropapillary Features
- Invasive Ductal Carcinoma with Neuroendocrine Features
- Invasive Ductal Carcinoma with Mucinous Features
- Invasive Lobular Carcinoma
- High-Grade Neuroendocrine Carcinoma, Small Cell Type
- Phyllodes Tumor
- Infiltrating Ductal Adenocarcinoma

2023 Cancer Committee

The Cancer Committee:

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

Physician Members

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

Administrative Liaisons

Cancer Registrar, CTR ..... Leslie Sparks Barnett, RHIA, ODS-C, MHA
*Survivorship Program Coordinator, Oncology RN Navigator ..... Shelisa Cager, RN, OCN
Cancer Program Administrator ..... Brooke Coogan, MS
Director, Pharmacy ..... Peggy Dean, RPH
* Manager, GYN/Oncology ..... Gillian Sanford, BSN, RN, OCN
*Cancer Conference Coordinator ..... Madeleine Dufrene, RHIA
Senior Vice President, Payor Relations/Cancer Services ..... Kevin Guidry, MHA
*Clinical Research Coordinator ..... Cyndi Knox, RN, BSN, MBA, OCN, CCRC
Oncology Palliative Care Coordinator ..... Michelle Leerkes, RN, BSN, MS, CHPN
*Social Services/Psychosocial Services Coordinator ..... Robin Maggio, LCSW, OSW-C, ACHP-SW
Oncology RN Navigator ..... Ashley Marks, RN, OCN, BSN, CBCN, ONN-CG
Cancer Registrar, CTR ..... Bria Orgeron, RHIA, ODS-C
Adult Therapy Supervisor ..... Angela Page, PT, CLT
Executive Director, Cancer Pavillion ..... Cynthia Rabalais, RT(M)
*Imaging Services/Cancer Pavillion Quality/Compliance Coordinator, Quality Improvement Coordinator, Manager, Cancer Pavilion ..... Mary Salario, RN, BSN, CRN
Executive Vice President, COO, Clinical Operations/ Ancillary Services ..... Kurt Scott
Associate Chief Nursing Officer ..... Wendy Singleton, MSN, APRN-BC, ANP-BC, NEA-BC
*Director, Tumor Registry, Cancer Registry Quality Coordinator, Cancer Program Administrator ..... Tonya Songy, RHIA, ODS-C, CPC
Genetic Counselor ..... Caroline Stites, LCGC
Dietitian ..... Robin Strate, RDN, LDN

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

2023 Breast Program Leadership Committee

The Breast Program Leadership shall:

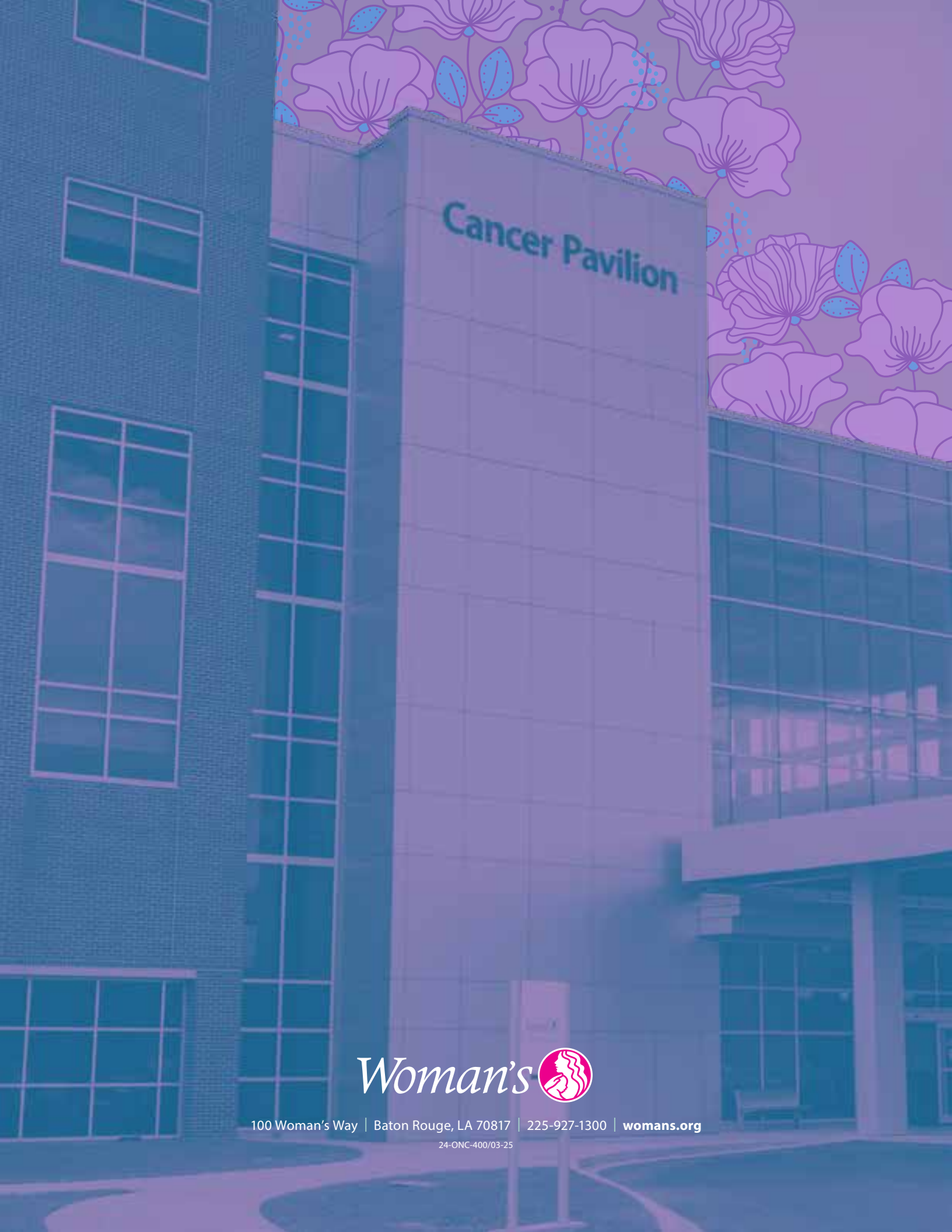
1. develop and evaluate annual goals and objectives for the clinical, educational, and programmatic activities related to the breast center;
2. plan, initiate and implement breast-related activities;
3. evaluate breast center activities annually;
4. audit interdisciplinary breast cancer center activities;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

Physician Members

Chair, Breast Surgical Oncology ..... Mindy Bowie, MD
Vice-Chair, Radiology ..... Steven Sotile, MD
Plastic Surgery ..... Jenna Bourgeois, MD
OB-GYN ..... Lisa Gautreau, MD
OB-GYN ..... Charles Lawler, MD
Pathology ..... Beverly Ogden, MD
Genetics ..... Duane Superneau, MD
Radiation Oncology ..... Charles Wood, MD
Medical Oncology ..... Lauren Zatarain, MD

Administrative Liaisons

Cancer Registrar ..... Leslie Barnett, RHIA, ODS-C, MHA
Cancer Pavilion Administrator ..... Brooke Coogan, MS
Director, Pharmacy ..... Peggy Dean, RPH
Vice President, Marketing & Communications ..... Laurel Burgos
Senior Vice President, Payor Relations/Cancer Services ..... Kevin Guidry, MHA
Clinical Research ..... Cyndi Knox, RN, BSN, MBA, OCN, CCRC
Social Services ..... Robin Maggio, LCSW, OSW-C, ACHP-SW
Oncology RN Navigator ..... Ashley Marks, RN, OCN, BSN, CBCN, ONN-CG
Cancer Registrar ..... Bria Orgeron, RHIA, ODS-C
Adult Therapy Supervisor, Wellness Center ..... Angela Page, PT, CLT
Executive Director, Cancer Pavilion ..... Cynthia Rabalais, RT(M)
Quality/Compliance Coordinator, Nursing ..... Mary Salario, RN, BSN, CRN
Oncology RN Navigator ..... LaToya Sampson, RN, BSN, OCN
Executive Vice President, COO, Clinical Operations/Ancillary Services ..... Kurt Scott
Director, Tumor Registry, Cancer Program Administrator ..... Tonya Songy, RHIA, ODS-C, CPC
Genetic Counselor ..... Caroline Stites, LCGC
Quality Analyst ..... Sarah Watts, BSN, RNC-NIC, CPHQ



Woman's

100 Woman's Way | Baton Rouge, LA 70817 | 225-927-1300 | **womans.org**

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