Patient referrals, transfers and consults are critically important, and we want to make it easy for referring providers and their staff. To refer your patient for a clinic appointment, call our Clinic Concierge at 855.312.4190.

Ochsner’s longstanding tradition of bringing physicians together to improve health outcomes continues today. Our goals are to work together with our referring providers to serve the needs of patients and to provide coordinated treatment through partnerships that put patients first. We have automated physician-to-physician patient care summaries for hospital encounters and enhanced the patient experience by giving patients the ability to schedule appointments online.

Close coordination and collaboration begin with transparency and access to the data you need to make informed decisions when advising your patients about care options. OchsnerOutcomes, a compilation of clinical data, represents only part of our efforts to better define the quality of Ochsner’s care and to share that information with you.

Ochsner’s quality continues to prove its value. Ochsner Medical Center was the only healthcare institution in Louisiana, Mississippi, and Arkansas to receive national rankings in four adult specialties from U.S. News & World Report for 2017–2018. Ochsner Hospital for Children has been ranked among the top 50 children’s hospitals in the country for Cardiology and Heart Surgery in the 2017–2018 U.S. News & World Report Best Children’s Hospitals rankings, making it the only nationally ranked children’s hospital in Louisiana.

Additionally, CareChex® named Ochsner Medical Center, Ochsner Baptist and Ochsner Medical Center – West Bank Campus among the top 10% in the nation in Medical Excellence for 16 different specialties. Ochsner was also named #1 in the nation in Medical Excellence for Organ Transplants and, for the fifth year in a row, #1 in the nation in Medical Excellence and Patient Safety for Liver Transplant.

Ochsner is expanding its already robust research program with two new partnerships. The first, with TGen, brings early-phase cancer clinical trials to the region. The second, with TriNetX, an international data research network, will allow Ochsner clinicians to have the opportunity to provide new therapies to their patients sooner, as well as provide our researchers access to new tools with which to analyze data on our own patients and refine treatments.

Ochsner Multi-Organ Transplant Institute is one of 19 transplant hospitals in the United States to participate in the initial pilot phase of the Collaborative Innovation and Improvement Network (COIIN) project, a three-year study by the United Network for Organ Sharing (UNOS) intended to increase transplantation, with a particular focus on utilization of deceased donor kidneys.

Ochsner consistently earns the respect of independent evaluators. We do not rest on these achievements, but use them as a benchmark to continuously improve. We will continue to share the data you need to care for your patients, provide services you may not have in your community and develop the collaborative relationships essential to ensuring the best outcomes for every patient, every time.
By delivering high-quality cancer care through novel approaches, Ochsner continues to be a leader in the prevention, diagnosis, and treatment of cancer in the Gulf South, allowing our patients to stay close to home to receive the care they need. As the largest integrated healthcare system in the region, our focus on delivering outstanding clinical care is enhanced by our growing clinical research and supportive care programs, as well as our longstanding dedication to education and training the next generation of physicians.

The Ochsner Cancer Institute continues to expand to meet the needs of our patients. Through the generous support of the Benson family, preparations began on a five-story addition to The Gayle and Tom Benson Cancer Center that will accommodate the anticipated growth of our program over the next 10 years. In order to meet the rapidly growing clinical demands of central Louisiana, Ochsner Cancer Center – Baton Rouge was opened. Across the system, highly trained cancer specialists joined our team in medical oncology, radiation oncology, bone marrow transplant, general surgical oncology, breast surgery, urologic surgery, head and neck surgical oncology, psychology, genetic counseling and nutrition, among others, underscoring the comprehensive, patient-centered nature of our clinical programs.

Ochsner’s Precision Cancer Therapies Program (PCTP) brings together the unique strengths of the Ochsner Cancer Institute and the Translational Genomics Research Institute (TGen). This partnership is the first of its kind to bring early phase cancer clinical trials to the Gulf South region between Houston and Birmingham. The institute’s focus is on making promising early phase clinical trials available to patients across a large geographic area, allowing patients to participate in clinical trials and stay closer to home. The sites currently active for patient enrollment include CHRISTUS St. Frances Cabrini in Alexandria, LA; CHRISTUS Highland Medical in Shreveport, LA; and CHRISTUS St. Patrick in Lake Charles, LA; with active expansion to Slidell Memorial Hospital in Slidell, LA, and follow-up.

Our ongoing commitment to excellence is evident in the outcomes that I am honored to present over the following pages. These outcomes are the direct result of the integrity of our team members and their dedication to true, collaborative, multidisciplinary cancer care.

As the heir to Dr. Alton Ochsner’s legacy of innovation, the Ochsner Cancer Institute was founded in 1981 to coordinate cancer care and develop clinical research and supportive care programs. It was designated as a Community Clinical Oncology Program (CCOP) by the National Cancer Institute (NCI) in 1983 and has been continuously funded by NCI since that time.

In 2014, CCOP was replaced by the NCI Community Oncology Research Program (NCORP). In 2014, Ochsner was awarded a five-year NCORP grant, the only such grant in the Gulf South. Ochsner enrolls hundreds of patients in NCI NCORP and pharmaceutical industry-sponsored clinical research trials each year. The Oncology Clinical Research Network collaborates with new and existing partners to expand the scope and impact of clinical trials available to patients under the auspices of the NCORP grant that Ochsner was awarded. Through this network, we are now able to offer our oncology clinical trials to patients across a large geographic area, allowing patients to participate in clinical trials and stay closer to home. The sites currently active for patient enrollment include CHRISTUS St. Frances Cabrini in Alexandria, LA; CHRISTUS Highland Medical in Shreveport, LA; and CHRISTUS St. Patrick in Lake Charles, LA; with active expansion to Slidell Memorial Hospital in Slidell, LA, and follow-up.

The Ochsner Cancer Institute provides the most advanced cancer care available and, at the same time, offers compassionate support that enables the patient to meet the challenge of living with cancer. The unique combination of patient care, research and development, education sets the Institute apart from other healthcare providers in the region and ensures that patients can receive world-class care close to home. Our evolving clinical and research partnerships with TGen, LSU Health Sciences Center, Informed DNA (for genetic counseling), and the Louisiana Cancer Research Center reflect Ochsner’s commitment to delivering comprehensive, innovative cancer care.

As one of the largest clinical research networks in the Gulf South, we are now bringing promising early phase clinical trials to the region—helping patients stay close to family during treatment and follow-up.
Multidisciplinary cancer care is the hallmark of the Ochsner Cancer Institute. In addition to collaborative or coordinated clinics, prospective disease-specific tumor boards involve not only treatment team members, but also representatives from radiology and pathology, social workers, a dedicated psychologist and a dietician. These forums facilitate creation of individualized treatment plans based on established guidelines and increasingly incorporate data from genetic counseling and genomic analysis in an effort to deliver personalized cancer care. Dedicated oncology nurse navigators and care coordinators work to ensure easy access to our services and streamline the complexities of cancer care with an aim to improve the overall patient and family experience during an overwhelming time.

Recognizing that a cancer diagnosis and treatment continue to impact our patients after therapy is complete, Ochsner Health System continues to develop its survivorship programs. Our Adolescent and Young Adult (AYA) Cancer and Survivor Program is composed of multiple providers from pediatric and adult specialties to provide age-appropriate, comprehensive care to people 15 to 39 years of age whether they are newly diagnosed cancer patients or cancer survivors. We provide access to state-of-the-art care and offer patients enrollment in clinical trials from national pediatric and adult consortiums. We also offer reproductive, nutritional, exercise and genetic counseling, evaluation for symptom relief, and psychological assessment and counseling. Our program is one of the most comprehensive in the nation and is designed to minimize the negative impact that a cancer diagnosis may have on the quality of life of these young people.

In 2012, the Ochsner Cancer Institute launched the Cancer Survivorship Clinic with the goal of evaluating all patients who have received treatment with curative intent. In addition to welcoming patients who are currently being treated at Ochsner, the Cancer Survivorship Clinic staff also welcomes patients who have completed treatment and those whose cancer was treated outside the Ochsner system. The Survivorship Clinic is dedicated to establishing a continuum of care beyond the patient’s initial diagnosis and treatment that focuses on assessing each patient’s long-term medical risks. The patient’s comprehensive initial visit involves the preparation of a treatment summary plan that includes guidelines for future health management with the goal of improving quality of life. In addition, patients are offered counseling on psychological, social and financial issues related to their diagnosis.

Whether a patient is treated at the flagship Benson Cancer Center, at our new facility in Baton Rouge or in one of our outstanding community oncology practices, we seek to deliver uniform excellence in cancer care, easy access to clinical trials and research protocols, and the best outcomes for our patients. On the following pages, we present Ochsner disease control and survival rates as they compare to the Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute, which publishes cancer incidence and survival data from population-based registries.

In 2016, Ochsner transitioned from ICD 9 to 10 (International Statistical Classification of Diseases and Related Health Problems). The 10th edition allows for greater accuracy with the addition of more than 14,000 new diagnostic codes and subclassifications. While this tool permits greater specificity, the additional classifications have resulted in outcomes metrics that may appear inconsistent from 2015 to 2016.

The Ochsner Cancer Institute includes:

- Head and Neck Tumor Program
- Breast Tumor Program
- Thoracic Tumor Program
- Upper GI and Hepatobiliary Tumor Program
- Lower GI Tumor Program
- Gynecologic Tumor Program
- Urologic Tumor Program
- Malignant Hematology – Transplant
- Pediatric Hematology/Oncology
- Adolescent/Young Adult Oncology
- Neuro-oncology Care
- Cutaneous Malignancy Program
- Radiation Oncology
- Precision Cancer Therapies Program
- Palliative Care
Head and neck cancer constitutes a heterogeneous group of malignancies affecting the upper aerodigestive tract, the salivary glands, the thyroid and parathyroid glands, and the skin. The fellowship-trained head and neck surgical oncologists in the Department of Otolaryngology and Communication Sciences lead the multidisciplinary head and neck team that focuses on the treatment of benign and malignant tumors of the oral cavity, oropharynx, larynx, hypopharynx and salivary glands, and they are active members of the multidisciplinary endocrine (thyroid/parathyroid) and cutaneous oncology teams, addressing both melanoma and non-melanoma skin cancers. Our team is world-renowned for their experience with aggressive squamous cell carcinoma of the skin, particularly with the emerging role of sentinel lymph node biopsy and the management of regionally metastatic disease.

Ochsner’s head and neck team offers the full range of surgical and nonsurgical therapies, with excellent results. Additionally, the team offers a comprehensive array of treatments for these diverse tumors, along with the potential for participation in numerous clinical trials through our participation in cooperative groups such as the ECOG/ACRIN Cancer Research Group.

Patients receive the benefit of undergoing evaluations by a multidisciplinary team of experts in head and neck surgical oncology, reconstructive microsurgery, radiation therapy, medical oncology and speech and language pathology, as well as mental health professionals, nutritionists and social workers. The team strives to be readily accessible to patients and their families and is able to communicate across a shared platform with Ochsner cancer professionals, potentially allowing definitive care to occur closer to a patient’s home.

Ochsner head and neck surgeons offer the latest advances in minimally invasive surgery, such as transoral robotic surgery and transoral laser microsurgery, open and endoscopic approaches to the skull base and a complete array of reconstructive techniques, including microvascular free tissue transfer and novel regional flaps, as part of a multidisciplinary team approach to cancer care. Patients are offered contemporary radiation therapy approaches with the latest technology and, when appropriate, chemotherapy, including targeted molecular therapy. Total care of head and neck cancer patients is our mission, as speech and language pathologists address the functional sequelae of disease and therapy on speech and swallowing, and a fully integrated psychosocial oncologist assists patients with the psychological demands of disease, recovery and survivorship. Once patients have emerged from the rigors of therapy, they are offered participation in our survivorship clinics, which are led by dedicated advanced practice providers. An active patient-led support group provides a popular and effective forum for encouragement and sharing of knowledge and experience. This group is coordinated by Maggie Brignac, NP-C, and meets on a monthly basis.

Continuing the legacy of excellence that has defined Ochsner head and neck surgery since the birth of the organization, the head and neck program has rapidly grown. Emerging programs in transoral robotic surgery and complex reconstruction have led to increased patient acuity, case complexity and hospital discharges. Creation and adoption of clinical pathways, such as the first-of-its-kind Epic’s Care Pathway for laryngectomy patients, has decreased length of stay by over 15%, allowing patients to return home quickly and safely, with fewer complications.

Ochsner has great success managing complex cancer-related wounds of the head and neck.
**Relative 5-Year Oral Cavity and Pharynx Cancer Survival Rates by Staging**

Ochsner Medical Center, 2003–2015

*Surveillance, Epidemiology, and End Results program from the National Cancer Institute

Ochsner Medical Center, Adult Cancer Patients (19 years +), 2003–2015. Ochsner N: All Stages = 328; Localized = 37; Regional = 160; Distant = 55. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 55,105; Localized = 16,532; Regional = 25,899; Distant = 10,470.

**Relative 5-Year Laryngeal Cancer Survival Rates by Staging**

Ochsner Medical Center, 2003–2015

*Surveillance, Epidemiology, and End Results program from the National Cancer Institute

Ochsner Medical Center, Adult Cancer Patients (19 years +), 2003–2015. Ochsner N: All Stages = 169; Localized = 71; Regional = 42; Distant = 22. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 16,335; Localized = 8,984; Regional = 3,594; Distant = 3,267.
Breast Tumor Program

The integrated, multidisciplinary Breast Cancer program at Ochsner includes radiologists, oncologists, plastic surgeons and ancillary surgeons.

Ochsner’s Lieselotte Tansey Breast Center is the first facility in New Orleans to be fully accredited by the National Accreditation Program for Breast Centers. Ochsner’s premier breast reconstruction program provides the most effective, advanced breast cancer care for patients. Our surgeons and radiologists who specialize in the evaluation and management of breast disease work together in the same facility to provide women with comprehensive breast services and swift diagnoses. This proximity fosters a synergy and efficiency that are unachievable in any other setting.
Thoracic Tumor Program

Lung cancer is the leading cause of cancer-specific mortality among both men and women in the United States. Lung cancer outcomes depend on a team approach. The departments of Hematology/Oncology, Thoracic Surgery, Pulmonary Medicine and Radiation Oncology have teamed up to offer a multidisciplinary clinic composed of specialty-trained physicians. Our primary focus is to treat patients with all types of lung disorders. As with other efforts to minimize cancer death rates, individual screening/surveillance measures aimed at identifying early, curable disease are an important strategy. Addressing the problem of lung cancer in our region and nation, originally brought to the world’s attention through our institution’s founder, Dr. Ailton Ochsner, remains a driving motivation of our cancer care team.

Lung Cancer Surgery Volume
Ochsner Medical Center, 2012–2016

Relative 5-Year Lung Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

*Surveillance, Epidemiology, and End Results program from the National Cancer Institute

Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2014. Ochsner N: All Stages = 2308; Localized = 375; Regional = 473; Distant = 918. SEER Cancer Statistics 2006–2012. SEER N: All Stages = 266,874; Localized = 42,700; Regional = 58,712; Distant = 152,118.
### Lung Cancer Histologic Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Ochsner (Minimally invasive only)</th>
<th>National Average (Open &amp; Minimally invasive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenocarcinoma</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Squamous cell</td>
<td>8%</td>
<td>20%</td>
</tr>
<tr>
<td>Neuroendocrine</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed</td>
<td>3% of adenocarcinoma</td>
<td>23%</td>
</tr>
<tr>
<td>Other</td>
<td>60%</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Stage of Surgical Patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
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<td>2014</td>
<td>8.2</td>
<td>5.3</td>
<td>5.9</td>
<td>4.4</td>
</tr>
<tr>
<td>2015</td>
<td>7.1</td>
<td>5.7</td>
<td>5.7</td>
<td>5.3</td>
</tr>
<tr>
<td>2016</td>
<td>4.4</td>
<td>5.3</td>
<td>5.7</td>
<td>6.1</td>
</tr>
</tbody>
</table>

### Lobectomy Post-operative Length of Stay

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>Length of Stay (days)</td>
<td>8.2</td>
<td>5.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Ochsner (Minimally invasive only)</td>
<td>4.4</td>
<td>5.3</td>
<td>5.7</td>
</tr>
</tbody>
</table>

### Lung Cancer Stage of Surgical Patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
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<tbody>
<tr>
<td>2014</td>
<td>8.2</td>
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<tr>
<td>2015</td>
<td>7.1</td>
<td>5.7</td>
<td>5.7</td>
<td>5.3</td>
</tr>
<tr>
<td>2016</td>
<td>4.4</td>
<td>5.3</td>
<td>5.7</td>
<td>6.1</td>
</tr>
</tbody>
</table>

### Share of Minimally Invasive Stage I Primary Lung Cancer Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Ochsner (Minimally invasive only)</th>
<th>National Average (Open &amp; Minimally invasive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>47%</td>
<td>86%</td>
</tr>
<tr>
<td>2015</td>
<td>77%</td>
<td>86%</td>
</tr>
<tr>
<td>2016</td>
<td>88%</td>
<td>86%</td>
</tr>
</tbody>
</table>
The Upper GI/HPB (Hepato-Pancreato-Biliary) Surgical Oncology Program at the Ochsner Cancer Institute specializes in the treatment of liver, pancreas, biliary and gastroesophageal tumors. Our surgeons have extensive experience with complex upper GI/HPB surgeries. Minimally invasive techniques are employed to reduce patient discomfort and speed recovery. Using a multidisciplinary approach, all patient cases are presented twice weekly at our tumor board, and this approach results in collaboration between the patient’s physician and the Ochsner oncology team.

The Upper GI/HPB Cancer team has completed the following two noteworthy events: the first fully robotic Whipple procedure in Louisiana and the highest volume in Louisiana for liver, pancreas and esophagus surgeries. Our liver tumor complications rates are less than expected in our patient populations as calculated by our expected complication rate index (ECRI).
Esophageal Disease

Our expert team of surgeons leads the Gulf South in the surgical treatment of esophageal cancer and stricture. We take special measures to ensure the comfort and education of our patients and their family members – knowing they all play an important role in the recovery process.

Ochsner is a national leader in minimizing complications and carrying out successful multimodality treatment. The medical staff is also experienced in the evaluation of high-risk Barrett’s esophagus and laparoscopic-assisted, minimally invasive esophagectomy.

The Ochsner esophageal surgery program leads the Gulf South in the treatment of benign and malignant esophageal disease. The multidisciplinary team includes surgeons, gastroenterologists, medical and radiation oncologists, speech pathologists and dieticians. Esophageal disease, ranging from motility disorders to complex tumor cases, is evaluated and treated. Experienced general surgeons and surgical oncologists offer minimally invasive fundoplication, myotomy, paraesophageal hernia repair and esophageal resection, frequently employing surgical robotics. Ochsner is a high volume center for esophagectomy, performing more than 35 cases per year of these complex procedures, including colon interposition; the majority of esophageal resections are done minimally invasively. Patient cases are presented at separate multidisciplinary benign and malignant conferences to ensure a patient-centered treatment strategy.

Partnering with gastroenterologists with advanced interventional skills, Ochsner can offer endoscopic resection for high-grade dysplasia and T1a esophageal cancers. Research is highlighted by clinical trials for cancer patients and surgical outcomes research. For more information and a full list of Ochsner’s clinical trials, please visit research.ochsner.org.

Illustration: ©Terese Winslow. U.S. Govt. has certain rights.
A tremendous focus on reducing surgical morbidity through evidence-based enhanced recovery pathways has allowed us to maintain complication and mortality indices below 1.0 while minimizing postoperative length of stay.

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**Esophagectomy Risk-Adjusted Mortality Index (RAMI)**
Ochsner Medical Center, 2014–2016

![Graph showing RAMI indices (2014: 0.73, 2015: 0.57, 2016: 0.30)]

**Methodology and Source:** IBM Watson Health / Truven Care Discovery
Compare Group: Avg of All Hospitals Nationwide
Adult Hospital Inpatients Only

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**Esophagectomy Expected Complication Rate Index (ECRI)**
Ochsner Medical Center, 2014–2016

![Graph showing ECRI indices (2014: 1.00, 2015: 1.01, 2016: 0.80)]

**Methodology and Source:** IBM Watson Health / Truven Care Discovery
Compare Group: Avg of All Hospitals Nationwide
Adult Hospital Inpatients Only

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**Esophagectomy Average Length of Stay (in Days)**
Ochsner Medical Center, 2014–2016

![Graph showing average lengths of stay (2014: 11.3, 2015: 11.9, 2016: 11.5)]

**Methodology and Source:** IBM Watson Health / Truven Care Discovery
Compare Group: Avg of All Hospitals Nationwide
Adult Hospital Inpatients Only
Gastric Cancer

Using an approach similar to its Esophageal Cancer Program, Ochsner takes an evidence-based multidisciplinary team approach to the treatment of gastric cancer. All patient cases are presented at our twice-weekly upper GI/HPB tumor board. Surgical oncologists are experienced with minimally invasive gastric resections and maintain high oncologic standards including optimum nodal dissection. The surgical robot is employed routinely, and all patients enter into an evidence-based enhanced recovery pathway. This has allowed us to keep our complication and mortality indices below 1 and achieve a better-than-expected median length of stay. Clinical trials are available, and multimodality therapy is encouraged in accordance with national guidelines.

Gastrectomy Case Volume
Ochsner Medical Center, 2014–2016

Relative 5-Year Gastric Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015
Gastrectomy Risk-Adjusted Mortality Index (RAMI)
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>Ochsner Average</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>1.00</td>
<td>0.38</td>
</tr>
<tr>
<td>2015</td>
<td>0.28</td>
<td>0.28</td>
</tr>
<tr>
<td>2016</td>
<td>0.95</td>
<td>0.95</td>
</tr>
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</table>

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Avg of All Hospitals Nationwide
Adult Hospital Inpatients Only

Gastrectomy Expected Complication Rate Index (ECRI)
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>Ochsner Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1.00</td>
<td>0.80</td>
</tr>
<tr>
<td>2015</td>
<td>0.50</td>
<td>0.50</td>
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<tr>
<td>2016</td>
<td>0.87</td>
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Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Avg of All Hospitals Nationwide
Adult Hospital Inpatients Only

Gastrectomy Average Length of Stay (in Days)
Ochsner Medical Center, 2014–2016

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>Ochsner Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>12.0</td>
<td>11.0</td>
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<tr>
<td>2015</td>
<td>10.6</td>
<td>10.6</td>
</tr>
<tr>
<td>2016</td>
<td>12.9</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Methodology and Source:
IBM Watson Health / Truven Care Discovery
Compare Group: Avg of All Hospitals Nationwide
Adult Hospital Inpatients Only
Ochsner is a very high-volume center for all pancreatic diseases, seeing more pancreatic cancer patients than any other program in Louisiana.

All types of pancreatic pathology are treated, including acute necrotizing pancreatitis, chronic pancreatitis, pancreatic cysts and pancreatic cancer. The multidisciplinary pancreas team includes experienced pancreatic surgeons, advanced interventional gastroenterologists, medical oncologists and radiation oncologists. Cases for all patients with cysts and masses are presented at our multidisciplinary tumor board and treated according to national guidelines.

Ochsner pancreatic surgeons perform over 100 pancreatic resections per year. Outcomes after such a complex resection, similar to esophagectomy, are related to hospital and surgeon volume. Our complication and length of stay rates are all less than expected. Enhanced recovery pathways are used routinely, as well as minimally invasive pancreatic resections; Ochsner was the first center in Louisiana to perform a totally robotic Whipple procedure. We also have the technical expertise to perform the most complex of resections, including vascular resection and reconstruction.

Outcomes research has led to presentations at national meetings on perioperative fluid and blood management and neoadjuvant treatment with modern chemotherapy regimens. It takes a small village to treat a patient with pancreatic cancer, and Ochsner has the infrastructure required for a world-class pancreas program.

Recently, Ochsner performed the first total pancreatectomy with autologous islet transplant procedure for chronic pancreatitis in Louisiana. This procedure has the potential to significantly improve quality of life for patients with severe, debilitating pain from chronic pancreatitis while minimizing the difficulty with postpancreatectomy diabetes.

Ochsner Cancer Institute’s Pancreatobiliary Program cares for patients with a wide spectrum of disease and offers multidisciplinary care for pancreatic cancer and chronic pancreatitis. Several types of pancreatectomies are performed including pancreaticoduodenectomy, Whipple procedures, distal pancreatectomy, segmental pancreatectomy and total pancreatectomy.

Depicted is a reconstructed superior mesenteric vein (SMV)/portal vein (PV) (asterisk) and the skeletonized superior mesenteric artery (SMA) (arrow). This case required a temporary mesocaval shunt to perform the venous reconstruction (clamp).
Pancreatobiliary Resection Case Volume
Ochsner Medical Center, 2014–2016

Relative 5-Year Pancreatic Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

Pancreatobiliary Outpatient Case Volume
Ochsner Medical Center, 2014–2016

Pancreatobiliary Outpatient Case Volume
Ochsner Medical Center, 2014–2016
Ochsner was the first center in Louisiana to perform a totally robotic Whipple procedure.
Liver surgery at Ochsner is accomplished through the work of a multidisciplinary team that includes surgical oncologists, abdominal transplant surgeons, medical oncologists and hepatologists. The surgeons on this team have significant experience, performing more than 40 resections per year. The most complex of resections are offered when indicated, including combining liver resection with portal vein and hepatic arterial resections for hilar cholangiocarcinoma, hepatic venous and caval resection and reconstruction, and ex vivo resection with reimplantation. Cases of all patients with malignant disease are presented at a multidisciplinary tumor board to ensure a patient-centered treatment plan in accordance with national guidelines. Minimally invasive liver resection, including robotic resections, is available for the appropriate patients. Partnering with interventional radiology has allowed us to incorporate portal vein embolization, Selective Internal Radiation (SIR) spheres and chemoembolization into multidisciplinary treatments. For hepatocellular carcinoma, liver transplant is available and, most recently, hilar cholangiocarcinoma patients are also considered for transplant as part of a research protocol. For colorectal liver metastases, resection is offered even in the face of bilobar disease as long as all tumor can be cleared while maintaining an adequate liver remnant.
### Liver Resection Risk-Adjusted Mortality Index (RAMI)

**Ochsner Medical Center, 2014–2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>RAMI</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>2015</td>
<td>0.57</td>
<td>0.58</td>
</tr>
<tr>
<td>2016</td>
<td>0.51</td>
<td>0.49</td>
</tr>
</tbody>
</table>

**Methodology and Source:** IBM Watson Health / Truven Care Discovery
- Compare Group: Avg of All Hospitals Nationwide
- Adult Hospital Inpatients Only

### Liver Resection Average Length of Stay (in Days)

**Ochsner Medical Center, 2014–2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Ochsner Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>8.0</td>
<td>7.8</td>
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<tr>
<td>2015</td>
<td>6.8</td>
<td>6.7</td>
</tr>
<tr>
<td>2016</td>
<td>5.9</td>
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**Methodology and Source:** IBM Watson Health / Truven Care Discovery
- Compare Group: Avg of All Hospitals Nationwide
- Adult Hospital Inpatients Only

### Liver Resection Expected Complication Rate Index (ECRI)

**Ochsner Medical Center, 2014–2016**

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**Methodology and Source:** IBM Watson Health / Truven Care Discovery
- Compare Group: Avg of All Hospitals Nationwide
- Adult Hospital Inpatients Only
Lower GI Tumor Program

The Colon and Rectal Surgery department is composed of a talented and dedicated group of surgeons and advanced practice providers and also includes six past presidents of the American Society of Colon and Rectal Surgeons and five past presidents of the American Board of Colon and Rectal Surgery.

Members of the department have edited and contributed to numerous textbooks and original journal publications in the specialty and are internationally recognized experts. U.S. News & World Report ranked Ochsner #22 in the Nation for Gastroenterology and GI Surgery in 2017. The team of experienced and highly skilled physicians evaluates and treats diseases and conditions of the anus, rectum and colon and strives to combine innovative treatments with personal and individual care. The program is supported by advanced techniques and state-of-the-art technology.

The Colon and Rectal Surgery department specializes in the surgical treatment of anal, rectal and colon cancers. The multidisciplinary team approach maximizes sphincter preservation and survival. The team has performed more than 575 sphincter-sparing procedures. Advanced operative technology such as laparoscopy and robotics, as well as multimodal perioperative pain control, are routinely used to improve patient outcomes. Minimally invasive transanal surgery and advanced colonoscopic polypectomy allow many precancerous lesions to be removed without radical resection. Additionally, the department has a robust Research Institute that is actively involved in colorectal cancer clinical trials and translational research involving metastatic colorectal cancer.

Unique and Innovative Procedures:
- TAMIS (Transanal Minimally Invasive Surgery) for excision of rectal cancer and polyps
- Continent Ileostomy
- Sacral Nerve Stimulation for fecal incontinence
- Colonic Stenting
- Ileoanal Pouches

Relative 5-Year Rectosigmoid/Rectal Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

Relative 5-Year Colon Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

*Surveillance, Epidemiology, and End Results program from the National Cancer Institute
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 902; Localized = 338; Regional = 243; Distant = 120. SEER Cancer Statistics 2007–2013. SEER N: All Stages = 63,472; Localized = 27,293; Regional = 20,946; Distant = 11,425.
Gynecologic Tumor Program

Our specialists work as a team to provide the latest techniques in treatment. As a group, our goal is to perform the most optimal surgery, whether robotic or traditional, followed by the most cutting-edge chemotherapy or radiation regimens. Our oncologists provide a full range of treatments for all gynecologic cancers, as well as the surgical management of pelvic masses where ovarian cancer is suspected. Genetic testing is likewise provided for patients with a strong family history of gynecologic cancers. Ochsner’s Division of Gynecologic Oncology participates in research protocols through the national clinical trials network. This offers patients access to the latest and most innovative methods of treatment, including the latest in targeted therapeutics.
Urologic Tumor Program

At the Ochsner Center for Urologic Oncology (CUO), our multidisciplinary team works with each patient and his or her family to make sure they receive the most cutting-edge therapy possible. Our treatment team includes urologic oncologists, medical oncologists, radiation oncologists, specialized nursing teams and oncology social workers.

In conjunction with our radiation oncology and medication oncology team, our urologic oncologists have specialized training to enable them to offer minimally invasive surgical techniques including advanced robotics and laparoscopic approaches to treat cancers of the kidney, bladder, prostate, testes and genitalia. Our surgical team focuses on using organ- and nerve-sparing techniques whenever possible to preserve urinary, sexual and reproductive function to maximize patients’ quality of life.

CUO is a national leader in the use of Enhanced Recovery after Surgery (ERAS) protocols. ERAS protocols ensure that every surgical patient has the best preoperative preparation and evidenced-based postoperative care to enhance his or her healing and recovery while minimizing complications. Our Urologic Oncology Clinic patients are seen by our multidisciplinary care team to determine the best therapeutic plan for each individual patient and family.

CUO works closely with the Urology Research Institute (URI) to make sure that patients have access to the latest, most innovative therapies in clinical research trials. In our URI basic science and translational research facility, our team of doctors explores the newest therapies available to target cancer cells in individual patients. Our goal is to provide personalized cancer care wherein we offer the very best treatment for each patient’s cancer.

CUO has added fertility oncology services for recently diagnosed male cancer patients. Our expert team of physicians handles the sensitive topic of sperm preservation options with compassion and great care.

According to the American Cancer Society, the loss of reproductive function is sometimes temporary. However, many men and women do not regain fertility after cancer treatment. Recovery of sexual health after treatment for cancer is of great concern for many patients and our multidisciplinary team includes a fellowship-trained andrologist. In conjunction with Ochsner’s Men’s Health Clinic, CUO helps patients recoup their sexual ability, which assists with overall patient satisfaction and quality of life.

In the past, there were limited options for cancer patients in regard to fertility preservation. Today, in addition to the possibility of freezing embryos, women now have the option of freezing their unfertilized eggs so that they may be fertilized and implanted at a later date. For men faced with a cancer diagnosis, sperm freezing and storage before cancer treatment is an option.

Relative 5-Year Bladder Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

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<tr>
<th>Staging</th>
<th>Ochsner</th>
<th>SEER* Survival</th>
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<tr>
<td>All Stages</td>
<td>77.6%</td>
<td>77.3%</td>
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<td>In Situ</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Localized</td>
<td>62.9%</td>
<td>70.1%</td>
</tr>
<tr>
<td>Regional</td>
<td>45.5%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Distant</td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
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*Survival, Epidemiology, and End Results Program from the National Cancer Institute
Relative 5-Year Kidney and Renal Pelvis Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

Relative 5-Year Prostate Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

*Survveillance, Epidemiology, and End Results program from the National Cancer Institute
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 1,038; Localized = 617; Regional = 94; Distant = 100. SEER N: All Stages = 75,311; Localized = 48,952; Regional = 12,050; Distant = 12,050.

*Survveillance, Epidemiology, and End Results program from the National Cancer Institute
Ochsner Medical Center, Adult Cancer Patients (18 years +), 2003–2015. Ochsner N: All Stages = 3,253; Localized = 2,200; Regional = 362; Distant = 103. SEER N: All Stages = 360,038; Localized = 284,430; Regional = 43,205; Distant = 18,002.
Sometimes it is necessary to push the dose of chemotherapy higher than the patient's bone marrow would normally withstand. In that case, the patient's blood stem cells are collected and then a very high dose therapy needed to treat the cancer is administered. This process is called autologous stem cell transplant.

The Leukemia, Blood and Marrow Transplantation Program is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and is an approved program for adults undergoing autologous stem cell transplants in Louisiana. FACT is the only accrediting organization that addresses the quality of cellular therapy treatments from clinical care to all aspects of stem cell collection and processing.

For some blood cancers, even the highest dose of chemotherapy may not be enough to cure the cancer. In that case, we often use stem cells from a donor who matches the patient's immune type to replace the patient's defective cells. This process, called allogeneic transplant, not only replaces the patient's bone marrow with new cells, but also provides the patient with a new immune system that may attack and destroy the original blood cancer. Because this is a riskier procedure, only specialized centers like ours can offer this therapy. Our center partners with the National Marrow Donor Program (NMDP) to procure matching unrelated donor stem cell products when related donors are not available.

Our center has specific expertise in the treatment of patients with acute leukemia and myelodysplastic syndromes. These patients are often very ill and require frequent medical care with prolonged hospital stays. Ochsner is very experienced with the care of ill and immunocompromised patients, which is key to good outcomes for acute leukemia.

The treatment of patients with lymphoma is an especially rapidly changing field. As you can see, our superior outcomes are directly related to the comprehensiveness and quality of our program, including our culture of continuous improvement, open communication and a focus on patient care with the latest therapies.

**Malignant Hematology – Transplant**

The mission of the Leukemia, Blood and Marrow Transplantation Program is to provide exceptional care for patients with hematologic malignancies from diagnosis through treatment, long-term follow-up and survivorship. In treating patients with a broad range of hematologic malignancies, our experience couples with cutting-edge research to offer patients highly specialized and comprehensive care in a patient-friendly, state-of-the-art facility.
Our center partners with the National Marrow Donor Program® to procure matching unrelated donor stem cell products when related donors are not available.
At Ochsner Hospital for Children, our multidisciplinary team, led by our pediatric oncologists, collaborates to cure our smallest patients. Our dedicated experts have experience treating a wide range of pediatric cancers and offer a full range of state-of-the-art therapies. Successful treatment requires specialized therapies provided by doctors and nurses specifically trained in caring for children and young adults with cancer. At Ochsner, we have specialized pediatric oncologists, surgeons, neurosurgeons and radiation oncologists who work together to devise a plan of care that is best for each child.

Pediatric Hematology and Oncology at Ochsner Hospital for Children is an active participant in the Children's Oncology Group, the National Cancer Institute (NCI)-sponsored collaborative clinical trial and research consortium in the United States. This participation enables Ochsner to offer cutting-edge therapeutic options for children in New Orleans and the Gulf South region. In addition, as part of The Gayle and Tom Benson Cancer Center, we are able to offer clinical trials through other national consortiums, such as the Alliance for Clinical Trials in Oncology, the ECOG-ACRIN Cancer Research Group and the NCI's National Clinical Trials Network.

Treating a child's cancer is only part of the process. Children conquering cancer and their family members often have emotional and social needs associated with their diagnosis and therapy. We provide a team approach to care, involving pediatric oncologists, specialized pediatric nurses, social workers, psychologists and child life specialists. Together, we work to provide the highest quality care to each child to make this difficult journey as easy as possible for the child and his or her family. Our newly renovated dedicated infusion suite, playroom, teen room and clinic areas are specially designed for pediatric oncology patients, so visits to the hospital are less anxiety-provoking for children and their parents.

In addition to pediatric cancers, our team of pediatric hematologists treats a full range of blood disorders, including anemia, sickle cell disease, thalassemia, hemophilia, bone marrow failure and bleeding/clotting disorders.
Our physicians work together to provide a comprehensive treatment plan that is unique to each patient. A comprehensive clinic takes place on the first and third Wednesday of every month. Each patient will have one three-hour appointment and can see up to six specialists during that time. Patients are evaluated for existing clinical trials that may be appropriate for them, including trials that are specific to patients in this age group.

We treat patients who are:
- Newly diagnosed
- Currently in treatment
- Cancer survivors

Multidisciplinary services include:
- Pediatric Oncologist/Survivorship
- Adult Oncologist
- Endocrinologist
- Male Infertility Specialist
- Female Infertility Specialist
- Genetics Counselor
- Anxiety/PTSD Counselor
- Supportive/Palliative Care Specialist
- Oncology Social Worker
- Physical Fitness Consultant
- Oncology Dietitian
- Clinical Trials Nurse
- Psychosocial Oncologist
- Child Life Specialist

We treat patients who are:
- Newly diagnosed
- Currently in treatment
- Cancer survivors

Adolescent/Young Adult Oncology

Our Adolescent and Young Adult (AYA) Cancer and Survivor Program is composed of multiple providers from pediatric and adult specialties to provide age-appropriate, comprehensive care to people 15 to 39 years of age, whether they are newly diagnosed cancer patients or those who are cancer survivors.

We provide access to state-of-the-art care and offer patients enrollment in clinical trials from national pediatric and adult consortiums. We also offer reproductive, nutritional, exercise and genetic counseling, evaluation for symptom relief and psychological assessment and counseling. Our program is one of the most comprehensive in the nation and is designed to minimize the negative impact that a cancer diagnosis may have on the quality of life of these young people.
Neuro-oncology Care

The Brain and Spine Tumor program provides patients with comprehensive multidisciplinary care. Our team of physicians is made up of award-winning experts in the treatment of tumors of the brain, skull base, spinal cord and column, as well as the peripheral nerves. We provide excellence in the surgical and postoperative care for patients with primary and metastatic tumors of the brain and spine. We offer radiosurgery as a noninvasive treatment option for a variety of disorders, including brain tumors. We also offer patients the widest array of supplemental care when surgery alone is not enough.

Radiosurgery Program

Radiosurgery, also known as stereotactic radiosurgery (SRS), is a noninvasive procedure that includes the precise delivery of high-dose radiation to a small field of treatment but with a very small-dose delivery to surrounding areas.

This noninvasive treatment allows patients to be treated the same day, then go home to resume normal activities in a much shorter time than after a conventional neurosurgical procedure. Radiosurgery can be used to treat conditions such as benign and malignant brain tumors, arteriovenous malformations of the brain and trigeminal neuralgia or tic douloureux.

Of patients with tumors, brain metastasis is the fastest growing sector. Patients are living longer with primary diseases and are therefore experiencing more metastases. Radiosurgery is an ideal treatment option for many of these patients.

Gamma Knife Distribution of Radiosurgery Cases
Ochsner Medical Center, 2016

- Meningioma
- Metastatic
- Trigeminal Neuralgia
- Pituitary Tumor
- Arteriovenous Malformation (AVM) / Essential Tremor
- Acoustic Neuroma
- Primary Brain Tumor
- Glioblastoma Multiforme (GBM)
- Sarcoma

OCHSNER OUTCOMES | CANCER

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Pituitary Disorders

The Ochsner Center for Pituitary Disorders is a multidisciplinary center designed to provide comprehensive care to all patients with newly diagnosed and preexisting pituitary disorders.

Our program is built upon a strong foundation of recognized excellence in neurosurgical and neuroendocrine care and research. We have assembled a team of dynamic physicians, all recognized experts and current leaders in their respective fields, who have considerable experience in the evaluation and management of patients with diseases of the pituitary gland and hypothalamus.

Almost all pituitary tumors are benign (noncancerous) glandular tumors called pituitary adenomas. These tumors are considered benign because they do not spread to other parts of the body, like cancers can do. Still, even benign pituitary tumors can cause significant health problems because of their location near the brain and because many of them secrete excess hormones. Pituitary cancers (called pituitary carcinomas) are very rare.
Cutaneous Malignancy Program

Skin cancer is the most common form of cancer. In fact, approximately 1.2 million new skin cancers are expected each year. The Ochsner Cancer Institute’s team of skin cancer specialists is committed to providing personalized and coordinated care of basal cell carcinoma, squamous cell carcinoma and malignant melanoma from diagnosis through treatment, long-term follow-up and survivorship.

Mohs Micrographic Surgery Program

Mohs micrographic surgery is the most advanced and effective treatment procedure for skin cancer available today. At the Ochsner Cancer Institute Mohs Micrographic Surgery Clinic, the procedure is performed by specialty-trained surgeons. In addition to a three-year dermatology residency, these specialists have also completed at least one additional year of fellowship training, accredited by the American College of Mohs Surgery, under the tutelage of a Mohs College member.

Because the physician is specialty-trained in surgery, pathology and reconstruction, Mohs surgery has the highest success rate of all treatments for skin cancer – up to 99 percent. The Mohs technique is also the treatment of choice for cancers of the face and other sensitive areas because it relies on the accuracy of a microscopic surgical procedure to trace the edges of the cancer and ensure complete removal of the tumor down to the roots. In addition, this technique allows the surgeon to remove as little tissue as possible, thereby resulting in minimal scarring.

Patients are able to have their cancer removed with their wounds repaired that same day in an outpatient clinic setting, knowing all of their margins are negative and they are cancer-free when they leave.

Advanced Skin Cancer and Melanoma

Ochsner Cancer Institute offers a multidisciplinary approach to melanoma and advanced malignancy. Led by our Department of Dermatology, the cutaneous oncology team involves surgeons, radiation oncologists and medical oncologists in a prospective tumor board focused on the most challenging cases. Experienced melanoma surgeons from both General Surgical Oncology and Head and Neck Surgical Oncology deliver contemporary, evidence-based care for local and regional disease, including sentinel lymph node biopsy, with reconstruction provided by trained reconstructive surgeons employing the most advanced techniques to optimize both functional and aesthetic outcomes. The evolution of targeted, systemic therapies for metastatic melanoma and even locally advanced nonmelanoma skin cancer has fostered even greater collaboration between the team members.

Relative 5-Year Melanoma Skin Cancer Survival Rates by Staging
Ochsner Medical Center, 2003–2015

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<tr>
<th>Stage</th>
<th>Ochsner</th>
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<tbody>
<tr>
<td>All Stages</td>
<td>95.5%</td>
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<tr>
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<td>95.6%</td>
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<td>Regional</td>
<td>72.2%</td>
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<tr>
<td>Distant</td>
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<td>19.9%</td>
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*Mohs surgery has the highest success rate of all treatments for skin cancer – up to 99 percent.
Radiation Oncology

The Radiation Oncology Program at the Ochsner Cancer Institute specializes in utilizing various forms of radiation therapy to safely and effectively treat cancer and benign diseases.

The Radiation Oncology department has a TrueBeam® STx in its armamentarium. The TrueBeam STx linear accelerator offers state-of-the-art stereotactic radiotherapy, including stereotactic radiosurgery and stereotactic body irradiation. The linear accelerator works in unison with the Novalis BrainLab ExacTrac system to offer treatment with millimeter accuracy. This allows our radiation oncologists to treat complex clinical cases while maximally sparing critical surrounding structures. In addition, the Radiation Oncology Program offers a wide array of treatment techniques including total body and total skin irradiation, as well as prostate and gynecologic brachytherapy. As one of the pioneers in the development of partial breast irradiation, Ochsner has extensive experience with breast brachytherapy and accelerated treatment regimens for breast cancer. In collaboration with our cardiologists, Ochsner is one of a few facilities in the country to offer cardiac brachytherapy for treatment of patients with recurrent in-stent restenosis.

At the Ochsner Cancer Institute, treatment involves a multidisciplinary approach, utilizing expertise across the cancer spectrum. The radiation oncologists serve vital roles in the multidisciplinary teams and each specializes in the treatment of different cancers. The radiation oncologists also have extensive experience in clinical research and treatment protocols.
Research

For over 70 years, Ochsner has been dedicated to cancer research and treatment development, bringing innovation to the fight against cancer, including more clinical trials than anywhere else in the region.

Ochsner provides care for both pediatric and adult cancer patients and their families, from diagnosis through recovery, including rare, complex and difficult-to-treat cancers. In fact, the Ochsner legacy is closely tied to cancer research; Dr. Alton Ochsner was one of the first to detect and publish findings about the link between cigarette smoking and cancer. This legacy still drives us today to bring patients the most advanced cancer clinical trials and cancer research programs. Since 2012, Ochsner Cancer Institute has increased the number of active clinical trials from 108 to 165 in 2014, with enrollment increasing from 128 patients in 2012 to 276 in 2014. Ochsner participates in NCI and industry-sponsored clinical trials for tumor-specific targets, such as Novartis Signature, NCI Molecular Analysis for Therapy Choice program and NCI Alchemist.

To view a current listing of our cancer clinical trials, please visit Ochsner.org/cancertrials.
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<tr>
<th>Citations</th>
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<tr>
<td>Dreisin A, Matrana M. Treating Renal Cell Carcinoma in Young Adults: Challenges and Solutions. Sept 2016. Clinical Oncology in Adolescents and Young Adults. Vol 6,31–38.</td>
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<td>Snow NT, Tauxe TW, Fenoglio-Preiser CM, Maloney MT, Shindo AT, Logothetis CN,</td>
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Citations: PMID Year
Physician Team

Colon and Rectal Oncology
David Beck, MD
Terrell Hicks, MD
Brian Kann, MD
David Margolin, MD
H. David Vargas, MD
Charles Whillock, MD

Gastrointestinal Oncology
John Bolton, MD
Abdul El Chaif, MD
Virensa Joshi, MD
Trevor Reichman, MD
Ricardo Romero, MD
Janak Shah, MD

Gynecologic Oncology
Jacob Estes, MD
Richard Kline, MD
Kathrina Wade, MD

Head and Neck Oncologic Surgery
Miranda Celestre, MD
Christian P. Harvey, MD
Brian Moore, MD

Hematology/Oncology
Ambega Baidar, MD
Greg Bizette, MD
B.J. Brooks, Jr., MD
Archie Brown, X, MD
John Cole, MD
Andrew Dabosio, MD
Carter Davis, MD
Ronald Deline, MD
Lingling Du, MD
Ruben Fabrega, MD
Laura Finn, MD

Sofia A. Jancic, MD
Zoe Larned, MD
Marc Mattana, MD
Lesley Meng, MD
Robert Ramirez, DO
Suma Satti, MD
Sumant Sethi, MD
Ashley Staton, MD
Srikant Tamma, MD
Chris Theodosiou, MD
Radhika Thorns, MD
Sreekanth Vaskreddy, MD

Neuroendocrine Program
J. Philip Boudreaux, MD
Richard J. Campeau, MD
Juan Gimenez, MD
Daniel L. Rainer, MD
Thagapar Y Kanchanan, MD
Eugene Woltering, MD

Neurologic Oncologic Surgery
Marcus L. Ware, MD

Ocular Oncologic Surgery
Priya Sahu, MD

Orthopedic Oncology
Mark Meyer, MD

Pediatric Hematology/Oncology
Matthew Fletcher, MD
Craig Lutterman, MD
Robert J. Vasquez, MD
Rajasekaran Warrier, MD

Radiation Oncology
Asta J. Elningar, MD
Roland Hawkins, Jr., MD
Paul Page, MD
Troy Scruggs, MD

Breast Oncologic Surgery
Ralph Corsatti, MD
George M. Fuhman, MD
Aimee Mackey, MD
Amy Rivere, MD

Thoracic Oncologic Surgery
Matthew Gaudet, MD
Brian L. Pettiford, MD

Urologic Oncology
Stephen Bardot, MD
Daniel Carter, MD
Roy Kelly, Jr., MD
Melissa Montgomery, MD

Dermatologic Oncology
Peter Simeneaux, MD
Sureeta Walla, MD

Psychosocial Oncology
Michele Lorzler, PhD

Hepatobiliary Oncology
John Bolton, MD
Russell Brown, MD
Trevor Reichman, MD

For patient referral and transfer information, please see page 78.
Contact Information and Locations

New Orleans Area

The Gayle and Tom Benson Cancer Center
1514 Jefferson Highway
New Orleans, LA 70121
504.842.3910
Services: infusion, Radiation Oncology, Clinic, Surgical Oncology and Gynecologic Oncology

Lieselotte Tansey Breast Center
1319 Jefferson Highway
New Orleans, LA 70121
504.842.6406
Services: Breast Cancer Program

Ochsner Baptist
2700 Napoleon Avenue
New Orleans, LA 70115
504.899.9311
Services: Infusion, Radiation Oncology, Hematology/Oncology and Gynecologic Oncology

Ochsner Medical Center – Kenner
180 W. Esplanade Avenue
Kenner, LA 70065
504.468.8600
Services: infusion, Radiation Oncology, Hematology/Oncology and Neuroendocrine Program

West Bank

Ochsner Medical Center – West Bank Campus
2500 Belle Chase Highway
Gretna, LA 70056
504.307.2727
Services: infusion and Hematology/Oncology

Ochsner Health Center – West Bank Medical Office Building, Suite 316
120 Meadowcrest
Gretna, LA 70056
504.391.8896

Bayou Region

Ochsner St. Anne General Hospital
4608 Highway 1
Raceland, LA 70394
985.537.6841
Services: Hematology/Oncology and Infusion

Leonard J. Chabert Medical Center
1978 Industrial Boulevard
Houma, LA 70363
985.873.2729
Services: Hematology/Oncology and Infusion

Terrebonne General Medical Center
8166 Main Street
Houma, LA 70360
985.873.2729
Services: Hematology/Oncology and Infusion

North Shore

Ochsner Cancer Center – Baton Rouge
17050 Medical Center Drive
Baton Rouge, LA 70816
225.761.5200
Services: Hematology/Oncology, Infusion, Radiation Oncology

Ochsner Medical Center – North Shore
100 Medical Center Drive
Slidell, LA 70461
985.646.5438
Services: Hematology/Oncology

Sidell Memorial Hospital Regional Cancer Center
1120 Robert Boulevard
Slidell, LA 70458
985.280.6600
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

Ochsner Health Center – Covington
1000 Ochsner Boulevard
Covington, LA 70433
985.875.2828
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

Baton Rouge

Ochsner Health Center – Summa (Bluebonnet)
9001 Summa Avenue
Baton Rouge, LA 70809
225.761.5200
Services: Surgical Oncology, Hematology/Oncology and Infusion

Mississippi

Ochsner Hancock Medical Center
149 Drinkwater Road
Bay St. Louis, MS 39520
228.467.8600
Services: Medical Oncology, Radiation Oncology and Infusion

Southwest Mississippi Regional Medical Center
1501 Aston Avenue
McComb, Mississippi 39648-2734
601.249.5510
Services: Medical Oncology, Radiation Oncology and Infusion

Singing River Health System
2809 Denny Avenue
Pascagoula, MS 39581
228.809.5000
Services: Medical Oncology and Infusion

Hattiesburg Clinic
415 South 28th Avenue
Hattiesburg, MS 39401
601.268.5707
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

Forrest General Hospital
6051 US 49
Hattiesburg, MS 35402
601.268.7000
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

Other Locations

CHRISTUS St. Frances Cabrini
3330 Masonic Drive
Alexandria, LA 71310
318.487.1122
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

CHRISTUS Highland Medical Center
1453 East Bert Kouns Industrial Loop
Shreveport, LA 71105
318.681.4500
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

CHRISTUS St. Patrick Hospital
524 Dr. Michael Debakey Drive
Lake Charles, LA 70601
337.436.2511
Services: Hematology/Oncology, Radiation Oncology and Infusion

Lafayette General Health
1214 Coolidge Street
Lafayette, LA 70503
337.289.7991
Services: Surgical Oncology, Hematology/Oncology, Radiation Oncology and Infusion

†Ochsner Health Network Members (OHN)
‡Ochsner Cancer Clinical Research Network (CCRN)
About Ochsner Health System

Ochsner Health System is Louisiana’s largest non-profit, academic healthcare system. Driven by a mission to Serve, Heal, Lead, Educate and Innovate, coordinated clinical and hospital patient care is provided across the region by Ochsner’s 29 owned, managed and affiliated hospitals and more than 80 health centers and urgent care centers. Ochsner is the only Louisiana hospital recognized by U.S. News & World Report as a “Best Hospital” across four specialty categories caring for patients from all 50 states and more than 80 countries worldwide each year. Ochsner employs more than 18,000 employees and over 1,100 physicians in over 90 medical specialties and subspecialties, and conducts more than 600 clinical research studies. Ochsner Health System is proud to be a tobacco-free environment. For more information, please visit ochsner.org and follow us on Twitter and Facebook.

Patient referrals, transfers and consults are critically important. We make it easy for referring providers and their staff. To refer your patient for a clinic appointment, call our Clinic Concierge at 855.312.4190. To initiate a transfer to any Ochsner hospital, call our Regional Referral Center, staffed 24/7 by clinicians, at 855.OHS.LINK (647.5465).

For patients needing to schedule their own appointments, please call 866.OCHSNER (624.7637).