

ONCOLOGY BRIEFS



Spring 2007

A Quarterly Update For Doctors About Advancements at the Peninsula Cancer Center

Welcome to the inaugural edition of Oncology Briefs, a quarterly publication from the physicians at Peninsula Regional Medical Center's Peninsula Cancer Center. Unlike most diseases, cancer is multifaceted both in its pathology and in its treatment. In addition, clinical and technological advances in the treatment of cancer arrive on the scene in rapid succession.

Written for the primary care physician

community throughout the region served by Peninsula Regional Medical Center, Oncology Briefs aims to be an essential bulletin that keeps physicians current with those rapidly evolving advances.

Just as importantly, a broader mission of Oncology Briefs will be to enhance the partnership of care between cancer specialists and their physician colleagues. Your comments, suggestions and feedback are encouraged and welcomed.

Peninsula Cancer Center Announces Expansion of Oncology & Hematology Program

The employees of Peninsula Cancer Center welcome the physicians and staff of Peninsula Oncology & Hematology, P.A. Peninsula Regional Medical Center is pleased to announce a significant expansion in the scope and availability of oncology and hematology services through the inclusion of the practice as part of the Peninsula Cancer Center. In addition to the planned expansion of the practice itself, this new joining together is part of a comprehensive process designed to facilitate both primary care physician and patient access to oncology and hematology services,

The presence of Drs. James E. Martin, Panpit P. Klug, Jimmy D. Taylor, Joseph A. Grasso and, most recently, Bennet W. Yu within the Cancer Center promises to enhance the coordination of care and enhance treatment options for patients. Dr. Martin characterized the moves as important steps in making cutting edge medicine and ancillary support services more widely available and accessible to physicians and patients. He made special note of the addition of Dr. Yu in the context of a newly expanded availability of hematology consults with primary care physicians.

Said Dr. Martin, "Time, convenience and accessibility are important to patients and their families, especially at a stage where they are coping with the implications of cancer. With the recent upsurge in the number of patients in need of medical oncology consultations and infusion therapy our staff and facilities have to keep pace."

Dr. Martin added that with the larger roster of physicians, which will be bolstered by another member scheduled to join the practice later this year, doctors will be more active in their



participation in clinical trials. "Research in medical oncology offers some of the more promising advances in treating cancer," he said. "We want to be in the vanguard in offering that promise to our patients." In addition, individual doctors in the practice will begin to narrow the focus of their discipline on its application to specific disease sites.

The Peninsula Regional Oncology & Hematology, P.A. practice will retain its offices in Salisbury and Berlin, providing diagnosis and medical management of patients with cancer as well as hematology services for all diseases of the blood, coagulation system and bone marrow. In addition, the Berlin office will now offer infusion therapy services on a full time basis. The expansion of service availability in the Berlin location coincides with the doubling in size of the Outpatient Chemotherapy Infusion facility in the main hospital complex.

Said Dr. Martin, "The more integrated, seamless and comprehensive our care the better for all the constituencies we serve. Incorporating the resources and talents of this practice is an important step among many in that direction."

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Mammosite® radiation therapy presents breast cancer patients with another option

Thanks mainly to widespread education and awareness efforts, greater numbers of women are being more diligent in having regular mammogram screenings done. A consequence of this trend is that more tumors are being detected. But another notable feature of the trend is that more of the tumors are being detected and diagnosed in younger women than in the past, and at earlier stages of the disease.

These early stage tumors have given patients and surgeons the option of lumpectomies as a surgical treatment. And, as circumstances warrant, lumpectomy is now regarded as the preferred procedure as part of breast conservation therapy. Until recently, whole breast external beam radiation followed surgery in a large majority of cases. Now, however, an alternative form of radiation therapy is available through the Peninsula Cancer Center. Known by its trade name, Mammosite® Radiation Therapy, or breast brachytherapy, the treatment gives women an option that can spare them the logistical burdens of whole breast radiation therapy.

Typically comprised of five-day-per-week sessions spanning a six-week period, whole breast external beam therapy requires daily trips to the Radiation Oncology Center which may interfere with her work and or travel. Despite a five-year survival rate of 97 percent for early stage disease achieved by the combination of surgery and whole breast radiation therapy, some women find it difficult or impossible to completely set aside the demands of families or jobs. Within the region served by Peninsula Regional Medical Center, an issue as basic as transportation presents real problems. In response to those obstacles, some women have opted to forego the extended radiation treatment regimen and have a mastectomy performed instead of a lumpectomy; some women may simply forego the whole breast radiation treatment and leave recurrence of the disease to chance.

For these women, Mammosite is an alternative to whole breast irradiation. It is administered twice daily on an outpatient basis and takes place in a five-day period, versus the six or seven weeks for whole breast irradiation.



The Mammosite procedure involves high dose radiation delivered through a brachytherapy seed. A computer guides the seed through a catheter and into a balloon that has been placed into a cavity within the breast tissue left by lumpectomy.

Studies are still underway to compare the longer-term efficacy of Mammosite. While the criteria that is used to determine eligibility for enrollment varies from center to center, at Peninsula Regional the criteria for enrolling a patient will become part of the database used in measuring outcomes nationally. To be eligible for enrollment at the Peninsula Cancer Center, a patient must be age 45 or older; tumors must be less than 3 centimeters; margins of surgery must be negative; and no lymph nodes may be positive.

Results from studies from over five years are now in and have shown excellent outcomes for Mammosite. If longer-term outcomes prove as promising it will resolve a dilemma that has forced some women to forgo breast conservation.

For more information please call the Peninsula Cancer Center at Peninsula Regional Medical Center at 410-543-7006.

www.Mammosite.com

Mammosite® Radiation Therapy, or breast brachytherapy, gives women an option that can spare them the logistical burdens of whole breast radiation therapy.

Image Guided Radio Therapy Zeroes-In on Moving Targets

The science of radiation technology has crossed another threshold as it has nearly eliminated yet one more obstacle in delivering radiation to tumors: hitting a moving target, and doing so with pinpoint precision. The presence of the Trilogy Linear Accelerator at the Peninsula Cancer Center has changed the treatment equation for a variety of cancers.

The two capabilities now allow the delivery of higher doses of radiation to tumors that are moving targets of one sort or another. In the past, the fact that tumors moved precluded larger doses because the movement did not allow a sufficient level of precision to avoid an unacceptable level of damage to surrounding tissue. Tumors move over the course of a radiation therapy regimen due to breathing and movement of the diaphragm, or because of slight movements of internal organs and structures between radiation sessions.

Movement caused by breathing has been overcome by a technology called Respiratory Gating. Respiratory gating is Image-Guided Radiation Therapy (IGRT), technology that captures images of tumors to direct precision-guided radiation beams to the tumor site in high doses, sparing surrounding tissue. The gating feature of respiratory gating times the delivery of the beams to coincide with the patients breathing cycle, shutting off the beam as the tumor moves back and forth through a treatment “window.”

Respiratory Gating allows tumors to be treated in organs near the diaphragm. Lung, liver, kidney diseases, and even Stage IV diseases where lesions have metastasized up to three locations, can be treated using this form of IGRT. It was not long ago the prognosis for a patient at that point of the disease would have been far more pessimistic than it is now.

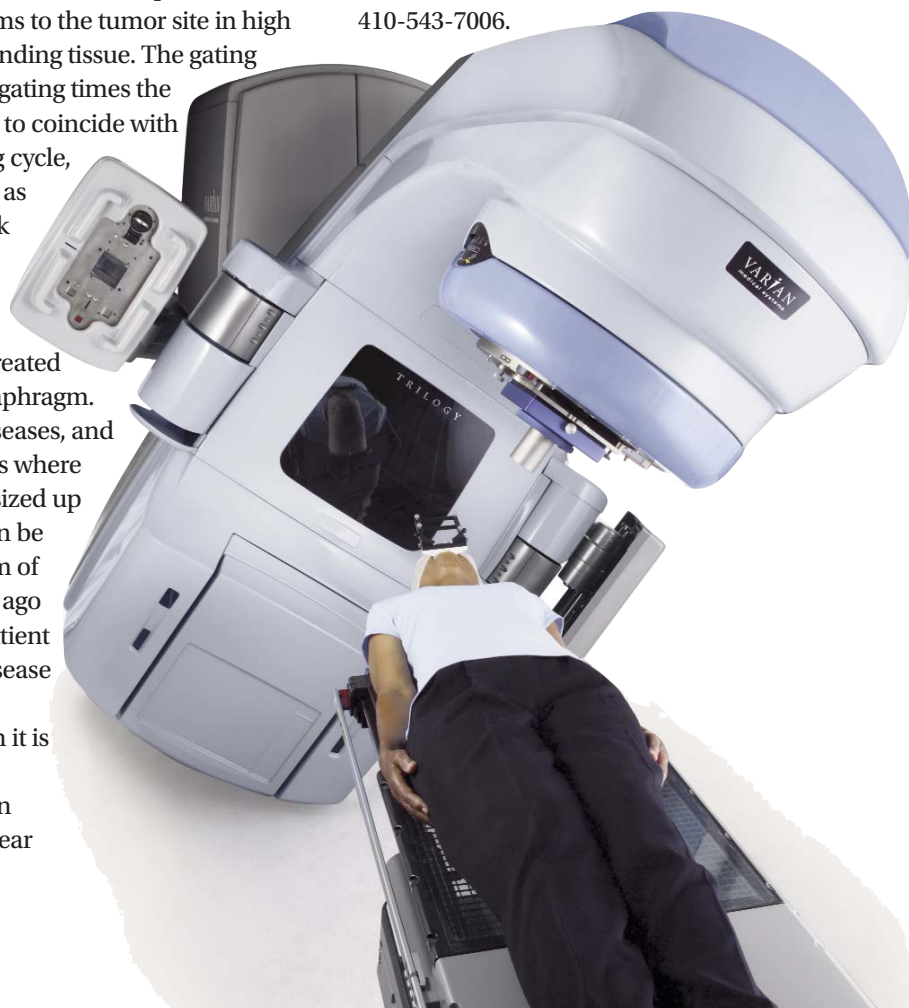
Another application where the Trilogy Linear

Accelerator has dramatically enhanced the effectiveness of radiation therapy is through On-Board Imager technology. Immediately preceding a daily radiation therapy session, the On-Board Imager system uses CT and X-ray imaging to precisely map a tumor in 3-D. Since the exact location of a tumor and its relationship to surrounding tissue can and does change from treatment to treatment, the system software overlays the updated imaging with the radiation treatment plan to make daily adjustments with far more certainty and efficiency. The capability to deliver higher doses with greater accuracy and precision has applicability across disease sites including head and neck, pancreatic, gastrointestinal, prostate, and breast cancers.

The unprecedented accuracy of the new technology improves patients’ quality of life by reducing side effects and by possibly shortening the treatment course, and has created a range of treatment options that were few or less than optimal in the past.

For more information please call the Peninsula Cancer Center or to schedule an appointment at 410-543-7006.

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Navigators help cancer patients manage the stresses and strains of the disease

Aspect x-ray, an abnormal blood test, the presence of symptoms: when those first few moments of conversation between primary care doctor and patient broach the prospect or the probability of cancer, the patient crosses a psychological divide. Feelings of confusion, fear, and isolation are all among the emotions patients say they experience when they must confront the reality or the possibility of the disease.

Those unwelcome emotions are what accompany a patient and his or her family into a forbidding new environment of tests, appointments, unfamiliar terminology and more uncertainty.

Having recognized for some time that cancer patients are ill equipped to manage the emotional burdens on their own, the Peninsula Cancer Center at Peninsula Regional Medical Center has put in place a support system in the form of Patient Navigators. Currently there are three patient navigators on staff at the Cancer Center, two registered nurses and one social worker. One of the nurse navigators deals exclusively with breast cancer cases; the other handles cases for all other disease sites. The social worker navigator assists patients with a wide range of social, emotional and financial issues.

Within a period of days of when the presence of the disease is first suspected, a navigator is in touch with the patient. Brandi Passwaters, RN, BSN, is the navigator who assists patients across all disease sites except breast cancer. She says that the initial hours and days following a likely or possible diagnosis of cancer are when the world a patient was connected to changes suddenly. “So many patients describe a feeling of being isolated by the disease,” she said, “and being overwhelmed by all emotions and issues they now have to face.”

Among the factors contributing to patients’ uncertainty is the clinical complexity they

encounter first in the process of assessing and diagnosing the disease and then in its treatment. “Suddenly they are dealing with tests and appointments with specialists,” said Ms. Passwaters. “They may meet with a surgeon, or a radiation oncologist, a medical oncologist, plus the other specialties related to a specific disease site like pulmonology or urology.” She said that coming to the aid of patients in helping them manage the logistics and understanding what the terminology all means are among the navigators’ most important support roles early on.

As diagnosis progresses into treatment, the navigators’ interaction with patients remains constant but evolves as patients grapple with longer-term emotional, physical and logistical hurdles. Ms. Passwaters said that cancer patients confront difficulties ranging from dietary, pain concerns, and transportation to managing side effects from treatment, or help with home health care and supplies. She added that 25 percent of cancer patients suffer from depression during the course of the disease. “Those are all the kinds of issues we help patients with. What they need is a single point of contact, a name, face and voice that they can turn to when one or more of these problems become unmanageable.”

The navigators see their roles as facilitators, listeners, educators and communicators—keeping primary care doctors updated, translating test results and terminology for patients, helping patients manage and understand the various aspects and stages of treatment.

Said Ms. Passwaters, “We like to believe that primary care doctors have an added degree of reassurance knowing that their patients are being taken care of in the environment of the Peninsula Cancer Center.” For more information, or to speak with a patient navigator, please call the Peninsula Cancer Center at 410-543-7006.

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