

# ONCOLOGY BRIEFS



## Oncology & Hematology Practice Provides Expanded Services To Your Patients

Spring 2008

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

Peninsula Regional Oncology & Hematology offers medical oncology and hematology services to patients on Delmarva in collaboration with the Peninsula Cancer Center. Together, they provide coordination of care and advanced treatment options for your patients.

Peninsula Regional Oncology & Hematology offers a comprehensive range of cancer and blood disorder services for your patients. Our physician specialists, in collaboration with Radiation Oncologists and the services available at the Peninsula Cancer Center, enables them to provide prompt diagnosis, treatment and a continuum of care to your patients. They strive to provide the highest caliber of innovative, state-of-the-art medical care available today providing treatment for:



James Martin, MD, Panpit Klug, MD, Jimmy Taylor, MD, Bennett Yu, MD, Justinian Ngaiza, MD, Paige Wildmann, CRNP and Joe Grasso, MD

Two convenient locations in Salisbury and Berlin, Maryland serve all patients on Delmarva. Worcester County and Southern Delaware residents can receive infusion services close to home at the Berlin office as well as in the Outpatient Infusion Center at Peninsula Regional Medical Center in Salisbury. In September of 2008, the Salisbury office will relocate to the Richard A. Henson Cancer Institute at Peninsula Regional, making it even easier for your patients to receive a comprehensive range of services in one convenient location.

- Cancer in adults (lung, breast, colon and other cancers)
- Hematologic malignancies in adults (leukemia, lymphoma, myeloma)
- Non-malignant hematologic disorders (anemia, leucopenia, thrombocytopenia, hemolytic anemia, sickle cell anemia)
- Coagulation and bleeding disorders

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### H. Gray Reeves Professional Center\*

145 E. Carroll St., Suite A1  
Salisbury, MD 21801  
Monday - Friday  
Hours: 8:30 a.m. - 4:30 p.m.  
410-749-1282

### Berlin Professional Center

314 Franklin Avenue, Suite 108  
Berlin, MD 21811  
Monday - Friday  
Hours: 8:30 a.m. - 4:30 p.m.  
410-651-9962

\* Relocating to the Richard A. Henson Cancer Institute in September 2008

For more information about Peninsula Regional Oncology & Hematology, please call their offices or 1-866-9-CANCER (922-6237)



# The Advanced Physics of Radiation Therapy



Raymond Ross, MS, DABR  
Chief Physicist

Raymond Ross is the Chief Physicist for the Radiation Oncology department at the Peninsula Cancer Center. He received his graduate degree in Physics and his undergraduate degree in Mechanical Engineering from Polytechnic University in New York.

Board-certified in Radiation Oncology Physics by the American Board of Radiology, Ross began his career at Memorial Sloan Kettering Cancer Center in 1983. In 1991 he was appointed to the academic staff at New York Medical College, and in 1992 he joined the New York Hospital/Cornell University, where he served as a physicist in the Radiation Oncology department for five years. Over the past few years, Ross has been a locum physicist with a vast exposure to many hospitals and free standing clinics, and is enjoying the opportunity and experience of working at the Peninsula Cancer Center.

The most recent generation of radiation oncology systems has the capability to deliver doses of radiation to tumors with pinpoint accuracy. These remarkable new iterations of technology are what allow radiation oncologists to radiate tumors with either minimal or zero damage to surrounding tissue. And yet, according to Ray Ross, a board certified physicist with Peninsula Regional Medical Center's Cancer Center, as impressive as the systems' capabilities are, harnessing their full potential lies in the application of the analytic and quantitative principles of hard physics.

"The devices do not function right out of the crate," he says, "nor does each brand accomplish every aspect of planning and treatment in the same way." In this respect he cites the Cancer Center's lineup of image-guided radiotherapy (IGRT) and related technology as the "best of all worlds." The lineup of technology includes such industry-leading names as Varian, Siemens, Mosaic and MapCHECK. Each vendor supplies interrelated capabilities involving imaging, treatment planning, treatment, recording and verifying, and quality assurance functions that measure ongoing consistency and accuracy in system tolerances.

Mr. Ross says that being able to measure and analyze varying capabilities among the systems allows choices among a wider range of treatment options. "We are not bound by the capabilities—or limitations—of any one system," he says. "Greater objectivity and latitude in decision-making allows constructing the optimum treatment plan." After distilling and evaluating the available options Mr. Ross consults with the radiation oncologist in the process of finalizing a treatment plan.

Mr. Ross describes another way his training in physics plays a central role in maximizing the effectiveness of the IGRT systems. "The technology has become data-intensive. Managing the complex electronic storage and sharing architecture is key.

"Generally," he continues, "the progression of the technology has mandated a kind of fusion between the clinical aspects of radiation therapy and the quantum physics that govern how it all works. We're fortunate to have a team of physicians, technologists and other clinicians that can call upon the best technological resources available."

## The Richard A. Henson Cancer Institute Your Comprehensive Community Cancer Program

The Richard A. Henson Cancer Institute, opening this September, will continue to build upon that tradition and be the first of its kind on Delmarva to offer world class cancer care in a single, convenient location. The Richard A. Henson Cancer Institute will provide patients a comprehensive range of services in a welcoming and comfortable environment that promotes healing and serenity.

When traveling on Business Route 13 in Salisbury, the construction and development of the Richard A. Henson Cancer Institute, since the official ground breaking ten months ago, is evident. The three-story 36,000 square foot facility will include renovations to the existing Radiation Oncology Center and house a spacious new infusion center, a multidisciplinary treatment center, physician offices for Peninsula Regional Oncology and Hematology and expanded clinical research and cancer registry programs. The new infusion center will offer patients a pleasant environment so they can relax comfortably while receiving treatment. The main lobby will feature a 20 ft. high glass wall depicting scenes from around the Eastern Shore, and an exterior Healing Garden will provide

patients and their families a serene, peaceful place to reflect and enjoy during their visit. Every detail of the Richard A. Henson Cancer Institute has been designed with our patients in mind.

"Over the past 38 years, we've assembled all of the components necessary to provide comprehensive, quality cancer care close to home," said Peninsula Regional President/CEO Alan Newberry. "We are grateful to the Richard A. Henson Foundation for its very generous \$2 million gift to our *Journey To A Legacy* capital campaign. When the Richard A. Henson Cancer Institute opens in September, it will bring all of our current strengths, new capabilities and expanded resources together under one roof. Patients, families and the region will benefit for years to come."

As the only comprehensive community cancer program in the region, the Richard A. Henson Cancer Institute will be positioned to meet the future needs of a growing Delmarva community for generations to come.



# Physical Medicine Fills an Important Role in Cancer Treatment

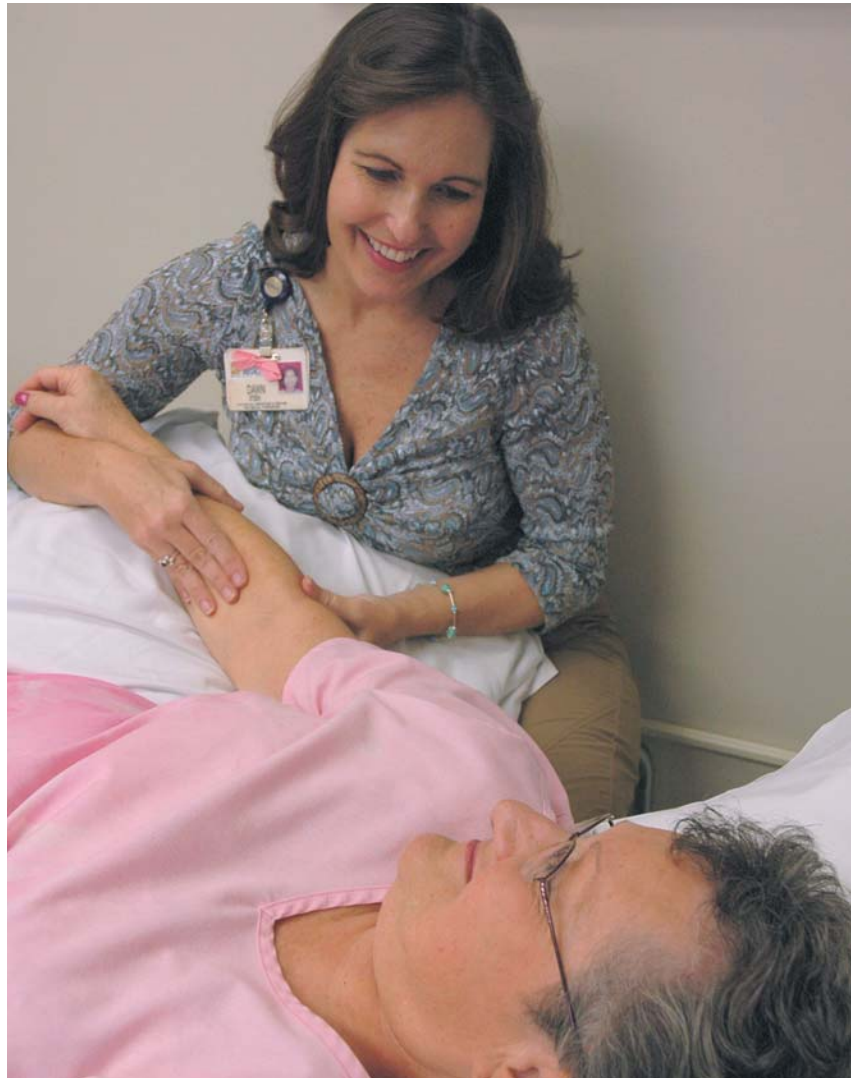
**W**ith the progress made in detection and treatment, many forms of cancer have evolved into diseases whose treatment trajectory extends over many months. Through the stages of diagnosis, treatment modalities and ongoing evaluation, optimum management of the disease should involve physical as well as medical and emotional issues. At Peninsula Regional Medical Center, the patient's quality of life and ability to cope with the debilitating aspects of the disease and its treatment are viewed as important collateral elements to the clinical aspects of treatment.

Peninsula Regional's Physical Medicine and Rehabilitation Department has an established pathway between it and the Peninsula Cancer Center. Designed to ensure a continuum between physical and medical issues in cancer treatment, the pathway comes in the form of nurses in the Cancer Center who make referrals to clinicians in the Physical Medicine and Rehabilitation department.

Warner Crumb is a physical therapist and director of physical medicine at Peninsula Regional Medical Center. He describes the pathway as a mechanism to ensure that the physical needs of the cancer-patient population are not overlooked and maintains that the ties between the programs are ahead of the curve in the broader universe of cancer treatment environments.

"The nurses in the Cancer Center act as our eyes and ears to a certain extent," says Mr. Crumb. "They can detect issues they suspect as appropriate for our care and refer those patients to us for an evaluation." The care Mr. Crumb refers to encompasses physical therapy, occupational therapy and speech and language therapy. Referrals can take place at any stage along the progression of the disease. According to Mr. Crumb, "We see patients in the early stages of the disease, or when a cancer is in remission, or in a metastatic phase—but in terms of mitigating the physical effects of the disease or its treatment, the earlier the better."

Examples of the treatment side effects he refers to are those resulting from chemo or radiation therapy. "Chemo and radiation therapy can make patients nauseous or fatigued or both, which often leads to reduced physical activity. As the patient becomes less active, stiffness or muscle weakness have compounding effects. Physical therapy helps such patients maintain their physical strength as well as a better outlook."



*Dawn Bock, MPT,  
Lymphedema Therapist  
with a patient*

Mr. Crumb cites another example where symptoms arising from metastatic disease in the brain, can lead to language, memory, cognitive, and balance difficulties. In these instances, therapists in all three modalities—physical, occupational and speech—assist patients with adapting everyday skills to better manage the effects of the disease. Other cases encompass everything from weakness and difficulty breathing due to lung cancer to teaching patients how to conserve needed energy.

"To some degree, much of what we do fills a spiritual need as well as a physical one," says Mr. Crumb. "Battling the disease is a long, difficult road and being debilitated by it discourages patients. We like to think we're assisting them along that road by helping them cope, and keeping their spirits up as well as their strength." To make a referral call 410-543-7069 or 1-866-9-CANCER(922-6237).

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**CLINICAL CASE  
 CONFERENCE  
 CME OPPORTUNITIES**

*Oncology Conference\**  
 Weekly, 2nd-5th Fridays/Month at 8 am

*Educational Oncology Conference\**  
 1st Friday/Month at 8 am

*Lung Case Conference\**  
 Weekly, every Tuesday at 8 am

**Breast Case Conference\*\***  
 Weekly, every Thursday at 8 am  
**Time/Location Change**

*Neurosurgical Case Conference\*\**  
 Monthly, 3rd Monday at 7:30 am

*Prostate Case Conference\*\**  
 Monthly, 1st Wednesday at 7:30 am

*GYN Conference\**  
 Quarterly, Wednesday, Dates TBD at 8 am

*ENT Conference\**  
 Quarterly, Friday, Dates TBD at 8 am

*Melanoma Conference\**  
 Annual, Friday, Date TBD at 8 am

\*Physician's Dining Room

\*\*Radiation Oncology Conference Room

# For Cancer Patients, Weight Maintenance Equals Better Outcomes

**M**ounting evidence from clinical studies demonstrates that factors involving nutrition and weight are important elements in improved outcomes among cancer patients. Within the Peninsula Cancer Center, a robust nutritional counseling program is a key component among other cancer disciplines working to optimize outcomes with every available resource.

Nicole Hunger, RD, LDN, and Linda Knierim, RD, LDN, are the clinical dietitians who guide patients through nutritional treatment that often coincide with or are adjuncts to other treatment modalities. They report that patients come from nutritional counseling consults through a variety of sources. "We get consult referrals from medical and radiation oncologists, primary care physicians, and sometimes the patients themselves self refer," says Ms. Knierem. "The patients have been made aware of the important role nutrition plays in an orientation session where they learn about what to expect during treatment." She adds that consults are mandatory for disease sites from the waist up.

Dietary issues very often begin in the midst of or as the aftermath of radiation treatments or chemotherapy. They manifest themselves as weight loss, loss of appetite, or gastrointestinal distress. Ms. Hunger cites as examples, patients receiving radiation for head and neck cancers. "Those are patients with problems chewing or swallowing or whose esophagus has been irritated," she says. Patients report taste changes, for example foods tasting differently than they are used to or having a metallic taste. And nausea is a common side effect of both treatments.

Problems involving taste, nausea and difficulty chewing or swallowing naturally lead to decreased food intake and in turn to weight loss, which Ms. Knierem says are trends that must be combated and reversed. "When the body is fighting cancer, it seeks nutrition intensely from any source, including its own stores if necessary. That makes it imperative for us to help patients bolster their nutritional intake in order to keep pace with the body's demands and maintain weight."



*Clinical dietitians, Nicole Hunger, RD, LDN and Linda Knierim, RD, LDN discuss the importance good nutrition and weight control with a patient*

Doing so when the patient is nauseated, has no appetite or can't swallow is the challenge. To meet that challenge during a treatment cycle, Ms. Hunger and Ms. Knierem employ an array of methods, from the relatively simple to the more complex. Ms. Hunger describes a technique wherein patients are taught to brush teeth and tongue prior to eating to enliven taste buds. "When patients eat, we also teach them to consume nutrient-dense foods like cheese and peanut butter," she adds. Protein and calories are key.

On their recommendation, a physician may prescribe appetite-enhancing drugs such as Marionol®, Remeron or Megace. Nutrition supplements such as Ensure and Juven help with balanced nutrition and maintaining muscle mass.

Following a treatment cycle, a physician evaluates the patient and may or may not recommend further therapy. When patients leave the direct counseling Ms. Hunger and Ms. Knierem provide, they are schooled on the importance of wiser and healthier eating in general. "Unless patients give their bodies a fighting chance to battle the disease," says Ms. Knierim, "we know now that the odds are tilted against them. It's our job to make sure that nutritionally it's a fair fight." To make a referral call 410-543-7411 or 1-866-9-CANCER(922-6237).

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**NEXT ISSUE**

*Richard A. Henson  
 Cancer Institute*

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**Expedite Transfers & Referrals**

The **Peninsula Access Center (PAC)** assists physicians in arranging timely referrals to Peninsula Regional Medical Center. By calling **1-866-614-4PAC(4722)** or **410-543-4PAC(4722)** you can refer your patient to a specialist or sub-specialist and begin the seamless process of care.

Staff stands ready 7 days a week, 24 hours a day to assist you in expediting and coordinating your patient's care.