

Treating Cancer in Women

The Lacks Cancer Center at Saint Mary's Health Care

By Gretchen Johnson

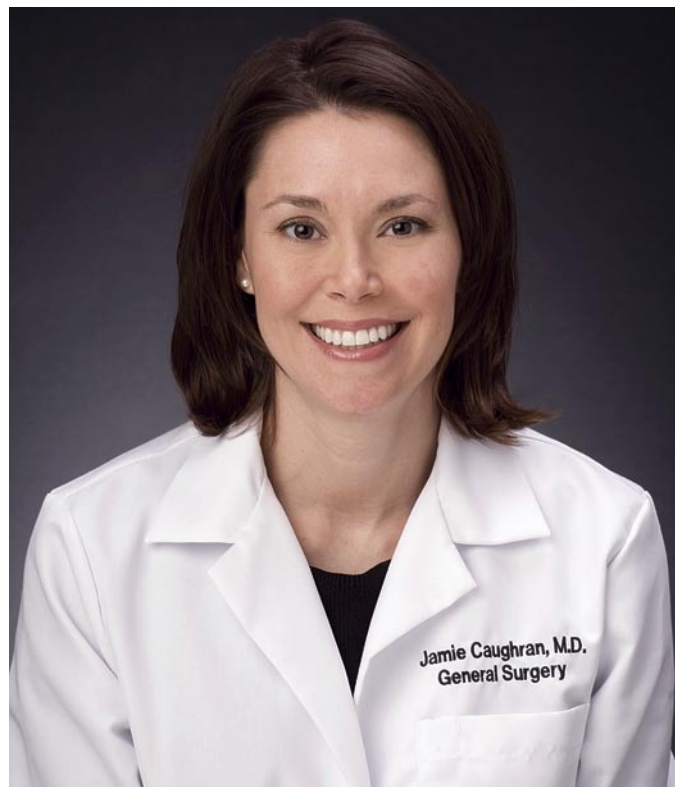
Even the suspicion of cancer can be a heavy emotional burden for patients. For women, who often play the primary care-giving role for their families, the disruption to their health and well-being is only a part of the toll the disease extracts on their lives.

At The Lacks Cancer Center in Grand Rapids, Michigan, part of Saint Mary's Health Care, advancing the treatment for women's cancers is part of the center's commitment to expanding its sub-specialty services in cancer treatment. That means offering the latest technology and treatment available and staffing the center with specialists like Dr. Kevin Brader, director of gynecologic oncology, and Dr. Jamie Caughran, who will join The Lacks Cancer Center's breast services program as its director later this summer. These physicians are part of a team using refined protocols for screening, monitoring and applying the latest technology and new treatments to address the unique challenges of these cancers.

GYNECOLOGICAL CANCERS

"Cancers that occur in older people are going to be seen more

Kevin Brader MD, is director of gynecologic oncology at The Lacks Cancer Center.



PHOTOS COURTESY OF SAINT MARY'S HEALTH CARE

Jamie Caughran MD, is director of the breast program at The Lacks Cancer Center.

frequently as the Baby Boomer generation gets older," says Dr. Brader. "We're also seeing illnesses associated with obesity – such as diabetes – because of general changes in lifestyle. We're seeing more of these diagnoses throughout health care and the same is true with cancer. Uterine cancers - endometrial cancers, for example - are increasing."

But Dr. Brader also says that medical advances in the areas of screening, monitoring and increased research – combined with patient education – are helping.

"One of the biggest success stories in screening for any cancer is the pap smear. Because of this, the number of cervical cancer cases is steadily going down. And that number will decrease even more with the introduction of the HPV vaccine," Dr. Brader says.

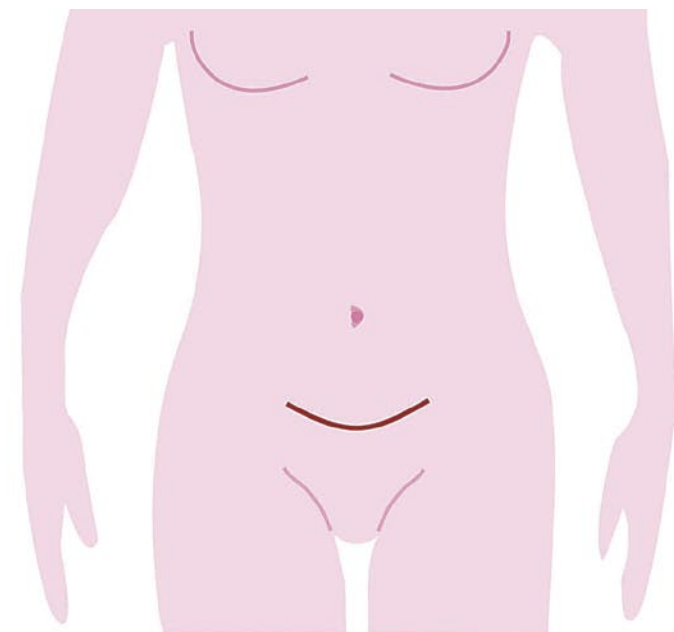
With regard to ovarian cancer, Dr. Brader says research may lead both to new testing and treatments and to effective screening tests, the latter of which is likely years away. Research is currently being conducted to develop a blood test that would identify ovarian cancer



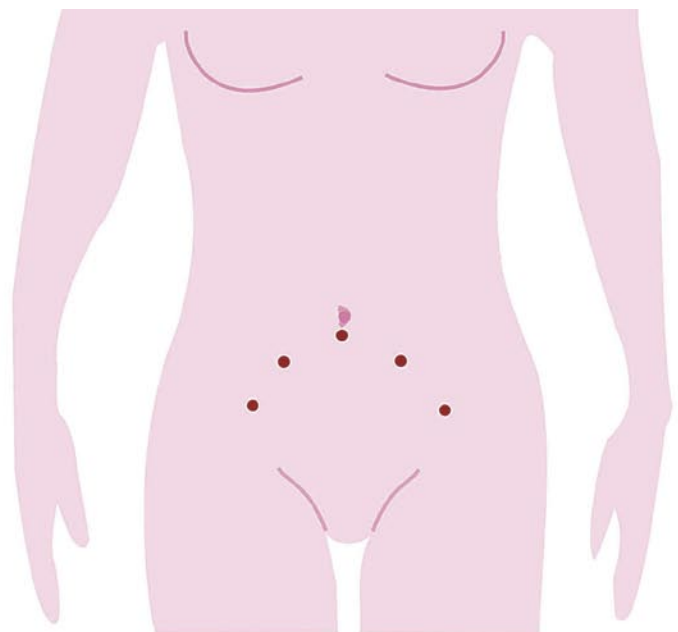
The da Vinci Surgical System enables surgeons to perform an advanced form of laparoscopy.

at an early stage when it is more likely to be cured. Because it has no symptoms until very well advanced and often incurable, ovarian cancer remains the deadliest of the gynecological cancers. As for treatment, the National Institute of Cancer recently suggested that

Small, less invasive incisions enable a faster recovery.



Open Hysterectomy Incision



da Vinci Hysterectomy Incisions

intraperitoneal chemotherapy be considered for certain patients receiving this therapy.

“The addition of growth factor receptor modulators is also going to have a big effect on ovarian cancer. One that seems to be the most active blocks the effect of VEGF or vascular endothelial growth factor. This particular factor can be responsible for the development of new blood vessels in a tumor. If you block blood vessel formation, you block the growth of the tumor,” Dr. Brader says, adding that the team at Lacks is currently participating in a nationwide study of this treatment.

With gynecological cancers, some combination of surgery, radiation and/or chemotherapy remains the standard of care. The greatest recent advancement is robotic surgery. These procedures markedly reduce recovery times and help patients return to normal activities more quickly. At The Lacks Cancer Center, Dr. Brader says the da Vinci Surgical System – which enables surgeons to perform an advanced form of laparoscopy known as robotic surgery – has had a transformational effect on minimally invasive surgery.

“Since we began performing robotic surgery, I’ve been able to apply it to almost every malignancy and use it for about three quarters of all the surgical procedures I do,” says Dr. Brader.”

Robotic surgery provides additional degrees of movement for the surgeon when compared to traditional laparoscopic systems. Like traditional laparoscopy, it requires the use of small ports of entry into the body rather than large, more invasive incisions. A camera is used to guide instruments through other ports into the abdomen.

“With robotic technology, the instruments move just like your hand – they’re wristed. It’s like having your hands in there. In my own experience, there is less blood loss, less pain and people go home a day after surgery instead of four to five days after surgery.

Beyond Treatment: Compassionate Care Puts the Patient at the Center Treatment

For cancer specialists Drs. Kevin Brader and Jamie Caughran, expert treatment is a given. Going beyond that to offer comprehensive care is what makes The Lacks Cancer Center unique.

“Practitioners who just follow the cutting edge and give the best medical care can still fall short of meeting all of the patient’s needs,” says Dr. Caughran. “Here, putting the patient first means the system is designed to screen patients quickly and then develop a treatment program that goes beyond their physical needs to also address their social, financial, spiritual and emotional needs. In breast care it means each patient has a dedicated team working with her - dedicated social workers and a dedicated nurse navigator whose sole responsibility is educating and attending to a patient’s needs both preoperatively and postoperatively while coordinating her care between radiology, surgery, medical oncology and radiation oncology.”

Dr. Brader believes it is the team of caregivers at The Lacks Cancer Center that makes the difference in providing personalized care. “We have a unique situation in that a lot of people on my team are cancer survivors or have cancer in their family – more than anywhere I’ve worked and including myself. And that’s created a certain dedication I haven’t seen elsewhere. Our people aren’t doing this because we think the science of cancer is so neat, we’re doing this because we have a real commitment to the patient with cancer, to getting them through this difficult time.”

Appointments at The Lacks Cancer Center are typically made within a week of referral – sooner if necessary, and if patients need follow-up treatment they leave with a plan in hand. Lacks provides both inpatient and outpatient services, which keeps the patient’s treatment experience within a single facility. A patient’s first visit sets the tone for their experience. It includes time with at least one specialist and may involve an interdisciplinary consultation with several clinicians at once. While this increases the coordination challenges for the staff, it also ensures that all clinical team members understand the patient’s individual needs. And it serves to reduce the stress and physical fatigue for patients. The patient also meets with a cancer resource specialist who can provide psychosocial support. Saint Mary’s Integrative Medicine Program offers inpatients and outpatients – through The Wege Institute at Saint Mary’s – focused innovative holistic therapies to complement the patient’s traditional treatment program.

and better visualization because you can bring the camera very close to what you’re working on – you can’t put your head in the incision – so you have better control.”

The Lacks Cancer Center also uses a specialized system for delivering radiation treatment called TomoTherapy. “It’s a way to target radiation to the specific tumor site, sparing the surrounding normal tissue,” says Dr. Brader. “We use it quite a lot for the cancers I treat, especially when they can’t be treated surgically. It allows us to give a higher dose of radiation that’s very targeted to the tumor.”

The curative advantages are only part of the technology’s success. Reducing the psychological effects of the treatment is part of the Lacks’ philosophy of providing comprehensive care.

“Any time there is less trauma with treatment, the patient is better off. Robotic surgery, for example, is less emotionally traumatic. The abdomen isn’t cut wide open. Recovery is reduced to two weeks and the patient can get back to their normal routine. They can also begin the next phase of their treatment much sooner. The more people can maintain their normal lifestyle during treatment, the less emotionally traumatic it will be for both them and their families.”

BREAST CANCER

Dr. Caughran is currently completing a breast fellowship at Beaumont Hospital in Royal Oak. She’s slated to join the breast services program in August as its director.

“My opportunity and my challenge will be to join an already excellent team of physicians and to contribute new ideas that will make the program even stronger,” Dr. Caughran says.

Breast fellowships are relatively new to the field of cancer specialization. The program guidelines were developed by the Society of Surgical Oncology in tandem with the American Society of Breast Disease and the American Society of Breast Surgery. The specialization stresses an integrated interdisciplinary approach to the management of breast diseases that includes training in medical oncology, radiation, radiology, pathology, plastic surgery and more.

“The area I’ve learned the most from is genetics,” says Dr. Caughran. “Genetic screening and counseling give us a unique opportunity to prevent cancers. For people in oncology this is one of the most exciting areas because it holds so much promise. Being able to identify someone in their early 20s who might carry a gene which would most likely cause them to have cancer will allow us to intervene sooner. Being able to find those people early, and then through medication, screening and/or surgery to reduce those risks, is very exciting.”

This research has identified a series of genes involved in breast and ovarian cancer syndrome, Dr. Caughran says. The most common of these are BRCA1 and BRCA2. “These are genes everyone carries. The problem occurs when you have a mutation in one of those genes. We’ve found, after screening hundreds and hundreds of people, that there are certain areas of the gene that most commonly have mutations in them. So if you can find people who have these mutations, there’s a variety of either screening, risk-reducing medication or surgery we can provide to improve their outcomes.”

You have much better control and visualization than with traditional laparoscopy, and you don’t have to modify or compromise your operation because you’re trying to do it in a minimally invasive fashion. With robotic technology you can do anything that you can do with an open incision. And in some ways, there’s more control

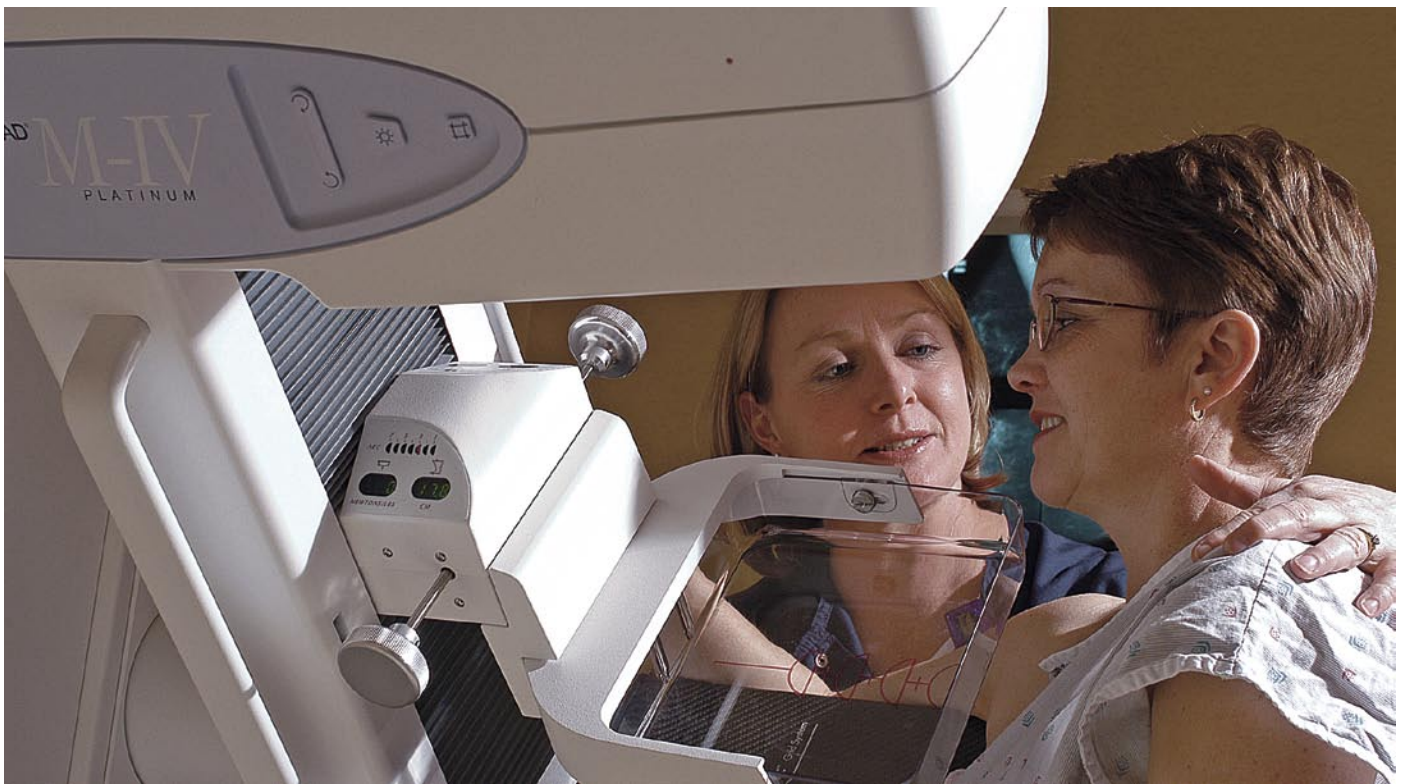


PHOTO COURTESY OF SAINT MARY'S HEALTH CARE

Digital mammography can detect something as small as a grain of sand.

In the meantime, Dr. Caughran says education and screening are the best tools available to ensure early detection. To achieve this, The Lacks Cancer Center has invested in technologies like digital mammography, MRI and MRI-guided biopsies to ensure rapid diagnosis and treatment. Like gynecological cancers, trends in breast cancer are also affected by an aging America, and that means increased screening with age.

“As a general rule, a woman should have an annual mammogram from the time she’s 40 on. The older a woman gets, the higher her risk of breast cancer. That’s why it is so critical to continue to get a mammogram for your entire life. Even into your 70s and 80s.” According to the National Institute of Cancer, women in their 60s are three times as likely to get breast cancer as women in their 40s.

Dr. Caughran says patients often don’t understand that genetics actually plays a small role in the incidence of cancer.

“In 80 percent of all breast cancer cases, genetics does not play a role. That means that 80 percent of the time breast cancer is sporadic. It just happens. And while it’s rare, it also affects men. My job is to make sure our breast cancer clinic meets the needs of all patients – men, women, young people, the elderly... everyone.”

Among Dr. Caughran’s other goals are a high risk screening clinic and a second opinion program. Research has shown that 80-90 percent of cancer patients want a second opinion. She would also like to establish lifetime follow-up protocols that would be monitored by the team at Lacks.

“There’s a lot of uncertainty for patients about what the follow-up recommendations are for someone who has a diagnosis of breast

cancer,” she says. “It’s a complex field. Part of my job is going to be seeing high-risk patients and breast cancer survivors years out from their treatment who still need to be evaluated every year really closely, or people who are at elevated risk who need to be evaluated. It will be making sure that patients know what their follow up is and what’s expected.”

Kevin R. Brader, MD, is medical director, gynecologic oncology of The Lacks Cancer Center at Saint Mary’s Health Care. Dr. Brader, who is board certified in obstetrics and gynecology and gynecologic oncology, completed his medical degree at Northwestern University Medical School, Chicago, Illinois, and his residency at Northwestern University Medical School. He completed his fellowship in gynecologic oncology at University of Texas, M. D. Anderson Cancer Center.

Jamie Caughran, MD, is currently completing her fellowship at Beaumont Hospital, Royal Oak, Michigan. Dr. Caughran, who is board certified in general surgery, completed her medical degree and residency at Michigan State University, achieving a general surgery categorical residency at MSU’s Grand Rapids Medical Education program. ■

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