

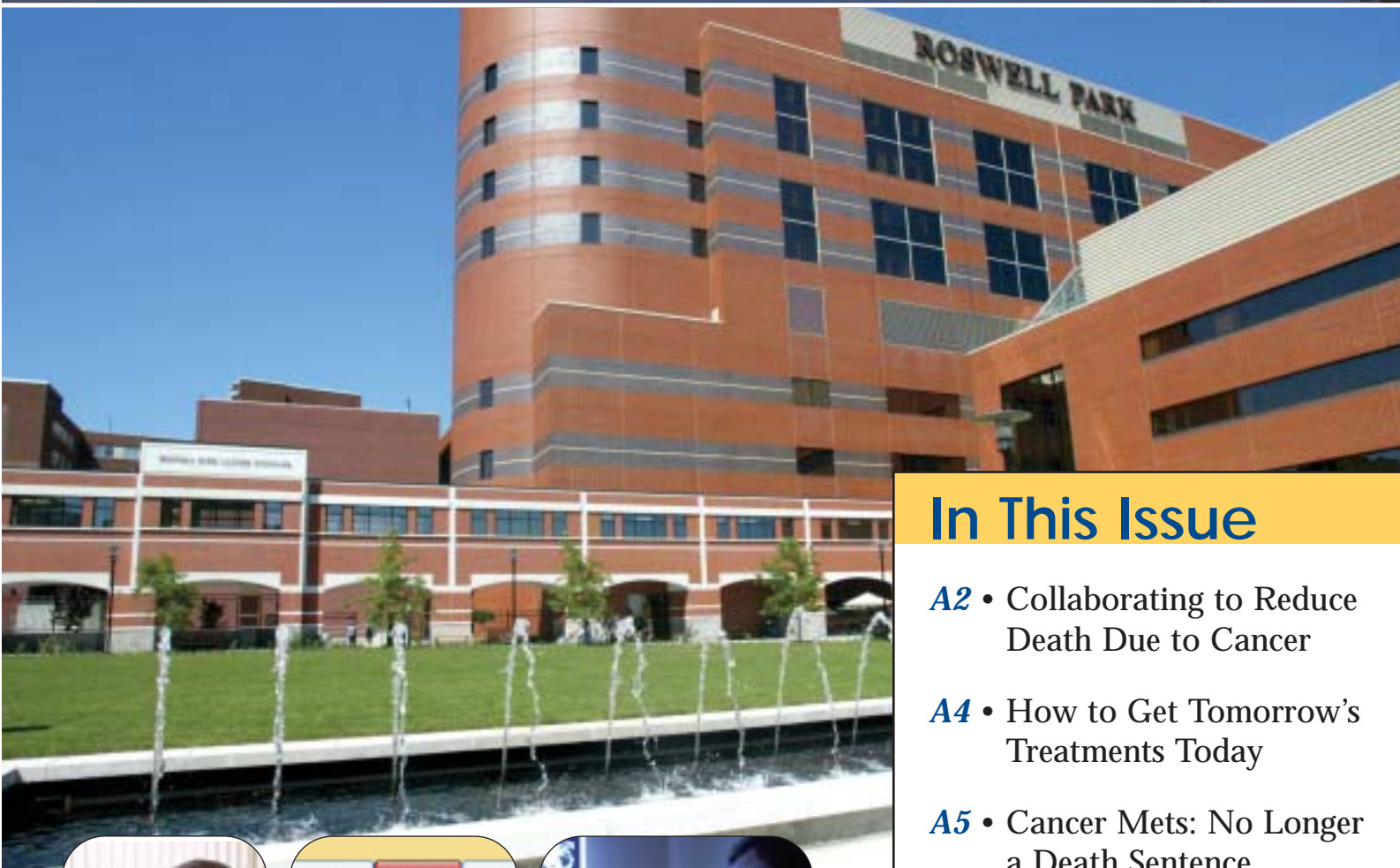


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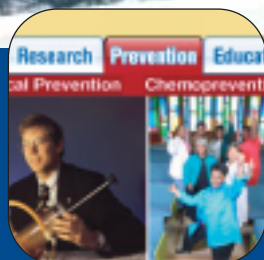
Updates on Cancer Advances and Patient Care

*In the Business to Save Lives...
through Research, Prevention and Innovative Treatment*



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Collaborating to Reduce Death Due to Cancer

by David C. Hohn, MD
President/CEO
Roswell Park Cancer Institute



When I began practicing medicine in the early 1970s, quality patient care and the management of disease were the highest priorities. Today, the practice of medicine has been transformed from an art to a financially driven business. Day-to-day operations, finance, competition, soaring insurance premiums, legislative changes, and reimbursement issues are among the driving factors in health care. Physicians, insurers, hospitals and academic medical centers all share increasing fiscal demands. Business acumen has become almost as important as medical expertise.

Roswell Park Cancer Institute is a National Cancer Institute-designated comprehensive cancer center. Although this status insulates it somewhat from some of the day-to-day vagaries of the business of medicine, that same status places additional demands on the Institute. Roswell Park shares the common concerns for the efficient delivery of high quality care, but must also meet the expectations of the National Cancer Institute (NCI).

Paramount among these expectations is the need to conduct innovative basic scientific research, to develop clinical trials, and to support an extensive portfolio of cancer prevention, education, and community outreach programs. Roswell Park's approach to this challenge is comprehensive. We begin by engaging in dialogue with our colleagues to gain an understanding of the needs of our community in relationship to our mission areas. Developing mutually beneficial partnerships with referring physicians, oncologists and institutions is a priority for me personally and for Roswell; it is also

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critical for future success. The NCI has made it a formal expectation for comprehensive cancer centers to expand the reach and impact of the national cancer program through collaborative relationships with other academic centers and community physicians.

Since my arrival in 1997, I have worked to promote both clinical and research relationships that have already strengthened the Institute and the community and helped to contribute to our highly successful recent review by the NCI. These relationships, both formal and informal, offer both medical and fiscal advantages for practicing physicians and for their patients.

Our clinical research efforts have been fortified through several collaborative ventures with community oncologists. The Roswell Park Community Cancer Network was formed with goals that included enhancing relationships with oncologists and offering clinical trials in the setting of private practice offices, while providing seamless delivery of multidisciplinary cancer care between the Institute's specialized research physicians and the community medical and radiation oncologists.

The Western New York Prostate Cancer Consortium, a joint effort between Roswell Park's Department of Radiation Medicine and a number of community urologists, was established to enhance quality of care, enroll patients on clinical trials, and establish a new business model allowing more cost-effective treatment and more competitive reimbursement. The success of this program has gained national attention and emulation. Quality has been enhanced through peer-

NETWORKNEWS

review of cases prior to treatment, and efficiency has been gained by elimination of needless diagnostic testing and bulk purchase of implantable radioactive seeds.

Roswell Park is relentless in its efforts to meet, and even exceed, the expectations of the NCI. The Institute continues to work with the National Comprehensive Cancer Network to craft “best practice” treatment guidelines for cancer and outcomes research that, undoubtedly, will be the basis for future reimbursement models. On a recent visit to Roswell Park, Dr. Andrew von Eschenbach, director of the NCI, noted that the body of research work over the past 30 years has provided the tools that have helped reduce mortality rates from the most common types of cancer. It has also given the cancer community confidence that cancer is more controllable and preventable than ever before. He stated that the goal of the NCI is to eliminate suffering and death from cancer by 2015. I believe that achieving this ambitious goal is possible, however, the rapid proliferation of new discoveries, the increasing complexity of cancer treatment and the challenges posed by the business of medicine preclude ultimate success without a strong commitment to collaboration.

I invite our community colleagues to work with Roswell Park to eliminate cancer and to help ensure a cancer-free tomorrow for our children and grandchildren. I welcome input on how we can better serve your needs, whether it is information on cancer research and prevention or direct patient care.

In this issue, you will be introduced to two of the many experts at Roswell Park who are available for telephone consultation. Dr. Donald Trump is a medical oncologist and the Senior Vice President of Clinical Research. His clinical expertise is in genitourinary cancers. He can be reached at (716) 845-3499.

Dr. Judy Smith is a surgical oncologist and the Medical Director at Roswell Park. Her clinical expertise is in gastrointestinal cancers. She can be reached at (716) 845-7724. You are always welcome to contact me at (716) 845-5772 or at david.hohn@roswellpark.org.

Roswell Park Cancer Institute (RPCI) in Buffalo, New York, the only National Cancer Institute-designated comprehensive cancer center in Upstate New York, and Rochester General Hospital (RGH), the only teaching hospital cancer program in Rochester designated by the American College of Surgeons, have signed an affiliation agreement. RGH is the home of the Dawn and Jacques Lipson M.D. Cancer Center.

During a news conference last summer at RGH, officials said the affiliation will provide exciting and dynamic opportunities to “promote the academic and clinical missions” of both institutions, thereby enhancing care for the patients at the Lipson Cancer Center.

Noting that Roswell Park has long been recognized as one of the nation’s leading comprehensive cancer centers, Sam Huston, President of RGH, observed, “I believe our two institutions share a vision for the future that will provide significant benefits to cancer patients as well as the next generation of cancer researchers and specialists.” He added, “Our affiliation with Roswell Park will enable RGH to enhance its clinical expertise and will facilitate patient access to leading-edge clinical treatments and research protocols not currently available in our service area.”

In other network news, Cayuga Medical Center (CMC) in Ithaca, and RPCI have signed an affiliation agreement to provide medical, surgical and radiation oncology services in the Finger Lakes region. ►



Drs. David Hohn and Rob MacKenzie seal the deal.

Both institutions said the affiliation focuses on education and research endeavors while improving patient access to research studies in oncology. However, RPCI will initially provide professional and technical radiation oncology services on site at CMC.

For more information, contact Roswell Park Cancer Institute’s Information Program at 1-877-ASK-RPCI (1-877-275-7724) or e-mail askrpci@roswellpark.org. Trained information specialists will offer you information about cancer, treatment options, clinical trials and supportive care services.

How to Get Tomorrow's



By Donald Trump, MD, FACP
Senior Vice President, Clinical Research
Roswell Park Cancer Institute

Treatments Today

It is virtually impossible to pinpoint the ideal treatment for many patients with cancer. Unfortunately, that's true both for patients in the early stages of the disease who are about to begin treatment, as well as those whose advanced disease no longer responds to standard therapy. In many of these cases, a clinical trial may provide the best available option.

Clinical trials are the basis for many breakthroughs in cancer treatment and the greatest source of progress in cancer therapy. In my own practice, I have witnessed the benefits that my patients have received by participating in randomized clinical trials that proved that the antiestrogen tamoxifen (Nolvadex™), combined with local therapy for breast cancer, cures more women than local therapy alone; studies that provided clear evidence that androgen deprivation and local therapy for certain stages of prostate cancer cures more men than local therapy alone; and studies demonstrating that three months of chemotherapy cures just as many men with widespread testis cancer as four months—and with less toxicity.

As physicians in a
National Cancer Institute-

designated comprehensive cancer center, all of us at Roswell Park Cancer Institute (RPCI) are committed to providing exceptional, multidisciplinary cancer care and to developing and conducting clinical trials that will promote improved quality of life and extended survival for cancer patients. At RPCI, we are conducting more than 160 therapeutic clinical trials and will enter more than 700 patients on clinical trials this year.

RPCI investigators developed clinical trials that led to such important treatment advances as photodynamic therapy (PDT) for esophageal, lung and skin tumors; and the use of 5-FU and leucovorin to treat colon, rectal, stomach,

and esophageal cancers. PDT studies continue at RPCI, while new clinical trials include the development of high doses of calcitriol and other vitamin D analogues and chemotherapy to arrest prostate cancer; the combination of monoclonal antibodies and chemotherapy to treat lymphoma; and novel combination therapies for acute leukemia and colorectal, pancreatic and lung cancers.

I feel strongly that the chance to participate in a clinical trial should be considered for most patients with cancer. In the U.S., only 3% of individuals with cancer participate in clinical trials. Considering the large number of individuals with cancer and the many important questions that remain concerning the best ways to improve the quality and length of survival, we all have a great opportunity and obligation to give our patients the option of participating in a clinical trial. Patients should be assured that clinical trials are always conducted in accordance with the highest medical and ethical standards and have gone through several levels of review by panels of experts in science, cancer medicine and medical ethics. These panels must concur that the trial in question meets the highest scientific and clinical benchmarks of patient care.

My colleagues always consider the possibility of an appropriate clinical trial when providing consultations to you and your patients. Consultations require a thorough medical evaluation and review of all viable treatment options. Thus, even when a clinical trial does not prove to be the best option, the evaluation process can lead to a more effective approach to standard therapies and can provide additional information for both the referring physician and the patient.

Compassionate, state-of-the-art patient care is always at the center of our efforts, and offering patients the opportunity to take part in a clinical trial often fulfills that goal.

Please feel free to contact me directly should you have questions or need an over-the-phone consultation regarding your patient. My direct office line is (716) 845-3499 or you may correspond with me via email at donald.trump@roswellpark.org

For a complete listing of clinical trials, visit our website @ www.roswellpark.org

Cancer Mets: No Longer a Death Sentence

by Boris Kuvshinoff, MD, FACS *Roswell Park Cancer Institute*

Advances in chemotherapy and surgery, together with the introduction of targeted molecular therapies, are improving the prospects of long-term survival for patients with metastatic cancer. The impact of these advances is especially evident for colon cancer, which affects about 140,000 individuals a year in the U.S. and is the second leading cause of cancer death. The good news: the median survival for patients with metastatic colon cancer has nearly doubled within the last five years, and more patients are being evaluated for potentially curative surgery. The refinement of new drug combinations that include camptosar and oxaliplatin, together with new targeted angiogenesis and growth factor inhibitors, are among the factors contributing to that success.

A number of surgical advances have had an impact as well:

- Surgical metastasectomy, including liver, lung and adrenal gland resection, can be done safely and may be curative in selected patients.
- Radiofrequency Ablation (RFA) of the liver, in which a needle delivers high-frequency radio waves directly to the tumor, destroying it without affecting adjacent healthy tissue. RFA is also being evaluated for use in treating kidney, lung, and bone tumors.
- Hepatic artery chemotherapy, in which chemotherapy is delivered directly to the liver in high doses. In combination with tumor resection, it may reduce tumor recurrence in the liver.
- Hyperthermic intraperitoneal chemotherapy, an option for some patients with appendiceal, colon, and ovarian cancers that have metastasized to the abdominal cavity. Heated infusions stimulate the body's immune system, which may enhance the effects of the chemotherapy.
- Video-Assisted Thoracic Surgery (VATS), which employs a videoscope to excise tumors of the lung through several small ports rather than the conventional long incision between the ribs. VATS is associated with less post-op pain and shortens recovery time.
- Stereotactic radiosurgery, a noninvasive, outpatient procedure for treating isolated brain metastases in patients ineligible for conventional brain surgery.



Dr. Boris Kuvshinoff is a surgical oncologist specializing in gastrointestinal cancers.

Generally, these new technologies are applied in a multimodality approach along with systemic therapy. The improvements in both chemotherapy and minimally invasive surgery provide more patients access to potentially curative therapy. Even when the chance of cure is small, the thoughtful application of minimally invasive techniques may allow patients a respite from their chemotherapy regimens, improve quality of life, and extend survival.

Because prospects improve every year for patients with metastatic cancer, such patients should be evaluated by an oncologist to determine whether they might benefit from these or other emerging therapies.



For more information or to reach Dr. Kuvshinoff, contact him at (716) 845-1248 or via e-mail at boris.kuvshinoff@roswellpark.org

Roswell Park Case Study



ESOPHAGEAL CANCER

The Patient:

- ✓ 60-year-old male
- ✓ 2 pack-a-day, 40-year cigarette history
- ✓ Alcohol consumption
- ✓ Difficulty swallowing

The Work-up:

- ✓ Complete physical exam
- ✓ CBC, SMA 12
- ✓ Barium swallow

ALLERGIES:

The Referral:

If suspicion for malignancy based on these studies; recommend referral for diagnosis and staging. Early referral will minimize redundancy of testing.

- ✓ CT scan of chest abdomen and pelvis
- ✓ EGD with biopsy
 - Endoscopy ultrasound included if no evidence of M1 disease
 - Bronchoscopy if tumor is at or above the carina and no evidence of M1 disease
- ✓ Consider laparoscopy for GE junction tumors if no evidence of M1 disease by CT
- ✓ Consider PET

The Treatment Team:

All patients should ideally be evaluated by a multimodality team specializing in esophageal cancer.

Our Team Includes:

- Pathologist sub-specializing in upper GI cancers
- Surgeon with large experience in the resection of esophageal cancer
- Radiation oncologist
- Radiologist
- Medical oncologist
- Pain specialist
- Nutritionist

Treatment:

Protocol therapy, if available, should be considered for all patients with esophageal cancer as the overall cure rates remain poor.

Recommended General Treatment:

- ✓ Cervical esophageal cancer
 - Chemoradiation
 - T1 disease
 - Surgical resection
- ✓ Other locoregional esophageal cancers
 - Multimodality treatment (chemoradiation & surgery)
 - T4 disease, M1 or inoperable disease
 - Palliative CT, RT, laser, stent, PDT w/ nutritional support & pain control

DOCTOR Judy Smith, MD, MS, CPE, FACS
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For additional information regarding this case study or for information on how you can obtain practice guidelines for other cancers, contact Judy Smith, MD, Medical Director at (716) 845-7724 or judy.smith@roswellpark.org

June 25-26, 2004

8th International Conference on Long-Term Effects of Treatment of Children & Adolescents for Cancer

Queen's Landing Inn and Conference Center
Niagara-on-the-Lake, Ontario

This event is a forum for exchange of innovative ideas among medical and pediatric oncologists, fellows, residents, interns, oncology nurses and other health professionals. This year, the program will focus on the latest scientific and clinical advances in the prevention and treatment of cardiac disease produced by radiation or chemotherapy.

Call 716-845-2334 for more information.

Roswell Park Cancer Institute is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.



July 10, 2004

ASCO Update 2004

Research Studies Center, Roswell Park Cancer Institute
Buffalo, NY

This program is designed to provide primary care physicians, oncologists, urologists, gastroenterologists, gynecologists, pharmacists, nurse practitioners and physician assistants with a summary of the latest data and research findings in breast, lung, GI and GU cancers presented at the 40th Annual Meeting of the American Society of Clinical Oncology (ASCO). The program will focus on how these new data and research will impact the practice of oncology.

Call 716-845-5706 for more information.

CME Continuing Medical Education Calendar

Physicians Practice is provided by the Department of Marketing, Planning & Public Affairs at Roswell Park Cancer Institute as a service to the community. If you have comments or suggestions regarding this publication or would like to reproduce any part of this publication, please contact Vice President of Marketing, RPCI, Elm and Carlton Streets, Buffalo, NY 14263 or laurel.dibrog@roswellpark.org.

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