

The Pulse

A newspaper for employees, families and friends of Cape Cod Healthcare

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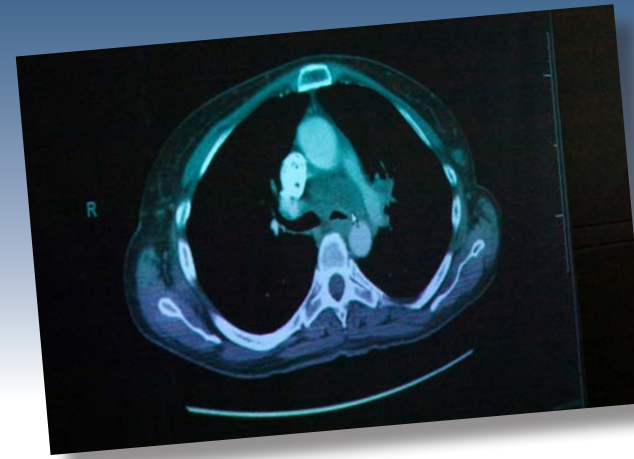
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CAPE COD HEALTHCARE

A Stronger View

Experts exchange opinions/advice at CCHC tumor conferences



Cancer treatment requires a multi-faceted approach tailored to each patient's specific medical, psychological and spiritual needs.

The challenge of diagnosing and treating cancer is no more evident than at the weekly Cape Cod Healthcare Multidisciplinary Tumor Conferences. The give and take of opinions across a spectrum of health care providers ensures that cancer patients at Cape Cod Hospital and Falmouth Hospital get the best, most individualized and latest treatment. Debate over how to best treat cancer cases is the hallmark of the conferences.

"It's a sophisticated meeting, equal to academic centers, with up-to-date research protocols," said Surgeon Peter Hopewood, M.D., who started the weekly FH conferences about eight years ago. "It's really state-of-the-art using live, in-action cases."

The Tumor Conferences are one of the main reasons Jeffrey Spillane, M.D., agreed to become CCHC's first full-time Thoracic Surgeon in 2004. He saw an opportunity to practice big-city medicine in a community hospital setting.

"This approach was what sold me," Dr. Spillane said recently. "This is good stuff going on here."

A number of specialties are represented at the boards at both hospitals. Surgeons, Medical and Radiation Oncologists, Pathologists, Pulmonologists, Gynecologists, Neurologists and other physicians discuss and debate cases. Also included in the discussion are Registered Nurses, Nurse Practitioners, Social Workers and Certified Cancer Registrars.

Members listen to in-depth presentations, pore over CT and MRI scans, and challenge each other on how to best treat cases.

Certified Tumor Registrars Hester Grue, Carol McDonald and Kathy Jacobs coordinate the conferences at Cape Cod Hospital. Registrar Deb Crockett-Rice arranges the Falmouth Hospital boards. Registrars send case summaries to medical records for inclusion in the patient's record.

All summaries are transcribed and available electronically for physicians.

Only the more complex, unusual cases are presented at the Tumor Conferences. The large volume of cases treated at the two hospitals – more than 1,200 each year – make it impossible for every patient to be referred. As a member of the Community Comprehensive Cancer Program through the accrediting body, the American College of Surgeons, CCHC is required to present at least 10 percent of its cases at tumor boards, Grue said. The CCHC venues easily surpass that mark each year, said CCHC Cancer Care Center Administrative Director John Ponte.

The ACoS accredits CCH as a Comprehensive Cancer Program and FH as a Community Cancer Program. Only one in four cancer programs at hospitals across the U.S. have received ACoS approval. The accreditation must be renewed every three years.

"You leave with a stronger view of what you will tell your patients."

Cape Cod Hospital

CCH holds several tumor conferences every week. A Breast Conference is held every Wednesday, and Thoracic cases are discussed on the first, third and fourth Tuesdays of the month. A Gynecology Board is held on the first Thursday, a Neurology Conference on the third Thursday, and all other types of cancer cases are taken up on the remaining Thursdays of the month.

Clinical studies are often cited to back up opinions and advice, as well as experience and academic know-how. Humor and compassion are often part of the mix.

During a recent Breast Tumor Conference, the CCH team debated how to deal with a tiny tumor in a 56-year-old woman's breast. The 1.5-mm mass was picked up with the precision of digital mammography, Breast Care Center Director and Radiologist Charles Williams, M.D., told the group.

Some advised watching and waiting.

"Would we radiate a 56-year-old woman for this?" Surgeon Jill Oxley, M.D., asked the team.

Some said it should be offered but discouraged. Surgeon Carlos Fonts, M.D., cautioned that radiation increases

the risk of mastectomy in the future, if the cancer recurs, since radiation is a one-time-only option.

"Do we really know what would happen if we hadn't seen this?" Fonts asked. "We're assuming every seed turns into cancer, and I don't know that that's true."

In the end, the team agreed the patient should be offered radiation, and told of the Tumor Conference's discussion.

At a March Gynecology Tumor Board at CCH, conference members debated how to preserve the child-bearing ability of several women recently diagnosed with cancer.

In the case of a 32-year-old woman with a uterine tumor, Obstetrician/Gynecologist William Agel, M.D. wanted to know if she could be treated with drugs and then go on to have another baby.

"If an MRI shows that the tumor is not invasive, she can be treated with meds," said Richard Moore, M.D., a Gynecological Oncologist visiting patients at Cape Cod Hospital that day from Women and Infants Hospital in Providence. A Women and Infants team was also participating in the meeting via teleconferencing.

"The standard of care is a hysterectomy, but for women who want to remain eligible for child-bearing, this does work," Moore said.

Agel wanted to make sure. "So there is little to no risk treating with drugs first?" he asked. Moore reassured him and the board moved on to the next case.

"Checking and double-checking, that is what we do," Dr. Spillane said.

Falmouth Hospital

The FH Tumor Conferences are held every Friday morning, and specific types of cancer cases are usually grouped together on the same week. The meetings feature robust discussion of specific cases as well as cancer care in general, said Dr. Hopewood. Guest speakers and consultants are often brought in to talk about the latest research and treatment, he said.

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8 Pictured above: Scenes from Cape Cod Hospital's Tumor Conference (left-to-right); Medical Oncologist Henry Casey, M.D., Neurosurgeon Patrick Murray, M.D. and others; Radiologist Batol Aleali, M.D.; Radiation Oncologist Robert McAnaw, M.D.; and Pathologist Frank Braza, M.D.

Pictured above: Scenes from Falmouth Hospital's Tumor Conference (left-to-right); Tumor Registrar Debora Crockett-Rice and Pathologist Leslie Max, M.D.; Medical Oncologist James Chingos, M.D.; Medical Oncologist Jennifer Crook, M.D.; Surgeon Peter Hopewood, M.D. and Radiologist Michael Fishbein, M.D. 9

A Stronger View: CCHC Tumor Boards *(continued)*

Medical Oncologist Victor Aviles, M.D., who chairs the conferences, said the meetings are often more interactive than those held at big university hospitals.

“Here, everyone is involved. It’s patient-focused and current,” he said.

A recent conference reviewed the case of a 59-year-old woman who had developed osteoblastic lesions along her spine. The cells from a biopsy were “suspicious for cancer,” said Pathologist Leslie Max, M.D. The type of cancer suspected in this case usually originates in the breast, but scans showed no cancer there, said Radiologist Michael Fishbein, M.D.

Aviles asked Medical Oncologist James Chingos, M.D., what he made of the mystery.

“It serves as a prime example of occult microscopic breast cancer that went away,” he replied. The woman is a prime candidate for hormone therapy, he advised the board.

During another recent conference, Urologist Paul Bouche, M.D., presented a case of a 72-year-old man recently diagnosed with prostate cancer. Conference members agreed the standard of care would be external radiation and hormone therapy. Radiology Oncologist Daniel Canaday, M.D., suggested a study ongoing at Dana-Farber Cancer Institute that may benefit the man.

“We don’t limit ourselves,” Dr. Hopewood said. “A program done well ends up uplifting the community around it. When you have a program with this amount of people, it commands a presence” that leads to the best care.

During discussion of a case of a 42-year-old woman who had recently undergone a double mastectomy for breast cancer, the conference wrestled with how to convince the patient to undergo treatment with radiation and chemotherapy. Her recurrence risk is about 70 percent, said Medical Oncologist Jennifer Crook, M.D., but the patient was resisting the follow-up measures.

The clinical analysis then turned to how to bolster the woman psychologically. “I’m going to connect her to a few women her age who have been through it and have positive experiences,” Dr. Hopewood said.

The weekly forums serve as a support for health care providers, Dr. Aviles said. “You leave with a stronger view of what you will tell your patients.”



Dr. Victor Aviles chairs the Falmouth Hospital Tumor Conference.