

Exceptional Cancer Care

EMPLOYING A “WE ARE YOU” PHILOSOPHY, THE CANCER CARE CENTER AT ST. ANTHONY’S MEDICAL CENTER IS COMMITTED TO PROVIDING QUALITY, COMPREHENSIVE AND COMPASSIONATE CARE TO CANCER PATIENTS THROUGHOUT THE ST. LOUIS AREA.

THE CANCER CARE Center at St. Anthony’s Medical Center is nationally accredited by the Commission on Cancer of the American College of Surgeons. Brian Pence, Director of the Cancer Care Center, explains the “We Are You” philosophy the Cancer Care Center employs, saying, “We know and understand the needs of our patients and the community because we live and work in the community. We treat every patient and family as we would want to be treated: with compassion, quality and value.”



Brian Pence, Director of the Cancer Care Center at St. Anthony’s Medical Center

St. Anthony’s Medical Center is the third-largest hospital in the St. Louis area and has been delivering health care to people in the community for more than 100 years. A Catholic medical center, St. Anthony’s mission is to “provide the best care to every patient, every day.” The Cancer Care Center carries out this mission as well, providing St. Louis area residents with access

to skilled physicians, the latest techniques and technologies, research trials and treatment in a caring environment.

Partnering to Provide the Best Possible Outcomes

A defining feature of the Cancer Care Center is its commitment to multidisciplinary care. All physicians are board certified in their chosen specialties, and patients benefit from collaboration between medical oncologists, radiation oncologists, surgical oncologists, plastic surgeons and neurosurgeons, to name a few.

“Because of this multidisciplinary approach, patients are able to meet all of the physicians involved in their care before committing to a treatment plan, and physicians are able to communicate with one another about the best treatment option,” says John H. Bechtel, M.D., radiation oncologist at St. Anthony’s Medical Center. “For example, when a woman has an abnormal mammogram, she will undergo an ultrasound, MRI and biopsy. Then, before a treatment plan is formulated, she will meet all of the physicians — including a breast surgeon, plastic surgeon, radiation oncologist and medical oncologist — who will be involved in her care. These physicians then meet at a weekly

A multidisciplinary team of physicians and staff at St. Anthony’s Medical Center review patient data at a breast tumor board conference.





From left: Breast care navigator Corinne Coppinger, R.N., and radiation oncologist John Bechtel, M.D., meet with breast cancer patient Gerri Accardi at St. Anthony's Cancer Care Center.

breast cancer conference, review the patient's films and slides and work together to determine the best course of action for that patient."

"The more physicians work together when developing a care pathway, the more efficient, quality care is provided," adds Pence. "Patients who receive care in an atmosphere that promotes collaboration have been shown to experience significant increases in positive outcomes while eliminating unnecessary procedures and reducing side effects. Through tumor boards that enhance teamwork during the care planning process, physicians are able to combine their expertise to determine the roadmap to care that will be most beneficial to each patient as an individual."

At the Cancer Care Center, regularly scheduled tumor board conferences are available for all patients and provide physicians with an opportunity to examine unique cases for which the treating physician and/or the patient can be assisted by additional feedback. Specific tumor boards are held to discuss breast cancer and thoracic cancer, and a general tumor board is held to review all cancers. During these conferences, physicians review the diagnostic workups and clinical presentation of a patient's condition. Staging of the patient's cancer is reviewed in case further diagnosis is required. Specialized diagnostic and biopsy procedures are evaluated as necessary. Therapeutic modalities, including radiation, surgery, chemotherapy and clinical trials, are examined to determine next treatment steps. National Comprehensive Cancer Network (NCCN) guidelines also are reviewed to ensure that each patient's treatment pathway is in line with the latest national treatment standards and recommendations.

Before, during and after treatment, supportive staff — including a breast care navigator, nurses, therapists, technicians and support services, such as research and genetic counseling — helps enhance patients' experiences and enables them to

better understand their diagnoses and treatments. Not just a clinic, the Cancer Care Center utilizes the services of the entire hospital for collaborative, quality care.

A breast care navigator was recently added at the Cancer Care Center to assist patients in navigating the care process for breast cancer. This breast care navigator helps foster communication with patients and their physicians by ensuring they understand their diagnoses and treatment plans, and what will happen both before and after surgery and any other treatment for their cancer. The navigator also ensures that all necessary consultations, follow-up appointments and adjunct therapies are scheduled.

"When patients first receive a cancer diagnosis, a whirlwind of information

must be digested and understood," says Pence. "A supportive staff is really the glue creating a seamless environment of care that takes into account each patient's emotional, physical, psychological and even logistical needs, such as travel and family support. The breast care navigator, for example, helps patients transition between diagnosis, treatment and survivorship support, answering patient questions or concerns that may arise. Since employing the breast care navigator, patient satisfaction has risen dramatically, and we are finding that it improves patient outcomes as well."

State-of-the-Art Technology

Patients benefit from a variety of available services that use the latest technology, including reconstructive surgery after tumor removal, the Trilogy Stereotactic System for advanced radiation therapy and radiosurgery, high-dose-rate (HDR) brachytherapy and use of Mammosite 5-Day Targeted Radiation Therapy for partial breast radiation. The da Vinci Surgical System also is used for robotic surgical treatment of prostate cancer, gynecological cancers and thoracic cancers.

The Trilogy Stereotactic System

The Cancer Care Center uses the Trilogy Stereotactic System for a range of treatments, including stereotactic radiosurgery for tumors of the lung or brain, palliation for patients with bone cancer, intensity-modulated radiation therapy and image-guided radiation therapy.

"The Trilogy Stereotactic System is an all-purpose machine that allows us to treat many different types of cancers using dose distribution to make the radiation dose conformal to the tumor, which spares normal organs by precisely shaping the radiation dose," says Dr. Bechtel.

When patients need radiosurgery or intensity-modulated



Dr. Sara Beth Snell reviews pathology slide at the St. Anthony's breast tumor board conference.

radiation therapy, images, such as CT scans, are taken to help aid pretreatment planning. Radiation oncologists then meet with the team of radiation physicists to view the images three-dimensionally to outline the tumor so that critical structures, including the brain, eyes, nerves and brain stem, will be protected. In cases of radiosurgery for brain lesions, neurosurgeons from Saint Louis University work with the Cancer Care Center through a partnership with St. Anthony's Medical Center. These neurosurgeons assist radiation oncologists in identifying the lesion, as well as any critical structures, and help outline the proper dosage.

A COMMUNITY PARTNERSHIP

ST. ANTHONY'S MEDICAL Center partners with Saint Louis University to provide enhanced access to neurosurgical services, including stereotactic radiosurgery using the Trilogy Stereotactic System. Not only does this benefit patients with cancers of the brain or neck, but subspecialized services are also provided for benign conditions.



Tanya Quinn, M.D.

Tanya Quinn, M.D., is a neurosurgeon at St. Anthony's Medical Center and Saint Louis University. "Through this partnership," states Quinn, "patients at St. Anthony's Medical Center have access to a variety of neurosurgical subspecialties, including vascular surgery, minimally invasive endoscopic cranial surgery, complex spine surgery and enhanced management of neurotrauma. As neurosurgery continues to become more specialized, each neurosurgeon will have his or her own area of expertise. Having these services available to patients in the community greatly enhances care and ensures that patients can see an individual who has extensive training and experience in the services they need."

Use of the Trilogy Stereotactic System for brain lesions is indicated for patients who are not surgical candidates, such as elderly patients and patients whose tumors are not surgically accessible. Depending on the type of cancer and necessary treatment, patients may be able to finish their radiation therapy after one to three treatments that are carried out over the course of five days.

The Trilogy Stereotactic System can even be used to treat cancers of the lung and contains a "respiratory gating" system that accounts for tumor movement during respiration, allowing the radiation beam to supply radiation only at certain points in the patient's breathing cycle. This is advantageous for treating tumors that lie close to the spinal cord or heart, as it ensures that no harmful radiation will affect these structures.

Mammosite 5-Day Targeted Radiation Therapy

Patients with early-stage breast cancer without lymph nodal involvement can benefit from partial, rather than entire, breast radiation using Mammosite 5-Day Targeted Radiation Therapy. The Mammosite balloon is placed in the surgical cavity at the time of lumpectomy. Soon after surgery, HDR brachytherapy is delivered from an external radiation device, called an HDR unit, directly to the tumor site through a catheter attached to the balloon. Patients generally undergo 10 HDR radiation treatments lasting approximately 45 minutes each. The treatments are completed over the next five working days, and then the balloon is removed.

"Treatment using Mammosite 5-Day Targeted Radiation Therapy allows patients with early-stage cancer to avoid a six-week course of radiation therapy," says Dr. Bechtel. "For appropriate patients, this is a very attractive treatment option, as it allows them to return to normal life as soon as possible."

High-Dose-Rate Brachytherapy

In addition to its use with Mammosite 5-Day Targeted Radiation Therapy, HDR brachytherapy is available for other malignancies, such as esophageal cancer, lung cancer, skin cancer, cervical cancer, endometrial cancer and cancer of the bile duct. It is performed in a specific HDR brachytherapy unit at the Cancer Care Center.

For patients with gynecological malignancies, a combination course of traditional radiation therapy may be performed before proceeding with internal HDR treatment, which delivers additional radiation directly to the cervix.

HDR brachytherapy for skin cancer treatment also is gaining in popularity. Instead of performing 20 or 30 external radiation treatments, patients are able to undergo six treatments twice a week. This is achieved through the placement of catheters that

deliver radiation therapy directly to the site of the cancerous skin lesion.

Additional Services for Breast Cancer Patients

The Breast Center at St. Anthony's Medical Center provides a variety of diagnostic modalities to help aid in expedient and efficient diagnosis of breast cancer. Through the Breast Center, digital mammography, breast ultrasound, stereotactic breast biopsy and ultrasound-guided breast biopsy are available.

If abnormal findings are discovered, patients are contacted immediately, helping reduce the anxiety patients may experience waiting for test results or additional appointments.

If a breast cancer diagnosis is confirmed, patients with tumors less than 5 cm, nonpalpable axillary nodes and normal axillary ultrasound undergo sentinel node biopsy. Sentinel node biopsy determines if the cancer has spread beyond the breast. This helps physicians determine if chemotherapy or further surgery is indicated. If lymph nodes look suspicious on axillary ultrasound, then fine needle aspiration is performed.

Lumpectomy and mastectomy are both surgical treatment options. Appropriate candidates have the option of immediate breast reconstruction surgery at the time of tumor or breast removal.

"Through the Cancer Care Center at St. Anthony's Medical Center, breast cancer patients benefit from academic-level care in the community setting," says Sarah Beth Snell, M.D., FACS, breast cancer surgeon at St. Anthony's Medical Center. "Patients are offered access to clinical trials, partial breast radiation and plastic surgery with many types of reconstructive options that aren't generally offered in the community hospital setting."

Options for Breast Cancer Reconstruction

After patients meet with a breast cancer surgeon, they are referred to a plastic surgeon who specializes in breast reconstruction. Depending on the size of the patient's breast and previous treatments, such as radiation, many different options are available.

For patients undergoing a mastectomy who have never had radiation or previous surgery, breast reconstruction can be achieved through use of a prosthetic implant. In some cases, a full implant can be placed at the time of mastectomy. In other



Samer Cabbabe, M.D., performs breast reconstructive surgery at St. Anthony's Medical Center.

cases, a tissue expander is placed at the time of mastectomy, and replacement with an implant follows at a later date.

Patients with early-stage breast cancer who are undergoing a lumpectomy can have oncoplastic breast surgery, essentially a breast reduction or a breast lift, performed at the same time as their tumor removal. This prevents the need for an extra surgery and also helps improve outcomes. Surgery is less successful and more complex after tissue has been radiated because healthy tissue will need to be harvested from other areas of the body to complete reconstruction.

Traditionally, in cases of mastectomy, particularly if there has been prior radiation, skin and fat from the patient's abdomen can be used to reconstruct the breast through the creation of a transverse rectus abdominis muscle (TRAM) flap. This approach allows the transferred tissue access to necessary blood supply.



The Trilogi Stereotactic System enables St. Anthony's radiation oncologists John Bechtel, M.D., and Eric Sutphen, M.D., to make radiation doses conformal to tumors.

“The conventional TRAM procedure can be very traumatizing to the body, especially if both breasts need to be reconstructed and both abdominal muscles are removed,” says Samer W. Cabbabe, M.D., plastic and reconstructive surgeon at St. Anthony's Medical Center.

Several types of microsurgical breast reconstruction have been developed to help prevent complications, including a free muscle-sparing TRAM — which involves transferring a much smaller portion of muscle at the time of surgery — a deep inferior epigastric perforator flap or superficial inferior epigastric artery flap, which involves removal of no muscle from the abdomen. Currently, St. Anthony's Medical Center is one of the few hospitals in St. Louis offering these advanced breast reconstruction techniques. Dr. Cabbabe is the surgeon offering these procedures.

“At St. Anthony's Medical Center, all patients who come to see our breast cancer surgeons are offered the option of a consultation with a reconstructive surgeon who is experienced in multiple techniques,” says Dr. Cabbabe. “This allows women to benefit from the option that will ensure the best outcome for their individual situation.”

Monitoring Outcomes

An individualized roadmap for care is developed for each patient who receives treatment at the Cancer Care Center. Patients then are guided through the pathway, improving outcomes and reducing side effects. Guiding patients through this roadmap also ensures that patients have a clear understanding of treatments and goals. All roadmaps are developed using NCCN guidelines.

“Within pathways, we can track each patient's treatment and document any side effects or negative outcomes,” says Pence. “Pathways can be reviewed by a pathway committee that

measures all side effects in relation to treatment, emergency department visits and lengths of hospital stays to help ensure patients are receiving the best possible care. This is why the continued development and implementation of pathways are so important to the cancer program.”

Enhanced Support for Diagnosis, Treatment and Survivorship

During treatment, patients benefit from supportive services, including wound care treatment, nutritional counseling, lymphedema management, pastoral care and support groups for prostate cancer and breast cancer. Community screenings for breast, prostate and skin cancer also are available, as well as community prevention programs.

“At the Cancer Care Center at St. Anthony's Medical Center, we treat the whole patient ... from diagnosis to treatment to survivorship,” says Pence. “Our physicians and staff members are extremely skilled, dedicated and compassionate. Most importantly, we want people in the community to know that ‘We Are You.’ We work and live in this community. We have families here just like you do, and we want the best health care for our loved ones, just like you do. That's why we come to St. Anthony's Medical Center. We know that St. Anthony's Medical Center provides the best care to every patient, every day.”

For more information about the cancer services provided through the Cancer Care Center at St. Anthony's Medical Center, visit www.stlouiscancer.org, or call (314) 525-1355. ■