Oncology Update

News for physicians from Legacy Cancer Institute Fall 2013

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Prostate cancer: Robotic surgery, PSA screening?

Lawsuits against Intuitive Surgical, makers of the da Vinci® Surgical System, along with studies on the cost/benefit of robotic surgery, have generated controversy on the safety and efficacy of robotics. Where do Legacy urologists — who perform both traditional open, straight-stick laparoscopic and robotic surgery — stand?

"I think robotic surgery is overhyped on both the positive and negative," says Michael Kaempf, M.D., a urologist who uses the robot at Legacy Good Samaritan. "Its advantages are smaller incisions, less blood loss and faster recovery. The biggest negative is cost. Complications, mostly due to malfunction of disposables, are a small percentage and overblown.

"Most prostatectomies are done robotically now," he continues. "I feel it's an advantage for most patients because it allows slightly better potency and continence rates, faster, with no obvious negative impact on cure rates."

> *"Robotic surgery is overhyped on the positive and negative."*
>
> *— Michael Kaempf, M.D., urologist, Legacy Cancer Institute*

One of the quality indicators with regard to prostatectomy is the surgical margin positivity rate (SMPR). Legacy's urological surgeons achieve better SMPRs with robotic surgery than open, a nod to the enhanced precision afforded by the robot's improved visualization.

"But in robotics, you're going to have more positive margins when doing nerve-sparing procedures, something you can't do with open surgery because you can't see," Dr. Kaempf says. "At the same time, margin positivity has little to do with long-term survival. We've found we can keep a lot more men potent by sparing the nerves, and frankly, most men would trade potency for a cure." Bottom line, he says, "there are subtle improvements with robotic surgery over open, but not huge differences." For patients who want to maintain potency, that edge is likely just big enough.

To screen or not to screen

Last year, the U.S. Preventive Services Task Force recommended against PSA-based screening for prostate cancer, asserting that the harm from overtreatment outweighs the benefit of screening — triggering confusion.

"While I agree that there is overtreatment of prostate cancer, I'm not recommending that people consider screening wrong," says Dr. Kaempf. "Individual patients at higher risk still should be offered screening. Other men don't need to be screened every year. It needs to be individualized. Most of us think 'do the test and deal appropriately with positive results; don't forego the test.' After all, PSA screening has been shown to save 30,000 lives a year."

When prostate cancer is detected, an option for older men is active surveillance, in which patients are followed closely. Treatment is not administered until the cancer progresses (learn more at **www.legacyhealth.org/prostatecancer**).

"Not every cancer needs to be treated," Dr. Kaempf adds.

LEGACY HEALTH

More to risk assessment than BRCA-1 and BRCA-2 testing

Paul Dorsey, M.S., CGC

Physicians who test patients with a strong family history of breast cancer for the BRCA-1 and BRCA-2 gene mutations alone may be doing these patients a serious disservice, asserts Paul Dorsey, M.S., CGC, Legacy Health genetics counselor.

"BRCA-1 and BRCA-2 are the most common genetic tests physicians order for patients with a family history of breast cancer," he explains. "Yet today we know of 28 genes implicated in breast cancer along with many hereditary cancer syndromes. So if someone tests negative for BRCA-1 and 2 but still has a strong family history of cancer, it means you looked at the wrong genes.

"If that patient has the PTEN gene mutation, for example, she's still at very high risk of developing not only breast cancer but also thyroid and uterine cancer," he adds.

This underscores the need for comprehensive genetics counseling and testing using panels, each of which focuses on a targeted group of genes, Dorsey says. This is becoming more affordable as additional and less-expensive testing options emerge in the wake of the Supreme Court decision barring patenting of genes. A growing number of insurers also cover testing.

The risk of current cancer patients with certain gene mutations developing additional cancers underscores the need for comprehensive genetics counseling and testing.

However, the right tests must be ordered the first time, he cautions. "In some cases, insurers won't cover additional testing if you decide to look at a different gene mutation," he says. And ordering the right test panels requires in-depth genetics evaluation.

To that end, Legacy Medical Group–Surgical Oncology and the Legacy Breast Health Center–Meridian Park are piloting an electronic risk-assessment questionnaire that calculates the probability that an individual is a gene mutation carrier and what that mutation would likely be. It also generates a risk profile for developing specific types of cancer. The goal is to eventually develop a Web-based app available to all physicians.

"If someone is a likely carrier, the system automatically generates a referral to me for counseling and testing," Dorsey says. "If someone is at high risk for developing cancer, they're referred for additional screening."

Dorsey also notes that Oregon law requires counseling prior to any predisposition genetic testing — something that few physicians are doing (or qualified to do). Also, the state has specific privacy guidelines regarding testing, and most in-office test kits do not meet these requirements.

The best solution, he suggests, is to refer at-risk patients to a qualified genetics counselor for the most comprehensive counseling and testing.

Questions? Contact Paul Dorsey at 503-413-6050 or pdorsey@lhs.org.

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Legacy expands practices in breast cancer surgery

The practices of Legacy Medical Group–Surgical Oncology and Legacy Medical Group–Reconstructive Surgery have expanded to offer more breast cancer surgery services for patients in Gresham, Portland and West Linn.

Legacy Medical Group–Surgical Oncology now has five providers:

- Nathalie Johnson, M.D., FACS
- Jennifer Garreau, M.D.
- Angela Lewis-Traylor, M.D, FACS
- Alivia Cetas, M.D.
- Margie Glissmeyer, M.S., PA-C

LMG–Surgical Oncology is also closely connected with Legacy's nurse navigators and patient navigator, as well as the Legacy Cancer Healing Center and its cancer nurse practitioner, Reza Antoszewska. See the enclosed sheet with biographies of the providers.

Among the changes in Legacy's breast cancer practices:

- Dr. Cetas, breast surgical oncologist, sees patients in the South Metro area with clinic hours at Legacy Medical Group–Women's Specialties in West Linn, which also offers mammography as part of its comprehensive care for women. Dr. Cetas performs surgery at Legacy Meridian Park Medical Center.
- Dr. Lewis-Traylor, breast surgical oncologist, now sees patients at both Legacy Good Samaritan and Legacy Mount Hood medical centers. Dr. Lewis-Traylor focuses on breast cancer patients.
- Shane Kim, M.D., plastic surgeon with Legacy Medical Group–Reconstructive Surgery, performs DIEP flaps and other breast reconstruction procedures at Legacy Good Samaritan.

To refer a patient or learn more, please call 503-413-5525 or see **www.legacyhealth.org/surgical oncology**.

Alivia Cetas, M.D.

Angela Lewis-Traylor, M.D, FACS

Shane Kim, M.D.

Colorectal surgeons open new practice

Colorectal surgeons Joseph Frankhouse, M.D., and Alizah Rotramel, M.D., have a new practice dedicated to benign and malignant disorders of the small and large intestine, rectum and anus.

Legacy Medical Group–Gastrointestinal Surgery is on the Legacy Good Samaritan Medical Center campus: Good Samaritan Building 2, 1040 N.W. 22nd Ave., Suite 540, phone 503-413-5525.

Joseph Frankhouse, M.D.

Alizah Rotramel, M.D.

SAVE THE DATE • SAVE THE DATE

Save the date for the Ninth Annual Pacific Northwest Conference: Excellence in Breast and Gynecologic Care, Friday, Nov. 22, 2013, 8 A.M.–5 P.M., The Governor Hotel, Portland, Ore.

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Oncology Update

Clinical trials open for patients

Legacy Health has many clinical trials for patients with cancer. To learn more, call 503-413-8199 or visit **www.legacyhealth.org/cancer**. New studies:

- SWOG S1117: A randomized phase II study of azacitidine in combination with lenalidomide vs. azacitidine alone vs. azacitidine in combination with vorinostat for higher-risk myelodysplastic syndromes (MDS) and chronic myelomonocytic leukemia (CMML). Lenalidomide and vorinostat provided by the study.
- Alliance A221101: A phase III randomized, double-blind placebo controlled study of armodafinil (Nuvigil®) to reduce cancer-related fatigue in patients with glioblastoma multiforme. Armodafinil or placebo provided by the study.
- SWOG S1216: A phase III randomized trial comparing androgen deprivation therapy plus TAK-700 with androgen deprivation therapy plus bicalutamide in patients with newly diagnosed metastatic hormone-sensitive prostate cancer. TAK-700 provided by a pharmaceutical collaborator.
- NSABP B51: A randomized phase III clinical trial evaluating post-mastectomy chest wall and regional nodal XRT and post-lumpectomy regional nodal XRT in patients with positive axillary nodes before neo-adjuvant chemotherapy who convert to pathologically negative axillary nodes.

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