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INTERNATIONAL MEDICINE

PHILADELPHIA INTERNATIONAL MEDICINE® NEWS BUREAU

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November 18, 2010

For immediate release:

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Editors note: Research, new techniques and improved facilities by Philadelphia International Medicine hospitals and physicians may lead to new ways to treat some of our most challenging diseases. Below are just some examples from our hospitals.

Nemours/ Alfred I. duPont Hospital Named Health Organization of the Month

PHILADELPHIA— The Studer Group, dedicated to improving clinical, operational and service excellence with hundreds of health care clients throughout the U.S and internationally, has recognized Nemours and the Alfred I. duPont Hospital for Children as its Health Care Organization of the Month for November 2010. The recognition is for significant achievement in service and caring that guides the organization and results in measurable positive outcomes.

Among more than 300 Studer clients, Nemours/Alfred I. duPont Hospital for Children was selected on the basis of improved and sustained results in a number of key areas, including the following:

- Scored in the 99th percentile nationwide for overall customer ratings of pediatric inpatient care.
- Scored in the 96th percentile nationwide for customers' likelihood to recommend to others.
- Scored in the 96th percentile nationwide for satisfaction with care and likelihood to recommend for ambulatory surgery and emergency services.
- Over a two-year period, saw the average wait time in the emergency department steadily decline – from a high of 156 minutes to 76 minutes, a reduction of 52%.
- Over a two-year period, experienced zero central line infections in the neonatal intensive care unit and zero cases of ventilator-associated pneumonia in the cardiac intensive care unit (standard measures of quality and safety).

Precisely Targeted Radiation Controls Sinus Cancer with Fewer Side Effects

Treating paranasal sinus cancer with three-dimensional radiation that conforms to the shape of the tumor—a technique that minimizes side effects such as severe dry mouth and vision problems—is safe and effective, research at Fox Chase Cancer Center shows. Aruna Turaka, MD, radiation oncologist at Fox Chase, will present the results at the annual meeting of the American Society for Radiation Oncology in San Diego.

Located on either side of the nose, the paranasal sinuses are hollow, air-filled chambers lined with mucus-producing cells. Various types of cells in the sinuses can become malignant, and risk factors for the disease include being exposed to dust or certain chemicals in the workplace, and smoking cigarettes.

“Due to the location of the sinuses, treating with radiation therapy by standard, conventional techniques is a challenge because it can cause side effects to the eyes and optic apparatus that eventually may lead to long-term complications,” says Turaka. “Another concern is dry mouth due to radiation damage to the salivary glands.”

Dr. Turaka and colleagues wanted to see if treating patients with intensity-modulated radiation therapy (IMRT)—a method in which multiple beams of varying intensities are used to precisely radiate tumors while minimizing exposure to healthy, adjacent tissues—is as effective as treating with standard radiation therapy. They studied a group of 31 patients with paranasal sinus cancers treated with IMRT at Fox Chase between May 2001 and June 2008. The patients did not receive additional radiation treatments to the lymph nodes, because paranasal sinus cancer usually does not spread to the lymph nodes.

The researchers found that IMRT controlled paranasal cancer just as well as regular radiation therapy, but with fewer serious side effects.

“In these patients, we did not see detrimental visual complications,” Dr. Turaka says. “There were only minor side effects, such as dry eyes, which can be managed with tear supplements.”

Similarly, patients treated with IMRT did not develop severe dry mouth.

“These results lead us to conclude that IMRT appears to be a safe and effective treatment for paranasal tumors,” Dr. Turaka says.

Jefferson Study: Multidisciplinary Approach is Key to Successful Treatment of Aggressive Prostate Cancer

A research team from the National Cancer Institute (NCI) designated Kimmel Cancer Center at Jefferson has concluded – for the first time – that a multidisciplinary clinic approach to aggressive prostate cancer can improve survival in patients. The results from the 15-year study of the multidisciplinary clinic can be found in the November issue of *Journal of Oncology Practice*.

Prostate cancer remains the most common non-skin cancer and the second leading cause of cancer death in men in the United States. In fact, about 218,000 men will be diagnosed with the disease in 2010 with about 32,000 of them dying from it.

Since 1996, the Kimmel Cancer Center has offered newly diagnosed prostate cancer patients, and those needing additional consultation, the opportunity to be evaluated in a Multidisciplinary Genitourinary Cancer Clinic (MDGUCC). The clinic team works with patients and referring physicians to devise treatment plans that are tailored to the individual needs of each patient. The goals of this weekly clinic are to provide state-of-the-art oncology care and to serve as an educational resource for patients, their families and physicians in training.

“The primary goal of the MDGUCC approach to prostate cancer is to provide this balanced information in an open and interactive fashion, with all clinical specialists present at the same time,” said Leonard Gomella, MD, FACS., the Bernard W. Godwin, Jr. professor of prostate cancer; associate director for clinical affairs at the KCC; chair of the Department of Urology at Jefferson Medical College of Thomas Jefferson University; and lead investigator on this study. “Shared decision making through a real time, on site discussion with different specialists about the risks and benefits of each treatment can decrease distress and post-treatment regret.”

The research team took data from Jefferson’s Oncology Data Services and compared it to a national prostate cancer outcomes database, the NCI Surveillance, Epidemiology and End Results (SEER) Program, for the year 2006 (ten years after the MDGUCC clinic started). Data on treatment changes in localized disease and related parameters were also assessed. Patient satisfaction was analyzed from a simple blinded, six-item questionnaire.

The results from the 15-year clinic experience show that the multidisciplinary approach is key to successful treatment of aggressive, locally-advanced stage three and four prostate cancer. In fact, 10-year data for these two stages of the disease show that Kimmel Cancer Center survival rates dramatically exceed SEER’s nationwide survival for locally aggressive prostate cancer. During the past 15 years, there has been a shift towards robotically-assisted laparoscopic radical prostatectomy and a slight decrease in brachytherapy relative to external beam radiation therapy at Jefferson. Ten-year survival data approaches 100 percent in stage one and two prostate cancer. Patient satisfaction with the Jefferson multidisciplinary approach is high as evidenced by the survey instruments. Ninety percent of patients reported the experience as ‘good’ or ‘very good’ and would recommend the MDGUCC.

“A high level of satisfaction with this patient-centered model is clearly seen. The multidisciplinary clinic approach to prostate cancer enhances outcomes through a coordinated approach to all therapeutic options,” said Richard Pestell, MD, PhD director of the Kimmel Cancer Center. “This clinic model serves as an educational tool for patients, their families and our trainees and supports clinical

trial participation. The multidisciplinary approach to cancer is the hallmark of the Kimmel Cancer Center programs.”

“This study conclusively shows that a highly-coordinated, multidisciplinary approach to treating aggressive forms of prostate cancer is best,” said Adam Dicker, MD, PhD, chair of the Department of Radiation Oncology at Jefferson Medical College of Thomas Jefferson University; Program Leader- Radiation Research and Translational Biology at the Kimmel Cancer Center; and co-investigator on this study. “A team of committed urologists, radiation oncologists, medical oncologists, radiologists, pathologists and other specialists, in partnership with dedicated coordinators, is essential for the success of this patient-centered program.”

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