

Munson Health Network

Physician Partners

Multi-disciplinary Tumor Conference Provides Collaborative Approach



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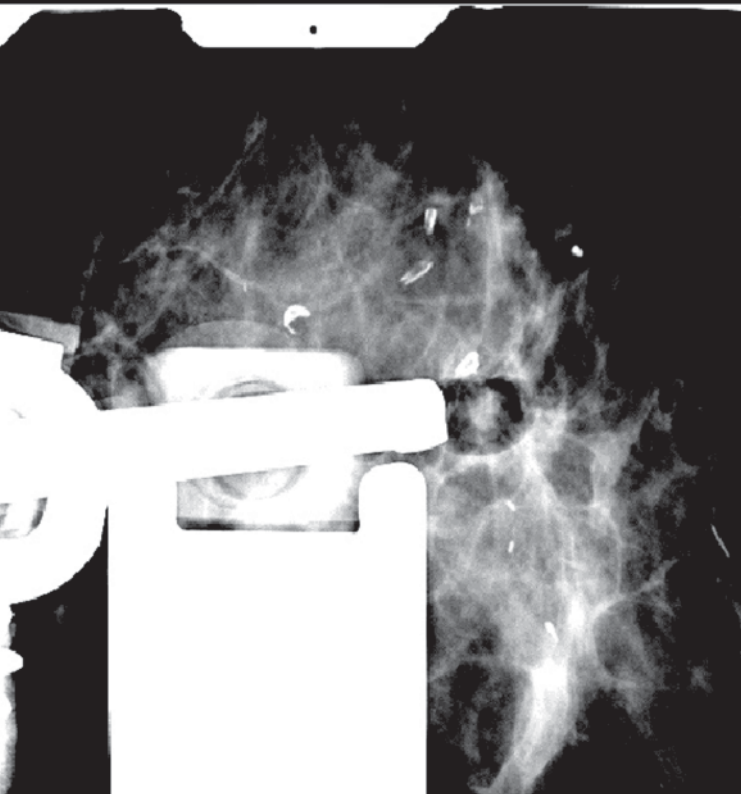
Robert Prust, MD, a Radiation Oncologist at Munson Medical Center, reviews a case during the weekly Tumor Conference which links physicians throughout the region via the REMEC Telehealth Network.

Minimally Invasive Breast Biopsy Alternatives Offer Advantages for Patients

Munson Medical Center (MMC) radiologists offer minimally invasive alternatives to conventional surgical biopsy for diagnosing breast cancer. Deborah Crowe, MD, the physician director for MMC Mammography with fellowship training in breast imaging and biopsy said, “We can offer either stereotactic breast biopsy or ultrasound-guided core biopsy, depending on the patient’s individual needs and preferences.”

Stereotactic and ultrasound-guided biopsy are most often used when a suspicious mass is identified by imaging but the mass is not palpable on clinical examination. The features and location of the lesion – as well as whether the lesion can be seen better on mammography or ultrasound – dictate the choice of diagnostic technique.

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Post stereotactic biopsy image showing biopsy cavity with clip in place.

Stereotactic Biopsy

Stereotactic guided breast biopsy is a technique that allows physicians to localize a suspicious mass in three dimensions, to precisely direct a needle to the mass, and to obtain a sample for pathologic examination. The technique is based on a digital mammography system. The detector digitizes information obtained from low-dose x-rays and creates an image that is viewed almost instantaneously on a computer screen.

Stereotactic guided biopsy is performed on an outpatient basis and does not require the use of general anesthesia. The woman lies prone on a special table with her breast projecting through an opening in the table. The table is raised to allow the physicians and technologists to work underneath.

First an x-ray image is taken to locate the lesion within the breast. Then two additional views, at angled positions to either side of the lesion, are obtained. A three-dimensional reconstruction program then calculates the position of the lesion. Because the digital images can be constructed more quickly than standard x-ray images can be developed, the biopsy can be done faster, making it more comfortable for the patient who must remain in compression throughout the procedure.

Ultrasound-Guided Breast Biopsy

Ultrasound-guided biopsy may be preferable to the x-ray guided technique for evaluating suspicious masses under the arm, near the chest wall, or directly under the nipple. Because it does not involve x-rays, ultrasound-guided core biopsy also is preferable for evaluating masses in pregnant or nursing women.

Like stereotactic biopsy, ultrasound-guided biopsy can be performed under local anesthesia on an outpatient basis. The patient does not need to be in compression. Continuous ultrasound imaging locates the mass for sampling.

Alternative Sampling Techniques

Once the lesion is precisely located, whether with stereotactic x-ray or ultrasound guidance, it may be sampled using a vacuum-assisted needle which consists of a cutting sheath that shears tissue into a trough. The needle can be rotated to fully sample the area of interest.

One of the advantages of vacuum-assisted biopsy is that the needle is only inserted and retracted once; it is not necessary to withdraw the needle after each sample.

The needle is introduced percutaneously, with local anesthesia, and the patient experiences little or no discomfort. The procedure takes from 30 to 60 minutes, after which the patient may go home. She is advised not to undertake strenuous activities for about a day, but then is free to go about her normal daily activities.

Crowe said, “Stereotactic and ultrasound-guided biopsy offer many advantages for patients. They are less invasive, there is less

scarring, and recovery is faster. If the biopsy is negative, the patient is spared an invasive procedure. If the biopsy is positive, the information obtained is valuable in planning treatment and reduces the number of invasive procedures the patient must undergo.”

Charles J. Weitz, MD, a diagnostic radiologist and Director of Nuclear Medicine at MMC, concluded, “Currently at Munson, about 40 percent of breast biopsies are performed as non-surgical x-ray or ultrasound-guided procedures. However, we expect this percentage to rise significantly as providers and patients learn more about these innovative techniques and their benefits in patient care.” ■

For more information on minimally invasive breast biopsy procedures please contact one of the following physicians or Munson’s Physician Referral Service at 1-800-533-5520:



Deborah J. Crowe, MD
Radiology



Todd E. Wilson, MD
Radiology



Ryan M. Holmes, MD
Radiology



Steven P. Klegman, DO
Radiology



Charles J. Weitz, MD
Radiology



Mark J. Hass, MD
Radiology



Michael H. VanderKolk, MD
General Surgery

Less Invasive Treatment Options Benefit Breast Cancer Patients



Limited axillary exploration for retrieval of sentinel lymph node.

Munson Medical Center’s (MMC) team of cancer specialists provides multispecialty care and progressive, less invasive treatment choices for women with breast cancer. Michael H. VanderKolk,

MD, a general and breast surgeon at MMC, said, “At a time when our patients may be frightened and overwhelmed, we facilitate their progress through the breast cancer care process, from diagnosis through staging, treatment, and follow-up.”

Sentinel Node Mapping Reduces Side Effects

Lymph node testing has long been an important aspect of breast cancer staging and treatment planning. Conventional practice involves axillary dissection – taking tissue containing 10 to 20 lymph nodes from the underarm – and examination for evidence of cancer. Some women undergoing this procedure experience unpleasant side effects including pain, dysesthesia reduced range of motion, and lymphedema. For women with non-palpable nodes, a more patient-friendly technique known as sentinel node mapping may be used to avoid unnecessary underarm surgery.

Sentinel node mapping utilizes two systems to identify the sentinel, or first draining node. Prior to surgery, a radiologist

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injects radioactive tracer material around the nipple and scans to confirm that the area is draining into lymph nodes in the underarm. In the operating room, before making an incision, the surgeon runs a gamma probe over the underarm area. When the probe passes over the sentinel node or pathway, it detects the radioactive tracer and signifies with an audible beep, indicating where the surgeon should make the incision.

As a double check, surgeons also inject a blue dye that drains into the axilla. The surgeon makes an incision and looks for blue dye to confirm the location of the sentinel node or nodes. They may be dissected and sent for frozen section. If the sentinel nodes are negative, the woman can be spared further unnecessary underarm surgery.

Because this information is so critical to planning appropriate treatment, MMC has instituted a quality control program to ensure that all surgeons performing sentinel node mapping are specially trained in the procedure.

Choices in Treatment Approaches

Radical or modified radical mastectomies, once the sole option for breast cancer patients, have become much less common.

In fact, mastectomy has been shown to confer no survival advantage over less radical treatment. Today at MMC, the majority of patients choose lumpectomy plus radiation for local control. In addition to conventional external beam radiation, higher-risk patients may also be appropriate candidates for newer forms of radiotherapy that deliver higher doses of radiation to the target area while limiting exposure to normal tissues.

Collaborative Approach to Care Plan

The Multispecialty Breast Cancer Conference is a weekly opportunity for breast cancer experts from all disciplines – surgery, medical oncology, radiation oncology, cancer research, radiology, pathology, cancer services, and plastic and reconstructive surgery – to come together to devise the best care plan for each patient. Primary care physicians and other important members of the breast care team are welcome to attend and also make important contributions to patient care.

MMC general and breast surgeon Michael Nizzi, DO, concluded, “Today, breast cancer is a treatable and often curable disease. Early detection and treatment offer the best chance for a successful outcome. Our multidisciplinary team works together to ensure the best results for our patients.” ■

Enhanced Surgical Procedures Mean Better Outcomes for Colorectal Cancer Patients



Macroscopic features of an annular carcinoma. Arrows indicate associated adenomas.

Colorectal cancer is one of the most common cancers in the United States. The American Cancer Society estimates that more than 146,000 new cases are diagnosed every year. However, along with this sobering report, there is good news. Richard Tooley, MD, a colorectal surgeon at Munson Medical Center (MMC), said, “Colorectal cancers discovered in the early stages are 80 to 90 percent curable, and thanks to state-of-the-art surgical techniques, more patients can benefit from minimally invasive and sphincter-sparing procedures. The key is early detection, and all average risk patients age 50 or older should undergo a screening colonoscopy.”

Pre-surgical Care

Patients get a baseline CEA (carcinoembryonic antigen) test. This marker serves as a useful post-operative surveillance tool. In addition, some patients – those who are having a minimally invasive procedure, patients with cancers in the mid-to-low rectum, and those with high-risk features – also receive an abdominal/pelvic CT scan as an aid to staging. For low rectal cancers, a preoperative transrectal ultrasound is also useful for staging.

Colectomy

The goal of surgery is complete resection of the tumor-bearing portion of the colon with en bloc regional lymphadenectomy. This is based on the sectional blood supply to the colon. Compared with rectal cancers, colon tumors are easier to approach. The surgeon has more space in which to work and the colon is relatively easy to mobilize.

Laparoscopically-assisted Colectomy

This innovative surgery may be a good therapeutic option for selected patients. Because it is more difficult to assess the

liver in a laparoscopic procedure, candidates for this procedure generally have a preoperative CT scan. Dr. Tooley offers this less invasive procedure for about 10 percent of his colon cancer patients. He said, “Although the benefits of a laparoscopic approach are not as dramatic for colectomy as for other operations, initial studies have demonstrated equivalent oncologic outcomes, and patients do experience a faster recovery and earlier return to work.”

Rectal Cancer

Because of the anatomic constraints of the pelvis, rectal cancers may benefit from preoperative chemoradiation. Neoadjuvant therapy has been shown to decrease local recurrence and

increase rates of sphincter preservation. Tooley noted that the question of whether to give adjunctive therapy pre- or post-operatively remains controversial due to tumor downstaging potentially affecting future treatment decisions. However, he believes neoadjuvant therapy is important in order to maximize the opportunity for a sphincter-sparing operation.

Multispecialty Team

Colorectal cancer care at MMC is delivered by a full spectrum of specialists – endoscopists, surgeons, pathologists, and medical and radiation oncologists. Dr. Tooley said, “We work as a team to offer our patients maximum preservation of normal bowel function along with the very best cancer results.” ■

Surgery Confers Better Survival, Quality of Life for Thoracic Cancers

Selected lung and esophageal cancer patients may benefit from the advanced surgical procedures offered by Munson Medical Center (MMC) and its team of thoracic surgeons. Unfortunately, most lung and esophageal cancers are not detected until the disease is advanced. However, for those patients whose disease is discovered in time, MMC thoracic surgeons perform a number of procedures to increase survival and improve quality of life.

Specialized Treatment for Lung Cancer

Last year at MMC, 181 patients were diagnosed with lung cancer. Cardiothoracic surgeon Mack Stirling, MD, said, “In a reasonable-risk patient with non-small cell lung cancer and a resectable tumor, surgery is the best treatment, because cure rates are much higher than for chemotherapy or radiation alone. Unless there are contraindications to surgery – the patient has metastatic disease, has inadequate pulmonary function, or is too frail – surgery is the best alternative.”

Lobectomy is the standard treatment for most patients with resectable non-small cell lung cancer. Patients with larger or more central lesions may require pneumonectomy.

However, the surgeons often customize treatment to address each patient’s specific needs. Specialized procedures include:

- Resection of a segment of chest wall, including ribs and intercostal muscle, used when the tumor has invaded the chest wall.
- Intrapericardial resection, used when the patient has a central tumor near the heart.
- Segmentectomy, used to avoid lobectomy when the tumor is favorably situated and the patient has marginal pulmonary reserve.

“Because of the variety of surgical options we offer, we have the flexibility to tailor the operation to the patient, to increase the chance of a cure, to maintain normal swallowing, and to maximize quality of life.”

— Mack Stirling, MD
MMC Cardiothoracic Surgeon

- Sleeve resection and bronchial reanastomosis, used to avoid pneumonectomy for small tumors located near a bronchial bifurcation.

Locally advanced tumors may also be amenable to resection. Patients with ipsilateral mediastinal lymph nodes or direct extension of the tumor into the chest wall, pulmonary artery, or pericardium may still be candidates for resection, although the surgery requires a considerable degree of surgical skill, planning, and ingenuity. A good-risk patient with a locally advanced tumor may also benefit from a multi-disciplinary approach including pre-operative chemoradiation, which can sometimes convert an unresectable tumor to a resectable one. Patients with positive hilar lymph nodes often benefit from post operative chemotherapy.

Stirling cautioned that while surgery is the first choice for non-small cell lung tumors, chemotherapy and radiation are more effective for small-cell lung cancer. In these cases, surgery may be effective to treat peripheral lesions inside the lung and to treat

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residual tumor mass after chemotherapy and radiation are complete. “Small cell lesions are best managed by a collaboration among surgery, radiation oncology, and medical oncology specialists.”

Multi-disciplinary Approach Benefits Esophageal Cancer

Like lung cancer, esophageal cancer is often discovered at an advanced stage that precludes the surgical option. Even those patients whose tumors are technically operable experience low cure rates. However, according to Stirling, “It is still worthwhile to pursue surgery because it does significantly prolong life and improve quality of life.”

While various surgical approaches have been debated, Stirling favors the transhiatal esophagectomy, in which the entire thoracic

esophagus is removed, and using incisions in the abdomen and neck, the stomach is pulled up through the chest and attached to the esophagus at the neck. One significant advantage of this approach is that the anastomotic site is in the neck and easily accessible for drainage if it develops a leak.

Stirling believes the multi-disciplinary collaborative approach to esophageal cancer treatment benefits patients. “The best chance for a cure for a small tumor invading the esophageal muscle layer is chemotherapy with radiation followed by resection. Cancers limited to the mycosa and higher grade dysplasia are generally managed by esophagectomy alone.”

Stirling concluded, “because of the variety of surgical options we offer, we have the flexibility to tailor the operation to the patient, to increase the chance of a cure, to maintain normal function, and to maximize quality of life.” ■

For more information on surgical procedures for cancer patients, please contact one of the following practices:

Cadillac Surgical Care
927 Carmel St.
Cadillac, MI 49601
231-876-3876

Grand Traverse Surgery, PC
3537 W. Front St., Suite A
Traverse City, MI 49684
231-935-8890

Northwest Michigan Surgical Group, PC
1221 Sixth St. Suite 208
Traverse City, MI 49686
231-935-2844

Cardiothoracic Surgeons of Grand Traverse, PC
1221 Sixth St. Suite 202
Traverse City, MI 49684
231-935-5730

Mercy Surgical Services
1250 E. Michigan Ave. Suite B
Grayling, MI 49738
989-348-0880

Surgical Associates of Traverse City
1221 Sixth St. Suite 306
Traverse City, MI 49684
231-935-2400

Munson Medical Center Medical Oncologists:



David S. Gordon, MD
Medical Oncology



Peter C. Kohler, MD
Medical Oncology



Judith L. Ramsdell, MD
Medical Oncology



Lisa A. Hughes, DO
Medical Oncology



Richard P. Kosinski, MD
Medical Oncology



Robert C. Schwert, DO
Medical Oncology

Munson Medical Center Radiation Oncologists:



Michael D. Aja, MD
Radiation Oncology



David K. Heimburger, MD
Radiation Oncology



Douglas M. Brown, MD
Radiation Oncology



Robert M. Prust, MD
Radiation Oncology

For more information and a complete listing of all Munson Healthcare physicians, contact Munson Healthcare Physician Referral Service at 1-800-533-5520 or go to munsonhealthcare.org.

Physician Opportunities

Physician Opportunities with Munson Healthcare and Affiliates

A nationally-recognized system of six hospitals with more than 447 physicians, Munson Healthcare and its affiliated hospitals form a nonprofit system offering services to people from 24 counties.

If you have a colleague interested in relocating to northern Michigan, contact David McGreaham, MD, Munson Medical Center VPMA, at (231) 935-6156 or dmcgreaham@mhc.net. Visit www.munsonhealthcare.org for more information on opportunities at Munson Healthcare or contact Deborah Glicker at (231) 935-5890 or Joan Alt at (231) 935-5889.

Additional Opportunities in Northern Michigan

Primary and specialty care opportunities at Alpena Regional Medical Center include: Cardiology, Dermatology, Emergency Medicine, Otolaryngology, Gastroenterology, Med/Peds, Orthopaedics, Psychiatry, and Sleep Medicine. For more information, visit www.agh.org or contact Diane Sims at (989) 356-7540.

For information on primary and specialty care opportunities at Otsego Memorial Hospital in Gaylord, visit www.otsegomemorialhospital.org or contact Skip Kasprazak at (989) 731-7707.

For information on primary and specialty care opportunities at War Memorial Hospital in Sault Ste. Marie including Cardiology, visit www.warmemorialhospital.org or contact Henry Oklat at (906) 635-7899.

Specialty	Affiliate	Location
Certified Midwife	Mercy Hospital Cadillac	Cadillac
Dermatology	Munson Medical Center	Traverse City
Dermatology	Munson Medical Center	Traverse City
Endocrinology	Munson Medical Center	Traverse City
Family Practice	Kalkaska Memorial Health Center	Kalkaska
Family Practice	Munson Medical Center	Traverse City
Gastroenterology	Munson Medical Center	Traverse City
Gastroenterology	Munson Medical Center	Traverse City
General Surgery	Mercy Hospital Cadillac	Cadillac
General Surgery	Mercy Hospital Grayling	Grayling
General/Breast Surgery	Munson Medical Center	Traverse City
Hematology/Oncology	West Shore Medical Center	Manistee
Hospitalist	Mercy Hospital Grayling	Grayling
Hospitalist	Mercy Hospital Cadillac	Cadillac
Infectious Disease	Mercy Hospital Cadillac	Cadillac
Internal Medicine	Munson Medical Center	Traverse City
Internal Medicine	West Shore Medical Center	Manistee
Internal Medicine	Mercy Hospital Cadillac	Cadillac
Internal Medicine/ Pediatrics	Mercy Hospital Grayling	Grayling
Neurology	Munson Medical Center	Traverse City
Orthopaedic/Hand	Munson Medical Center	Traverse City
Orthopaedic Surgery	West Shore Medical Center	Manistee
Orthopaedic Surgery	Mercy Hospital Cadillac	Cadillac
Orthopaedic Surgery	Munson Medical Center	Traverse City
Orthopaedic Surgery	Mercy Hospital Grayling	Grayling
Otolaryngology	Munson Medical Center	Traverse City
Pediatrics	Munson Medical Center	Traverse City
Physical Medicine & Rehabilitation	Munson Medical Center	Traverse City
Physician Assistant or Nurse Practitioner	Paul Oliver Memorial Hospital	Benzonia
Psychiatry - Adult	Munson Medical Center	Traverse City
Psychiatry - Adult	Munson Medical Center	Traverse City
Rheumatology	Munson Medical Center	Traverse City
Rheumatology	Mercy Hospital Cadillac	Cadillac
Urology	West Shore Medical Center	Manistee

Munson Medical Center CME

Munson Medical Center provides a wide variety of CME opportunities, including several program series that are available via the REMEC TeleHealth Network, MMC's interactive video conferencing system.

For more information on CME opportunities offered through Munson Medical Center, visit munsonhealthcare.org or contact Sandy Somers, RN, at (231) 935-6546 or ssomers@mhc.net.

Munson Healthcare

Munson Medical Center
Munson Home Health
North Flight
Paul Oliver Memorial Hospital

Affiliated Hospitals

Kalkaska Memorial Health Center
Mercy Hospital Cadillac
Mercy Hospital Grayling
West Shore Medical Center