

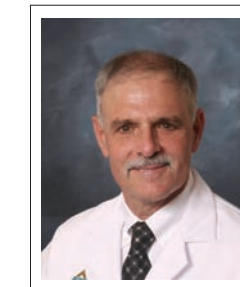
Oncology Consult

The physicians' resource guide to cancer patient care and treatment

SPRING
2009

Liver Tumor Q&A

With Lawrence D. Wagman, M.D., FACS, FPCS (Hon), Medical Director, Liver Tumor Program and Executive Medical Director, The Center for Cancer Prevention and Treatment, St. Joseph Hospital



Q Is there a need for a Liver Tumor Program at St. Joseph Hospital?
A. Undoubtedly, especially since our Liver Tumor Program is the only multi-specialty, community hospital-based

program of its kind in our region. Patients overwhelmingly prefer, and are more likely to comply, with treatment close to home rather than traveling great distances for prolonged treatment regimens.

Q What are the biggest misconceptions about liver cancer?

A. Many people still think of liver disease and subsequently liver cancer as alcohol-related. Liver cancer markedly increases with alcoholic cirrhosis, but hepatitis B and C as well as excess body weight are also implicated.

A major misconception that needs changing concerns survival – many lay persons think of liver cancer as a death sentence. Our thinking has evolved so that we now consider liver cancer as more of a long-term, chronic condition that is treatable.

Q What liver tumor types are most prevalent?

A. We treat both metastatic and primary liver cancer. Liver metastases will occur in 25 to

30 percent of patients who have colorectal cancer, which is the fourth most common cancer in men and women. Working in conjunction with our Colorectal Program we've developed a series of strategies to deal with this life-threatening disease.

Etiology of the most common form of liver tumors, hepatocellular carcinoma (HCC), often involves liver damage from hepatitis B or C and cirrhosis. Nonalcoholic steatohepatitis, (NASH) is becoming a more common precursor to cirrhosis due to excess body weight plaguing a growing number of Americans.

In the St. Joseph Hospital primary service area, 11 percent of residents are Vietnamese, in whom hepatitis B and subsequently liver cancer is a prevalent problem. In fact, one in eight Vietnamese is a chronic hepatitis B carrier. One out of four chronic hepatitis B carriers will eventually die of liver cancer or liver failure if left untreated. Many of those infected are asymptomatic for years, unaware they have this "silent killer."

The number of deaths due to the complications of chronic hepatitis C virus, liver disease is expected to triple within the next decade or two. This is due to the many individuals who became infected with hepatitis C about 10 to 20 years ago through blood transfusions.

Q How have modalities for imaging liver tumors changed?

A. High definition CT scanning and MRIs enable us to better evaluate the size, number and anatomic position of liver tumors. The use of MRI 3D reconstruction provides us with a non-invasive way to delineate tumors associated with the biliary system. PET scanning identifies patients who would be better served either surgically or chemotherapeutically by defining localized vs. systemic disease.

Q According to a book you co-wrote, *Cancer Management: A Multidisciplinary Approach*, the overall 5-year survival rate in patients who have primary liver cancer is 20 percent and 20 to 60 percent for metastatic liver cancer. Have we made any headway in treatment in the past five years?

A. Absolutely. Customized surgical procedures are reducing complications from surgeries. Moreover, our multidisciplinary approach, with a panel of specialists pooling a complete skill set, offers the patient his or her best chance for survival. As more treatment options become viable and available, particularly the development of new chemotherapies and targeted agents, a multidisciplinary approach has become increasingly important. Interventional radiologists have helped us develop new

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Important Dates

Winter/Spring Educational Opportunities for Physicians from The Center for Cancer Prevention and Treatment at St. Joseph Hospital:

12th Annual Melanoma Symposium

May 16, 2009, 8 a.m. – 1:55 p.m.

At the Balboa Bay Club & Resort, Newport Beach

"Innovative Approaches to Prevention and Treatment of Women's Cancers"

May 20, 2009, 6 – 8 p.m.

"Knowledge is Power in the Fight Against Men's Cancers"

June 24, 2009, 6 – 8 p.m.

Unless otherwise noted, events will be held at The Center for Cancer Prevention and Treatment. For information on CME credits and registration please call 1 (866) 714-1777.

Preventing Cancer



On January 21, nearly 100 members of the community came to The Center for Cancer Prevention and Treatment (CCPT) for "Preventing Cancer: What We Can Do Today." The event featured free cholesterol, glucose, blood pressure and DermaScan screenings. Executive Medical Director of the CCPT and Medical Director of the Liver Tumor Program, Lawrence D. Wagman, M.D., FACS (standing), provided welcoming remarks. Also speaking were Urologic Oncology Program Medical Director, Martin Weissman, M.D.; Urologist, Matthew Greenberger, M.D.; Co-medical Director of the Thoracic Oncology Program, Brian Palafox, M.D.; Breast Program Medical Director, Michele Carpenter, M.D.; OB/Gyn Department Chair, Lilly F. Ramirez-Boyd, M.D.; and Radiology Department Medical Director, Daniel Weissberg, M.D. Shown with Dr. Wagman at the podium are Nurse Navigator, Pamela Matten, R.N., BSN, OCN; and Drs. Palafox, Weissman and Greenberger.



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modalities with tremendous potential when combined with the expertise of medical oncologists. We don't typically depend on the success or failure of any single therapy, but instead carefully sequence two or three different therapies. We've assembled a core team of gastroenterologists, medical oncologists, radiologists, radiation oncologists, interventional radiologists, surgeons and a patient navigator who collaborate on how to best manage each individual patient.

Examples of advanced therapies available here include chemoembolization, the new chemotherapy solutions delivered directly or encased in microscopic beads, portal vein embolization (PVE) and radiofrequency ablation. Going forward, we have a better understanding of how to minimize toxicity to therapy and maximize effect.

Along with promising new therapies, we can save lives by increasing awareness about liver disease and prevent it via vaccinations, medication management and a healthy lifestyle, and by screening and surveillance of high-risk populations.

Q. Are you or will you be participating in liver tumor clinical trials?

A. Yes and yes. One active protocol involves microscopic beads with radioactive material directly injected into the liver through the hepatic artery. We're developing a second protocol to study the affect of microwaving tissue for the destruction of liver tumors. Along with studying sensitivity to these therapies, we are planning to activate a national protocol to treat inoperable patients with chemotherapy to shrink their tumor(s) enough so that they become surgical candidates.

Q. What plans do you have to mature the Liver Tumor Program?

A. I want to see us bolstering prevention, lifelong surveillance and antiviral therapies to prevent further liver damage and disease progression. We plan to do regular community lectures and offer physician educational opportunities. We are also working with gastroenterologists to encourage standardization in screening and surveillance programs and in treating patients' hepatitis using the expanding number of evidence-based therapies.

Lawrence D. Wagman, M.D., FACS, FPCS (Hon), is the executive medical director of The Center for Cancer Prevention and Treatment at St. Joseph Hospital and the medical director of the Liver Tumor Program. Dr. Wagman has earned a national reputation as a leading oncologic surgeon and researcher who has specialized in liver cancers. Prior to joining St. Joseph Hospital in 2008, Dr. Wagman initiated and developed the City of Hope's highly respected Liver Tumor Program.

Hepatitis Screening for Early Detection of Liver Cancer

By Hardeep Singh, M.D., Gastroenterologist, St. Joseph Hospital



A convincing case for vigilance in screening for hepatitis B and C can be made with these facts:

- One in 10 Americans is affected by liver disease and it is on the rise.
- Our primary service area has a robust local population of immigrants from areas prone to hepatitis B virus (HBV), which is 50 to 100 times more contagious than HIV.
- Experts suspect the prevalence of chronic hepatitis B (CHB) is underestimated.
- Worldwide, CHB causes 80 percent of liver cancers.

New CDC screening recommendations for CHB pinpoint all individuals born in areas where hepatitis B virus (HBV) is prevalent. This includes: all countries in Africa, East Asia, Southeast Asia, Eastern Europe (except Hungary), and the Middle East (except Cyprus) and most of the Caribbean. In Western Europe, groups at risk are from Greece, Malta, Portugal and Spain, and indigenous populations of Greenland. In North America, Alaska natives and indigenous populations of Northern Canada; in Central America, those from Belize, Guatemala, Honduras and Panama; and in South America, persons from Argentina, Bolivia, Brazil, Ecuador, Guyana, Suriname, Venezuela and the Amazonian areas of Columbia and Peru.

Other high-risk groups include persons who have injected drugs, those with multiple sexual partners or a history of sexually transmitted disease, homosexuals, inmates and former prisoners, HIV- or HCV-infected individuals, those undergoing renal dialysis, those in the same household as a person with hepatitis B, all pregnant women and patients presenting with liver function test abnormalities.

Screening recommendations for hepatitis C screening are nearly the same, barring the geographic factor and with the addition of former and current cocaine users.

Currently, about one in 20 of my patient consults are for hepatitis, which is not surprising considering the large and growing Vietnamese, Thai and Cambodian populations in our region. We have a unique opportunity to educate an untapped community that may not know where to go for treatment and end up as patients in Los Angeles, San Francisco or San Diego.

We encourage all primary care physicians to check their high-risk patients for hepatitis B and C to prevent disease transmission and progression. Rather than treating patients once something is wrong, discovery and intervention in earlier stages will decrease misery and mortality rates for liver cancer.

Hardeep Singh, M.D., is a gastroenterologist at St. Joseph Hospital and is a diplomate of the American Board of Internal Medicine and the subspecialty board of Gastroenterology, practicing with Collins, Metzger & Lee in the Medical Tower adjacent to The Center for Cancer Prevention and Treatment at St. Joseph Hospital.

Introductions



Cindy Tran, D.O.

Cindy Tran, D.O., is a welcome addition to the team at Medical Oncology Care Associates and The Center for Cancer Prevention and Treatment at St. Joseph Hospital. Dr. Tran had extensive experience working with various types of cancer at LAC-USC and Norris Cancer Center.

Dr. Tran received her Bachelor of Science degree at the University of California, Irvine and graduated with distinction in 1995. She subsequently obtained a scholarship to complete her medical education at Ohio University College of Osteopathic Medicine. Dr. Tran completed her residency training in Internal Medicine at the University of Southern California. She completed her fellowship in Hematology and Oncology at the Los Angeles County USC Medical Center.

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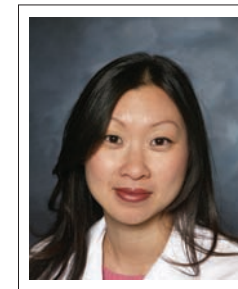
Important Phone Numbers

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Cancer Genetics	(714) 734-6229 Fax #: 734-6231
Digital Skin Imaging	(714) 734-6277 Fax #: 734-6231
Infusion Center	(714) 734-6240 Fax #: 734-6241
CCPT Lab	(714) 734-6266 Fax #: 734-6267
National Marrow Donor Program (NMDP)	(714) 734-6207 Fax #: 734-6231
Breast Program	(714) 744-8601 Fax #: 734-6231
Colorectal Program	(714) 734-6235 Fax #: 734-6231
Head and Neck Program	(714) 734-6238 Fax #: 734-6231
Liver Tumor Program	(714) 734-6239 Fax #: 734-6231
Melanoma Program	(714) 734-6234 Fax #: 734-6231
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Urologic Oncology Program	(714) 734-6237 Fax #: 734-6231
Palliative Care	(714) 734-6268 Fax #: 734-6231
Radiation Oncology	(714) 734-6250 Fax #: 734-6251
Research	(714) 734-6220 Fax #: 734-6221
Registration	(714) 734-6245 Fax #: 734-6247
Cancer Registry	(714) 771-8985 Fax #: 744-8771

For more information about The Center for Cancer Prevention and Treatment at St. Joseph Hospital, please visit www.sjo.org/cancer.

Dr. Tran has many years of research experience in pancreatic cancer at the UCI School of Medicine. She also completed research at the Cedars-Sinai Medical Center in breast and ovarian cancer. She believes research and quality medical care are the cornerstone of medical progress.

In her free time, Dr. Tran enjoys snorkeling, traveling and camping and most of all spending quality time with her son. She also has a Kung-Fu black belt and is fluent in Vietnamese.



Venita L. Williams, M.D.

Venita L. Williams, M.D., has joined Valley Radiotherapy Associates Medical Group and The Center for Cancer Prevention and Treatment at St. Joseph Hospital.

"I'm really excited to be joining The Center for Cancer Prevention and Treatment. I'm looking forward to working closely with a multispecialty team that comes together to provide whole person care," Dr. Williams said.

In 2008, Dr. Williams completed four years of Radiation Oncology residency training at UCI Medical Center, City of Hope, Long Beach Memorial Medical Center and the Long Beach Veterans Affairs Medical Center. Her internship in Internal Medicine was done at Loma Linda University Medical Center, Loma Linda Veterans Affairs Medical Center and Riverside County Regional Medical Center. She earned her doctorate of medicine degree from the University of Rochester School of Medicine & Dentistry.

Dr. Williams' clinical proficiencies include Intensity Modulated Radiation Therapy (IMRT), 3-D conformal radiation therapy, stereotactic radiosurgery and brachytherapy for prostate, gynecology, breast, head and neck, lung/esophagus and liver applications. She also has a strong interest in palliative care.

Dr. Williams speaks English, Spanish and Taiwanese. She has two young children.

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