

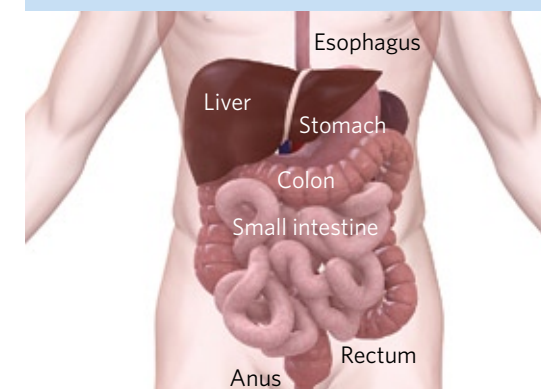


physician's bulletin

RESEARCH AND TREATMENT UPDATES FROM CITY OF HOPE

A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER

Gastrointestinal Cancers: Comprehensive Strategies



Providing leading-edge gastrointestinal (GI) cancer diagnosis, staging and treatment is a specific focus at City of Hope. With a complete spectrum of services from screening to family support, City of Hope can care for patients at every stage in their cancer journey.

Screening and Staging Using EUS Technology

City of Hope offers an array of tests including colonoscopy to screen for colorectal cancer. Accurate staging of GI cancers is essential, and City of Hope has

taken a step forward with the addition of endoscopic ultrasound (EUS), providing minimally invasive, high-resolution TNM staging of esophageal, gastric, pancreatic and rectal cancers. We have also added staff to strengthen our capabilities with EUS: specifically, James L. Lin, M.D. Most recently serving as a Fellow in Advanced Endoscopy (EUS-FNA, ERCP, enteral stent, EMR, cryoablation) at the H. Lee Moffitt Cancer Center & Research Institute, Dr. Lin is highly experienced in leading-edge endoscopy services.

EUS imaging facilitates treatment decisions by appropriately and accurately staging disease and serves as an adjunct to CT scan. For example, a pancreatic tumor that appears to be resectable on CT scan may prove during EUS to have invaded major blood vessels. Given this insight, a surgeon would likely recommend chemotherapy and radiation prior to resection.

Similarly, in rectal cancer, the depth of invasion into the rectal wall and presence or absence of lymph node

involvement directs the decision to resect a tumor immediately, or to prescribe neoadjuvant chemoradiation therapy first. EUS imaging can provide definitive guidance here.

The widespread use of CT scans is increasingly revealing the presence of pancreatic cysts in asymptomatic patients. EUS with fine needle aspiration can provide an accurate assessment of cyst etiology by obtaining aspiration samples for cytology, carcinoembryonic antigen marker levels, and even molecular analysis.

In addition to locoregional staging of GI malignancies, EUS has a growing number of therapeutic applications, such as celiac plexus neurolysis to treat pain related to pancreatic cancer. This may provide better pain control, with reduced dependence on narcotics and other pain medications.

It should be noted that City of Hope is also one of the few centers in the nation

(continued on page 2)

DIRECTOR'S NOTE



Alexandra M. Levine, M.D., M.A.C.P.
Chief Medical Officer, City of Hope

Despite advances that have led to a decline in some gastrointestinal cancers, in particular colorectal cancer, in the past two decades, many of these malignancies remain difficult to detect as well as to diagnose and treat. However, technological advances and improvements in treatment methods are helping to give physicians and their patients the upper hand.

We at City of Hope are working aggressively to curtail the morbidity and mortality statistics surrounding these cancers. Our Gastrointestinal

Cancer Program is one of the most comprehensive in the region, employing some of the most advanced screening, diagnostic and treatment technologies available and giving patients the greatest chance at overcoming the disease.

Using an interdisciplinary approach involving radiation oncologists, surgeons, medical oncologists and a full complement of psychosocial professionals, we're confident we offer patients the resources they need not only to successfully treat their disease, but to continue to thrive, fully supported, in their recovery and beyond. ■



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PHYSICIAN'S BULLETIN

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MED 10076 12/09 42 M

CME CORNER

■ CME Dinner Meeting Series — "2009 San Antonio Breast Cancer Symposium: Review and Application of Practice Changing Research"

Date: Thursday, February 11, 2010

Location: Visitor Center at City of Hope, Duarte, Calif.

Speakers: Laura Kruper, M.D., and Joanne Mortimer, M.D.

1.5 Hours AMA/PRA Category 1 credits will be offered.

■ Seventh Annual Conference on Advances in the Multidisciplinary Treatment of Gastrointestinal Neoplasms

Date: February 25 to 27, 2010

Location: City of Hope, Duarte, Calif.

17.75 hours AMA/PRA Category 1 credits will be offered.

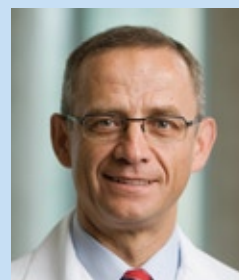
Visit www.cityofhope.org/GIConference2010 for more information.

For additional information or to register for any of these educational events, contact the CME Department at 626-256-HOPE (4673), ext. 65622 or email cme_registration@coh.org.

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Julio Garcia-Aguilar, M.D., Ph.D.

Chair, Department of Surgery
Co-director, Gastrointestinal Cancer Program

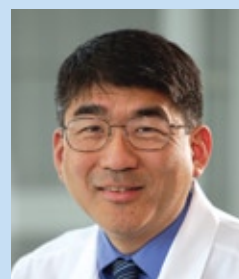


Julio Garcia-Aguilar, M.D., Ph.D., oversees one of the largest academic departments at City of Hope that strives to improve the quality of traditional

surgery as well as that of minimally invasive and robotically-assisted surgical procedures. He has extensive experience in the treatment of colon and rectal cancers, including pioneering laparoscopic surgical techniques and conducting research to improve outcomes for patients with these cancers. Dr. Garcia-Aguilar's research interests focus on neoadjuvant and combined therapies for rectal cancer. As principal investigator on a \$3.1 million National Institutes of Health grant, he is studying whether certain patients respond well enough to chemotherapy and radiation therapy alone that they may be able to avoid surgery altogether. Additionally, he is working on identifying possible genetic markers linked to rectal cancer that may potentially help personalize the therapies a patient receives to most effectively treat his or her specific type of cancer. ■

Stephen Shibata, M.D.

Associate Professor and Physician, Department of Medical Oncology & Therapeutics Research
Co-director, Gastrointestinal Cancer Program



As co-director of City of Hope's Gastrointestinal (GI) Cancer Program, Stephen Shibata, M.D.,

has helped to create a comprehensive, multidisciplinary approach to treating GI cancers. Dr. Shibata's research interests include the study of adjuvant therapy for early stage GI cancer and novel treatment modalities for advanced-stage malignancies. His contribution to the research of GI cancer is evident in the volume of articles and abstracts that have appeared in many of the professional journals including the *Journal of Clinical Oncology*, *Clinical Cancer Research* and the *British Journal of Cancer*. ■

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CITY OF HOPE
Gastrointestinal Cancer Program

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Gastrointestinal Cancers: Comprehensive Strategies *(continued from page 1)*

now offering endobronchial ultrasound, a new, minimally invasive procedure that, when combined with EUS, can in some cases replace mediastinoscopy for the staging of lung and esophageal cancer. All of the endoscopic services are available by direct physician referral without the need for prior office consultation at City of Hope.

Radiation and Chemotherapy

As a Comprehensive Cancer Center, we are committed to developing new adjuvant and neoadjuvant therapies that improve outcomes in all areas of GI cancer. Novel combinations of chemotherapy and radiation are making it possible to minimize (and in some cases eliminate) the need for surgery, or reduce the risk of recurrence.

Radiation therapy includes 3-D conformal therapy, intensity-modulated radiation therapy (IMRT), brachytherapy, and Helical TomoTherapy®, a leading-edge technology that integrates daily 3D imaging of tumors with the targeted delivery of IMRT. Growing evidence shows that IMRT and TomoTherapy can improve results for colorectal and other GI patients, including reduced side effects and a faster return to daily activities, without compromising control rates.

In cases of rectal cancer, the prospect of a colostomy is a serious patient concern. Wherever prudent, chemotherapy and radiation are combined with sphincter-sparing surgical techniques to replace standard abdominoperineal resection, avoiding colostomy and preserving quality of life.

To expand and advance chemotherapy for GI cancers, novel experimental regimens are available through our clinical trials program, including unique combinations of VEGF inhibitors, nucleoside analogs, proteasome inhibitors, ribonucleotide reductase inhibitors and other agents, some in combination with radiation. These trials can offer hope for patients with advanced and metastatic disease. In some cases, such as pancreatic cancer, experimental protocols can slow disease progression and enhance quality of life.

For patients with liver tumors, City of Hope offers many options, including chemoembolization, injection of radioactive microspheres, new chemotherapies, radiofrequency ablation and targeted radiation with TomoTherapy.

Advanced Surgical Specialties

City of Hope surgical oncologists use minimally invasive laparoscopic techniques wherever appropriate, with the advantages of reduced trauma, pain and blood loss, lower risk of complications, shorter hospital stays and faster recovery time.

While laparoscopic colonic resection is known to have equivalent outcomes to traditional open surgery, the practice of laparoscopic gastrectomy has lagged due to the technical proficiency needed, as well as concerns about the adequacy of lymphadenectomy. At City of Hope, a recent study compared short-term oncologic outcomes of patients receiving either total laparoscopic gastrectomy or an open procedure. Patients were assigned to laparoscopic surgery only if they had no evidence of enlarged lymph nodes. Although operative time was increased with laparoscopy, blood loss was significantly reduced, as was the length of hospital stay.

In robotic surgery, City of Hope has performed more life-saving robotic procedures than any hospital in the area. Robotic-assisted resections of gastric adenocarcinomas and stromal cell tumors are associated with significant reductions in length of stay and morbidity compared with open, and can become an option for patients with complicating factors that would make them ineligible for treatment elsewhere. Certain pancreatic procedures are also being performed using robotic-assisted surgery, including distal pancreatectomy for adenocarcinomas and neuroendocrine tumors. Additionally, our surgeons are designing a robotic operation for removal of the rectum requiring only .05 to 1 cm incisions, resulting in quicker recovery and temporary use of an ileostomy bag.

HIPEC for Advanced Colorectal Cancer

Colorectal cancer that has metastasized to the peritoneum is difficult to treat, as intravenous delivery methods cannot achieve local levels high enough for therapy. A new treatment, heated intraperitoneal chemotherapy (HIPEC), floods the area with a chemotherapy solution warmed to 42 degrees Celcius to increase drug potency and treatment effectiveness. HIPEC permits higher doses of chemotherapy to come into direct contact with the tumor, and improves drug uptake by tumor cells.

By minimizing exposure to the rest of the body, HIPEC reduces side effects of chemotherapy and has a pronounced palliative effect. Early results are promising as the procedure appears to increase survival times. Patients whose colorectal cancer recurs within the abdomen also appear to benefit from surgery plus HIPEC. City of Hope is one of only a handful of centers in the state offering this treatment.

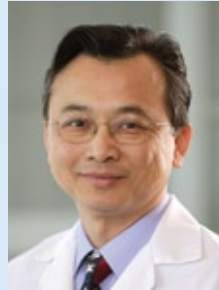
Treating the Whole Patient

GI cancer patients have many concerns about dealing with digestion and elimination, as well as the impact their disease and treatment may have on daily activities. All patients have access to the Sheri & Les Biller Patient and Family Resource Center, which offers outstanding personal support, including social workers, psychiatrists, psychologists, patient navigators, pain management specialists and spiritual care providers. A variety of music therapy, meditation and other programs area also available to help alleviate anxiety and encourage a positive attitude. ■

Referrals

To refer patients for screening, biopsy or treatment, please contact 800-826-HOPE. For information about enrolling a patient in an investigational study, search our Clinical Trials Online database for appropriate projects and eligibility criteria at clinicaltrials.coh.org.

STAFF NEWS AND NOTES



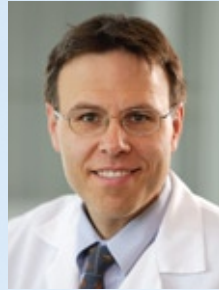
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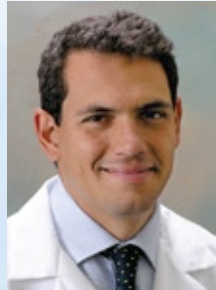
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Shiuan Chen, Ph.D., co-director

CLINICAL CANCER GENETICS 64324
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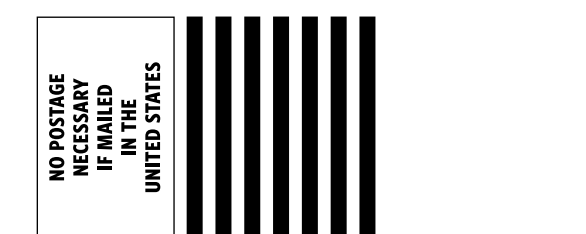
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NEW PATIENT SERVICES 800-826-HOPE (4673)
PHYSICIAN RELATIONS OFFICE 800-444-PHYS (7497)

CLINICAL TRIALS

IRB	Title	
08059	Phase I Trial of Intraperitoneal nab-Paclitaxel (Abraxane) in the Treatment of Advanced Malignancies Primarily Confined to the Peritoneal Cavity <i>Principal Investigator: Mihaela Cristea, M.D.</i>	07182 Timing of Rectal Cancer Response to Chemoradiation <i>Principal Investigator: Julio Garcia-Aguilar, M.D., Ph.D.</i>
07238	PHI-60 NCI#8063: A Phase I and Pharmacokinetic Single Agent Study of Pazopanib in Patients with Advanced Malignancies and Varying Degrees of Liver Dysfunction <i>Principal Investigator: Stephen Shibata, M.D.</i>	05168 ACOSOG Z6041: A Phase II Trial of Neoadjuvant Chemoradiation and Local Excision for uT2uNO Rectal Cancer <i>Principal Investigator: Julio Garcia-Aguilar, M.D., Ph.D.</i>
06057	A Treatment of Unresectable Hepatocellular Carcinoma with TheraSphere (Yttrium-90 Glass Microspheres): A HDE Treatment Use Protocol <i>Principal Investigator: Yi-Jen Chen, M.D., Ph.D.</i>	04080 CTSU/NCCTG:N0147 A Randomized Phase III Trial of Oxaliplatin (OXAL) Plus 5-Fluorouracil (5-FU)/Leucovorin (CF) with or w/o Cetuximab (C225) After Curative Resection for Patients with Stage III Colon Cancer <i>Principal Investigator: Stephen Shibata, M.D.</i>
06210	ECOG Stage II colon cancer adjuvant trial <i>Principal Investigator: Lily Lai, M.D.</i>	For more information regarding the above listed clinical trials, please go to http://clinicaltrials.coh.org and enter the IRB number.
03174	Evaluation of the use of Poxvirus Vaccines to Stimulate P53 Specific Immunity <i>Principal Investigator: Joshua Ellenhorn, M.D.</i>	



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