

Beyond the 'Big Four': Less Common Cancers

The “big four” cancer killers - lung, breast, colon and prostate - weigh heavily on the public consciousness.

Patients are bombarded by consumer magazines, talk shows and popular blogs full of articles, stories and threads about breast, colon and prostate cancer. And millions of dollars are raised every year to support research, education and care for patients and their families who are affected by these diseases. Less awareness and funding are raised for lung cancer, but its standing as the top cause of cancer death among men and women worldwide makes it a concern in the minds of many.

Unfortunately, there are many less common cancers that don't frequently capture the public attention or research dollars they deserve, including thyroid, liver, pancreatic and esophageal cancers, as well as melanoma. Also less common are hematologic malignancies and head and neck cancers. These cancers are detailed here and on following pages.

Thyroid

According to the National Cancer Institute, thyroid cancer is the fastest growing cancer among women, with incidence rates having increased approximately 20 percent in the past five years. Matthew Ringel, MD, who co-chairs the Thyroid Cancer Program at Ohio State University's Comprehensive Cancer Center with Richard Kloos, MD, says women are three times more likely than men to develop cancer of the thyroid gland.

“We follow more than 1,000 patients with thyroid cancer at Ohio State University Medical Center's James Cancer Hospital and Solove Research Institute, where they are seen by a clinical team that includes faculty in endocrinology, surgical oncology, otolaryngology - head and neck surgery, medical oncology and medical genetics, as well as nurses and counselors,” Ringel says. “We offer complete clinical care along with a number of clinical trials run by Drs. Kloos and Manisha Shah for patients with advanced cases.

“We also have a large research group performing laboratory studies focused on thyroid cancer, many of which bridge the clinic and the laboratory,” Ringel adds. “For example, we have a genetic study under way with Dr. Albert de la Chapelle in which we are trying to understand what genes may predispose an individual to develop thyroid cancer.” Ringel says survivability is generally good for thyroid cancer when caught early, underscoring the need for thyroid palpation to be part of annual well-visit examinations.

“We have a large research group performing laboratory studies focused on thyroid cancer, many of which bridge the clinic and the laboratory.”

Matthew Ringel, MD

Melanoma

“Melanoma has been diagnosed at increasing rates over the past decade,” says Thomas Olencki, DO, a melanoma specialist at The James. “We think this is because the incidence is increasing and because early detection has increased.

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"The good news is that, because primary care physicians are doing a great job advising their patients to watch for the warning signs and referring them to dermatologists or surgeons for further evaluation when needed, melanomas are being picked up much earlier," Olencki adds. "As a result, we're seeing fewer cases of the big, bulky, primary melanomas that are so deadly."

"The bad news is that there is a growing incidence of melanomas that are thin and seemingly benign, but which are in fact deadly."
 Thomas Olencki, DO

However, Olencki says, "The bad news is that there is a growing incidence of melanomas that are thin and seemingly benign, but which are in fact deadly. My colleagues and I, including Dr. Kari Kendra, who heads the melanoma section, as well as surgeons Michael Walker, William Carson and Doreen Agnese, offer a wide variety of clinical trials for patients with lymph node involvement, as well as treatment for those with established metastatic disease."

Pancreatic, Liver, Esophageal

Tanios Bekaii-Saab, MD, a gastrointestinal oncologist at Ohio State University's Comprehensive Cancer Center and The James, says that, taken together, pancreatic, hepatic and gastroesophageal cancers account for 6 percent of all malignancies.



Pancreatic adenocarcinoma involving the head of the pancreas.

"Pancreatic cancer is the number five cancer killer and, unfortunately, there are fewer than 10 dedicated pancreas cancer specialists in the United States," says Saab. "Because of that nihilism, many patients are sent home without any form of treatment. This is inappropriate because, for some patients enrolled in research studies, life can be prolonged for as long as two to three years. This gives patients precious time for acceptance and closure."

For esophageal cancers, The James is the only facility in Ohio that offers a specialized procedure with minimally invasive esophagectomy. "Dr. Abbas Abbas performs this procedure, while Drs. Patrick Ross and Scott Melvin perform hundreds of traditional surgeries," Saab says.

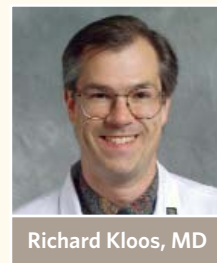
Similar to pancreatic cancer, data suggests that esophageal cancer patients have much better outcomes when they receive treatment from a specialized team that cares for at least 20 to 30 patients annually. "We're seeing an increased incidence of these cancers because of lifestyle changes, such as a more sedentary lifestyle, obesity and other factors that increase the risk of GERD, Barrett's esophagus and marked dysplasia," Saab adds.

He notes that primary liver cancer is also on the rise due to an epidemic of Hepatitis C. "At The James, patients receive all treatment under one roof from a multidisciplinary team. This is important because it not only lessens stress for the patient and family members, but it also facilitates our advancing knowledge in this area by translating basic research into clinical care."

Saab urges primary care physicians to refer patients with less common cancers to academic medical centers that focus on research. "Only by enrolling such patients in clinical trials can we come closer to finding a cure - or at least to help prolong survival, as we do in cancers of the breast, colon and prostate."



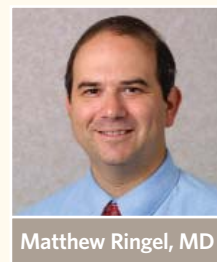
Tanios Bekaii-Saab, MD



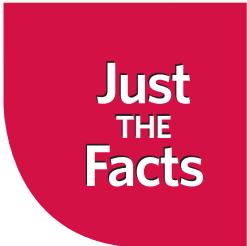
Richard Kloos, MD



Thomas Olencki, DO



Matthew Ringel, MD



The Ohio State University Comprehensive Cancer Center received the National Cancer Institute's (NCI) highest possible rating in its most recent scientific peer review. Ohio State has been continuously funded as an NCI-designated comprehensive cancer center since 1976. Ohio State University Medical Center (OSUMC) has been named one of "America's Best Hospitals" for 14 consecutive years. In the most recent rankings, published July 17, 2006, OSUMC is recognized as a leader in cancer care, with the cancer program having jumped eight places to 21st.



news briefs

National Provider Identifier Required

The deadline for applying for and receiving a National Provider Identifier (NPI) is May 2007. This number is a new requirement per the "The Health Insurance Portability and Accountability Act of 1996," which states that all healthcare providers must adopt a standard unique identifier to go live in May 2007. To bill Medicare for services, each healthcare provider in the United States will need an NPI number. Ohio State's Medical Center needs each referring physician's NPI in order to submit claims on the patients you referred. (There will be no single repository for these numbers; the government will not be assisting with the collection of these numbers by healthcare institutions.) Much of the paperwork we are required to complete on each patient will come to a halt until we receive this number. If you have not filed for an NPI, please select one of these ways:

- Go online to: <https://nppes.cms.hhs.gov>
- Complete a paper application and return it by mail to the enumerator that assigns the NPI. Application forms are available online and at <https://nppes.cms.hhs.gov>. Or request an application by calling (800) 465-3203.
- Authorize an organization to submit your application for you. Any professional association of healthcare providers that employs a physician can submit an electronic file with your information. Once you have your NPI, please submit it to CPDGroup@osumc.edu or call (800) 293-5123.

Outlook Good for Incisionless Surgery



Jeffrey Hazey, MD

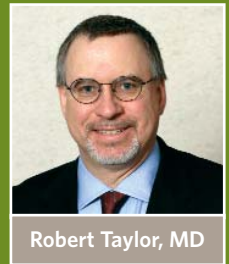
A new surgical procedure that leaves no outside scarring, results in no postoperative pain and may reduce patients' recovery times could be one of the next major medical advancements in the United States, according to surgeons at Ohio State University Medical Center who are the first in

the country to use the technique for abdominal procedures. The technique, called natural orifice transluminal endoscopic surgery, is experimental but holds considerable promise, say the surgeons, who are gaining access to the abdominal cavity through the patient's mouth instead of cutting through the body. "This is a first clinical step in the U.S. toward developing an incisionless and painless technique for abdominal surgery," says Jeffrey Hazey, MD, a general surgeon who specializes in interventional endoscopy. At Ohio State, the procedure is being performed with more traditional operative techniques for diagnosing abdominal malignancies and cancer staging.

For more information or to contact Dr. Hazey, call 1-800-293-5123.

Pain and Palliative Care Director Named

Ohio State University Medical Center has named Robert Taylor, MD, as medical director of the Pain and Palliative Care Program at Ohio State's James Cancer Hospital and Solove Research Institute. Taylor

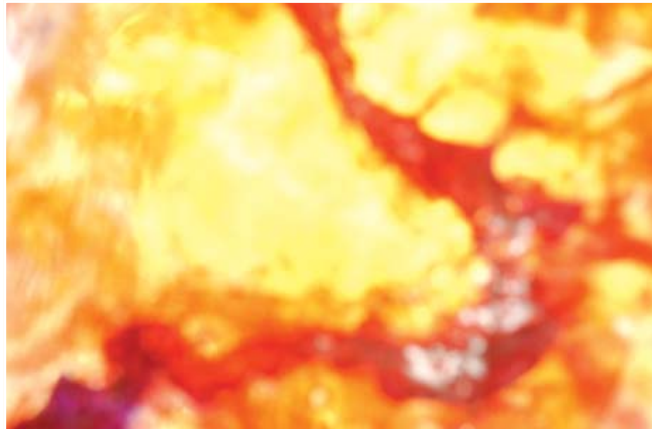


Robert Taylor, MD

previously served as medical director of palliative care services at Mount Carmel Health System in Columbus for five years, but he has maintained his academic appointment at Ohio State since joining the faculty as an assistant professor in neurology in 1993. He returned to a full-time position in October 2006. Taylor received his medical degree from the Ohio State University College of Medicine. His additional postgraduate training includes a neurology residency at Dartmouth-Hitchcock Medical Center, Lebanon, N.H., and a fellowship at the MacLean Center for Clinical Medical Ethics at the University of Chicago. He also was a Roxane Scholar in palliative care at the Cleveland Clinic Foundation.

For more information or to contact Dr. Taylor, call 1-800-293-5123.

Hematologic Cancers: New Therapies, New Hope



The hematologic cancers that primary care physicians encounter most frequently are the leukemias, lymphomas and myelomas. These could be called “quiet cancers” because they lack dramatic symptoms in early stages.

But vigilance by primary care physicians often makes a significant difference in detecting these cancers; many are found during evaluation of unrelated medical conditions or through blood tests for chronic diseases that require monitoring.

Ohio State University’s Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute offers not only multidisciplinary diagnostics and care, but also a range of studies, most of which include clinical trials, to develop and test novel therapies that offer hope for patients who are resistant to standard treatment.

Leukemia

“I often hear lay persons and patients say that CLL (chronic lymphocytic leukemia) is a ‘good cancer’; I find this very upsetting, because in my opinion no cancer is good,” says John Byrd, MD, who directs the Hematologic Malignancies Program. “The problem is that CLL can be either indolent or very aggressive. By the time symptoms, such as fatigue, enlarging lymph nodes and spleen, night sweats and

fever appear, treatment becomes more complex.”

Byrd says the past five years have seen the development of new diagnostics that are better at distinguishing between indolent and rapidly progressing cases.

“It is important to establish the difference, because with new antibodies such as rituximab that are combined with traditional therapies for CLL, we see responses in up to 90 percent of patients, with approximately half of those going into complete remission lasting four to five years,” Byrd says.

Additionally, diagnostic tests identify certain high-risk patients who would have had no options in the past but can now receive therapies through clinical trials on several novel small molecules, including flavopiridol and lenalidomide.



John Byrd, MD

Lymphoma

“New drugs, such as the monoclonal antibody rituximab, have allowed oncologists to make tremendous strides in the treatment of patients with non-Hodgkin’s lymphoma in the past decade,” says Thomas Lin, MD, PhD, of the Comprehensive Cancer



Thomas Lin, MD, PhD

Center’s Experimental Therapeutics Program and The James. “Lymphomas are a diverse group of diseases. Aggressive lymphomas grow rapidly but can be cured with chemotherapy, while indolent lymphomas grow slowly and respond to therapy but cannot be cured with current treatments.

“Ohio State continues to seek better treatments for all types of lymphomas through numerous clinical trials of exciting new chemotherapy drugs,” Lin says. “We have trials written by investigators here, as well as national CALGB

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Just THE Facts

- Of the many varieties of leukemia, CLL is the most prevalent, but it accounts for only about 10,000 new cases per year.
- Of new lymphoma cases per year, Hodgkin’s accounts for only 7,800; non-Hodgkin’s accounts for 56,000.
- Of the myeloma varieties, multiple myeloma accounts for 90 percent of all new cases, which number only 16,570 per year.

Source: *Leukemia and Lymphoma Society*



research highlights

Herbal, Dietary Supplements Can Affect Cancer Treatments

Cancer patients should be cautious of drug interactions when taking dietary or herbal supplements with chemotherapy, radiation or other cancer treatments. Studies by the Centers for Disease Control and Prevention have shown that up to 64 percent of patients acknowledge practicing some form of complementary or alternative therapy, including meditation, dietary changes and exercise, to improve quality of life. But many cancer patients don't tell their doctors when they are using supplements to help alleviate pain, fatigue or depression, says Bella Mehta, PharmD, director of the Clinical Partners Program at Ohio State University Medical Center, which educates patients on the use of herbal and dietary supplements. "About 30 percent of patients will use natural products because they think they're safe, but these herbal and dietary supplements can cause unwanted drug interactions and serious side effects," Mehta says. For more information or to contact Dr. Mehta, call 1-800-293-5123.



Bella Mehta, PharmD

Study Evaluates Effects of Antioxidants and Fish Oil on AMD

Researchers at Ohio State University Medical Center are among scientists nationally trying to determine if certain nutrients can lower risk of vision loss. This multicenter clinical trial builds on results from an earlier study that found that antioxidant vitamins and minerals, including vitamins C and E, beta-carotene, zinc and copper, when taken by mouth, reduced the risk of progression of advanced age-related macular degeneration (AMD) by 25 percent. The risk of moderate vision loss was reduced by 19 percent. Some 4,000 participants will be recruited for the Age-Related Eye Disease Study 2 to see if a modified combination of vitamins, minerals and fish oil can further slow the progression of vision loss from AMD. "Previous studies have suggested other nutrients may protect



Robert Chambers, DO

vision as well," says Robert Chambers, DO, principal investigator at Ohio State. The study will add lutein and zeaxanthin - yellow pigments found in the macula - along with the omega-3 fatty acids DHA and EPA, derived from fish and vegetable oils.

For more information or to contact Dr. Chambers, call 1-800-293-5123.

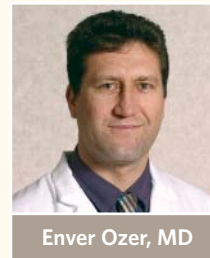
Safety, Effectiveness of Oxygen Treatment Evaluated

Ohio State University Medical Center researchers are part of a national study to determine if patients with a moderate pulmonary disease benefit from home oxygen therapy. This is the largest randomized clinical trial judging the effectiveness and safety of long-term home oxygen therapy for patients with chronic obstructive pulmonary disease. Approximately 3,500 patients will be recruited from 14 institutions to participate in the trial. Half will receive supplemental oxygen for three years, and half will receive no oxygen therapy. "We hope to determine whether supplemental oxygen therapy at home will help patients with moderate chronic obstructive pulmonary disease live longer, more active lives," says Philip Diaz, MD, principal investigator at Ohio State. For more information or to contact Dr. Diaz, call 1-800-293-5123.



Philip Diaz, MD

Head & Neck Cancers – Staging Counts



Enver Ozer, MD

Head and neck cancers constitute only 6 percent of all human cancers, but if not caught early they are responsible for considerable decline in quality of life for patients, as well as increasingly complicated treatment plans.

“That’s why primary care physicians are alert to epithelial changes of the upper aerodigestive tracts of their patients and do not hesitate in referring for further evaluation in making their diagnoses,” says Enver Ozer, MD, an otolaryngologist/head and neck surgeon at Ohio State University Medical Center’s James Cancer Hospital and Solove Research Institute.

when accompanied by swollen lymph nodes in the neck, it should be considered a malignancy until proven otherwise.

“A specialist can confirm the diagnosis with clinical examination with biopsy and stage the cancer based on TNM (Tumor size, lymph Node status and distant Metastasis),” Ozer adds. “Treatment options mainly depend on staging – regardless of where the cancer is found. When the cancer is caught in early stage (I or II), surgery or radiotherapy alone are often a curative option. However, once a cancer has progressed to advanced stage (III or IV), a combination of modalities, including surgery and radiation and even chemoradiotherapy, is generally called for.”

Ozer notes that Surgical Organ Preservation (SOP) focuses on not only preserving the organ, but also on preserving organ function. For example, in stage I or II cancers of the larynx, a single cordectomy, using either a laser or instruments, provides up to a 90-percent cure rate, with no need for tracheotomy. In addition, the patient’s ability to speak and swallow, although altered, remains intact.

“When a lesion is ulcerating or granulating in the mucosa, especially when accompanied by swollen lymph nodes in the neck, it should be considered a malignancy until proven otherwise.”

Enver Ozer, MD

Ozer says most head and neck cancers occur in the oral cavity, pharynx or larynx. “When patients complain of a lesion in the mouth that does not heal after more than two weeks, despite routine treatment, clinicians take note. When a lesion is ulcerating or granulating in the mucosa, especially

To refer a patient or contact Dr. Ozer, call **1-800-293-5066**.



Figure 1



Figure 2

Figure 1: Preoperative view of an advanced stage oral cavity cancer; destroying the mandible and neck skin to cause an orocutaneous fistula.

Figure 2: Postoperative view of the same case after the fibular osseocutaneous microvascular free flap reconstruction. This lower leg flap gives the advantage of reconstructing both the bony defect of the mandible and the skin defect of the face and the upper neck.

**Just
THE
Facts**

Citing National Statistics, Dr. Ozer offers these facts:

- Individuals who use tobacco (smoking or chewing) increase their risk of head and neck cancers by seven times.
- Individuals who are heavy alcohol consumers increase their risk by six times.
- For those who combine tobacco use and heavy alcohol consumption, the risk rises exponentially – **by 38 times**.

new faces



Don Benson, MD

Specialty:
Hematology/Oncology

Clinical Interests:
B-cell lymphoid malignancies, including multiple myeloma, amyloidosis and lymphoma

Residency:
University of Virginia, Charlottesville

Fellowship:
Ohio State University Medical Center



Kavitha Kosuri, DO

Specialty:
Hematology/Oncology

Clinical Interests:
GI and thoracic malignancies

Residency:
St. Louis University Hospital

Fellowship:
Ohio State University Medical Center



Anterpreet Neki, MD

Specialty:
Hematology/Oncology

Clinical Interests:
Head and neck sarcoma

Residencies:
Mahatma Gandhi Institute of Medical Sciences, Nagpur University, India; DC General Hospital, Washington, DC

Fellowships (2):
Ohio State University Medical Center

To contact any of these physicians, please call OSU Care Connection at 1-800-293-5123.

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(Cancer and Leukemia Group B) studies." CALGB is a group of about two dozen leading cancer centers, including Harvard, Duke, Memorial Sloan Kettering and Ohio State.

"The important message is that lymphomas are treatable cancers, but we can do better," Lin says. "Many cancer researchers throughout the country and the world are working to advance the treatment of lymphomas."

Myeloma

"Myeloma is often a debilitating cancer without a cure," says Craig Hofmeister, MD, of the Division of Hematology and Oncology. "At The James, we are using novel agents and therapies in ways that have not been used before to prolong life. Our goal is to explore and target proliferative pathways, or molecules inside myeloma cells that stimulate growth, with the combination of new antibodies and small molecules to make a cure possible."



Craig Hofmeister, MD

He explains that immune modulators - designed to stimulate the patient's immune system to attack myeloma cells - used in combination with other therapies appear promising and may explain the activity of standard agents such as Thalidomide and Revlimid®.

In addition to participating in CALGB studies, Hofmeister and his colleagues are involved with the Multiple Myeloma Research Consortium, a group of centers dedicated to quickly bringing new drugs from the bench to the bedside.

"Although myeloma is not a rosy picture, in the past five years more new agents are in development and have come to the clinic than in the prior three decades combined," he says.

For a full list of diagnostic and treatment modalities, please see: <http://radmed.osu.edu/>.