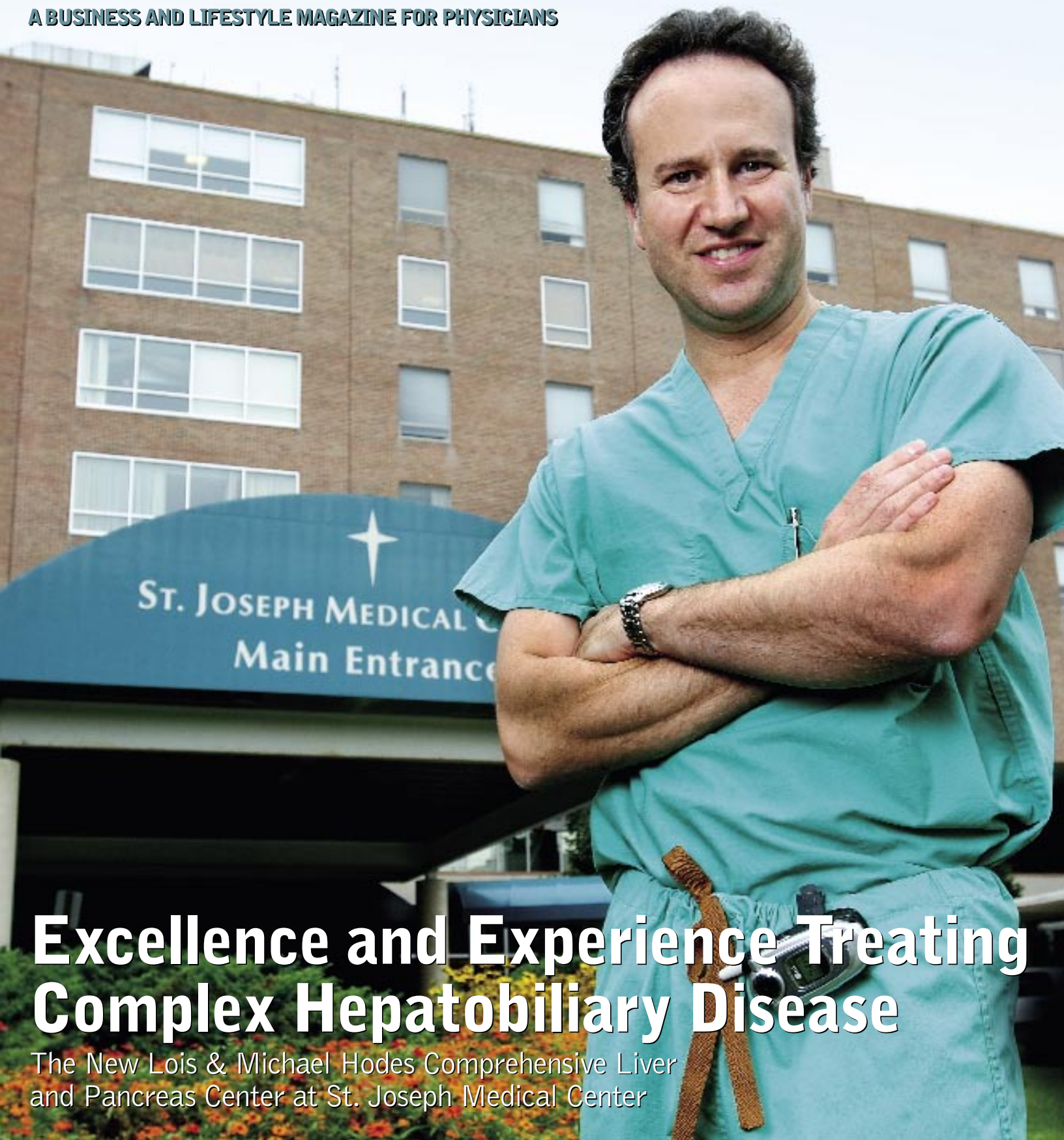


M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



Excellence and Experience Treating Complex Hepatobiliary Disease

The New Lois & Michael Hodes Comprehensive Liver
and Pancreas Center at St. Joseph Medical Center

Excellence and Experience Treating Complex Hepatobiliary Disease

The New Lois & Michael Hodes Comprehensive Liver and Pancreas Center at St. Joseph Medical Center

By Daphne Swancutt

Though cancers of the liver and pancreas are not the most common, they are among the deadliest. That's because, most of the time, there are no symptoms until the cancer is in a late stage, where it has spread to include a large part of the organ or has metastasized to other parts of the body.

"This makes diagnosis and treatment for liver and pancreas cancer a challenge," says Dr. Mark Fraiman, chief of Hepatobiliary Surgery at St. Joseph Medical Center, and surgical director of the new Lois & Michael Hodes Comprehensive Liver and Pancreas Center, a multidisciplinary program designed to treat patients with complex diseases related to pancreatic cancer, primary liver cancer, metastatic colorectal cancer and bile duct cancer. Fraiman's own experience is extensive, and includes training at the

St. Joseph gastroenterologist Dr. Steven Fleisher uses endoscopic ultrasound (EUS) to gather and produce precise images and information about the liver and pancreas.



© MOLESKY PHOTOGRAPHY

St. Joseph's program is the only one in Maryland to offer the highly specialized expertise typically found in an academic facility in a community hospital setting.

University of California, Los Angeles, one of the highest-volume centers in the country for surgical treatment of hepatobiliary disease.

He now brings that skill to St. Joseph's program, the only one in Maryland to offer the highly specialized expertise typically found in an academic facility in a community hospital setting. Along with Fraiman, The Lois & Michael Hodes Comprehensive Liver and Pancreas Center includes a team of physicians in gastroenterology, hepatology, interventional radiology and hepatobiliary surgery.

"This is an extremely sophisticated program, with all of the experts and technology available to diagnose and treat the complexities of hepatobiliary disease," says Fraiman.

In particular, because of the challenges of early diagnosis, specialized and expert treatment become crucial for patients with liver or pancreatic cancer.

By far the most common diagnosis seen among hepatobiliary specialists is metastatic colorectal cancer, in which cancer that has begun in the colon has metastasized to the liver.

"This is, in part, why colon cancer screening is so important," says St. Joseph chief of Gastroenterology Dr. Neil Goldberg. "It also makes a facility like The Lois & Michael Hodes Comprehensive Liver and Pancreas Center, with its specialized, multidisciplinary model, essential for patients with these very difficult conditions."

In the approximately 150,000 cases of colon cancer seen annually, about 25 percent will have a synchronous diagnosis of liver cancer, according

Compassionate Delivery

Specialists at St. Joseph's Lois & Michael Hodes Comprehensive Liver and Pancreas Center are not just a medical team. We offer one-on-one consultation to our patients, as well as the compassionate care that distinguishes St. Joseph from other hospitals. We personally follow our patients' progress throughout treatment and recovery, and communicate that progress to the referring physician. After discharge, patients also are continually monitored through regular follow-up appointments as long as necessary.

For more information, or a consultation, please call (410) 427-2222, or visit us online at liverandpancreascenter.com.

Liver Cancer: What's the Risk?

Among the most important risk factors for liver cancer are certain types of liver disease, such as chronic hepatitis B and hepatitis C, and cirrhosis caused by alcohol abuse. Other risk factors include the following:

- **Aflatoxins:** Cancer-causing substances made by a fungus that contaminates peanuts, wheat, soybeans, groundnuts and corn. Long-term exposure could increase risk.
- **Anabolic steroids:** Long-term use slightly increases risk of liver cancer.
- **Smoking:** Studies show a link between tobacco use and liver cancer, and the risk may be even greater for people who also abuse alcohol.
- **Gender:** Men are more likely to develop liver cancer than women.

to Fraiman. “Another 50 percent will eventually develop cancer in the liver, often many years later,” he adds. Left untreated, the prognosis is indeed grim. But, liver resection in the hands of a skilled, experienced surgeon can be a promising treatment.

“Resection is technically demanding and requires extensive and precise surgical skills,” says Fraiman. “But, five-year survival rates can be as high as 50 percent when combined with current chemotherapy treatments.”

One of the latest techniques called radiofrequency ablation (RFA) has been encouraging both for metastatic colorectal cancer and for primary liver cancer that has not yet spread to other organs in the body. The treatment can be done either as an open procedure or laparoscopically at St. Joseph, and can also be done using CT-scan guidance.

Using ultrasound technology, a special needle is guided into the tumor that produces heat through radiofrequency energy. The heat then eliminates — or ablates — small areas of the tumor at a time, decreasing the risk of damaging surrounding healthy tissue.

“We also use RFA in conjunction with other liver cancer treatments,” Fraiman says.

Of perhaps even greater concern than liver cancer is a diagnosis of pancreatic cancer, the fourth leading cause of cancer deaths in the U.S. Pancreatic cancer almost literally sneaks up on a patient, making treatment more

Pancreatic Cancer: What's the Risk?

Pancreatic cancer is the fourth leading cause of cancer death in the U.S. Risk factors for the disease include age — almost all patients are over age 50; gender — men are 20 percent more likely to develop pancreatic cancer; and family history. Here are some other risk factors to be aware of:

- **Race:** African-Americans are 40 – 50 percent more likely to develop pancreatic cancer.
- **Smoking:** Heavy smokers have a two to three times increased risk for developing pancreatic cancer.
- **Diet:** A diet high in fats and meats may increase risk, and fruits, vegetables and dietary fiber appear to have a protective effect.
- **Obesity:** Very overweight people are 20 percent more likely to develop pancreatic cancer.
- **Diabetes:** Pancreatic cancer is more common among people with diabetes.
- **Occupational exposure:** Heavy exposure to certain pesticides, dyes and chemicals related to gasoline may increase risk.
- **Stomach problems:** Infection of the stomach with the ulcer-causing bacteria called *Helicobacter pylori* and excess stomach acid may increase risk.

Thirty years ago, many of the patients we're seeing today would not have survived. Comparatively speaking, we're seeing some amazing outcomes.

— Dr. Mark Fraiman, chief of Hepatobiliary Surgery at St. Joseph Medical Center and surgical director of The Lois & Michael Hodes Comprehensive Liver and Pancreas Center

complex and, often, resulting in a focus on palliative tactics.

“The only real cure for pancreatic cancer is surgical removal of tumorous areas,” says Fraiman.

Fraiman is one of few expert physicians in the area to perform an intricate surgical procedure called Whipple surgery, or pancreaticoduodenectomy, which removes the head and neck of the pancreas.

“Major advances in training and equipment, combined with experienced, select surgeons have made Whipple outcomes extremely good,” he explains. Thirty years ago, postoperative mortality rates were between 25 to 30 percent. Today, studies show that mortality rates following Whipple are as low as 4 percent when performed by skilled, high-volume surgeons.

By comparison, the survival rates for patients with pancreatic cancer treated with chemotherapy alone drop to less than 5 percent at five years.

On the diagnostic side, there also is new hope. Endoscopic ultrasound (EUS) enables the gathering of precise images and information about the liver and the pancreas. Performed under sedation, EUS can better define the anatomy and extent of the tumor or lesion without cutting the skin.

“With EUS, we're able to find smaller tumors, ones that are less than 2 – 3 centimeters, as well as perform biopsies of abnormal areas,” says St. Joseph gastroenterologist Dr. Steven Fleisher.

For patients with a family history of pancreatic cancer, another endoscopic procedure called endoscopic retrograde cholangiopancreatography (ERCP) allows meticulous visualization of the pancreatic ductal system. As many as 10 percent of pancreatic cancers are thought to be inherited.

“Since the pancreas is located deep within the body, early tumors can't

Medical and surgical staff at The Lois & Michael Hodes Comprehensive Liver and Pancreas Center engage in one-on-one consultation, treatment and follow-up with their patients, as well as communicate patients' progress to referring physicians.





Dr. Rakesh Vinayek is medical director of St. Joseph's Lois & Michael Hodes Comprehensive Liver and Pancreas Center.

be seen or felt during routine physical exams,” explains Dr. Rakesh Vinayek, medical director of The Lois & Michael Hodes Comprehensive Liver and Pancreas Center. “Other tests are not sensitive enough to discover cancer in the pancreas early, and symptoms usually don’t appear until the cancer has spread beyond the pancreas.”

During ERCP, a dye is ejected through the endoscope into the pancreatic duct and X-rays are taken. Images that show a narrowing or blockage of the bile duct or pancreatic duct may be due to pancreas cancer, and cells are then removed for microscopic examination.

“In patients already diagnosed with pancreas cancer, the procedure also allows us to relieve obstructions and enable drainage of fluids that are backing up and causing pain, infection or jaundice,” says Vinayek.

Though diagnosis and treatment of hepatobiliary disease remains a complex endeavor, the good news is that technological and surgical advances have produced much more encouraging outcomes.

“It’s important, though, that physicians are aware of these advances and where to go to get the best treatment for their patients,” says Fraiman.

Clinical trials also are improving the outlook for patients who are diagnosed with cancers of the liver and pancreas. St. Joseph participates in trials for metastatic colon cancer and pancreatic cancer, providing physicians and patients access to advanced surgical and chemotherapy treatments.

“Thirty years ago, many of the patients we are seeing today would not have survived,” says Fraiman. “Comparatively speaking, we’re seeing some amazing outcomes.” ■

At A Glance

St. Joseph's Lois & Michael Hodes Comprehensive Liver and Pancreas Center offers Maryland's only community hospital setting for the sophisticated diagnosis and treatment of hepatobiliary disease.

Evaluation and Diagnosis

Skilled physicians make the difference through early diagnosis and the development of an effective treatment plan:

Endoscopic Ultrasound (EUS)

Endoscopic ultrasound (EUS) combines endoscopy and ultrasound to produce the most precise images and information about the liver and pancreas. Done under sedation, EUS meticulously defines anatomy and extent of tumors or lesions without cutting the skin.

Endoscopic Retrograde Cholangiopancreatography (ERCP)

Also performed under sedation, endoscopic retrograde cholangiopancreatography (ERCP) allows exacting visualization of the hepatobiliary and pancreatic ductal system. Through the scope, a physician can also relieve obstructions that are causing pain, infection or jaundice.

Advanced Treatment

After diagnosis, specialists guide a patient through treatment therapies that may include chemotherapy, surgery or radiation therapy:

Chemotherapy Treatments

Trans-Hepatic Arterial Chemo-Embolization (TACE)

TACE delivers chemotherapy specifically to a tumor of the liver using a catheter inserted into an artery that directly supplies blood to the liver.

Hepatic Arterial Infusion (HAI)

HAI therapy delivers chemotherapy to the liver through a catheter in the main artery supplying the liver.

Advanced Surgical Treatments

Hepatic Resection

Hepatic, or liver, resection is a complex procedure that involves removing segments of the patient's liver. Survival rates of patients with resection can reach as high as 50 percent at five years when performed by skilled surgeons.

Open Surgical Radiofrequency Ablation

There are times when tumors can be eliminated through radiofrequency ablation (RFA), a new technology that uses an alternating current of electrical energy that is converted into heat, and used to burn - or ablate - tumors of the liver.

Laparoscopic Radiofrequency Ablation

Physicians can now use RFA technology through smaller, laparoscopic incisions that limit postoperative pain and allow for quicker recovery.

Whipple Procedure

St. Joseph offers high-volume, specialized physician expertise to perform the complex Whipple procedure, which is frequently done for malignancies in the periampullary region such as pancreatic cancer. During surgery, the head of the pancreas, duodenum and parts of the bile duct are removed. Mortality rates rival those published by major university hospital programs.

Hepatic Artery Infusion Pump Placement

The surgical placement of a hepatic artery infusion pump into the blood supply of the liver allows direct delivery of chemotherapy treatment.

Interventional Radiology Treatments

Using the latest technology, including the LightSpeed 16, 64-slice CT scanner and the Innova 4100, an all-digital imaging system, interventional radiologists offer precise, minimally invasive treatment procedures for patients with liver metastasis or primary liver cancer.

CT-Guided Radiofrequency Ablation

Using CT-guided technology, a special needle is inserted into the tumor. Radiofrequency energy, transmitted through wires, produces heat and ablates a small area of the tumor at a time, decreasing the risk of damaging healthy surrounding tissue.