



The Cancer Institute at the University of Tennessee Medical Center will overcome the challenge of cancer through treatment, research, and education in partnership with those we serve.

EventCalendar

Multidisciplinary Conferences at the University of Tennessee Medical Center.

Every Wednesday
Tumor Conference
7:00 a.m.—8:00 a.m.
Morrison's Conference Center

1st Monday of Month
Gynecologic Conference
7:00 a.m.—8:00 a.m.
Morrison's Conference Center

Every Thursday
Pulmonary Conference
7:00 a.m.—8:00 a.m.
Cancer Institute
4th floor Conference Room

2nd & 4th Monday of Month
Head and Neck Conference
11:30a.m.—1:00 p.m.
Cancer Institute 4th floor Conference Room

Every Friday
The Breast Conference
7:00 a.m.—8:00 a.m.
Cancer Institute
4th floor Conference Room

4th Monday of Month
Gastrointestinal Conference
7:00 a.m.—8:00 a.m.
Morrison's Conference Center

If you would like your patient to be reviewed at the appropriate conferences, please call Jennifer Story at 544-6342

ON-GOING AMERICAN CANCER SOCIETY SUPPORT PROGRAMS:
Look Good...Feel Better and Man to Man. Call 544-6055 for more information.

UPCOMING EVENTS

- SEPTEMBER 22 Oncology Fall Conference, 8:00 a.m. Morrison's Conference Center at UT Medical Center
- OCTOBER 4 Light the Night 5:30 p.m. Volunteer Landing
- OCTOBER 13 An Evening in Orange, 6:30 p.m. Cherokee Country Club 865.544.6611
- OCTOBER 20 Race for the Cure 8:30 a.m. World's Fair Park

COMMUNITY OUTREACH

- September 8 Free prostate cancer screening
- September 11 Free prostate cancer screening
- September 20 Free prostate cancer screening
- September 27 Free prostate cancer screening
- October 4 Breast Cancer Awareness Ruby Tuesday Corporate Crystal Wheelon, CNP
- October 5 Breast Cancer Awareness Clayton Homes Corporate Dr. Keith Gray

CancerConnection

Volume 1, Number 2

The Cancer Connection is an endeavor to provide information to our colleagues in the region. The Cancer Institute at the University of Tennessee Medical Center will overcome the challenge of cancer through treatment, research, and education in partnership with those we serve.

From the Director



At the University of Tennessee Medical Center Cancer Institute, our three-fold mission centers around patient care, education, and research. We continue to offer our patients the latest cancer treatment options and technology such as CyberKnife, PET/CT imaging, clinical trials, and most recently dedicated breast MRI. At the same time, we persist in fulfilling our mission to be the preferred source of cancer information for the communities and medical professionals we serve.

Community outreach and education are required in the overall fight against cancer.

During the first half of 2007, our physicians and staff have provided over 150 educational presentations to community groups focused on information about the prevention and early diagnosis of cancer. Hopefully, this education will translate into fewer of our friends and families facing a diagnosis of advanced cancer. Our outreach has expanded to include increased mobile mammography services, smoking cessation classes, prostate and skin cancer screenings as well as participation at multiple health fairs.

In response to requests by our referring physicians for continuing medical education opportunities, the Cancer Institute is proud to offer the 2007 Oncology Fall Conference on Saturday, September 22, focusing on breast and colon cancer diagnosis, treatment and imaging technologies. Please visit <http://cmetracker.net/ETSU/doPostCatalog>, for more information and registration.

Finally, the University of Tennessee Medical Center and the UT Graduate School of Medicine have collaborated on an initiative to bring a medical education simulation center to our campus. This center will offer health care providers, residents and medical students training tools and techniques for learning and practicing medical procedures on full patient mannequins and virtual reality simulators. We are looking forward to providing this state-of-the-art innovation. Please join us for an Evening in Orange on October 13, 2007 to kick off our campaign to fund the establishment of this center. Please call 865-544-6611 for more information.

We look forward to a busy fall and are excited about the opportunities we have to make a difference in our community.

John L. Bell, M.D.
Director of the Cancer Institute

Cancer Institute Points

- David Townsend, Ph.D. presented at the Nobel Conference in Stockholm, Sweden on the research and development of PET and CT scanning to diagnose and stage cancer earlier than conventional methods.
- Dr. Edward Kim was named one of "America's Top Doctors 2007" by Men's Health Magazine.
- Dr. Keith Gray, will join the UTCI in September 2007. Dr. Gray recently completed his surgical oncology fellowship at MD Anderson Cancer Center

Physician Spotlight

The Cancer Institute and University Gastroenterology introduce Carlos A. Rollhauser, MD. Dr. Rollhauser received his medical degree from the National University School of Medicine in Córdoba, Argentina followed by a residency in Internal Medicine with subsequent Gastroenterology fellowship at George Washington University Medical Center.



Dr. Rollhauser has been at the University of Tennessee Medical Center since 2002 and offers expertise in endoscopic retrograde cholangiopancreatography (ERCP) to the Medical Center's gastroenterology team. Dr. Rollhauser is a member of University Gastroenterology with Drs. Mark Anderson, John Stancher and Sandi Gulati. Dr. Rollhauser can be reached at 865-544-6570.

We're on the Web!
www.utcancerinstitute.org

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Case Study

Colorectal Mucinous Adenocarcinoma: Therapeutic Management



Stephen S. Miller, MD

Clinical Background:

Colorectal mucinous adenocarcinoma (CMA) accounts for 14% of all colorectal cancers. CMA is characterized by cancerous cells producing abundant mucin. In some accounts, greater than 50% of these tumors have cells with prominent intracytoplasmic mucin. Clinically, patients have symptoms of abdominal pain, change in bowel habit, rectal bleeding and loss of appetite.

Patient History:

36 year old female with past medical history of abdominal pain for four months. Subsequent appendectomy revealed a thickened mesoappendix. Upon pathological evaluation, one mesoappendix lymph node was highly suspicious for malignancy. A subsequent colonoscopy followed revealing a distinct mass within the cecum.

Diagnosis:

Mucin secreting, invasive adenocarcinoma with angiolymphatic invasion.

Surgical/Therapeutic Management:

Right hemicolectomy with 4 of 15 lymph nodes dissected positive for metastatic disease. Resection results showed the patient to be free from residual disease. A Saltz regimen of irinotecan, 5-fluorouracil (5-FU) and leucovorin, was prescribed for 6 months. The patient was dose reduced from irinotecan through one cycle due to leukopenia. After 3 years of no evidence of disease, recurrence was noted in the retroperitoneal region. Therapeutically, the patient was started on a 12-cycle FOLFOX regimen, with subsequent resection of the mass which had involvement of the uterus.

Results:

Patient alive 7 months post second surgical resection for stage IV colon cancer, and no evidence of disease.

Concluding Remarks:

Colorectal mucinous adenocarcinomas are frequently located in the proximal and transverse regions of the colon. Patients less than 50 years old diagnosed with colon cancer are more likely to have advanced stage carcinomas. Literature review reveals that of 14% of mucinous adenocarcinoma patients have a positive family history of colon cancer. Colorectal carcinomas in patients 40 years of age or less, require an aggressive treatment approach including surgical intervention and adjuvant chemotherapy.

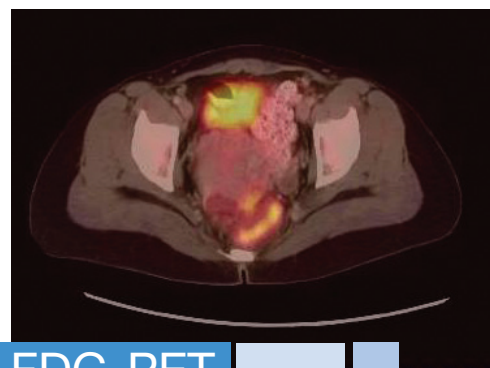


Mark D. Anderson, MD

Case Study



MRI



FDG-PET

Breast MRI Guideline Recommendations

The most recent advance in breast imaging is magnetic resonance imaging (MRI). Four years of intense research, published reports in medical journals, and national meetings attended by renowned researchers have studied the use of breast MRI screening in addition to mammograms. Collectively, three factors play a role in who should have breast MRI screening:

Factors

- Family history
- Genetic profiling
- Clinical history

American Cancer Society Recommendations for Annual MRI Screening

Annual screening using MRI is recommended for women who have:

- A BRCA 1 or 2 mutation
- A first-degree relative with a BRCA 1 or 2 mutation and are untested
- A lifetime risk of breast cancer of 20-25% or more using standard risk assessment models*
- Received radiation treatment to the chest between ages 10 and 30, such as for Hodgkins Disease
- A first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes).

The panel also identified several risk subgroups for which the available data is insufficient to recommend either for or against MRI screening. They include women with a personal history of breast cancer, carcinoma in situ, atypical hyperplasia, and extremely dense breast tissue on mammography.

*The guideline provides information about three risk models available for calculating breast cancer risk (BRCA_{PRO}, Claus model, and Tyrer-Cuzick).
CA: A Cancer Journal for Clinicians; vol. 57. NO 2. 75-89



Garnetta I. Morin-Ducote, MD

Additional Breast MRI Recommendations from The University Breast Center

In addition to the guidelines above, University Breast Center recommends MRI for:

- All newly diagnosed breast cancer patients
- Evaluation of implants, evaluation of indeterminate lesions on mammograms, and suspicious nipple discharge

1. University Breast Center (UBC) offers screening MRI, diagnostic MRI, hookwire localization MRI and MRI guided biopsy.
2. Current data shows MRI changes the surgical approach in 30% of breast cancer cases and finds contralateral disease in 7-9% of cases. Studies completed at the University of Tennessee Medical Center have correlated well with this data.
3. UBC has a dedicated breast coil and the ability to image the patient feet first which helps with claustrophobia issues.
4. All the restrictions for MRI safety apply for the patients.