

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 305-6342

ON-GOING AMERICAN CANCER SOCIETY SUPPORT PROGRAMS:

Look Good...Feel Better and Man to Man. Call 305-6055 for more information.

UPCOMING EVENTS

Kick Butts Campaign—Youth advocacy program for a smoke-free environment

March 28th	Richard Yoakley School
April 2nd	Fulton High School PRIDE
April 4th	Edgemont Elementary
April 25th	Sunbright School

April 12th Prostate Cancer Awareness Program
—Men's Fellowship Canaan Baptist Church

April 16th Operation Health Check—Health Fair
University of Tennessee

May 9th Ruby Tuesday Health Fair

May 12th Knox County Women's Health Fair

June 1st National Cancer Survivor Day—
UT Cancer Institute

June 5th Melanoma Monday—West Town Mall

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



The Cancer Institute wishes you a happy and healthy New Year in 2008!

Each year the Cancer Institute remains resolute and dedicated to provide a "center of excellence" in cancer care to those we serve in this region. Through an innovative quest for knowledge, a focus on community and medical education and the delivery of compassionate care, our multidisciplinary team of cancer specialists continues to forge ahead in the battle against cancer.

Our vision for the future includes remaining the leader for services, facilities, technology,

outreach and education that we offer to our patients, families, referring physicians and community. Over the last year, we have again evaluated the services that are currently available and determined what we believe are the next steps necessary to advance our mission.

Our plans range from recruiting physicians with the requisite skills to offer new techniques and technology (not currently available anywhere in the region), to implementing a palliative care program to meet the complete needs of patients and families dealing with a cancer diagnosis.

As part of our continued quest to improve, the Cancer Institute physicians and staff solicit and welcome feedback regarding the needs or concerns from you, as our colleagues, friends and patients. Our team members are available and willing to learn from you how we can continue to provide excellent care while meeting or exceeding your expectations.

We look forward to 2008 and what we can accomplish together to improve the quality of life for our fellow East Tennesseans

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

Cancer Institute Points

- Evening in Orange raised more than \$280,000 toward the Medical Simulation Center for the UT Medical Center.
- The Fall Oncology & Family Medicine Conference will be held on September 20th 2008, UT Conference Center.
- Community Outreach provided over 300 presentations and screenings in 2007.
- Dr. Kathleen Hudson has been selected as an oral board examiner in Breast Imaging (Mammography) for the American Board of Radiology.

Physician Spotlight

Surgical Oncologist Dr. Keith Gray joined The University of Tennessee Medical Center in September 2007. Dr. Gray completed his surgical oncology fellowship at MD Anderson Cancer Center in Houston, Texas. He completed his residency and surgical research fellowship at Vanderbilt University Medical Center. Dr Gray will serve as assistant professor in the Department of Surgery at the University of Tennessee Graduate School of Medicine.



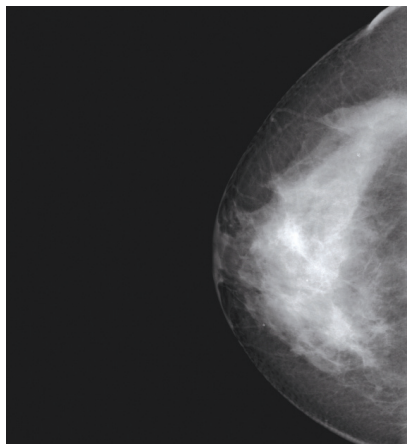
Dr. Gray's educational achievements include a bachelor's degree in Health and Sports Science, and graduating Cum Laude from Wake Forest University. He earned the Alpha Omega Alpha Medical Honor Society as well as the "Complete Physician" award. Dr. Gray specializes in the surgical removal of gastrointestinal tumors. Dr. Gray may be reached at 544-9218.

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

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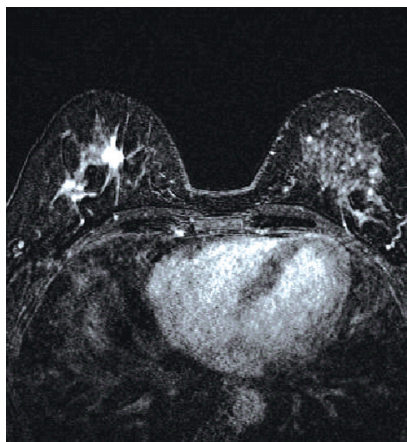
The Role of MRI in Breast Cancer Management



Clinical Background:

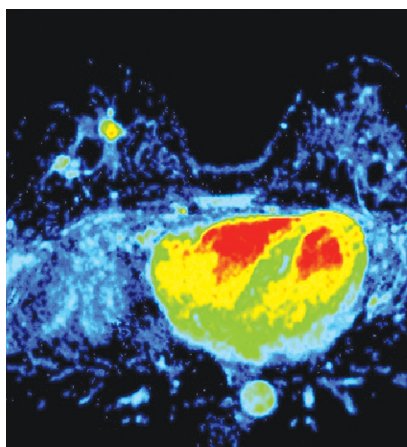
There are approximately 200,000 new female breast cancer cases in the United States per year. 3,690 in the state of Tennessee. The most common type of breast cancer is infiltrating (invasive) ductal cancer (IDC) which accounts for approximately 80% of new cases. Some of these cases will present with lymph node involvement as well, requiring adjuvant ("in addition") systemic therapy. If breast conservation management is chosen, these patients are also treated with radiation therapy as the standard of care except in rare, extenuating circumstances.

Standard breast cancer screening includes the widespread use of mammography with either traditional film imaging or contemporary digital imaging (best utilized in younger patients). Beginning in 2007 MRI was added to the imaging algorithm for newly diagnosed breast cancer patients. Although this technology is not yet standardized nor widely available, it does aid in detection of lesions not otherwise seen by traditional mammography.



Patient History:

47-year-old female with normal self breast examination and clinical exam. Screening mammogram revealed a solitary 1.4 cm. "ill-defined" mass in the medial aspect of the right breast. Further imaging to include ultrasound confirmed this finding. An image-guided biopsy revealed IDC. Subsequent bilateral breast MRI revealed a second lesion in the index breast (opposite breast imaging and MRI was normal). The second lesion was located in the same region of the breast, but "deeper" in the breast and not seen on traditional imaging. This patient opted for breast conservation management with segmental mastectomy and sentinel lymph node mapping and biopsy. All margins of resection were free of cancer (made possible by the use of MRI imaging!) and a single lymph node was noted to harbor micrometastatic disease. Her primary malignancy was estrogen receptor positive; progesterone receptor not positive; HER-2/NEU protein receptor negative. She went on to receive adjuvant systemic cytotoxic chemotherapy (Taxotere, Adriamycin, Cytoxan), locoregional radiation therapy, and is now maintained 18 months post-diagnosis on Tamoxifen.



Concluding Remarks:

By utilizing traditional imaging combined with MRI this patient was identified as having two primary malignancies in the same quadrant of the same breast. These advanced imaging technologies allowed her a single trip to the operating room, resulting in a margin-negative resection. Two lesions in the same quadrant of the same breast are not a contraindication to conservation management. Appropriate systemic therapy and locoregional radiation therapy were also administered based on the final pathological findings.

Case Study

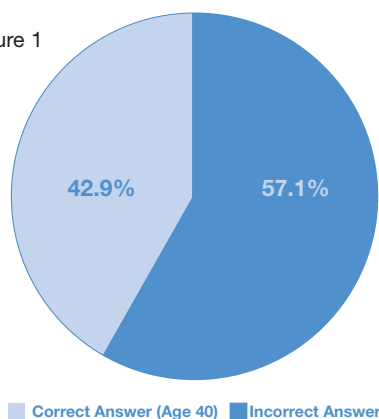
Hint Study

In a 2003 study, women without a personal history of breast cancer were asked about the recommended age at which to begin mammography screening and the frequency at which mammograms should be received. Figure 1 shows that less than half of the women (42.9%) correctly identified age 40 as the age at which most women should begin receiving mammograms; most incorrect responses were for ages younger than 40. Map1 provides converging evidence that most women across the United States were not able to correctly identify the age at which they should start getting regular mammograms, with areas in the South and Southeast showing the lowest values.

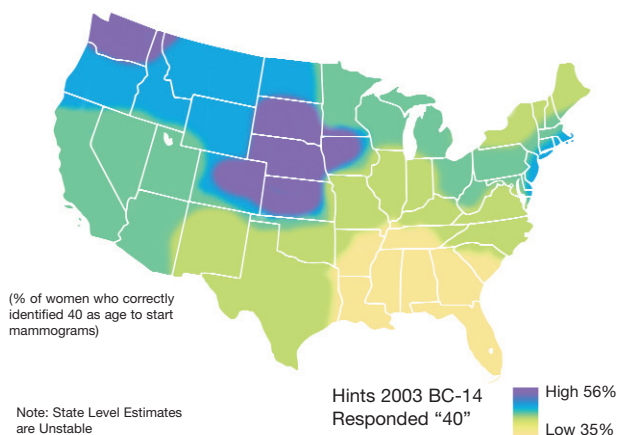
Figure 2 shows that most 2003 respondents (73.1%) correctly identified every 1 to 2 years as the recommended frequency at which mammograms should be received. The most common incorrect response indicated more frequent screening (More than once a year; 10.1%). In contrast to knowledge of the age at which women should start getting regular mammograms, Map 2 shows that most women across the United States were able to correctly identify how often they should get mammograms.

Knowledge of Age at Which to Begin Mammography (2003)

Figure 1



Map 1



Knowledge of Recommended Mammography Frequency (2003)

