



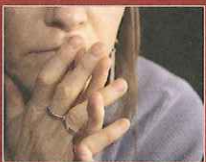
Network

The Anderson Network is a program of Volunteer Services at M. D. Anderson Cancer Center

Winter
'10



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Plastic surgery enhances form and function for cancer patients

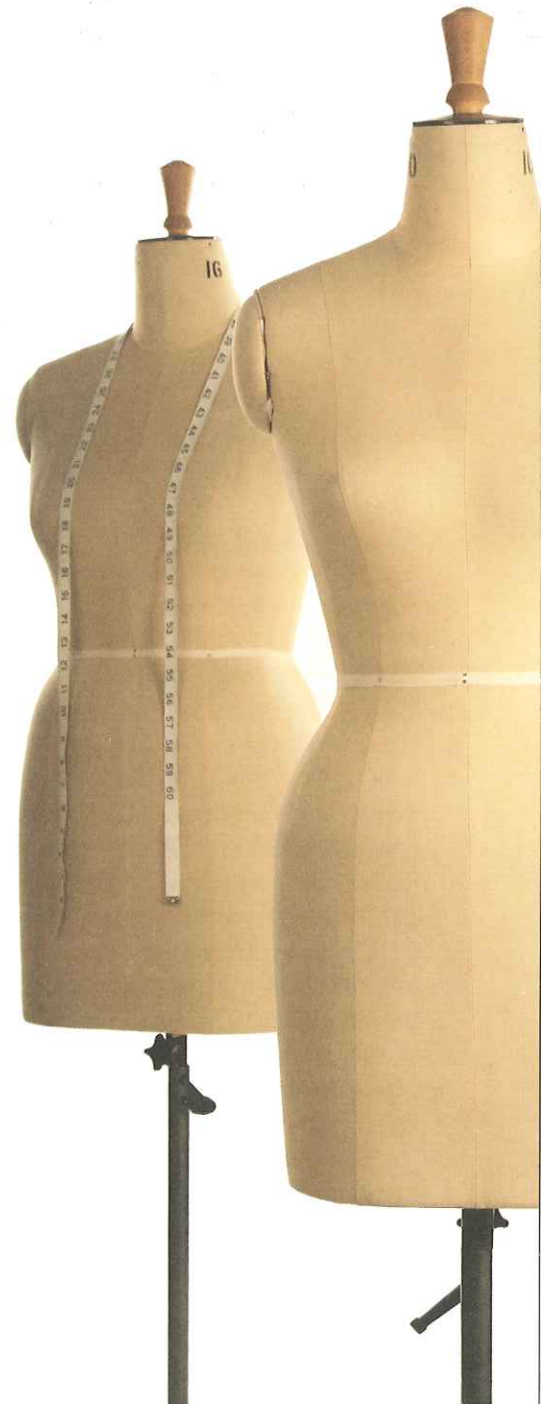
by Mary Brolley

Mention "plastic surgery," and the response might be a smirk or a dismissive nod. Often associated with procedures to erase the signs of age, smooth the ravages of the sun or perfect body parts, plastic surgery is usually voluntary — elective — and is rarely covered by health insurance.

But Geoffrey Robb, M.D., professor and chair of the Department of Plastic Surgery at M. D. Anderson, wants you to know there's much more to the discipline than cosmetic procedures. In fact, reconstructive plastic surgery has emerged as an essential element of many patients' cancer treatments, and plastic surgeons have become ever more respected members of the medical team.

Trained in microsurgery at the University of Pittsburgh School of Medicine, Robb came to M. D. Anderson in the early 1990s. He recalls that as the institution moved to a more collaborative way of working, "We plastic surgeons asked for 'a place at the table' to help plan treatment."

Robb is emphatic about how crucial reconstructive plastic surgery is to many patients' treatments. The plastic surgeon, he explains, often has to provide the tissue to protect the bone as it heals. For example, if the patient has a cancer that requires the removal of



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Sharing hope, support and understanding with anyone diagnosed with cancer, regardless of where treatment is or was received.

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When specialists confer, patients benefit

by Mary Brolley

It all started with feedback.

For several years, Deborah Kuban, M.D., asked men who'd been treated for prostate cancer at M. D. Anderson how they felt about it.

"A common theme emerged," says Kuban, professor in the Department of Radiation Oncology and medical director of the Multidisciplinary Prostate Cancer Clinic. "Patients said they'd expected more."

"Rather than seeing two physicians — a urologist and a radiation oncologist, for example — separately, they'd hoped to see them together and have them confer with each other, then make a recommendation."

"A number of patients said, 'I expected you to do more to help me put it all together.'"

From this plea for collaboration and transparency has grown a remarkable multidisciplinary clinic for men diagnosed with prostate cancer. Five years in existence, the Multidisciplinary Prostate Cancer Clinic attracts an ever-growing number of patients eager to have a team of experts take an unbiased look at their cases.

Prostate cancer will strike one in six men in the United States in their lifetimes. More than 190,000 were diagnosed with the disease in 2009.

With medical advances, survival rates are impressive. Five-year survival is close to 100 percent and 15-year survival is 76 percent, yet prostate cancer is still the second leading cause of cancer death in men.

For the two million men living with the disease in the United States, the treatment choices they make during a stressful time may have an impact on the rest of their lives. The clinic tries to give patients as much information as possible in a coordinated way so that they are able to make the best choice.

Steering through a thicket of choices

For early prostate cancer, patients have several choices for treatment, with similar cancer-free outcomes and survival, Kuban says. These treatments include open and robotic surgery,

external beam radiation, and radioisotopic implant. There is "watchful waiting," also called active surveillance, and newer treatments under study such as high-intensity focused ultrasound and cryotherapy, or freezing.

Each treatment has different short- and long-term side effects and complications that will likely affect a patient's quality of life.

"We give them our honest opinion. I tell patients, 'We're on staff; we get paid the same no matter what you choose,'" Kuban says. "We just want the best care for you."

M. D. Anderson's large patient population gives newly diagnosed men an advantage: The experts helping them choose a treatment have seen many patients with the same type and extent of disease.

What do patients want?

A 2006 survey of clinic patients completed a few years after the multidisciplinary clinic opened yielded valuable information about what they considered important. They asked for a useful Internet site to get them started and to refer to when they had questions, a "visit map" and a "treatment map" to outline their visit step by step and provide details about their options. They also wanted the opportunity to follow up with their care team.

In response, members of the clinic staff also developed a teaching packet that contains a standard set of information for all patients and lays out the options.

When they visit the clinic, patients see an advanced practice nurse, a resident or a fellow and two physicians. Once they have reviewed each patient's case, the physicians confer, then decide on a joint recommendation for treatment.

Before they leave the clinic, patients receive an individual letter detailing the physicians' consultation and recommendations.

"Sometimes there is not one best treatment," Kuban says. "We rule out those that won't work and give them a list of best options."

The advanced practice nurse in the clinic, Lydia Madsen, is the first — and last — staff member patients see.

Madsen has been with the clinic since 2006. She helps patients navigate the complicated process. "They get all this information, but what do they do with it? I let them know they can ask me anything, all through the process. I encourage them to take it all home and think about it, and call me later."

The clinic is another step toward personalized cancer care, Kuban says. "We take the patient's cancer into account, of course, but also other medical problems he may have, as well as his lifestyle, to direct him to the best treatment or treatments."

Multidisciplinary model enhances understanding

Working closely with her colleagues in urology and medical oncology has enriched Kuban's experience and practice, she says. "It's helped me understand what they deal with. You're face-to-face. You get to know each other, and it's helped improve relationships."

There's growing national interest in this multidisciplinary model in academic medical centers, she says.

And patient satisfaction statistics show that the clinic has helped "close the loop" for patients, and that they are extremely positive about the experience.

This doesn't surprise Kuban, who's always been tuned in to her patients.

"If you listen to them, you get a lot of good information," she says.

Another gratifying measure might be the very high rate at which the clinic's patients decide to participate in clinical research trials.

Nearly 80 percent, Kuban says.

