



SPOTLIGHT

Experienced multidisciplinary team essential to treating pancreatic cancer



Our Cancer Team

- Dr. Leonard Henry**
Medical Director,
Surgical Oncologist
- Dr. Bolanle Adepoju**
Medical Oncologist
- Dr. Fiona Denham**
Breast Surgical
Oncologist
- Dr. Walid Hadid**
Interventional
Pulmonologist
- Dr. Ashley Hardy**
Surgical Oncologist
- Dr. Ebenezer Kio**
Medical Oncologist
- Dr. Rebecca Lovejoy**
Naturopathic Doctor
- Dr. Emily Moore**
Naturopathic Doctor
- Dr. Laura Morris**
Breast Surgical
Oncologist
- Dr. Irina Sparks**
Radiation Oncologist
- Dr. Pamela Stone**
Gynecologic Oncologist
- Dr. Houman Vaghefi**
Radiation Oncologist
- Dr. Urs von Holzen**
Surgical Oncologist
- Dr. James Wheeler**
Radiation Oncologist
- Ingrid Bowser, NP**
- Bo Coody, NP**
- Grace Darnell, NP**
- Sherise Deardorff, PA**
- Brooke Dabbert, NP**
- Rachel Kratzer, NP**
- Devon Perkins, PA**
- Kristan Rheinheimer, NP**
- Alyssa Yoder, NP**
- Tracy Paulus,**
Certified Tumor Registrar

Gastroenterology Team

- Dr. Ross Heil**
Gastroenterologist
- Dr. Salim Jaffer**
Gastroenterologist
- Dr. Sadat Rashid**
Interventional
Gastroenterologist
- Melissa Larson, NP**
- Amy Pointon, NP**

To refer a patient to Goshen Center for Cancer Care, call (574) 364-2973.

Dr. Urs von Holzen, *Director of Surgical Oncology, Surgical Oncologist*

It's time to take pancreatic cancer out of the headlines

While it is troubling to give celebrity status to cancer, two types of cancer seem to garner the most headlines when they afflict famous people. Perhaps the most prominent cancer to achieve this status is breast cancer. Pancreatic cancer also seems to get a disproportionately high level of news coverage, as game show host Alex Trebek, congressman and civil rights icon John Lewis and Supreme Court Justice Ruth Bader Ginsburg were diagnosed with the disease.

The reason for the notoriety of this disease probably reflects its relatively high mortality rate. According to Johns Hopkins, "compared with other cancers, the combined five-year survival rate for pancreatic cancer... is very low at just 5 to 10 percent. This is because far more people are diagnosed at Stage IV when the disease has metastasized."

Early detection of pancreatic cancer is especially challenging

We often hear about the importance of early detection relative to all forms of cancer, but – given the somber survivability rates and the speed in which pancreatic disease progresses – early diagnosis is all the more critical. The problem is that the pancreas is deep in the body, so symptoms may not present until the cancer has become very large or has spread to other organs.

Family history and genetics are sometimes cited as risk factors for pancreatic cancer, but in general specific risk factors are not particularly well defined. Although BRCA mutations are more often referenced in connection with breast and ovarian cancer, there is some evidence that they play a role in pancreatic cancer as well. In reality, as often as not, early stage pancreatic cancer is detected as a result of some other diagnostic test or scan.

The depth and breadth of the team plays a critical role in pancreatic cancer care

At Goshen Center for Cancer Care, the vital role of broad-based teams in treating pancreatic cancer is as critical as in treating many other forms of cancer.

For starters, a highly skilled and experienced GI team is needed to implant stents in the biliary tract to eliminate blockage from the cancer that is causing jaundice. At the same time, the GI team can help guide a biopsy of the lesions.



Experienced multidisciplinary team essential to treating pancreatic cancer

What healthcare providers need to know

The radiology department comes into play because there are special MRI and CT scan protocols and the radiologists must read these scans and provide visualization support of tumor location prior to surgery. Depending on whether the tumor is borderline resectable or resectable, the surgeon needs to know what the internal situation looks like before initiating any surgical procedures.

Multimodality treatment

Since treatment often involves a combination of chemotherapy and chemo radiation, the medical and radiation oncology teams need to be involved early on to plan and direct the handling of these therapies. Many times, we utilize a sequential approach. It starts with chemotherapy, which is followed by chemo radiation and surgery. It is a very complex process which is why we have multiple specially trained surgical, medical and radiation oncologists who specialize in pancreatic cancer.

In addition to all these specialists, the hospital provides a variety of other key team members. Our floor nurses are specially trained to handle the complex post-operative management of these patients.

The integrative care team members are also involved in multiple ways including assistance with dietary needs. Pancreatic cancer often leads to patients becoming diabetic, and they might end up with insufficient digestive enzymes and other nutritional problems. Physical therapy is likewise an important part of the recovery process for pancreatic cancer patients.

Improving pancreatic cancer survivability rates is a laudatory goal

Just as pancreatic cancer is a complex disease, so are the many facets of care. That's why having the right team in place from diagnosis to recovery is so critical. And here again, the key to coordinating all the various team activities begins with the leadership and attentiveness of our primary care physician partners. Individual outcomes for pancreatic cancer patients may not always make headlines, but improving the survivability of these patients is certainly newsworthy.

TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call **(574) 364-2973** or visit **GoshenHealth.com/quick-guide**.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison**, at **jrupp2@goshenhealth.com** or **(574) 364-2978**.