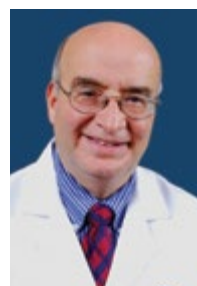




Radiation Oncology and Colorectal Surgery

Physicians ease surgery complications for rectal cancer patients



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For patients diagnosed with rectal cancer, the road ahead is filled with uncertainty. They may face chemotherapy, radiation, surgery, and unpleasant surgical consequences that will last the rest of their lives.

treatment for moderately advanced/advanced rectal cancer is chemotherapy and radiation followed by removal of the rectum and lymph nodes about six weeks later. After surgery, patients receive another very strong chemotherapy treatment."

This approach has good results, and for most patients, their cancer does not return to the pelvic area.

"However, our concerns are the possibility for distant metastasis, or spread of the cancer. About half of all patients are unable to tolerate the second round of chemotherapy because they are already weakened by the first chemotherapy, radiation and surgery. The second, stronger chemotherapy is important, because it reduces the chance the cancer will recur in a different part of the body," explains Dr. Aref.

A second and major concern for the physicians is the quality of their patients' lives. Co-principle Investigator and Colorectal Surgeon Amer Alame, MD, St. John Hospital & Medical Center, says removing the rectum and lymph nodes, while effective, has several drawbacks.

A team of physicians at St. John Hospital & Medical Center has worked for two years to develop a research study that could have a dramatic effect on rectal cancer management, with more pleasant long-term results.

"This may be the first study of its kind to be performed in Michigan," says Amr Aref, MD, section chief, Radiation Oncology, St. John Hospital & Medical Center, and one of the physicians leading the study. "The current

"The surgery can cause sexual, bladder and bowel dysfunction. It is like cutting and re-connecting a garden hose - when you turn the water back on it can leak, which occurs in 10 to 15 percent of patients," says Dr. Alame. "Our goal is to evaluate whether we can change the traditional treatment approach so that patients won't have these side effects."

Dr. Aref and Dr. Alame, and the departments of Radiation Oncology, Gastroenterology, Medical Oncology, and Surgery, came together to develop and test a new treatment protocol.

"Patients in our study receive the stronger chemotherapy and radiation first, prior to surgery, when they are more able to tolerate it," says Dr. Aref. "Then we look at the tumor response. If the tumor has shrunk or, in some cases disappeared, we do not need to perform the full surgery."

Instead, Dr. Alame performs an excision surgery. He says it is like using a "cookie cutter" to cut out only the affected area. By removing just the area where the tumor was located, Dr. Alame leaves the "entire tank" intact, and the rectum can still function as a reservoir.

After excision, patients typically stay overnight in the hospital, while radical surgery involves a five- to seven-day stay.

"After local excision, patients report minimal pain and have a quick recovery time. They have few complications or leakage, and at their two-week follow up appointment, are back to their regular activities with little or no change in bowel function," reports Dr. Alame.

The physicians think about one-third of patients will be candidates for the new treatment protocol.

"This study will add to the body of information available and one day, the guidelines for treating this cancer may be changed. With less surgery and fewer complications, the patients will benefit the most," says Dr. Alame.

Leadership at St. John Hospital & Medical Center showed their support for the study by covering the cost of additional testing - two MRIs and two endoscopic ultrasounds - which are not covered by insurance. The physicians who perform the tests have waived their fees, while the hospital waived technical fees, so there is no expense for patients.



"Our goal is to improve long-term quality of life and make the issues associated with the radical surgery a thing of the past," says Dr. Alame. "We are motivated and optimistic that we can make life better for patients while offering greater protection from future cancers."

Dr. Aref adds, "We are very personally invested in this study and have devoted several years to investigate this treatment protocol. We think we might be able to offer an alternative that is even better than the current treatment. This is progress."

The trial will continue for three to four years. Patients or their physicians can call (313) 647-3100 to find out more or be considered for the study.

TO SUM UP:

- New treatment protocol for rectal cancer
- Chemotherapy first, then less extensive surgery, if needed
- St. John Providence is funding additional testing to make this study possible

IMPACT:

Patients with rectal cancer may need less extensive or no surgery to remove tumors, significantly reducing recovery time and unpleasant complications.