

SurgeryNews

SPOTLIGHT ON THORACIC AND DIGESTIVE CANCERS

Minimally Invasive VATS Offers Effective Treatment for LUNG CANCER

ANGELO T. REYES, MD

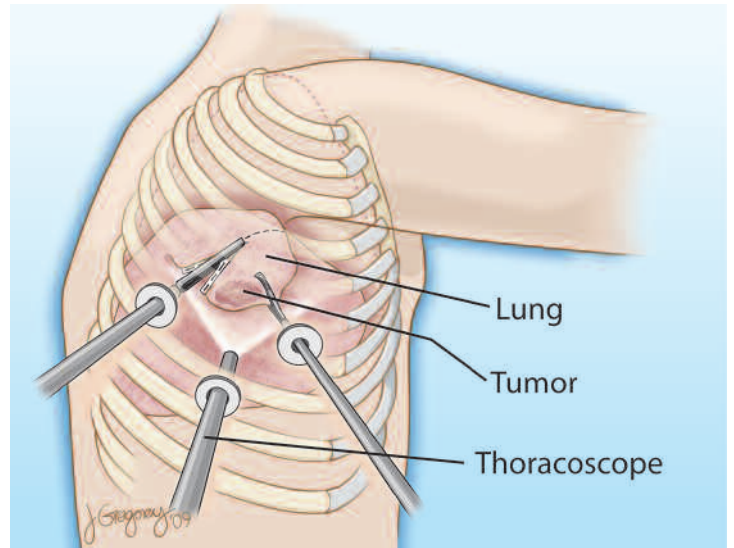
Chief, Division of Thoracic Surgery

Specialties: Minimally Invasive Thoracic Surgery, Thoracic Oncology

Surgery offers one of the most effective treatments for lung cancer, particularly for early stage disease. Until recently, the standard surgical approach was an invasive, open thoracotomy. But now, a minimally invasive technique called video-assisted thoracic surgery, or VATS, is allowing Beth Israel Medical Center surgeons like Angelo T. Reyes, MD, to achieve the same open-procedure results with less trauma and pain.

Chest wall damage is virtually eliminated with the thoracoscopic approach, which involves small incisions in the lateral chest wall of the patient. The surgical instruments and a tiny fiber-optic camera or thoracoscope, are inserted and guided internally. High definition video images are transmitted to a monitor next to the operating table. The surgeon performs the three- to four-hour procedure, maneuvering the instruments within the pleural space by using the video images as a guide, and a full oncologic resection can be achieved.

This technically demanding procedure requires specialized training and experience. Dr. Reyes, who completed a fellowship in thoracic and cardiovascular surgery at UMDNJ-Robert Wood Johnson Medical School, has performed more than 1,000 VATS procedures since 2000. At



cantly less postoperative pain and a faster recovery. Length of stay (LOS) for open thoracic surgery can range up to a week to 10 days, but with VATS, a two- to three-day LOS is typical. After VATS, pulmonary function is significantly less impaired, making rehabilitation unnecessary and vastly reducing pneumonia risk. Return to regular activities of daily living is much faster.

All patients can be considered for VATS procedures—from the elderly for whom retractor-assisted surgery may compromise fragile, osteoarthritic bones, to patients with prior lung surgery and scarring, whose adhesions can be removed via thoracoscopic techniques. Unlike colon cancer, lung disease tends to be more localized, so VATS can be more widely applied. In all cases, patients are individually evaluated for suitability.



Check out

www.or-live.com/vats to view
a video of the VATS procedure.

(See page 4 for more details.)

Beth Israel Medical Center, data has been compiled on more than 2,000 patients who have undergone VATS performed by Dr. Reyes and his colleagues since 2002, and the numbers show outcomes equivalent to open surgeries.

The advantages to minimally invasive procedures with videography, used for more than two decades, are numerous and undisputed. Thoracoscopic techniques have been applied to pulmonary surgery since the 1990s, and offer patients signifi-



For further information about VATS or to refer a patient, please call Angelo T. Reyes, MD, Chief of the Division of Thoracic Surgery, at (212) 844-6688.

LUNG EVALUATION Program

Focuses on EARLIER INTERVENTION To Reduce Lung Cancer Deaths

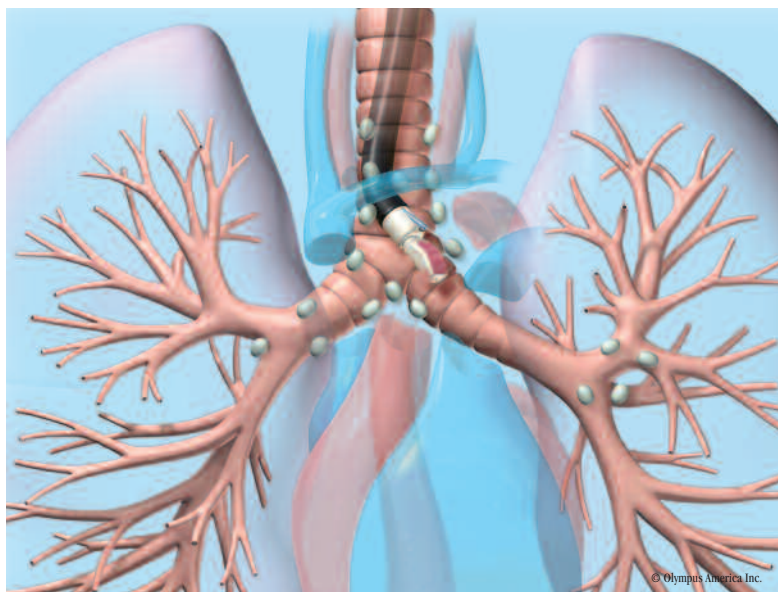
Lung cancer is the leading cause of all cancer-related deaths in the US. More than 200,000 people die annually—more than from breast, colon and prostate cancer combined. High mortality results because 85 percent of diagnosed patients have medically inoperable disease, either with advanced-stage tumors for which surgery no longer offers a solution, or with co-existing medical conditions that render a successful procedure unlikely.

The reasons for delayed diagnosis are complicated. Lack of effective screening methods plays a significant role, along with the stigma still associated with smoking that is directly implicated in nearly 90 percent of lung cancer cases.

To reach these patients sooner, thoracic surgeons at Beth Israel Medical Center have spearheaded a multidisciplinary effort and formed an innovative Lung Evaluation Program

for patients with both primary lung cancer and metastatic disease. Comprehensive diagnostic care and full treatment evaluations are available from a team of pulmonologists, radiation and medical oncologists, as well as thoracic surgeons. Any patient with a known or suspected finding on chest X-ray or CT scan can be referred for evaluation and full work-up.

Pulmonologist Samuel O. Acquah, MD, is Director of Endobronchial Ultrasound (EBUS) at Beth Israel. He has evaluated hundreds of patients with pulmonary nodules, using this advanced diagnostic test that helps determine if the cancer is localized or has spread to regional nodes,



An endobronchial ultrasound (EBUS) probe passes down the trachea, biopsying a mediastinal lymph node, to provide more accurate diagnosis and staging.

which is linked to poor prognoses. Under general anesthesia, a small bronchoscope with an ultrasound tip passes down the trachea to the mediastinum. The probe transmits detailed images of the lymph nodes and other structures allowing physicians to better diagnose tumors and determine staging.

Once a cancer diagnosis is made and pulmonary function testing completed, **an individualized treatment plan is formulated with the additional expertise of radiation and medical oncologists.** Walter Choi, MD, a special-

ist in thoracic radiation oncology, may suggest neoadjuvant, adjuvant or intra-operative therapy in conjunction with surgery and/or chemotherapy, or simply radiation alone. Modalities considered include external beam, brachytherapy and stereotatic radiosurgery.

Medical oncology offers a systemic approach to slowing, halting and potentially reversing disease. Ronald H. Blum, MD, Director of the Continuum Cancer Centers, an internationally recognized lung cancer specialist, and Stephen C. Malamud, MD, who brings vast experience in solid lung tumor treatment and thoracic cancer clinical trials, offer their expertise in planning chemotherapy

regimes, including drug selection, scheduling and dosing regimes, tailored to meet patient needs. Neoadjuvant treatment to make surgery more viable is one possible option. Others include adjuvant chemotherapy, chemotherapy with radiation therapy, or chemotherapy alone.

If surgery is indicated, Angelo T. Reyes, MD, Chief of Thoracic Surgery, and his colleagues are dedicated to a minimally invasive approach. (See story on the minimally invasive VATS procedure, page 1.)

Using cameras and small incisions, all types of thoracic procedures—including thoracoscopic lobectomies—are performed, reducing postoperative pain, shortening length of stay and allowing patients a faster return to regular levels of daily activity.

For further information or to refer a patient to the Lung Evaluation Program, please call thoracic surgeon Angelo T. Reyes, MD, Chief of the Division of Thoracic Surgery, at (212) 844-6688.

Beth Israel Surgeons Target DIGESTIVE SYSTEM CANCERS Prevalent in HISPANIC COMMUNITY

ANTONIO I. PICON, MD

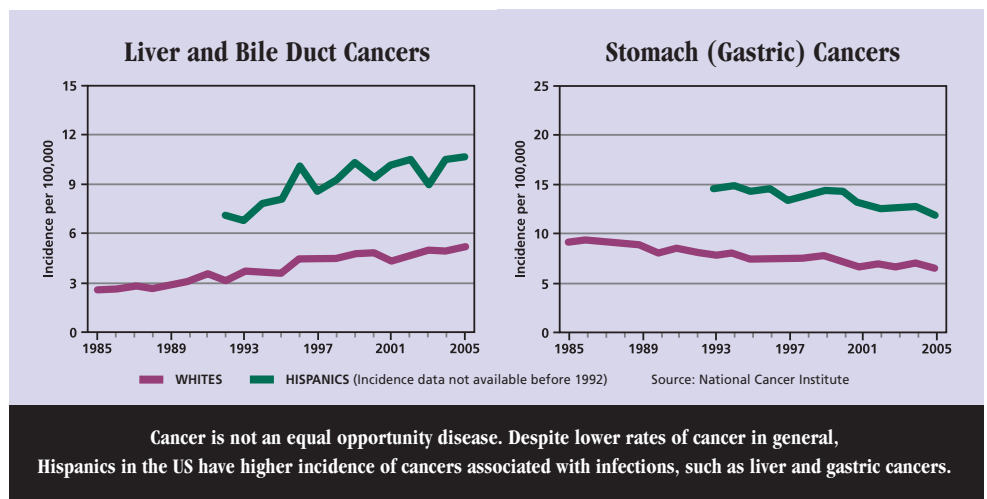
Specialties: Surgical Oncology, Hepatobiliary and Pancreatic Surgery, General Surgery

Cancers of the digestive system will affect more than 275,000 Americans in 2009, according to statistics from the American Cancer Society. Of these, more than 85,000 face diagnoses of gastric, pancreatic and liver cancers, resulting in some of the highest mortality rates, and striking disproportionate numbers of Hispanics. Fortunately, pairing culturally sensitive care along with the most advanced treatments is second nature for surgeons at Beth Israel Medical Center.

Surgical oncologist Antonio I. Picon, MD, an Attending in the Department of Surgery at Beth Israel, specializes in treating gastric, pancreatic and liver cancers. The native Venezuelan brings a wealth of expertise and experience: medical clerkships at Harvard Medical School, four years of fellowship training in surgical research and surgical oncology at Memorial Sloan-Kettering Cancer Center, and specialized post-doctoral training in gastric and hepatobiliary cancer surgery at the National Cancer Center in Tokyo, Japan, where gastric cancer rates are among the highest in the world.

For Dr. Picon and his colleagues tackling these complex and often difficult-to-treat cancers means orchestrating a multi-disciplinary effort of gastroenterologists, interventional radiologists, hepatobiliary specialists, radiation and medical oncologists, as well as surgical oncologists and gastrointestinal surgeons. Weekly tumor board conferences afford the opportunity to discuss every patient and each tumor, ensuring treatment plans are comprehensive and every avenue is explored.

Once a cancer diagnosis is confirmed and staging determined, individualized multi-modal treatment plans are formulated and surgeons like Dr. Picon, who is fluent in Spanish, explain options thoroughly to patients and their families. The armamentarium includes neoadjuvant or adjuvant chemotherapy or radiation, chemoradiation, intraoperative chemo-



Cancer is not an equal opportunity disease. Despite lower rates of cancer in general, Hispanics in the US have higher incidence of cancers associated with infections, such as liver and gastric cancers.

therapy, and radio frequency ablation. When appropriate, surgical solutions include total or subtotal gastrectomies, Whipple procedures, spleen-preserving or total pancreatectomies, and a variety of liver resections. With liver and pancreatic cancer, minimally invasive surgery (MIS) is performed whenever possible.

Beth Israel is also one of the few institutions in the US where radical lymphadenectomy with gastrectomy is performed, removing the lymph nodes along with the stomach, for select gastric cancer patients. **All gastric cancer surgery patients also take advantage of support groups** before and after surgery to learn how to incorporate new dietary requirements. Pancreatic cancer patients, for whom the survival rate is particularly poor, may qualify for a clinical trial getting underway to test a new treatment vaccine.

Less common conditions also treated, typically with MIS, include gastrointestinal stromal tumors (GIST), which develop from the stomach wall and require a different approach than the more common adenocarcinomas, and nesidioblastosis, a non-malignant condition that results when pancreatic cells enlarge after gastric bypass, increasing insulin production and lowering blood pressure. Treatment for nesidioblastosis involves surgical removal of a portion of the pancreas.

For further information on treatments for gastric, liver or pancreatic cancer, or to refer a patient to Dr. Picon or one of his credentialed colleagues, please call (212) 420-4335. For further information or to refer a patient to the Gastric Cancer Support Group, call Margot LeStrange, RN, (212) 420-4041.

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Innovative Lung Evaluation Program;
Digestive System Cancers Treatment and Care*

SurgeryNews

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SPOTLIGHT ON THORACIC AND DIGESTIVE CANCERS

WEBCAST Provides Inside Look at Minimally Invasive Treatment for Lung Cancer

Video-Assisted Thoracic Surgery, (or VATS) is the subject of a new Beth Israel Medical Center Webcast that premiered on June 15.

Viewers have the unique opportunity to view the thoracoscopic procedure up close, and to follow a patient from lung cancer diagnosis through the surgery performed by thoracic surgeon

Angelo T. Reyes, MD, Chief of the Division of Thoracic Surgery at Beth Israel, who specializes in minimally invasive techniques. Hear from the patient herself as she confronts her second bout of cancer and embarks on a multidisciplinary treatment plan.

Meet the physicians involved in her care, including Dr. Reyes, Samuel O.

Acquah, MD, Director of Endobronchial Endoscopy, and radiation oncologist Walter Choi, MD, a specialist in thoracic radiation oncology, as they discuss the latest advances in early diagnosis including endobronchial endoscopy (EBUS), and how the broader application of a minimally invasive procedure like VATS can potentially stem lung cancer's high mortality and morbidity rate.

The Webcast also offers links to make a referral or an appointment, or to get further information on VATS or the Continuum Cancer Centers of New York. Archived for future viewing, **you can access the Webcast by visiting www.or-live.com/vats.**

Beth Israel surgeons provide first-rate, state-of-the-art quality care to all patients and collaborate with referring physicians to create an individualized treatment plan. For more information about surgical services at Beth Israel Medical Center, call (212) 420-4044 or visit our Website at www.BISurgery.org.