



Fall 2009

Frontiers (Fall 2009) - The Race Against Cancer: How the University of Tennessee Medical Center Cancer Institute is Impacting Today and Changing Tomorrow

University of Tennessee Medical Center

University of Tennessee Graduate School of Medicine

Follow this and additional works at: https://trace.tennessee.edu/utgradmed_frontiers



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

University of Tennessee Medical Center and University of Tennessee Graduate School of Medicine, "Frontiers (Fall 2009) - The Race Against Cancer: How the University of Tennessee Medical Center Cancer Institute is Impacting Today and Changing Tomorrow" (2009). *Frontiers Magazine*.
https://trace.tennessee.edu/utgradmed_frontiers/19

This Magazine is brought to you for free and open access by the University of Tennessee Graduate School of Medicine at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Frontiers Magazine by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

Wisdom for Your Life.

1924 Alcoa Highway
Knoxville, Tennessee 37920-6999

www.utmedicalcenter.org

Non-Profit Org.
U.S. POSTAGE
PAID
Permit No. 575
Knoxville, TN

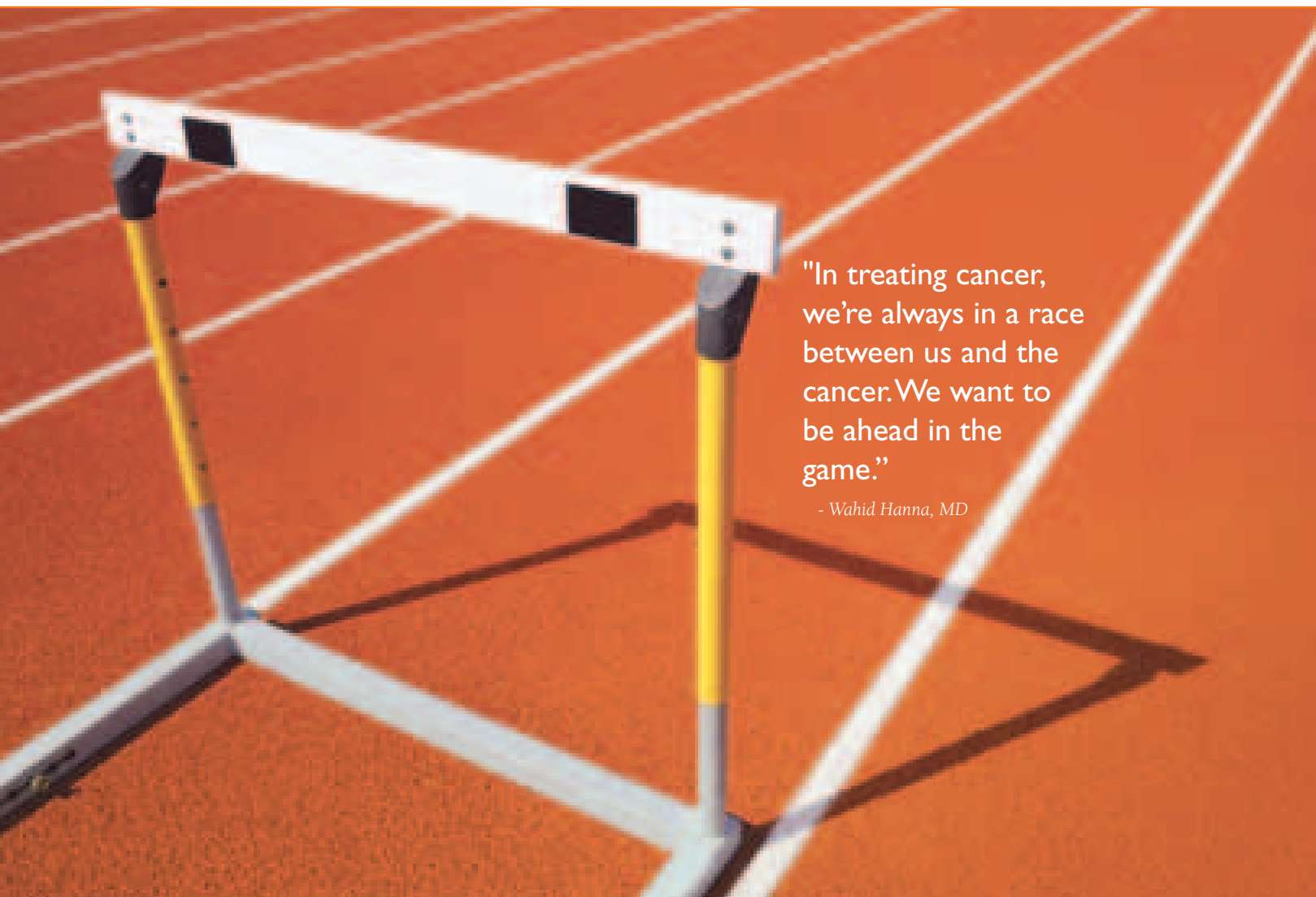
Fall 2009

Frontiers

The University of Tennessee Medical Center and The University of Tennessee Graduate School of Medicine

The Race Against Cancer

How the University of Tennessee Medical Center
Cancer Institute is Impacting Today and Changing Tomorrow



"In treating cancer,
we're always in a race
between us and the
cancer. We want to
be ahead in the
game."

- Wahid Hanna, MD



For Alumni and Friends

Contents

**Compassionate, Comprehensive
& Coordinated Care** 3



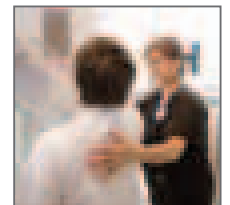
**4 With Advanced Technologies and Treatments,
Patients Have More Options**

**The Importance of Colorectal
Cancer Screening** 8



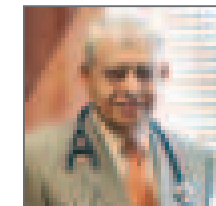
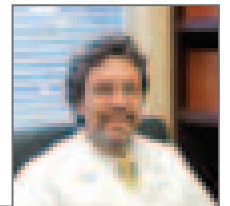
10 Palliative Care
Continuing Quality of Life

You Can Prevent & Survive Cancer 12
Cancer Prevention and Early Detection



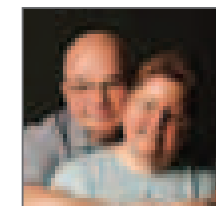
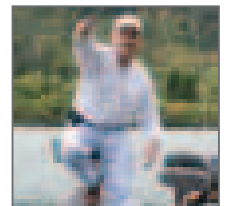
14 Supporting Patients With Cancer
The Cancer Institute Offers Support Services
for Patients and Families

Coming Home 16
Gynecologic Oncology



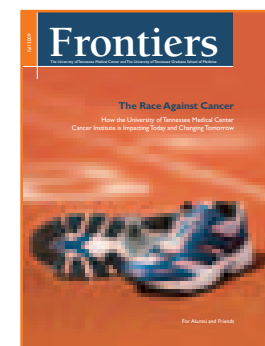
18 Clinical Trials
Curiosity Brings Progress

On The Road to Better Health 21
Out of Our Office and Into Yours



24 Opportunities

CMDE Course Calendar 28
Continuing Medical/Dental Education



About the cover

The fight against cancer has long been associated with a race – not just for patients and their families, but for the medical community at large. The University of Tennessee Medical Center is committed to providing the highest level of care available; equipping, supporting, and leading the way in the race for life.

UT Cancer Institute
Saved My Life
Jane Reinhart Brannon

Pictured: A tribute brick placed on the pathway of the Healing Garden located within the Harold Newenschwander Garden on the University of Tennessee Medical Center campus. For more information about the Healing Garden, contact Rachel Greene, 305.6611 or rgreene@utmck.edu

Fall 2009

Editor

Becky Thompson

Publishers

Joseph Landsman
Norman Majors
James Neutens

Contributors

John L. Bell, MD
Rachel Greene
Wendi Hope Hager
Peggy Iachetta
Amanda F. Johnson
Lea Anne Law
Becky Thompson
Melissa Winchenbach
Susan Wyatt

Design

Asen Marketing & Advertising, Inc.

Frontiers is a magazine produced by The University of Tennessee Medical Center and the University of Tennessee Graduate School of Medicine. This publication was designed to showcase the unique benefits of having an academic medical center in East Tennessee.

Copyright ©2009
The University of Tennessee
Medical Center
All Rights Reserved.
EEO/TITLE VI/TITLE IX
Sec. 504/ADA

Send Correspondence to:
Frontiers

1520 Cherokee Trail, Suite 300
Knoxville, Tennessee 37920-2205
Telephone: 865-305-6845
Fax: 865-305-6959
E-mail: frontiers@utmck.edu
Web: www.utmedicalcenter.org
or http://gsm.utmck.edu



Wisdom for Your Life.



Dear Alumni and Friends,

From introducing to this region the concept of a multidisciplinary team to bringing advanced research, new procedures and expanded cancer screenings, The University of Tennessee Medical Center Cancer Institute has long been a leader in the diagnosis, treatment, and prevention of cancer.

The dedicated, board certified physicians and staff of the Cancer Institute have long recognized that the community benefits most from never having to receive their care. Our team has created screening and education programs specifically aimed at minimizing the chances that our community members will develop cancer, or diagnosing it in the earliest stage possible for the best chance of survival.

Upon screening, diagnosis, and treatment, our focus remains a commitment to education, research, and better patient outcomes. Our clinical trials program delivers information the entire world can utilize in the treatment of oncology. Several new procedures introduced to the region by the medical center offer patients more treatment options than ever before. These clinical processes, coupled with a team that understands the importance of helping patients and their families cope with and prepare for each step of their care, results in personalized care in a compassionate environment. I hope you'll find the information in this edition of *Frontiers* beneficial.

Sincerely,

Joseph R. Landsman, Jr.
President and Chief Executive Officer
University Health System, Inc.

This edition of *Frontiers* shows why the University of Tennessee Medical Center is widely recognized for its patient care, research, and education in cancer. Our well established clinical care has been enhanced with the addition of highly skilled faculty. They bring advancing technologies and treatment to our patients from all walks of life. In addition, their research efforts in the laboratory and in clinical trials shape our uniqueness as an academic medical center. Through collaboration with researchers across the country and around the world they are able to make discoveries that help increase our nation's cancer survival rates.

Equally important, this edition showcases our staff who provide services ranging from cancer prevention to palliative care. We are proud to say that many of them go well beyond the walls of the medical center to help those in the community. Their attitude and behavior reflect their passion for care.

As you know, we have a strong team approach to cancer as evidenced in this edition with faculty and staff from many departments playing a role in our patients' lives. This specialized approach in patient care, education, and research illustrates the ability of our academic medical center in addressing the issues of cancer.

Sincerely,

James J. Neutens, PhD
Dean
UT Graduate School of Medicine

COMPASSIONATE, COMPREHENSIVE & COORDINATED CARE

Setting a Standard for Excellence

As the largest provider of cancer care in East Tennessee, the University of Tennessee Medical Center Cancer Institute diagnoses and treats more than 1,800 new cases of cancer each year – a figure based on data from the institute's renowned tumor registry. The cancer program, continuously accredited since 1980, couples the most advanced equipment and procedures with a team of caring, dedicated specialists to provide exceptional services and support in one location throughout each stage of care from diagnosis through treatment. Last year the staff's day-to-day commitment to delivering high quality and state-of-the-art services was honored when the Cancer Institute received one of only 92 outstanding-achievement awards in the United States, the first and only facility in the region.

The Cancer Institute's board-certified specialists treat patients affected by cancer at all major disease sites. They're supported by a comprehensive team and services that include clinical trials, clergy, complementary therapies and relaxation treatments, dietitians, an education coordinator, geneticists, a mastectomy boutique, nurses,

occupational therapists, outreach services, pharmacists, patient navigators, physical therapists, self-help and support groups, social workers, technicians, volunteers, and multi-disciplinary conferences where cancer specialists collaborate to develop individualized patient care plans. Out of that complex diversity of people and services working together a common thread is woven: the delivery of excellent care, cutting-edge research, and education for our patients and fellow providers. All this is accomplished by means of advanced equipment and technologies along with personalized care delivered in a warm environment.

We've come so far, yet we have so far to go.

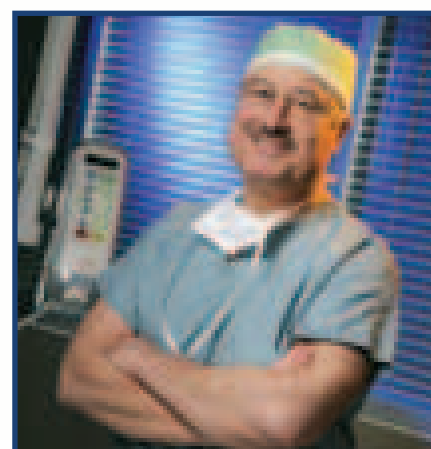
At the University of Tennessee Medical Center Cancer Institute, our dedication to those we serve in the community remains incomparable. Through leadership and commitment, we will continue to offer the highest quality patient care along with the most advanced technologies and treatments, not otherwise available in the region.

We'll continue to search for keys that can unlock the unsolved mysteries of cancer. Through collaborative research efforts at the basic-science, translational, and clinical levels, we'll advance disease prevention, reduce the risk of cancer, make earlier diagnoses, develop treatments with less toxicity and fewer side effects, and improve the quality and duration of life for our patients. Resources that include human and intellectual capital are vital to our success, past, present, and future.

For the people of East Tennessee, there's the reassurance of knowing that if the need arises they'll receive top-quality cancer care and compassionate support, in one location, from the experts at the University of Tennessee Medical Center Cancer Institute.

John L. Bell, MD

Fall 2009 | 3



John L. Bell, MD, director of the
Cancer Institute and professor of surgery

WITH ADVANCED TECHNOLOGIES AND TREATMENTS, PATIENTS HAVE MORE OPTIONS

When it comes to the treatment and management of cancer, new options continue to emerge in the fight against the disease and its effects. Researchers estimate that approximately 12 million Americans alive today are cancer survivors. The overall survival rate for cancer patients rose from 50% in the period between 1975 and 1977 to 66% in the period between 1996 and 2004. How was that possible? Thanks to advanced treatments and technologies, people diagnosed with cancer have been given access to more effective treatment options, and survival rates have increased accordingly.

As an academic medical center, the University of Tennessee Medical Center Cancer Institute recruits board-certified and fellowship-trained cancer specialists who continuously explore innovative technologies and bring these to the people of the East Tennessee region. Treating almost 1,800 new cancer patients each year, the Cancer Institute physicians are committed to working together as a multidisciplinary team to evaluate and determine the best treatment options for each individual patient.

Many new methods of treating cancer are focused on delivering treatment directly to a tumor site, rather than subjecting the patient's entire body to potentially toxic treatment. These cutting-edge approaches are proving efficacious in giving patients a better quality of life and producing improved outcomes.

As new treatments emerge, the University of Tennessee Medical Center strives to make them available to all patients in the area. At times, it is the first medical facility in the state to perform such treatments. One of those treatments is microwave ablation, a technique new in the U.S. that uses probe-directed microwave energy to ablate, or evaporate tumors.

New techniques like microwave ablation deliver treatment directly to a tumor site.



"In surgery, this technique offers the advantages of killing tumors situated close to the blood vessels and ablating larger tumors."

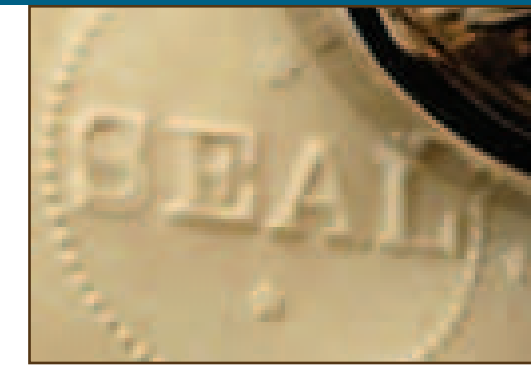
—Keith D. Gray, MD



James M. Lewis, MD, surgical oncologist, brought isolated limb infusion to the East Tennessee Region.

This year Keith D. Gray, MD, a surgical oncologist fellowship-trained at MD Anderson and chief, Division of Surgical Oncology, performed open hepatic (liver) microwave ablation, and J. Mark McKinney, MD, an interventional radiologist and chair, Department of Radiology, performed percutaneous hepatic microwave ablation. The two physicians were the first in Tennessee to employ this new technique. Microwave ablation is currently used for treating tumors in solid organs, including the kidney and liver. It uses targeted microwave energy to agitate water molecules in cells, creating high frictional heat – up to 150 degrees Celsius – that kills the cells in a tumor. "In surgery," says Gray, "this technique offers the advantages of killing tumors situated close to the major blood vessels and ablating larger tumors."

Early this year James M. Lewis, MD, an assistant professor of surgery in the medical center's Division of Surgical Oncology, began offering a cutting-edge treatment called isolated limb infusion. This is a technique used to treat tumors in the legs or arms of patients with recurrent melanoma or sarcoma. Using the procedure, Lewis can save a limb from amputation by restricting blood flow to the limb and then treating it with high doses of chemotherapy. The benefit of this treatment



Cancer Specialists – Board Certification Matters

At the University of Tennessee Medical Center Cancer Institute, you'll find a team of physicians dedicated to providing excellent care for cancer patients. It's a commitment that began long before they started working within the medical center's walls. The Cancer Institute physicians are board-certified specialists in medical oncology, surgical oncology, urology, radiation oncology, gynecologic oncology, oral and maxillofacial surgery, and other disciplines.

What does it mean to be a board-certified physician? Board certification by the American Board of Medical Specialties has long been considered the gold standard in physician credentialing. To become board-certified in a subspecialty field, candidates must complete one to three years of additional training in an accredited fellowship program after three to seven years of residency, and must pass written practical exams and sometimes oral exams as well. After that, the Cancer Institute physicians maintain their certification by participating in an ongoing process that requires them to get accredited education and specialty training and to pass exams that demonstrate their competency. This continuing education keeps them current on the latest advances in medical science and technology in their specialties. Recognizing the high level of training that certification entails, many patients and the medical community now inquire more frequently about physicians' board-certification status.

As an academic medical facility, the University of Tennessee Medical Center is founded on education, research, and discovery – an emphasis that enables our healthcare professionals to provide the very latest technologies and treatments to cancer patients. Our cancer specialists voluntarily undergo the intensive process of maintaining their board certification, resulting in the delivery of the highest quality patient care.

that the chemotherapy is delivered directly to the tumor site and the rest of the patient's body isn't exposed to the side effects of chemotherapy. "We're able to circulate the chemotherapy through that limb without it going into the whole body," Lewis says. The medical center is the only site in Tennessee and one of only five facilities nationwide that offer this procedure to cancer patients.

Surgical techniques continue to improve, becoming less invasive and requiring less recovery time for patients. Robotic surgery performed on the da Vinci Surgical System at the medical center provides benefits such as faster recovery, less blood loss, and briefer hospital stays. This type of surgery, used to treat many different cancers including prostate, bladder, and gynecologic cancers, is performed by surgeons who are trained and credentialed in the use of the high-tech system. Paul Hatcher, MD, performs robotic surgery for prostate cancer patients and notes its benefits to them. "Robotic surgery has permitted me to treat patients knowing they'll generally have a faster recovery with less blood loss," he says.

The da Vinci Surgical System is used for many surgical procedures including prostate, bladder, and gynecologic cancers.

Along with chemotherapy and surgery, radiation therapy is one of the three major modalities used in the treatment of cancer. The Radiation Oncology Division at the Cancer Institute offers the full array of state-of-the-art radiation therapy cancer treatments. As radiation techniques expand to include such therapies as brachytherapy and CyberKnife radiosurgery, new methods of treatment are being developed that more precisely target and kill cancer cells while minimizing the harmful side effects of radiation to normal tissues.

High-Dose-Rate (HDR) brachytherapy delivers a highly concentrated dose of radiation for a short period of time through catheters placed near or in a tumor. This allows a high dose to be used while sparing the surrounding healthy tissue. The radiation dose depends on the tumor's size, location, and sensitivity to radiation. HDR applications continue to multiply; they are currently used in treating breast, prostate, lung, and gynecologic cancer. The CyberKnife radiosurgery system, the only one of its kind in Knoxville, is a treatment option that precisely delivers high-dose beams of external radiation to tumors anywhere in the body. Patients receive one to five radiation treatments on the CyberKnife, and the treatments, given on an outpatient basis, are painless. A patient can be treated with CyberKnife in the morning and resume normal activities that afternoon.

As cancer treatments advance, partnerships are evolving to expand research and the possibilities for better patient outcomes. Eric Carlson, DMD, MD, chairman of the medical center's Department of Oral and Maxillofacial Surgery, and David Gerard, PhD, a professor of oral and maxillofacial surgery and director of the electron microscopy at the UT Graduate School of Medicine, are working together to identify tumor characteristics that can help in predicting the best treatments for patients. In oral, head, and neck cancers, being able to foresee a tumor's behavior and future development can enable physicians to treat it according to its predicted progression. This project exemplifies translational research which takes basic science research discoveries quickly into medical practice. The physicians are looking to harvest DNA from cancer tissue,



Daniel Green, MD, radiation oncologist, monitors a HDR prostate cancer treatment.

then generate a profile to determine the future progression of the disease. "Translational research provides the opportunity for cancer clinicians and basic science researchers to enter into a meaningful interaction that benefits patient outcomes," Carlson says, "This concept supports the vision statement of the University of Tennessee Medical Center Cancer Institute to overcome the challenge of cancer through treatment, research, and education in partnership with those we serve."

As an academic medical center with board-certified physicians in all specialties, the University of Tennessee Medical Center offers enhanced patient care and brings the latest treatments and technologies to the people of East Tennessee and beyond. The medical center's cancer patients receive treatment from dedicated, highly skilled specialists working as a team, and they receive the benefits of this collective effort in the form of individualized treatment plans and delivery of the most advanced care. Though the mystery of cancer has not yet been solved, the work continues, focusing on research and discovery, improvements in treatment, and the best possible quality of life for patients.

Melissa Winchenbach



Outstanding Achievement Award

The Commission on Cancer (CoC) of the American College of Surgeons recently granted its Outstanding Achievement Award to the University of Tennessee Medical Center, Cancer Institute. One of 92 facilities nationwide that received the award out of 478 surveyed in 2008, the medical center is the first and only facility in East Tennessee to win the honor, which was established by the CoC in 2004 to recognize cancer programs that strive for excellence in providing quality care to their patients.

The University of Tennessee Medical Center Cancer Institute became a recipient of the award after a physician surveyor conducted an on-site evaluation in May 2008. The medical center demonstrated compliance with all 36 cancer program standards and achieved a "commendation" level, meaning the highest level of compliance in seven designated standards that represent the full scope of cancer program activity: cancer-committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement.

The American College of Surgeons Commission on Cancer, established in 1922, is a consortium of professional organizations dedicated to improving survival rates and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. Approval by the CoC is given only to facilities that have made a voluntary commitment to providing the highest level of quality cancer care and that undergo a rigorous evaluation process, including an on-site review of their performance every three years. The Cancer Institute at the medical center has been continuously accredited since 1980.

THE IMPORTANCE OF COLORECTAL CANCER SCREENING

It's the third leading cause of cancer-related death in the United States. It's the third most commonly diagnosed cancer in both men and women. And it's one of the most preventable forms of cancer. It's colorectal cancer, and it is diagnosed in approximately 150,000 Americans each year. But this disease – cancer of the colon or rectum – has a 90% survival rate if

it's detected during its earliest and most curable stages.

The problem is that few people follow colorectal screening guidelines. "Only four in 10 people in the recommended age range get screened, which would catch colorectal cancer at an early stage," says Dr. Ramanujan Samavedy, the region's first and only fellowship-trained endoscopic ultrasound gastroenterologist, who joined the University of Tennessee Medical Center. "Every year 50,000 people die of colon cancer, and most of those are preventable by early screening."

Deaths from colorectal cancer have declined over the past 20 years, an improvement that's attributable to increased public awareness, colorectal screening, and early detection. Regular screening can reduce the incidence of the disease – and the resulting mortality – by identifying and removing precancerous polyps. Colorectal-cancer screenings should begin at about age 50 for both men and women. Screenings should include an annual fecal occult blood test and a fiber-optic sigmoidoscopy every five years or a colonoscopy every 10 years, based on test results and doctor recommendations. "If a family member has had colon polyps or colon cancer, then the screenings need to start earlier – usually at an age 10 years younger than the family member was when diagnosed," Samavedy says.

According to the American Cancer Society, about one in 19 people will develop colorectal cancer over their lifetime with men at slightly higher risk. Some of the risk factors for the disease, in addition to age and family history, are heavy alcohol consumption, obesity, physical inactivity, and smoking.

Unfortunately, colorectal cancer usually is at an advanced stage by the time signs or symptoms appear. For that reason, screening is critically important. The common symptoms of colorectal cancer include:

- A change in bowel habits
- Diarrhea, constipation, or a feeling that the bowel isn't completely emptying
- Blood in the stool
- Stools that are more narrow than usual
- Abdominal discomfort (frequent gas pains, bloating, cramps, or feelings of fullness)
- Unexplained weight loss
- Constant tiredness
- Nausea and vomiting

In many cases these symptoms signal other conditions, so it's important to see your doctor to identify potential problems that can be diagnosed and treated early. "Colon cancer has a good outcome if there's an early diagnosis," Samavedy says. "When received regularly, screening can prevent many deaths related to colorectal cancer."

The University of Tennessee Medical Center makes use of the most advanced technologies for the diagnosis and treatment of colorectal cancer. Once an abnormality is found or colorectal cancer is diagnosed, the patient may have additional tests such as endoscopic ultrasound (EUS). The most accurate technique for determining the stage of some forms of colon, rectal, pancreatic, stomach, and esophageal cancers, EUS also is used to biopsy lymph nodes in the chest and abdomen and to evaluate benign tumors in the gastrointestinal tract. "This is a new and challenging technology that has new applications every day," Samavedy says. "I became fellowship-trained because endoscopic ultrasound has a valuable role in staging cancers, in that it helps patients be identified for proper treatment without having to undergo surgery for staging." The role of EUS continues to expand and now includes treatment of cysts in the pancreas and abdomen and occasional use in marking tumors for radiation.

The most effective treatment for colorectal cancer is surgery, which may be used in combination with chemotherapy or radiotherapy. "Most patients diagnosed at an early stage can

SCREENING OPTIONS FOR COLORECTAL CANCER

Fecal occult blood test: This procedure is used to find small amounts of hidden blood in the stool. Someone who's having the test will receive a kit and instructions explaining how to take samples at home. The kit is then sent to a lab for testing. If the result is positive, there will be further tests to pinpoint the exact cause of the bleeding. A negative test result doesn't necessarily show that cancer is absent; a sigmoidoscopy or colonoscopy is needed as well, to complete the full screening process.

Flexible sigmoidoscopy: A sigmoidoscope is a slender, lighted tube about the thickness of a finger. In this test, the tube is inserted through the rectum into the lower part of the colon so that the doctor can look for cancer or polyps inside the rectum and part of the colon. (Because the tube is only about 2 feet long, the doctor can see about half of the colon's length.)

Colonoscopy: A longer version of the sigmoidoscope, a colonoscope allows the doctor to examine the entire colon. If a polyp is found, the doctor may remove it. If anything else looks abnormal, a biopsy may be performed and the tissue tested further for cancer cells.

A digital rectal exam should be done at the same time as sigmoidoscopy or colonoscopy.

be successfully treated and can return to their normal routine within a few months," says Dr. Keith Gray, a surgical oncologist. Along with other medical center physicians, Dr. Gray uses the most advanced surgical techniques to treat colorectal and other GI-related cancers.

Colorectal cancer risks can be reduced if you make wise dietary and lifestyle decisions and follow recommended screening guidelines. Or if it develops, it can be cured with timely screening, advanced technology, and effective treatment options. Give yourself the best chance to beat colorectal cancer by following the screening guidelines – and if you're diagnosed with the disease, seek expert care from the physicians at the University of Tennessee Medical Center.

Wendi Hope Hager

MEET DR. RAMANUJAN SAMAVEDY

First fellowship-trained endoscopic ultrasound gastroenterologist in the East Tennessee region

Practice: University Gastroenterology

Board certification: American Board of Internal Medicine, Gastroenterology

Medical school: Jawaharlal Institute of Medical Education and Research, Dhanvantari Nagar, Pondicherry, India

Residency: Indiana University Medical Center

Fellowships: University of Wisconsin and Indiana University

Clinical interests: Pancreatic and biliary disease and general gastroenterology

Quote: "I believe in listening to my patients and individualizing care for their specific digestive disorders."

Reason for becoming a doctor: The son of a family physician, he was inspired to become a physician in order to help people

Hobbies: Tennis, hiking, camping

Pal•lia•tive Care n.

A medical specialty focused on the relief of pain, symptoms, and emotional suffering related to a serious illness, with the goal of improving the quality of life for patients and their families.



Teresa Palmer, APN, consoles family members on symptom management options for loved ones.



Continuing Quality of Life

University Palliative Care (UPC) began offering consultative services to physicians and hospitalized patients at the University of Tennessee Medical Center in 2008. Palliative care is a medical specialty focused on the relief of pain, symptoms, and emotional suffering related to a serious illness, with the goal of improving the quality of life for patients and their families. The UPC team is led by John D. Cowan, MD, and advanced practice nurse Teresa Palmer, APN, both board-certified and experienced in palliative care. The Center to Advance Palliative Care reports that approximately 30% of hospitals around the U.S. have palliative care programs. The medical center's is one of only a few in the region.

Historically, this type of care has been associated with “end-of-life care.” But today palliative care is appropriate at any point during a serious illness and can be delivered along with curative treatment. With an aging population that’s living longer with chronic disease, pain and symptom management is critical. Palliative care programs meet this need but also foster enhanced patient-physician communication and decision-making. Patients and caregivers are often faced with difficult choices, and the UPC staff provides information and support to help them make the best decisions that are in line with the patients’ goals and desires.

The scope of palliative care includes:

- Pain and symptom management
- Assistance with difficult and complex choices
- Coordination of care across multiple physicians and care settings
- Emotional and spiritual support for the patient and family
- Help in navigating the healthcare system
- Advance care planning

The UPC team of palliative care physicians and advanced practice nurses has specialized skills and a deep interest in serving patients with complex, extensive medical and social needs. UPC works in close collaboration with physicians and other healthcare providers to improve patients’ quality of life while involving the families and caregivers. “Palliative care is here at the University of Tennessee Medical Center to help support physicians and other providers in the care of patients with serious and potentially life-threatening illness,” says Cowan.

A patient’s physician is the best person to know if the patient might benefit from a UPC consultation. UPC is asked to provide consultations to patients throughout the hospital, with many different diagnoses. “While the majority of our patients have cancer,” Palmer says, “we see a variety of people dealing with life-limiting illnesses such as trauma injuries and cardiac, renal, and pulmonary disease, as well as neurological disorders and dementia. Each patient is different in how they respond to treatment and their goals for treatment are often unique, so everyone has a customized plan of care.”

During the spring and summer of 2008, the UPC team spent many hours educating staff, patients, and families about the services and benefits provided by palliative care. More than 350 new-patient consultations were conducted by the service during the first year, and volumes continue to grow monthly. In July 2009, the UPC team made the transition from a solely consultative service to a full medical program that manages patient pain and symptoms and offers 24/7 call coverage. Besides Cowan and Palmer, the team includes Ronald Lands, MD; Vicki Cannington, APN; and Betsy Xiques, APN. UPC collaborates closely with the Pastoral Care program, which provides spiritual support for patients and families. Anne Sprouse is the primary chaplain working with the palliative care service.

Palliative care is emerging as a medical specialty critical to the effective delivery of healthcare to millions of seriously ill Americans. It can offer patients with chronic and life-limiting illness the best possible quality of life.

Melissa Winchenbach

The Palliative Care team: John D. Cowan, MD; Teresa Palmer, APN; Vicki Cannington, APN; Anne Sprouse, chaplain; Ronald Lands, MD. (not pictured, Betsy Xiques, APN)

YOU CAN Prevent & Survive CANCER

CANCER PREVENTION AND EARLY DETECTION

Did you know that cancers caused by smoking, heavy alcohol use, and sun exposure could be entirely prevented?

Did you also know that it's estimated that approximately one-third of the cancer deaths expected to occur this year can be attributed to obesity, poor nutrition, and lack of physical exercise, and that those deaths could be prevented too?

According to the Centers for Disease Control and Prevention, cancer is the second leading cause of death in the United States. With an estimated 562,340 deaths from cancer expected this year, at least half of all new cancer cases can be prevented or detected at an early stage by timely screenings.

Everyone is at risk of developing cancer, and the risk increases with age. This year in Tennessee, approximately 32,570 new cases of cancer will be diagnosed. Reducing a person's risk of cancer isn't too difficult. With simple lifestyle changes and

regular screenings, many cancers can be prevented or detected early and successfully treated.

Cancers of the cervix, colon, and rectum are preventable when precancerous tissue is detected and removed before it becomes malignant. Similarly, detection of breast, colon, rectal, cervical, prostate, oral, and skin cancers in their early stages has greatly reduced mortality and increased the five-year survival rate for these cancers to 85% or better.

Steps for Preventing or Reducing the Risk of Cancer

Cancer symptoms don't usually appear until the disease is at an advanced stage. But if screening takes place regularly, before there are symptoms, cancers such as those of the colon and skin can be prevented or detected at early stages, when they are most treatable. You can prevent or survive cancer by maintaining a healthy lifestyle and having regular screenings that will detect cancer early. Know when and how often you need to be screened.

Stephen S. Miller, MD, oncologist, explains a screening test to a patient.

American Cancer Society Guidelines for the Early Detection of Cancer

Breast Cancer

Breast self-exams should be performed by women starting in their twenties. Clinical breast exams should be a part of periodic health exams and should take place about every three years for women in their twenties and thirties and every year for women 40 and older. Mammograms should be performed yearly, starting at age 40.

Cervical Cancer

All women should begin screenings for cervical cancer about three years after they start having vaginal intercourse, but no later than 21 years old. Screening should be done every year with the regular Pap test or every two years using the newer liquid-based Pap test.

Women 30 years old who have had three normal Pap test results in a row may be screened every two to three years. Women age 70 or older who have had no abnormal Pap test results in the last 10 years may choose to stop cervical-cancer screening. Women of any age who have risk factors for cervical cancer should continue to be screened.

Colon and Rectal Cancer

Beginning at age 50, both men and women at average risk of developing colorectal cancer should have one of the following screening tests:

- A flexible sigmoidoscopy every five years
- A colonoscopy every 10 years
- A fecal occult blood test every year

Prostate Cancer

The American Cancer Society does not support routine testing for prostate cancer at this time. The society does recommend that healthcare professionals talk to men about the potential benefits and limitations of early-detection testing for prostate cancer before any screening begins. This discussion should include an offer of testing with the prostate-specific antigen (PSA) blood test and a digital rectal exam yearly, beginning at age 50, for men who are at average risk for prostate cancer and have at least a 10-year life expectancy.

Susan Wyatt

Sources: Cancer Facts & Figures 2008, American Cancer Society; Cancer Prevention & Early Detection Facts & Figures 2009, American Cancer Society; Estimated New Cancer Cases for Selected Cancer Sites by State, US, 2009*, American Cancer Society.



Patient receiving an annual mammogram.

Rhonda McAnally explains screening results to a participant in the community health screening.





Supporting Patients With Cancer

THE CANCER INSTITUTE OFFERS SUPPORT SERVICES FOR PATIENTS AND FAMILIES

At the University of Tennessee Medical Center Cancer Institute, we've been caring for cancer patients since our doors first opened. In carrying out this work, we have dedicated ourselves to providing each patient with compassionate, comprehensive, and coordinated care delivered with a multidisciplinary, innovative approach. But a diagnosis of cancer is unavoidably frightening, and its emotional effects can be as hard to deal with as the physical ones. At the medical center, we offer not just the most advanced medical care but are committed to meeting our patients' full range of needs – physical, social, psychological, and spiritual.

The support team at the Cancer Institute includes physicians, nurses, chaplains, cancer survivors, social workers, dietitians, trained breast-prosthetic consultants, and volunteers. Each of them works closely with patients and their families to ensure that individual needs are met.



Home Care

Home Care Services offers professional healthcare in the comfort of a patient's home. The program combines home recovery under the guidance of a physician with the same kind of skilled healthcare that is available at the Cancer Institute. Services may include nursing, counseling, administering medicines, physical and occupational therapy, and in-home personal care.

Hospice

At the University of Tennessee Medical Center, we provide hospice services that enable terminally ill cancer patients to live more comfortably at home during the last phase of life. The aim of the hospice program is to give patients the best possible quality of life and to make sure they're comfortable. The hospice nurses and staff are there to address patients' physical, emotional, and spiritual needs.



Social Workers

Our social workers interact with patients and families to identify and meet their needs through counseling, support groups, help with transportation, financial assistance, and connecting patients and families to community resources.

Support Groups

The Cancer Institute, in conjunction with local health organizations, offers support groups and support systems for patients undergoing treatment and their families. In addition to face-to-face support groups, telephone conference calls are available for the convenience of our patients.

The Cancer Institute also provides patient-to-patient mentoring programs to help people newly diagnosed with cancer. The mentors are volunteers and former cancer patients who are willing to talk with newly diagnosed patients about what they're experiencing and to connect them with useful resources to help them through their journey.



Volunteers

A trained, dedicated group of volunteers contribute their help to the Cancer Institute and serve as an extension of the medical center's staff by providing a wide variety of support services. The volunteers, many of them either former cancer patients or family members, provide music therapy in the waiting area, help out in the chemotherapy area, bring fresh-cut flowers to brighten the reception area, assist with wheelchairs, and provide a listening ear and helping hand to the Cancer Institute visitors and staff.



Befitting You Mastectomy Boutique

Located in the Cancer Institute, the Befitting You Mastectomy Boutique is specially designed for women who have had breast cancer surgery or are undergoing chemotherapy or radiation therapy. It's staffed by certified breast-prosthetic consultants who meet one-on-one with customers in a private setting to find the products or garments that are the right fit for them.

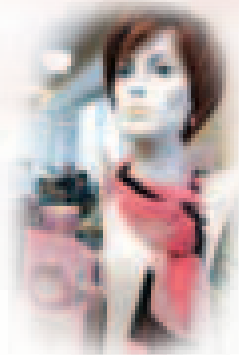
Chaplains

The Pastoral Care department provides spiritual help to patients and families of any or no religious affiliation. Its chaplains interact directly with patients and families, ministering to their emotional and spiritual needs. Our goal is to treat the whole person and foster hope and faith in sometimes complex and trying circumstances, like those associated with a cancer diagnosis.

Dietary Support

Good nutrition is an important concern for many cancer patients. Our dietitians are available to consult with patients on how to:

- Get proper nourishment and maintain weight
- Continue eating throughout cancer treatments
- Select dietary supplements (when appropriate)
- Eat the right foods after cancer therapy



Coming HOME

A physician born and raised in East Tennessee brings vast experience in treating “women’s cancers” to the medical center



Author Thomas Wolfe said you can't go home again.

Larry Kilgore, MD, a board-certified leader in gynecologic oncology, would have to disagree. After a very impressive and satisfying 20-year career at the University of Alabama at Birmingham (UAB), Kilgore is coming home to Tennessee to spend the next stages of his career doing what he loves best: caring for patients and leading gynecologic oncology services at the University of Tennessee Medical Center Cancer Institute.

Most recently he was a gynecologic oncologist in the Department of Obstetrics and Gynecology at UAB, where he focused on patient care, the delivery of excellent service, and advanced cancer therapies, including robotic surgery. That was just part of his job. He also served as a professor and held the J. Max Austin Endowed Chair in the Division of Gynecologic Oncology, he was a senior scientist for the UAB Comprehensive Cancer Center, fellowship director for gynecologic oncology, and residency program director in the Department of Obstetrics and Gynecology. Kilgore accomplished all this while publishing, working on numerous committees and task forces, and serving as an esteemed board examiner for the American Board of Obstetrics and Gynecology – affirmation that he has the responsibility and proven expertise to determine whether candidate physicians possess the knowledge and skill to receive board certification in OB/GYN or gynecologic oncology.

Kilgore's drive and ability were evident at a young age. He came from humble roots in Whitwell, Tennessee, a small coal-mining town just outside Chattanooga. His people were miners, but he aspired to become a veterinarian, somehow finding time to be active in sports while he worked the family farm and excelled in school. An only child, Kilgore was encouraged to perform well academically, and he earned many honors, including that of being his high school's valedictorian. He attended the University of Tennessee in Knoxville and earned a BA in biology, then an MD at the University of Tennessee Health Science Center in Memphis. “College was

when I decided to become a surgeon,” he explains. “Once in medical school, I was very interested in surgery. I went to UAB because of its prominent fellowship program in gynecologic oncology – certainly one of the top three programs in the nation.”

Although he'd planned to stay at UAB for training and then return home, Kilgore was offered a faculty position at the end of his fellowship and remained there. Now, after two decades of developing, cultivating, and advancing his surgical expertise and becoming a leader in gynecologic oncology, he is inspired by the new opportunities and challenges that await him at the University of Tennessee Medical Center. “I reached my career goals at UAB,” he says. “I have a yearning to improve the programs for treating women with cancer at the University of Tennessee Medical Center and in East Tennessee. There are more people for me to help. I love caring for patients, advancing robotic surgery, and training resident physicians and medical students. There are fascinating opportunities at the medical center.”

“We truly are blessed and honored to have a physician of Dr. Kilgore's caliber join our faculty and medical center,” says John L. Bell, MD, a surgical oncologist, director of the University of Tennessee Medical Center Cancer Institute, and professor of the Department of Surgery for University of Tennessee Graduate School of Medicine. “He brings the 'entire package' with his outstanding clinical care, proven academic skills, and extraordinary teaching capabilities. His 'coming home' to East Tennessee will only strengthen the Cancer Institute and GYN oncology services to the entire East Tennessee community. We are thankful for his desire to be a part of our team.”

Gynecologic oncology focuses on the diagnosis and treatment of women with cancer of the reproductive organs, such as ovarian, cervical, or uterine cancer. One benefit of being treated by physicians in this specialty is that they care for cancer patients from start to finish, from prevention to surgery to chemotherapy.

For Kilgore, providing gynecologic oncology services involves offering women in the East Tennessee region comprehensive medical care, immediate access to care, prevention and risk-reduction strategies, courteous and caring support, access to clinical trials, and advanced treatments such as robotic surgery – all from one source that meets the needs of our patients and delivers truly excellent care.

When robotic surgery was approved for use in gynecologic oncology, Kilgore took it upon himself to get training so that he could offer his patients minimally invasive surgery that results in shorter hospital stays, quicker recoveries, less pain, and smaller incisions. “I'm a proctor for other surgeons and train others in robotic surgery,” he says. “The Cancer Institute has a need for an educator and a clinical gynecologic oncologist with robotic expertise, and I believe I fit that role.”

Kilgore and his wife, Patricia, have recently become empty nesters. Their three children are all currently in college or graduate school: the eldest, Lauren, a law student at Vanderbilt; Travis, in grad school at Ohio University in Athens; and the youngest, Joseph, in his first year at Birmingham Southern College. Kilgore has a passionate love of music and plays guitar. He also enjoys running, golf, and all UT sports.

His career achievements have made him a nationally known physician and a respected surgeon. For Kilgore, the decision to choose the University of Tennessee Medical Center signals a new era that includes the further development of gynecologic oncology services at the medical center and the delivery of outstanding care to women in East Tennessee. “This is a call home for me,” he says. “It's an honor for me to bring my knowledge and training from UAB to the medical center. I'm ready to start my new adventure.”

Wendi Hope Hager

CLINICAL TRIALS: CURIOSITY BRINGS PROGRESS

The academic medical center environment at the UT Graduate School of Medicine and the University of Tennessee Medical Center brings an expectation of lifelong learning.

We never stop asking “what if,” and our patients and community benefit from our curiosity through research results that are often first in the nation. Our cancer clinical trials are as diverse as our physicians and as poignant as our sense of curiosity.

Wahid Hanna, MD, a professor in the Department of Medicine and chief of the oncology division, is the principal investigator for many clinical trials at the University of Tennessee Medical Center including, but not limited to, lung, blood, breast, and prostate cancers. He also directs nationally recognized and locally implemented research that uses PET/CT (positron emission tomography/computed tomography) scans to show early response to chemotherapy in patients with lung cancer.

“What drives me to do clinical trials is the desire to make us better,” he says. “Curiosity makes us better.”

Hanna’s PET/CT study is the first such study in the U.S., although similar studies have now begun elsewhere. “It’s very promising,” he says. “PET/CT scans document the size and activity of certain cancers. Repeating a PET/CT scan after chemotherapy treatment gives us valuable information about the patient’s response to cancer treatment. In our study we’re trying to predict the suitability of cancer treatment as early as three to four weeks, rather than waiting two to three months in the traditional way. This could enable us to choose the best treatment early in the course of therapy. In treating cancer, we’re always in a race between us and the cancer. We want to, we have to, win the race.”

The PET/CT study is currently in Phase II, for which 50 patients are being recruited as participants, only at the University of Tennessee Medical Center. And once Phase II is complete, Hanna hopes to expand the research to cancers in the breast, colon, and other areas of the body.

Through aggressive and focused clinical trials, Eric Carlson, DMD, MD, a professor in and chair of the Department of Oral and Maxillofacial Surgery, seeks to improve the prevention and detection of head and neck cancers. Using PET/CT technology, he’s studying the use of PET/CT imaging in staging oral and head-and-neck cancers and working to determine whether the activity of FDG (a radioactive tracer) in lymph nodes that harbor cancer increases over a span of time. This research will help identify and localize the lymph nodes that are involved so they can be removed. He and team members Dr. Amy LeBlanc, researcher in the Department of Radiology, Molecular Imaging Tracer Development Program, and David Gerard, PhD, a professor and director of research in the Department of Oral and Maxillofacial Surgery, hope to develop a new PET/CT tracer in the future. New tracer technology should result in more sensitivity and greater specificity in the information obtained. Currently, Carlson and LeBlanc are collaborating to develop radiopharmaceuticals that will make this process more effective. At the University of Tennessee Medical Center we find better ways to diagnose and treat cancer, and we don’t stop there. We continue to develop. We continue to improve.

“Intellectual curiosity is what gives me the energy to work long hours,” Carlson says. “It’s also one of the reasons patients benefit by receiving care at our academic medical center. We have clinicians working alongside basic science researchers. This brain trust puts us ahead in translational research and patient care.”

What Are Clinical Trials?

In clinical trials, patients help doctors conduct important research. Cancer clinical trials, in particular, can test treatments for cancer, seek better ways to screen for the disease, and identify new or improved ways of preventing it.

Clinical trials are conducted in four phases, and the trials at the University of Tennessee Medical Center are mainly Phase II and Phase III trials. Phase II clinical trials are conducted after a new medication has been tested for safety and effectiveness, to further define the extent of effectiveness and the range of dosing that is optimal. These studies often begin comparing the new

medication to existing treatments for the same disease. These are usually conducted in smaller number of patients. Phase III clinical trials are carried out in larger patient populations to determine more specific effectiveness compared to other treatments, develop more precise dosing information, and further understand the extent of any side effects associated with a new medication.

Eric Carlson, DMD, MD, a professor and chair of the Department of Oral and Maxillofacial Surgery, (seated center), and his team members Dr. Amy LeBlanc, researcher in the Department of Radiology, Molecular Imaging Tracer Development Program, David Gerard, PhD, a professor and director of research in the Department of Oral and Maxillofacial Surgery, and Josh Schaefferkoetter, BS, a graduate research assistant in Cancer Imaging, (seated right), are working to develop a new tracer to better identify oral/head and neck cancers using PET/CT technology.



2009 Cancer Clinical Trials

Clinical trials are research studies conducted by medical professionals in which people help doctors identify new or safer medical treatments for improved quality of life. They take place only after lengthy, detailed, and careful research processes have been carried out, and the trials themselves are carefully monitored and adhere to strict guidelines.

At any given time, physicians at the University of Tennessee Medical Center and UT Graduate School of Medicine are

involved in numerous studies which are actively enrolling patients in oncology clinical trials. Here are just a few that originated this year:

Clinical Trial: Program for the Assessment of Clinical Cancer Tests (PACCT-1): Trial Assigning Individualized Options for Treatment: The TailorX Trial

Purpose: This study aims to help determine which patients are most likely to benefit from chemotherapy and hormonal therapy following breast cancer surgery.

Principal Investigator: Wahid Hanna,

MD, professor, Department of Medicine, and Chief, Division of Oncology

Clinical Trial: The BeST Trial: A Randomized Phase II Study of VEGF, RAF kinase, and mTOR Combination Targeted Therapy With Bevacizumab, Sorafenib, and Temsirolimus in Advanced Renal Cell Carcinoma

Purpose: This study is comparing four different regimens of treatment for metastatic renal cell cancer.

Principal Investigator: Wahid Hanna, MD, professor, Department of Medicine, and Chief, Division of Oncology

Clinical Trial: A First Line Multinational Randomized, Double-Blind Study Comparing the Efficacy of Afilbercept Once Every Two Weeks Versus Placebo in Patients to Be Treated With Gemcitabine for Metastatic Pancreatic Cancer

Purpose: This trial is studying whether adding the targeted drug afilbercept to standard gemcitabine therapy will improve survival for patients with metastatic pancreatic cancer.

Principal Investigator: Wahid Hanna, MD, professor, Department of Medicine, and chief, Division of Oncology

Clinical Trial: A Double-Blind, Randomized, Placebo-Controlled Phase III Study to Assess the Efficacy of recMAGE-A1 + AS14 Antigen-Specific Cancer Immunotherapeutic

as Adjuvant Therapy in Patients With Resectable MAGE-A3 Positive Non-Small Cell Lung Cancer

Purpose: This study is examining whether using the MAGE vaccine therapy will be beneficial in preventing lung cancer recurrence in patients who have had their cancer removed and for which the cancer expresses a particular protein.

Principal Investigator: Wahid Hanna, MD, professor, Department of Medicine, and chief, Division of Oncology

Clinical Trial: Phase III Randomized Study of Radiotherapy With Versus Without Trastuzumab (Herceptin®) in Women With HER2-Positive Ductal Carcinoma in Situ Who Underwent Lumpectomy

Purpose: Radiation therapy is the standard of care following lumpectomy for removal

of DCIS. This trial will look at the possible benefit of adding trastuzumab.

Principal Investigator: Timothy Panella, MD, chair and associate professor, Department of Medicine

Other important clinical trials started this year as well, including trials studying use of a breast brachytherapy device and research on isolated limb infusion in patients with melanoma. Many more are under way as well. We're lifelong learners, after all. If you would like to learn about the possible clinical trial options for yourself or a loved one, please talk with your physician. For detailed information about these and other clinical trials, including eligibility requirements, contact Barbara Munsey, manager of the Clinical Trials Department, at bmunsey@utmck.edu or 865-305-9773.

Amanda E. Johnson

ACADEMIC MEDICAL CENTER BRINGS NATIONAL EXPERTS TOGETHER

Few people would guess that for the last five years, on a cold mid-winter Saturday, January morning, some of the nation's top blood cancer researchers and physicians have gathered in Knoxville, Tennessee.

A unique continuing medical education course joins experts from other preeminent U.S. academic medical centers with our region's leading cancer physicians, researchers, cancer nurses, and technicians to discuss the latest discoveries and treatments for blood-related diseases.

Course director Wahid Hanna, MD, UT Graduate School of Medicine professor and University of Tennessee Medical Center medical oncologist/hematologist, selects nationally known experts in hematology and oncology research as teaching faculty for the course. The faculty agree to develop original presentations combining their areas of expertise with new information they garner from American Society of Hematology (ASH) national conference held every December. Each expert then brings briefings on new treatments and discoveries to medical professionals. Topics covered include hemostasis and thrombosis, multiple myeloma, leukemia, and malignant lymphoma, among others.

"Our role in the community is education, research, and treatment," explains Hanna. "Part of our fulfillment of that mission is transferring updated information from the annual meeting. We bring national specialists in various areas of hematology and oncology to share their expertise and up-to-date information. All interested healthcare professionals are invited to attend. It's extremely informative and applicable to clinical practice."

This year's course, the Sixth Annual Hematology Conference, is set for Saturday, January 23, 2010, at the UT Conference Center. Selected faculty include

- Thomas Habermann, MD, Mayo Clinic
- Michael Keating, MB, BS, MD Anderson Cancer Center
- Craig Kessler, MD, Georgetown University
- Sagar Lonial, MD, Emory University School of Medicine

For more information about this important educational program, contact us at 865-305-9190.

Lea Anne Law

ON THE ROAD TO BETTER HEALTH

Out of Our Office and Into Yours

While the lifesaving patient care provided inside the walls of the University of Tennessee Medical Center Cancer Institute is second to none, work occurring outside those walls is also saving lives. When medical staff and employees of the Cancer Institute are "out of office," it's most likely because they're out in the community presenting important messages about prevention and early detection. Education is a key component in the Cancer Institute's mission of providing the highest level of patient care. And that care begins long before people reach the medical center. For many, it begins "out of office" – in the communities where they live, the businesses and industries where they work, and the places where they worship.

Improving breast-health knowledge and helping people recognize the importance of routine cancer screening is a central goal of the Cancer Institute's Breast Health Outreach Program (BHOP). Founded in 1996, this successful endeavor began as a pilot project in two rural East Tennessee counties, educating women about breast health and offering convenient access to on-site screening in the medical center's mobile mammography unit. BHOP now provides screening and educational classes across the medical center's 21-county service area, through businesses, community centers, churches, and housing authorities. BHOP has become a model for other programs around the country.

Barbara Munsey checks for skin cancer at the community SunScreeners program.



“We’re proud of the work BHOP has done to change attitudes and behavior regarding breast cancer,” Cancer Institute director John L. Bell, MD, says. “Thanks to the education and screenings provided, breast cancers are being diagnosed that might have otherwise gone undetected.”

And it’s not only breast cancer that the Cancer Institute’s community outreach is helping to track down. Other equally important Cancer Institute initiatives have emerged, based on the successful BHOP model. During prostate-cancer awareness month each September, hundreds of men across the region receive free screenings for the disease. “Because one in six men will develop prostate cancer in their lifetime, we understand the vital need to provide easily accessible screenings,” says Georgette Samaras, education coordinator at the Cancer Institute. The screenings include a blood test for prostate-specific antigen (PSA) and a digital rectal exam performed by a medical center urologist. The response to the program has been extremely positive and new sites across the region have been added annually to meet the increased demand and provide access for people with the most need. Excluding skin cancer, prostate cancer is the most frequently diagnosed cancer in men, and early detection is the key to survival.

Skin cancer, however, should never be overlooked where risk reduction, screening, and early detection are concerned. It is the most common form of cancer in the United States for both men and women, yet often there’s too little awareness of it. While the incidence rates for many other types of cancer are leveling off, those for skin cancer and melanoma continue to rise. Understanding that more needs to be done to inform the public about the lifesaving benefits of skin-cancer screening, the

Cancer Institute established its SunScreeners program. James Lewis, MD, a surgical oncologist specializing in melanoma at the Cancer Institute, says,

“The best way to avoid this potentially deadly disease is to limit your exposure to the sun. The SunScreeners program detects skin cancers early and ultimately saves lives.”

The Cancer Institute has been spreading the word about skin cancer in a variety of ways. It shares information on the importance of wearing sunscreen and provides special software to visually show people what they will look like after years of exposure to harmful ultraviolet rays. Participants learn about warning signs and are offered free skin screenings that use special lighting to detect skin cancers. The SunScreeners program has been offered in workplaces, at senior centers, and at outdoor sporting events. A number of people have been referred to dermatologists for further evaluation, and several cases of melanoma have been detected in early stages as a result of the free screenings.



The medical center’s digital mobile mammography unit is on the road six days a week and will provide over 3,800 mammograms to East Tennessee women in 2009.

The latest program taking the Cancer Institute staff and physicians into the community is a pilot gastrointestinal outreach program that educates participants about colorectal cancer and the importance of the colonoscopy screening. “Because colon polyps can often be detected and removed before becoming cancerous, we must provide education for both the general public and clinical professionals about warning signs and the importance of early detection,” says Keith Gray, MD, a surgical oncologist with the Cancer Institute. The pilot program has been successful in promoting this important screening and will be expanded to more locations in the coming years.

Because prevention is crucial in the war against cancer, the Cancer Institute continues to provide a free eight-week smoking-cessation program and a quarterly educational lecture series that’s open to the community. The ultimate goal of all these initiatives is to decrease the burden of cancer across East Tennessee through education and screening. So whether the concern is breast health, sun safety, or prostate cancer, the important message of prevention and early detection is spreading – thanks to the “out of office” professionals at the University of Tennessee Medical Center Cancer Institute.

Peggy Iachetta

REELING IN A HEALTHIER LIFE

How SunScreeners Helped Make it Happen

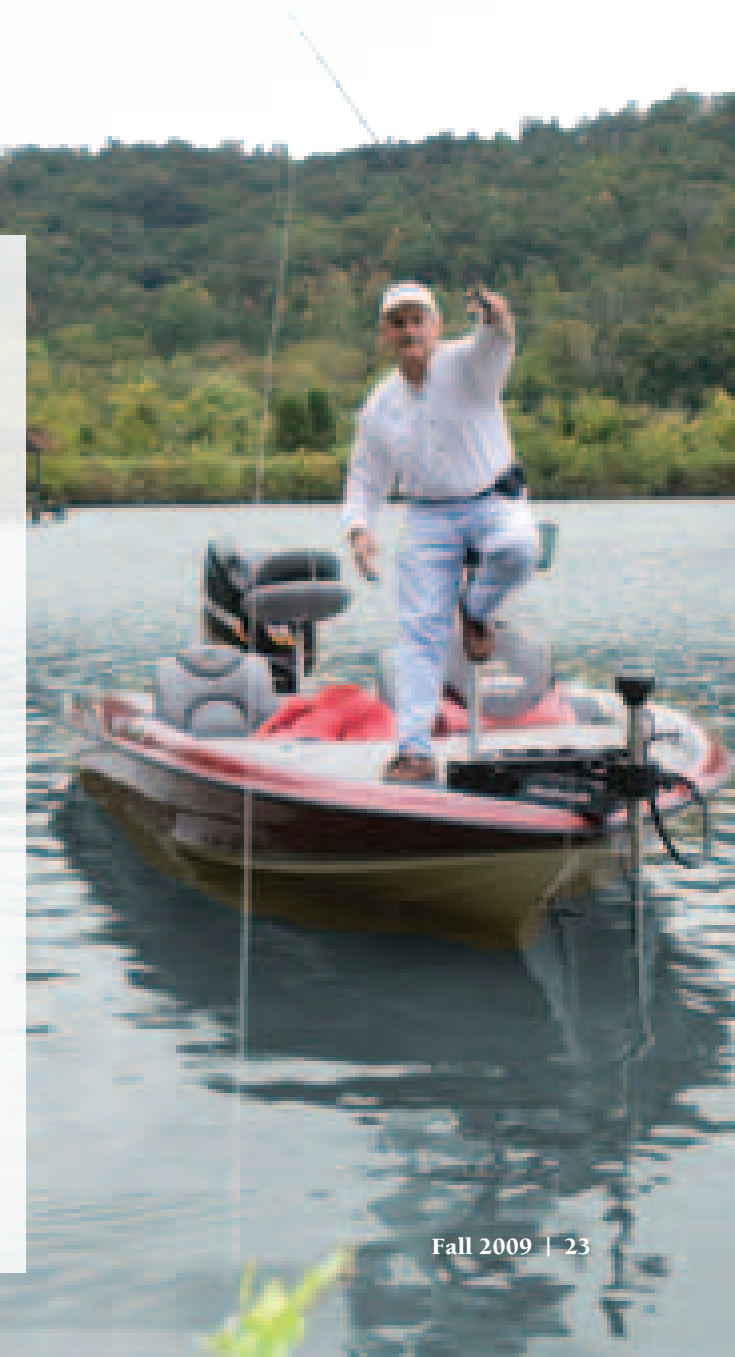
Curtis Moore, divisional director of Oak Ridge National Laboratory’s Campus Support and Instrumental Division, is thankful for the SunScreeners program at the University of Tennessee Medical Center Cancer Institute.

As far as Moore is concerned, the SunScreeners program saved his life. “I had a spot on my arm for about five to six years,” he says. “My daughter told me I needed to get it checked out, and I thought I might as well, since it was free and on campus.

Because of my results from the SunScreeners program, it was recommended that I follow up with a dermatologist due to suspicious findings, so I did. A biopsy was performed, and I was diagnosed with lentigo maligna, a type of malignant melanoma, also known as Hutchinson’s freckle. Two weeks later I had it surgically removed.

My dermatologist told me I was lucky that it didn’t spread down into my lymph nodes, requiring further treatment.

If it wasn’t for the SunScreeners program, I probably wouldn’t have gone to get it checked out. Now I tell my staff, ‘Get it checked out. It saved my life, and it could save yours.’”



AVON Foundation for Women



PHILANTHROPY PLAYS KEY ROLE IN SUCCESS OF HEALTHCARE OUTREACH

Since 1996, the University of Tennessee Medical Center's Breast Health Outreach Program has reached more than 20,000 women throughout East Tennessee. In addition to sharing information about the importance of early detection of breast cancer and referring significant numbers of women for mammograms and clinical breast exams, the program operates a mammography unit that provides screening mammograms to more than 3,800 women annually, including those in rural areas, who often have limited access to preventive care.

According to Mae King, director of the Breast Health Outreach Program (BHOP), "The reason we exist, the reason we're able to reach so many women and provide them with state-of-the-art preventive care, is because of philanthropy from both individuals and organizations like the Avon Foundation for Women."

For eight years the Avon Foundation has supported BHOP through grants which provide funding for education programs which increase awareness of the lifesaving benefits of early detection. This past year the medical center

received an additional \$358,000 to complete the conversion to an all-digital mammography system in our mobile mammography unit. This new equipment allows for easier and more comfortable screenings for patients. Other benefits include lower X-ray radiation dosage and the direct conversion of X-rays into digital images. Because the technologist can view images immediately, image quality can be confirmed on the spot, eliminating the need for technical recalls."

Here is an interview with Marc Hurlbert, PhD, director of the Avon Foundation Breast Cancer Crusade:

UTMC: In general, how would you characterize the role of philanthropy in addressing education, treatment, and awareness of women's health issues, particularly breast health?

Hurlbert: Philanthropy plays a unique and essential role in advancing breast health awareness and education. Many of the most vulnerable populations aren't reached by top-line information on the importance of early detection of breast cancer. Philanthropic organizations,

especially at the grassroots level, are in a trusted position. They're able to reach the hard-to-reach and medically underserved populations with culturally effective messaging and, in the case of Avon Foundation-funded programs, to provide a link to high-quality, accessible screening services. These organizations fill a vital gap in raising awareness and providing education and services to millions of women and men who otherwise might not be able to access this information or the healthcare system.

UTMC: How are healthcare organizations across the country using funds and grants from the Avon Foundation to advance their mission and the mission of the foundation?

Hurlbert: The Avon Foundation for Women was founded in 1955 to improve the lives of women, and it brings this mission to life through a focus on two key issues, breast cancer and domestic violence. The Avon Breast Cancer Crusade launched in 1992, and Avon breast cancer programs in some 50 countries have raised more than \$585 million to advance access to care and help find a cure for breast cancer, with

"The Avon Foundation for Women is proud to support the University of Tennessee Medical Center through the Safety Net program, which supports more than 100 organizations across the U.S. Together, these organizations provide lifesaving care for uninsured, low-income, and underserved women and men who otherwise might not be able to overcome those obstacles and access the services."

Marc Hurlbert, PhD *Director, Avon Foundation Breast Cancer Crusade*

a focus on medically underserved populations. Funding is awarded to beneficiaries ranging from leading cancer centers to community-based breast health programs, to support five critical areas: awareness and education, screening and diagnosis, access to treatment, support services, and scientific research.


UTMC: The Avon Foundation and UTMC's Breast Health Outreach Program have been partners in this mission for quite some time. Can you elaborate on that relationship and on how the two have worked to fulfill this greater mission?


Hurlbert: The University of Tennessee Medical Center's Breast Health Outreach Program began delivering breast health education and mobile mammography services in 1996 to women living in two remote and rural East Tennessee counties. Now operations have expanded to serve 21 counties and reach 3,800 women annually. The Avon Foundation for Women has been a supporter of the Breast Health Outreach Program through the Avon Foundation Breast Care Fund, which supports organizations providing education and outreach to medically underserved communities. We have witnessed UTMC's solid track record of success in reaching a very rural and hard-to-reach population. The recent grant to upgrade from film to digital mammography on the mobile van allows UTMC to further

expand its mammography screening in the rural community and provide access to better image quality and earlier detection of cancers for this medically underserved population.

UTMC: What impact have you seen as a result of the grants awarded across the country by the Avon Foundation?

Hurlbert: Fortunately, there are so many highlights to share. **To name just a few regarding access to care and screening programs in 2008:**

 A million women received breast health education through the efforts of outreach workers at 145 community-based grassroots organizations that reach all 50 states.

 150,000 women were given the opportunity to receive a mammography screening.

UTMC: What can others do to play in a role in breast cancer awareness, outreach, and prevention?

Hurlbert: The efforts of the Avon Foundation for Women are only possible because of the philanthropy of others. The foundation raises the money it grants out on a year-to-year basis through the sale of a variety of "pink ribbon" products and through events, races, and walks; the largest is the U.S. Avon Walk for Breast Cancer series. Being involved, whether through the donation of time or resources, is key to the success of this mission.



The Breast Health Outreach Program, a service of the Cancer Institute at the University of Tennessee Medical Center, reaches out to provide breast health education and low-cost and free mammograms to thousands of women throughout the East Tennessee region. The program is made possible by the philanthropic generosity of granting organizations like Avon Foundation for Women, Susan G. Komen for the Cure, and Champions for a Cure, as well as hundreds of individual supporters.

Here are just a few examples of how those philanthropic dollars have affected East Tennesseans through the Breast Health Outreach Program (BHOP):

Free education classes have taught women about the warning signs of breast cancer; the benefits of early detection, and the importance of breast self-exams, clinical breast exams, and screening mammograms. Through the education classes and screening mammograms provided by the mobile mammography unit, BHOP has reached over 20,000 women throughout East Tennessee.

Participants who get screening mammograms from the mobile mammography unit and need further diagnostic exams receive comprehensive care through the UT Breast Care Service. Nurse "patient navigators" provide a central point of contact to help ease worries and assist women through the follow-up process.

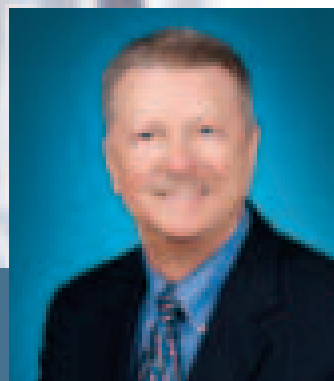
BHOP provided access to mobile mammography services for almost 3,800 women in 2008 and provided 603 free mammograms to uninsured women across the region through grant funds.

Seven breast cancers that might otherwise have gone undetected were diagnosed through BHOP in 2008. A recent note from a grateful community member shows the importance of these services:

"Thanks to BHOP, our secretary (who is only 41 years old) scheduled a mammogram because of the convenience. She was diagnosed with Stage III breast cancer and as a result had a double mastectomy. Her oncologist told her that if it had been just one year later, there would have been nothing he could have done for her. We are extremely grateful for UT's BHOP."



Regal Foundation and Will Rogers Institute
Partner with **University of Tennessee Medical Center**
to advance **Pulmonary Care**



Mike Campbell
Executive Chairman



REGAL ENTERTAINMENT GROUP

Never an organization to shy away from supporting and strengthening the communities it works in, the Regal Foundation, the charitable arm of Regal Entertainment Group, has taken action in East Tennessee (as well as elsewhere) to address some of the most important health issues affecting the area's people. With the Will Rogers Institute, the foundation recently donated \$1 million to the University of Tennessee Medical Center for the purpose of establishing the Mike Campbell Pulmonary Medicine Fellowship.

"Regal Entertainment Group has a culture of giving back to the communities in which we live and operate," says Amy Miles, the company's CEO and a UT

alumna. "This philanthropic attitude has always been a priority of our executive chairman, Mike Campbell. So it's very well deserved and appropriate that our gift to Medical Center be directed toward establishing a pulmonary fellowship in Mike's name."

Regal knows that such a gift has a multiplier effect. Besides fostering enhanced research and training for physicians specializing in pulmonary disease, the fellowship will attract the nation's leading pulmonary residents and ensure that East Tennesseans, who have a disproportionate share of

chronic lung diseases and ailments, continue to get access to the latest in pulmonary treatments. Bringing these doctors into the community means better care and a higher quality of life for people who live here.

"It's this type of philanthropic mind-set and commitment that will have a real impact for community members suffering from pulmonary ailments ranging from asthma to chronic lung disease," says Teresa Levey, vice president of the medical center's Heart Lung Vascular Institute. "Regardless of the size of the gift, philanthropy truly makes a difference."



SMOKY MOUNTAIN KNIFE WORKS CORPORATE TEAM

THE MAN RUN

With one in six men diagnosed with prostate cancer during their lifetime, this type of cancer is the most common found in men except for skin cancers. To help fight it, hundreds of community supporters, prostate cancer survivors and their families, and physicians and other staff from the University of Tennessee Medical Center met on August 29 at the medical center to participate in the second annual **MAN RUN**, presented by SunTrust Bank of East Tennessee. This 5K race on a new certified course, along with a one-mile fun walk, honors prostate cancer survivors and increases awareness of the disease. It also raises funds that provide free prostate-cancer screenings and outreach programs throughout the community, delivered by the University of Tennessee Medical Center Cancer Institute.

This year's event raised more than \$21,000 and has helped provide screenings for 500 men throughout East Tennessee. More than 625 runners came together in this important effort to show their support for men and families affected by prostate cancer. "THE MAN RUN is an excellent opportunity for families to come together, have a good time, and support prostate cancer screening, education, and outreach programs in the Knoxville area," said Fred Klein, MD, a University of Tennessee Medical Center urologist. "Last year we created THE MAN RUN to serve as the region's first community-wide event to recognize prostate cancer as a significant health issue, promote early detection of prostate cancer through screening and awareness, and celebrate prostate cancer survivors."

About 192,000 men will be diagnosed with prostate cancer in 2009, according to the American Cancer Society. More than 27,000 men died of the disease last year. Early detection by means of prostate cancer screenings and other methods is crucial to boosting the survival rates.



THE TORCH CAMPAIGN

is an annual fund-raising campaign for employees of the University of Tennessee Medical Center and UT Graduate School of Medicine that unites our employee family in philanthropic support of programs affecting patient care, education, and research. This important effort, conducted in a spirit of compassion and kindness, raised more than \$240,000 in 2009 for programs like the Heart Hospital, the NICU, the UT Graduate School of Medicine Dean's Education and Research Fund, and the Preston Medical Library.

Thank you to all of the 3,400 employees who participated in the **Torch Campaign**, for your unwavering commitment and generosity toward the patients and families we serve throughout East Tennessee.

Lights of Love

The University of Tennessee Medical Center Pastoral Care program is pleased to announce the second annual **Lights of Love**.

Lights of Love is a year-round program providing a special way to honor or remember a loved one, to recognize a holiday or other special event, or to say thank you for medical care received. All donations support the Pastoral Care program and its important work of providing emotional and spiritual guidance to medical center patients, families, and staff.

We invite you to participate by giving a light to be placed on the Lights of Love trees located throughout the medical center's Healing Garden. You can give a light for a minimum donation of \$15. Names of honorees and those giving in their names will be listed in the Lights of Love Remembrance Book at www.utmedicalcenter.org.

To contribute to Lights of Love, please contact the Office of Development at 865-305-6611 or development@utmck.edu. Or you may complete the online form at www.utmedicalcenter.org.

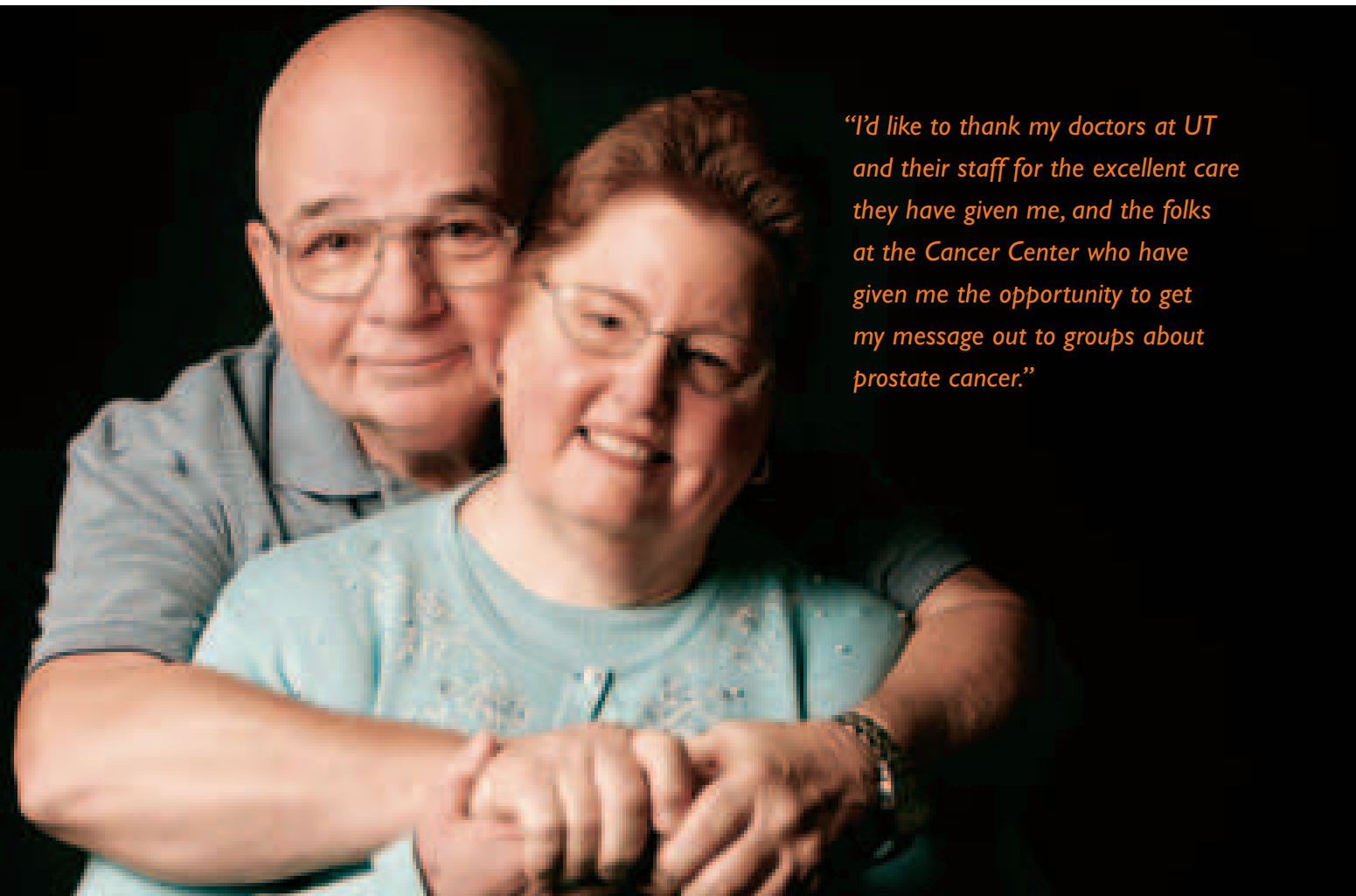
An Evening In Orange

Continuing in the tradition of success and elegance, the University of Tennessee Medical Center and UT Graduate School of Medicine are honored to announce the next **An Evening in Orange** gala, to be held Saturday, January 16, 2010, at Knoxville's Cherokee Country Club. Under the leadership of event co-chairs Christy and Teddy Phillips and the An Evening in Orange committee, the upcoming An Evening in Orange will expand its legacy as Knoxville's premier fund-raising event.

Proceeds from the gala will benefit the new Heart Hospital scheduled for completion in 2010. The new Heart Hospital will allow the University of Tennessee Medical Center to advance a new standard of care for patients with cardiac, pulmonary and vascular diseases while continuing to reinforce our mission of serving through caring, education and discovery. As East Tennessee's first integrated center dedicated to the prevention, detection, and treatment of these disorders, patients will experience seamless, coordinated, patient-centric care, and follow-up in one central location.

We extend our sincere gratitude and appreciation to our sponsors for joining us in this important event. Their partnership has helped us to create a state-of-the-art facility offering healing and medical advancements to individuals throughout the East Tennessee region who face the challenges of cardiovascular, pulmonary, and vascular ailments.

For further information regarding An Evening in Orange, please contact the Office of Development at 865-305-6611 or development@utmck.edu.



“I’d like to thank my doctors at UT and their staff for the excellent care they have given me, and the folks at the Cancer Center who have given me the opportunity to get my message out to groups about prostate cancer.”

It’s a role he never saw himself in – at least not before he heard the words “You have cancer.” But since being diagnosed with Stage IV prostate cancer and given four years to live, David “Ken” Wilson has become a committed spokesperson and advocate for prostate-cancer education and awareness, as well as a confidant, motivator, and friend to many men diagnosed with the disease.

“I was so angry for a while,” he says, “but I finally realized that wasn’t doing me or anyone else any good. So I decided to use my 30 years of sales experience to talk to anyone who would listen. ‘My story doesn’t have to be your story,’ is what I tell them. ‘This disease doesn’t have to kill you.’”

Wilson spends a great deal of his time talking to men one-on-one and speaking to church, civic, and business groups.

His message is simple: “Early detection, early cure – late detection, long hard cure and sometimes no cure at all.”

“I use my story to encourage them,” says Wilson. There are many misperceptions out there that he says need to be cleared up. “Most people think prostate cancer is slow-growing and that going for a screening once every few years is enough. I’m here to tell you that that’s not the case. You can’t count on having one of the slow-growing types.”

Recently Wilson served as chair of the second annual Man Run. The event drew 625 participants. The Man Run is a fund-raiser to recognize prostate-cancer survivors, increase awareness about prostate cancer, and raise dollars for free screenings. “As a result of the Man Run, we screened approximately 500 men in the month of September alone,” Wilson

says. “I guarantee you, these screenings will save someone’s life.”

For men who have been diagnosed with prostate cancer, Wilson participates in Man-to-Man, a men’s prostate-cancer support group at the University of Tennessee Medical Center. This forum provides a place where men can talk to one another about many of the issues they are facing as a result of their diagnosis. Wilson attends the monthly meeting to support and motivate other survivors in the fight against prostate cancer.

He is often asked how he gets through each day, knowing the seriousness of his health problem. His answer is, “The unconditional love of my Lord and Savior Jesus Christ and the unconditional love of Frieda, my wife of 50 years.”

Winter 2009-2010 CME Course Calendar

If you are a physician, researcher, allied health professional, or faculty member seeking continuing medical or dental education, you might be interested in these upcoming programs offered by UT Graduate School of Medicine.

December 8 *Up to 1 AMA and AAPA credit or .1 CEU will be available per session.*

Department of Internal Medicine Grand Rounds: Cardiac Device Infections

7 a.m. to 8 a.m., Morrison’s Conference Center, University of Tennessee Medical Center, Knoxville, Tennessee

January 11 *Up to 1 AMA and AAPA credit or .1 CEU will be available per session.*

Neurology/Neurosurgery Quarterly Case Conference: Stroke

Jointly sponsored by the Brain and Spine Institute and UT Graduate School of Medicine
7 a.m. to 8 a.m., Morrison’s Conference Center, University of Tennessee Medical Center, Knoxville, Tennessee

January 12 *Up to 1 AMA and AAPA credit or .1 CEU will be available per session.*

Department of Internal Medicine Grand Rounds: Androgen Therapy in Men and Women

7 a.m. to 8 a.m., Morrison’s Conference Center, University of Tennessee Medical Center, Knoxville, Tennessee

January 23 *Up to 5 AMA and AAPA credits or .5 CEU will be available.*

Sixth Annual Hematology Conference: An Update on Selected ASH Topics

The sixth annual Hematology Conference: An Update on Selected ASH Topics provides an update on recent advances in the treatment of blood cancers, including a review of the biology of specific types and an update on recent clinical trials. Participants learn about new data and treatment strategies aimed at improving patient outcomes and quality of life. The topics include hemostasis/thrombosis, chronic lymphocytic leukemia, multiple myeloma, and malignant lymphoma. Nationally acclaimed experts in their fields will lead discussions, including Thomas Habermann, MD, Mayo Clinic; Michael Keating, MB, BS, MD Anderson Cancer Center; Craig Kessler, MD, Georgetown University; and Sagar Lonial, MD, Emory University School of Medicine.

March 13

Sixth Annual Diabetes Regional Conference: Evidence-Based Interventions to Stem the Burden of Diabetes Complications
UT Conference Center, Knoxville, Tennessee

The costs, morbidity and mortality from diabetes are severe, but the numerous complications and associated risk factors account for the overwhelming burden of the disease. The Sixth Annual Diabetes Regional Conference will help physicians stem these health consequences by learning and applying the most recent evidence-based treatment strategies and interventions to improve health outcomes and quality of life for patients.

UT Earns Top-Level CME Accreditation

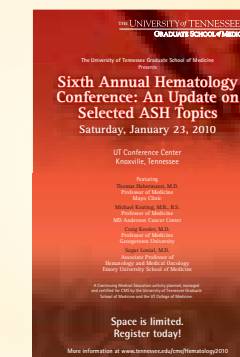
UT Graduate School of Medicine’s exemplary efforts in meeting new methods for planning and evaluating continuing medical education (CME) have helped UT College of Medicine earn Accreditation with Commendation from the Accreditation Council for Continuing Medical Education (ACCME). Jointly, the College of Medicine campuses in Knoxville, Chattanooga and Memphis earned the top-level accreditation during the statewide four-year reaccreditation review.

“Accreditation with Commendation is awarded to providers [who] demonstrate compliance in all 22 criteria,” said Murray Kopelow, MD, Chief Executive, ACCME, in a letter. “The ACCME...commends your organization for not only meeting ACCME’s accreditation requirements... but for demonstrating that yours is a learning organization and a change agent for the physicians you serve. You have demonstrated an engagement with your environment in support of physician learning and change that is part of a system for quality improvement.”

The ACCME is the accrediting body for CME providers offering physicians continuing education credits from the American Medical Association. To reach the level of Accreditation with Commendation, the UT offices met or exceeded all ACCME criteria for purpose, mission, educational planning, evaluation, improvement, and engagement.

“This is the highest accreditation possible for CME providers,” says James Neutens, PhD, dean of UT Graduate School of Medicine. “It demonstrates our staff’s dedication to excellence, understanding of the intricate ACCME regulations, and desire to conduct business ethically and professionally.”

The reaccreditation process for providers with Accreditation with Commendation is extended from four years to every six years. If you have questions about continuing medical education activities, contact *Communications and Outreach* at 865-305-9190 or CME@utmck.edu.



To register or for more information about these courses,
call 865-305-9190 or visit our website
at www.tennessee.edu/cme.