



CANCER AND GENETICS:

Dramatic changes in a field of explosive growth

When the U.S. Supreme Court invalidated Myriad Genetics' monopoly on testing for the BRCA1 and BRCA2 genes in 2013, it triggered a notable transformation in the field of genetics and cancer.

In the five years since then, other laboratories have entered the marketplace, bringing new technology and capabilities to test for dozens of gene mutations associated with breast, ovarian, colorectal and other cancers.

"These advances have dramatically changed the way cancer is diagnosed and treated today," says Generosa Grana, MD, a medical oncologist specializing in breast cancer, cancer disparities among minorities, and cancer genetics, who serves as Director of the MD Anderson Cancer Center at Cooper and leads its William G. Rohrer Cancer Genetics Program.

"We not only know more about cancer-predisposing genes that have an impact on how we screen, focus our preventive efforts, and manage patients long term, but we also understand more about the genetic alterations that cancers evolve through, and we can use that to make patient-specific decisions about treatment," she says.

The growth of the cancer genetics program at MD Anderson Cancer Center at Cooper mirrors the expansion of the discipline.

"Our cancer genetics team has gone from two medical oncologists to five, and from two genetics counselors to five, as the field has exploded," Dr. Grana notes. At the same time, insurance coverage has expanded, public awareness of the role of genetics in cancer has increased, and physician referrals have grown.

"These advances have dramatically changed the way cancer is diagnosed and treated today."

The depth and breadth of the MD Anderson Cooper cancer genetics program is what sets it apart.

"Our team is highly experienced," Dr. Grana says. "And we're able to service a large number of patients quickly when information is needed for clinical decision-making."

In addition, once a gene mutation is identified or an individual is deemed at risk for a hereditary cancer, a genetics expert becomes an integral member of the multidisciplinary team managing that patient.

Plus, genetic counselor Kristin Mattie, MS, LCGC, and her colleagues serve as a valuable resource for



Generosa Grana, MD,
Director



Kristin DePrince
Mattie, MS, Licensed
Genetic Counselor

referring physicians, providing advice and guidance on appropriate candidates for evaluation and genetic testing.

"There are national guidelines to help providers identify which patients may benefit," Mattie notes. "And we also can help determine the correct test(s) to order based on careful consideration of a patient's personal and family history. With the explosion of new testing techniques and the number of genes available to test, it's become fairly complicated—and we're uniquely positioned to help."

"It's vital for referring physicians to be aware of the impact of family history on individuals, and the availability of genetic testing, so patients and families can be proactive in their management," Dr. Grana adds. "And as physicians, this information allows us to personalize their care for the best possible outcomes."

The MD Anderson Cooper Rohrer Cancer Genetics team sees patients at six locations throughout South Jersey – in Camden, Voorhees, Willingboro, Moorestown, Vineland and Egg Harbor Township. To refer a patient or to speak with a cancer genetic counselor directly, call: 856-325-6603.



LONG TERM DATA AFFIRMS *less* radiation as standard of care for most breast cancer patients

“Over the last year, we’ve seen long-term data emerge from a number of extraordinarily broad and deep studies that are significant and practice-changing,” says Anthony Dragun, MD, Chief of the Department of Radiation Oncology at MD Anderson Cancer Center at Cooper.

This research shows the majority of women with breast cancer achieve equally good results from shorter-course hypofractionated radiation therapy in which treatments are administered five days a week over as few as three weeks, versus the decades-old conventional regimen of treatments administered once a day, five days a week, for five to seven weeks.

As a result, a growing number of cancer centers are adopting the shorter treatment protocol as standard of care for appropriate patients, and the American Society of Clinical Oncologists (ASCO) has issued a statement affirming that the short-course treatment is quality care for the right patients.

“The question is no longer whether women should be offered the short-course of radiation therapy,” Dr. Dragun says. “It’s why aren’t more women being offered this treatment option?”

“Adoption has been more rapid at academic medical centers with comprehensive cancer programs like MD Anderson Cancer Center at Cooper,” he continues, noting that MD Anderson Cancer Center in Houston, Texas, has been offering this approach to the majority

of breast cancer patients for some time and was, in fact, on the forefront of developing it.

“Many community hospitals, however, are not adopting this treatment at the rate they should be,” he asserts, due in part to an inherent resistance to change practice, and the challenges of keeping up with changes in the medical literature.

“With the shorter course, treatment is more convenient and patients can get back to their lives more quickly.”

And that shortchanges too many patients.

“When everyone practiced the same way, it was a fairly level playing field, and women could choose where to have radiation treatment based on proximity to home or work,” Dr. Dragun says. “But now, where you decide to get treated makes more of a difference, because ultimately, a woman’s quality of life and side effects may be radically different.

“With the shorter course, treatment is more convenient and patients can get back to their lives more quickly, with less recovery time and fewer side effects,” he continues. “Plus, out-of-pocket costs are less, women can take fewer days off from work, and there’s less outlay of resources for things like transportation.

“It’s not a level playing field anymore,” he adds. “If a patient comes to MD Anderson Cooper, they’re much more likely to be offered the shorter course of treatment—which is very different from most community hospitals.”

Is the short-course treatment appropriate for all breast cancer patients?

“The bulk of data exists for women who are postmenopausal with early-stage breast cancer,” Dr. Dragun says. “But they make up the overwhelming majority of breast cancer cases in the United States, so it should absolutely be standard of care for these patients.”

MD Anderson Cancer Center—in Houston and at Cooper—is already involved in studies with even shorter courses of radiation therapy, and they are evaluating whether shorter-course strategies can be safely offered to premenopausal patients or those with more advanced disease.

“We’re entering an exciting new era in that we’re moving away from the one-size-fits-all approach and trying to determine precisely what is the minimum effective dose,” Dr. Dragun says. “It just stands to reason that if less radiation is as effective than more, then let’s give patients less.”



Anthony Dragun, MD, Chairman and Chief of Radiation Oncology

To refer a patient for radiation treatment at MD Anderson Cancer Center at Cooper, call:

1.855.MDA.COOPER



GYNECOLOGIC ONCOLOGY AT COOPER

Cutting-edge capabilities now more accessible than ever

If you have patients who need advanced gynecology oncology expertise, it has never been more accessible for women in South Jersey. With five fellowship-trained gynecologic oncologists, MD Anderson Cancer Center at Cooper not only has the largest and most experienced team of its kind in the region, but they are committed to seeing patients within 48 business hours at multiple locations throughout the area.

Distinguished by its affiliation with the exceptional reputation and resources of the nation's top cancer center—as ranked consistently by *U.S. News & World Report*—MD Anderson Cooper offers patients an unparalleled depth and breadth of clinical capabilities.

“Ours is one of the most experienced programs in the country when it comes to using minimally invasive

techniques, including robotics, to facilitate the delivery of gynecologic oncology care,” says David Warshal, MD, Head of the Division of Gynecologic Oncology, who has earned national acclaim for his leadership in this field. “Doing so results in less pain, quicker recovery and less blood loss while enhancing outcomes.

“Ours is one of the most experienced programs in the country when it comes to using minimally invasive techniques.”

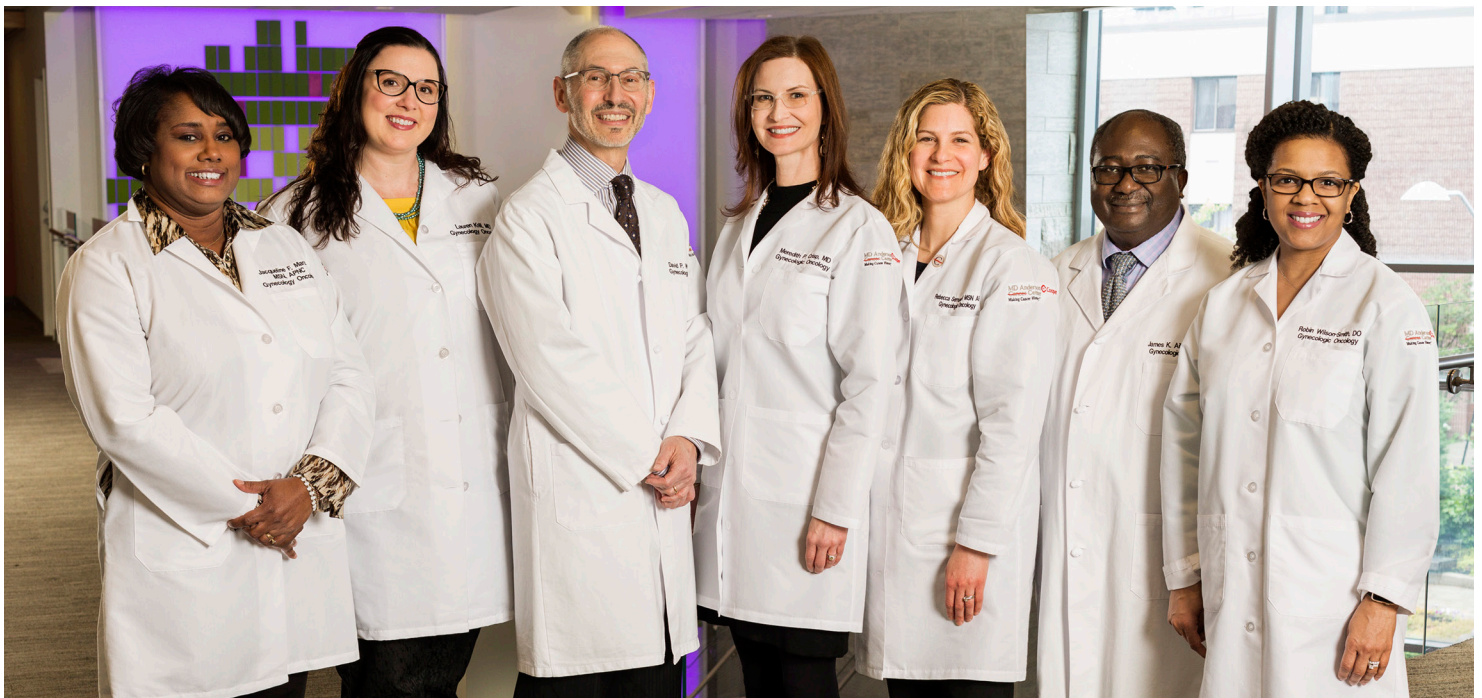
“About 80 percent of endometrial cancers are now managed robotically,” he notes. “We also use this

technology to assist us with sentinel node sampling for both uterine and cervical cancers, which enables us to avoid the larger and more global lymph node dissection, with its risk of lymphedema and thigh numbness.

“In addition, we’re using robotics for ovarian cancer cases when surgical staging is indicated, or for limited resection of metastatic disease,” he adds.

“We’re also doing a fair amount of neoadjuvant chemotherapy for advanced ovarian cancer patients,” Dr. Warshal continues. “First we do a laparoscopic assessment to determine whether optimal debulking is possible. Then, using a protocol developed at MD Anderson in Houston, if our assessment finds we can’t remove the disease that’s present, we start with chemotherapy, allow three cycles for it to work, then

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MD Anderson Cooper gynecologic oncology team: Jacqueline Marzan, APN, Lauren Krill, MD, David P. Warshal, MD, Meredith Crisp Duffy, MD, Rebecca Semanoff, APN, James K. Aikins Jr., MD, Robin Wilson Smith, DO.

GYNECOLOGIC ONCOLOGY AT COOPER

re-evaluate for cyto-reductive surgery. It allows for an individualized approach to managing patients with advanced disease.”

Clinical research into gynecologic cancer is another area in which Cooper is on the forefront.

“We’re increasingly able to transfer research protocols from Houston to here,” Dr. Warshal says. One such trial getting underway will test a unique drug for patients with platinum resistance recurrent ovarian cancer. “We’re very excited about its potential,” he notes.

In addition, Cooper participates in a variety of National Cancer Institute-sponsored trials run through NRG Oncology and works with pharma in Gynecologic Oncology Group (GOG) Partners Studies.

“We are constantly looking for new trials that provide opportunities for our patients to receive cutting-edge therapies,” he says.

Importantly, this highly specialized expertise is more accessible than ever.

“Our team is seeing patients in multiple locations including Camden, Voorhees, Willingboro, Egg Harbor, Vineland and in the Trenton area,” Dr. Warshal says. “In addition, we will soon be offering evening hours in certain locations.”

Further, the gynecologic oncology team is committed to seeing patients within 24 to 48 business hours of receiving a call from the patient or referring physician.

“Whether for primary assessments or second opinions, we aim to be as

accessible as possible for patients,” he says.

For all new patient appointments, call: 1.855.MDA.COOPER

For a physician-to-physician consultation, call our physicians’ cell numbers directly:

- David Warshal, MD
609.519.6128
- James Aikins Jr., MD
609.519.6122
- Meredith Crisp Duffy, MD
856.425.2728
- Lauren Krill, MD
610.246.3294
- Robin Wilson Smith, DO
856.512.0552

THANK YOU FOR YOUR FEEDBACK

Dear Colleague,

MD Anderson Cancer Center at Cooper wants to be your provider of choice when you need to refer a patient for cancer evaluation and treatment.

Since partnering in October 2013 with MD Anderson Cancer Center, the nation’s #1 cancer hospital, our program has grown significantly. Over the past 4½ years we have had many highly skilled and experienced physicians, nurses and staff join our team. We have expanded the breadth, depth and scope of our clinical programs, adding new programs and services to meet the needs of our patients and the community, including our Integrative Oncology Program, Dense Breast Program, and our Second Opinion Service. We have opened several new locations including our newest locations in Meadowbrook, PA, and in Browns Mills, Moorestown, and Egg Harbor Township, NJ, and have partnered with organizations that share our mission, vision, and values.

We ask that you take a few minutes to provide us with feedback about your experience with us. Our goal is ensure that the referral process is easy to navigate, and that we continue to meet and exceed your expectations in the services we provide and the experience we deliver to both you and your patients. Your feedback will help us to refine our existing services and plan future initiatives.

Please click on this link to proceed to the brief survey: <https://www.surveymonkey.com/r/ReferringPhy>

Thank you.

Generosa Grana, MD, FACS
Director
MD Anderson Cancer Center at Cooper

Francis Spitz, MD
Deputy Director
MD Anderson Cancer Center at Cooper