

Disease and Death with Dignity and Choices *Methodist's Palliative Care and Hospice Options*

Methodist's mission to serve and do no harm extends beyond the borders of diagnosis and treatment. Patients faced with catastrophic diagnoses or imminent deaths have a host of hospital services to help reduce their suffering and improve the quality of their remaining days.

"Our job is to help make patients' and doctors' lives easier," said Elisabeth "Libby" Tsubai, Director of Operations for Methodist's Palliative Medicine division. She and her team work with more than 400 patients each year, providing both comfort and curative care services that include but are not limited to pain and symptom management, psychosocial support, assistance with complex treatment decisions and goals of care and end-of-life decision making.

It is important to know that Palliative Medicine is not limited to "comfort-only" care. Wherever there is patient suffering, whether it be physical or non-physical, palliative care should be considered. A high percentage of palliative care referrals come from oncology and from Methodist's intensive care units.

"Palliative care can help with challenging patient care situations," Tsubai said. "Like all medical specialties, we look at what's best for the patient, but especially from their standpoint – what are their goals and quality of life desires?" The team includes physicians, a social worker/therapist and a nurse practitioner. Physicians can obtain an order for a consult or learn about Methodist's many diverse palliative care services by calling 713-441-0428.

Palliative Medicine often partners with Social Work/Case Management to facilitate hospice options, including a Methodist Hospital in-house Hospice Unit on Jones 11. Physicians should call Case Management at 713-441-3116 to obtain a hospice evaluation for a patient or to find out more about the various options. Palliative Medicine can be called to help patients and families who may be struggling with hospice decisions (713-441-0428).

"Even if a doctor is not sure about hospice, he or she can give us a call – we can assist patients and families with accepting a terminal diagnosis and selecting options that work best for them, and we can provide comfort care," Tsubai said.

Patients with six months or less to live often choose to die in home hospice, which requires they have a stable, depend-

able support system. When circumstances do not allow home hospice, a patient will be evaluated for other options – a nursing home, residential facility or in-patient hospice unit that best matches a patient's unique requirements. The Houston Hospice on Holcombe, for example, provides hospital-type care that terminal patients need for their pain and symptoms, but it also provides big rooms and a peaceful, tranquil setting for patients and their loved ones, Tsubai said.

From 2006 to 2007, the number of Methodist patients transferred to hospice environments increased 21 percent. "Hospice is not always a last-ditch option," Tsubai explained. "It can be a great gift to patients and families." Hospice options should be considered for patients expected to die within six months or even a year.

For extreme cases in which a patient might not survive a transfer to an in-patient hospice or other facility and death is imminent within three to five days, Methodist offers the TMH Hospice Unit with 24-hour care. Houston Hospice is the vendor for this in-hospital service, and it provides a plan of care and ensures patients meet the criteria for admission. Methodist nurses and staff provide the hands-on care.

Continued on page 4

Did you know?

The newly renovated Main 8 Patient Resource Center is now open! Located in the Main Building, 8th Floor (Room 899), the resource center is dedicated to providing patients and their guests with educational materials to help them cope with cancer.

This is just another way The Methodist Hospital provides individualized care to their patients.



CANCER
connection

TECHNOLOGY CORNER

Robotic Surgery Now Routine for Radical Prostatectomies

By Timothy Boone, M.D.

Every year, more than 360 men come to The Methodist Hospital for radical prostatectomies to treat localized cancers. Today, 70 to 80 percent of these patients opt for robotic surgery with the *da Vinci* robot, a quickly evolving technology that in just five years has almost become the standard of care for radical prostatectomies.

This minimally invasive, laparoscopic surgery means patients get smaller incisions, shorter hospital stays and quicker recoveries. While there hasn't been enough time to accumulate statistics on whether the *da Vinci* method lowers post surgery incontinence and impotence rates, we know results with *da Vinci* are at least as good as open surgery – and patients get through the surgery more comfortably and seem to return to normal life more quickly.

Methodist is one of Houston's top hospitals for performing robotic prostatectomies and is recognized as a leader in pioneering the procedure and giving *da Vinci* and its more advanced offspring a home in the field of urology. A core group of five Methodist urologists perform the procedure routinely and help train others. We use two of the latest *da Vinci* models and discover new techniques and tricks with the technology almost daily.

Along with prostatectomies, *da Vinci* is effective in partial nephrectomies in which surgeons remove cancerous tumors

but save the good part of the kidney. Sewing and reconstructing the kidney are easier to do with the robot; we can better control the bleeding and have excellent vision during the procedure.

The earliest *da Vinci* models were designed with cardiovascular surgery in mind, and Methodist's urologists had to adapt the tools for our patients. Now, however, *da Vinci* robots come with tools specific to urologic procedures. Some newer laparoscopic tools have multiple functionalities through a single port. Urology's newest *da Vinci* robots include high definition capabilities that improve vision and computers that smooth out much of the motion during surgery.

Da Vinci has come a long way since Methodist acquired the first robot years ago. Stored away and nearly unused, administrators viewed it as an expensive albatross that did not live up to its hype. But a few surgeons – Drs. Kevin Slawin (now with Memorial Hermann Hospital) and Brian Miles in urology and Dr. Gerald Lawrie in heart – took the time to work with *da Vinci*. They made it a priority to face the steep and difficult learning curve and then proctored others. The Methodist Institute for Technology, Innovation and Education (MITIE™) includes a sophisticated robotic training component. Our patients today are more educated. They research the Internet extensively and network with patients around the world. They know technology offers better options in their treatment and recovery from prostate cancer and other diseases, and they seek out surgeons skilled in robotic technology. Our challenge is to keep up with the evolving instrumentation and refine surgical techniques to make the best use of what technology offers us and our patients.

Dr. Timothy Boone, chairman of Methodist's Department of Urology (see Physician Spotlight on Page 3), can be reached at TBoone3@tmhs.org or visit www.methodisthealth.com/cancer (click on Urology services) for more information.

Center for Liver Disease and Transplantation Exploring Novel HCC Treatment Options

Only 25 percent of Americans diagnosed with liver cancer ever receive any kind of cancer treatment, usually because the disease is too advanced when diagnosed or because the liver cannot tolerate chemotherapy or surgery. In addition, liver tumors have traditionally been chemotherapy resistant, leaving few effective treatment options for patients dealing with the disease.

Methodist's year-old Center for Liver Disease and Transplantation is working to change these dismal statistics with several novel approaches that seek to find and use effective therapies for patients at every stage of the disease. Five new cases of liver cancer – also called hepatocellular carcinoma or HCC – are referred to the center weekly as Methodist's multidisciplinary team of

liver experts explores new drugs like Nexavar and new interventional radiology techniques that employ embolic agents to cut off liver tumor blood supplies.

"This is a difficult disease to treat, because most patients who have it also have underlying liver disease, such as cirrhosis," said Dr. Thomas A. Aloia, a Methodist surgical oncologist dually trained in liver transplantation. "Only a handful of chemotherapy drugs even get a minimal response rate, which makes it difficult to treat systemic disease. So our goal in the Center for Liver Disease and Transplantation is to find and utilize effective therapies for patients with all stages of the disease."

Continued on page 4

Physician Spotlight

Dr. Timothy Boone

A tissue engineering study to repair dysfunctional bladders in patients with spinal cord injuries is the latest research sparking Dr. Timothy Boone's scientific imagination. As he finishes the protocol and lines up his first patient in this multicenter bladder augmentation cystoplasty study using tissue regeneration technology – Methodist is one of only six study sites in the United States – Boone envisions the clinical possibilities when technology and medical minds collaborate.



"Every year there's something new on the horizon," said Boone, longtime chairman of Methodist's Department of Urology. "We really keep learning every day, and I feel fortunate enough to have seen the impact cutting edge technology has on our patients as research and new ideas come to fruition."

The tissue engineering project is just one of dozens of research studies under way by Boone and Methodist urologists as they embrace evolving technology, pioneering and perfecting new techniques and better treatments in their field. Boone has been affiliated with Methodist for more than 16 years. He also is clinical professor of urology in Baylor's Scott Department of Urology and staff urologist at the spinal cord injury center at the Michael E. DeBakey VA Medical Center.

A graduate of the University of Texas Medical School at Houston and its Graduate School of Biomedical Sciences, Boone has authored hundreds of articles in peer-reviewed journals as well as textbook chapters and full texts on his specialty. He is a reviewer for a host of medical journals, including the *New England Journal of Medicine*, and serves on the advisory board for *Nature Clinical Practice*.

Along with his clinical, research and administrative duties, Boone is a longtime educator and has taught residents throughout his career. He serves on Methodist's Academic Council, Quality Committee, Care Management Steering Committee and the Urology Operating Room Committee. He also is chairman of the Urology Service. A 2005 recipient of Methodist's John W. Overstreet M.D. Award, Boone is also an alumnus of the peer-selected *America's Top Doctors*.

Dr. Kathleen Shadle

When Willowbrook's new Cancer Center opens in early January, longtime radiation oncologist Dr. Kathleen Shadle will be at the helm supervising patient treatment and coordinating protocols with The Methodist Hospital. As the newly hired Medical Director of Radiation Oncology, Shadle said she looks forward to being part of the development of a new state-of-the-art cancer center with Methodist's research commitment firmly behind it.



Technology innovations continue to allow more precise and accurate cancer treatment, and Willowbrook's Cancer Center will include a Varian linear accelerator. Its on-board imaging lets oncologists deliver radiation therapy to the precise spots that need it – bypassing the healthy tissue nearby. "There are fewer side effects with the same outcome, and that's our goal – to provide good, state-of-the-art care," Shadle said.

Shadle began her medical career as a general internist at Kaiser Permanente in Dallas. She also ran the HIV/AIDS clinic at the Harris County Jail while employed by the University of Texas Health Sciences Center at Houston.

But she always wanted to be a cancer doctor. She completed a residency in radiation oncology at the University of Texas M.D. Anderson Cancer Center and worked as a radiation oncologist with the Memorial Hermann Health Care System for a decade.

Shadle calls her specialty the perfect mix of technology, science and patient care. "I can use what I love in science, and I very much enjoy interacting with patients. Cancer patients are the most special because of their diagnosis, and the interaction we have with them is so rewarding – we can help them so much at this time in their lives."

As Willowbrook's Cancer Center works to bring cancer care closer to patients' homes and lives in Northwest Houston, physicians here also plan to participate in resident training rotation so medical students at The Methodist Hospital can broaden their experience in hubs outside the Texas Medical Center. Shadle anticipates working with the medical students while continuing her main focus of patient care and research.

Several new centers are opening early in 2009 that help in the diagnosis and treatment of cancer.

Methodist Cancer Center at The Methodist Willowbrook Hospital Opening early January 2009

Bringing nationally recognized cancer care to Willowbrook, this new Methodist Cancer Center will be providing radiation oncology services. For referrals call: 281-477-4425.

Methodist Imaging Center in West Houston Opening late January 2009

Located on the Katy Freeway I-10 between Chimney Rock and Voss, this new imaging center will offer a full range of radiology services. Now taking appointments. For referrals call: 713-797-XRAY(9729).

Methodist Breast Imaging Center in Upper Kirby Opening early February 2009

Located off 59 between Wakeforest and Kirby, this new facility will offer the same diagnostic services and expertise found at the Methodist Breast Imaging Center at the Texas Medical Center. For referrals call: 713-441-PINK(7465).

New
for
2009

HCC Treatment Options

Continued from page 2

Led by Drs. R. Mark Ghobrial, Joseph Galati, and A. Osama Gaber, the Center combines the expertise of liver transplant surgeons, hepatologists, surgical oncologists, medical oncologists, and interventional radiologists in an unprecedented push to seek answers. In just one year of operation, the Center evaluated more than 150 patients for possible intervention, and more than half of Methodist's recent liver transplant patients had HCC as part of their indication for transplant, Aloia said.

Among the therapies under investigation are treatment options that include the drug Nexavar. Approved for treatment of U.S. patients with unresectable HCC, this chemotherapy drug was recently shown to benefit patients with metastatic liver cancer. Methodist's Center for Liver Disease and Transplantation is currently studying the drug's effectiveness in patients with early stage HCC.

Methodist's technologically advanced imaging equipment, under the eyes of expert hepatobiliary diagnostic radiologists, is being used in exploratory research of a new magnetic resonance imaging (MRI) protocol studying blood vessel flow to and from the liver that could soon help in clinical decision-making. Methodist interventional radiologists also are testing new embolic agents that aim to cut off blood supply to liver tumors. For example, the Center is currently using radiation bead therapy injected directly into inoperable liver tumors in an effort to shrink them, increasing the number of patients eligible for potentially curative therapies.

Most liver cancer patients under the Center's care receive several therapies, some aimed directly at the diseased liver and some systemic, like Nexavar. Another avenue of research at the Center seeks to determine the optimal sequence of treatments for HCC. Their protocols

allow for individualized care based on patient and tumor clinical factors.

By providing a full range of treatments in a multidisciplinary setting the Methodist's Center for Liver Disease and Transplantation aims to provide the highest quality of care to the most patients with liver cancer.

Methodist's Center for Liver Disease and Transplantation has a renovated Web site with updated content regarding liver disease and cancer at www.methodisthealth.com or call 1-866-94LIVER for more information.

Disease and Death

Continued on page 1

While hospice is a specific package of care for terminally ill patients, palliative care is a much broader service that includes help with patients' physical and psychological suffering, like pain, nausea, fatigue, gastrointestinal discomfort, depression, fear, confusion and other emotions. Palliative care includes help with family dynamics, communication and grief and can extend to future considerations like financial planning and bereavement counseling. Methodist physicians, nurses and staff can also tap into the palliative care team's expertise to handle grief and emotional problems related to dealing with death.

Methodist's palliative care team considers a patient's case a success if his or her suffering is relieved, or, in the case of a terminally ill patient, the person died a "good" death with peace and dignity. For many years, the team has conducted a ritual after a patient's death. Members put his or her name on a stone or on a piece of paper and talk about the patient. As the session ends, they put the name in a vase and remember that quality of death is as significant as quality of life.



Methodist Cancer Center

6565 Fannin, M964
Houston, TX 77030

Nonprofit
US Postage
Paid
Houston, TX
Permit No. 6311

Methodist Cancer Center Contact Information

Richard J. Robbins, M.D., Chair, Department of Medicine
713-441-6640

Clare Rose, Vice President of Operations
crose@tmhs.org, 713-441-1176

Amanda Pilcher, The Methodist Hospital Foundation
apilcher@tmhs.org, 832-667-5839

Alice M. Scanlan, Marketing Manager
amscanlan@tmhs.org, 832-667-5813

Cancer Registry and/or Tumor Boards
tumorboard@tmhs.org, 713-441-4296

Please send any comments and/or suggestions to
Monica Guistwite at mguistwite@tmhs.org.

Please visit our Web site at:

www.methodisthealth.com/cancer