

Baylor Neuroscience Center Skull Base Center Provides Comprehensive Treatments for Complex Tumors

Overview

- Baylor Skull Base Center offers full scope of treatments for patients with complex tumors of the brain, head and neck, orbit and ear
- Access to neurosciences' specialties and subspecialties provides team approach to care

BAYLOR UNIVERSITY MEDICAL CENTER at Dallas (Baylor Dallas) and Baylor All Saints Medical Center at Fort Worth (Baylor All Saints) opened the Baylor Neuroscience Center Skull Base Center to provide a comprehensive resource to patients with complex tumors and vascular lesions of the brain, orbit, head and neck, and ear, located in and around the skull base. The Skull Base Center expands the services of Baylor Neuroscience Center and is part of the ongoing strategic development of specialized neuroscience care.

Caetano Coimbra, M.D., a neurosurgeon on the medical staff at Baylor

Dallas, is co-director of the Center. He is also a member of the medical staff at Baylor All Saints.

"The Skull Base Center brings together on its medical staff an array of sub-specialized physicians, including neurosurgeons, head and neck surgeons, orbital surgeons, neuro-otology surgeons, radiosurgeons and interventional neuroradiologists," Dr. Coimbra says. "Our goal is to draw upon the extensive resources within the Baylor system to treat complex tumors and vascular lesions in and around the skull base with the least invasive option."

Yadro Ducic, M.D., an otolaryngologist on the medical staff at Baylor Dallas and Baylor All Saints, adds, "By bringing together such a variety of skill sets, Baylor can offer patients promising

outcomes and options for treating these difficult tumors." The Skull Base Center focuses on a team approach in treating the tumors, while providing patients with individualized treatment plans based on their unique health profile and needs.

"We are concentrating our efforts on minimally invasive techniques, including endoscopic surgery and focused skull base approaches around the ear and orbit, with minimal trauma to the brain tissue, bone structures and surrounding soft tissue," Dr. Coimbra says. "Some lesions are treated exclusively through surgery, however, depending on the case, we rely on stereotactic radiation through CyberKnife® as an adjunct to surgery or the primary treatment."

(Continued on page 7)

In This Issue

- Baylor Targets Cholangiocarcinoma with Mayo Protocol and Transplant 2
- Aquatic Therapy for Lymphedema Study for Breast Cancer Patients 3
- Baylor Researchers Target CA125 Algorithm for Early Detection of Ovarian Cancer 4
- Stroke Care Program at Baylor Named Center of Excellence 5
- Clinical Research Studies Enrolling Patients at Baylor Dallas 6
- Sending a Patient to Baylor University Medical Center at Dallas 8

Baylor Targets Cholangiocarcinoma with Mayo Protocol and Transplantation Study

Overview

- Regimen based on Mayo Clinic protocol combines chemotherapy and radiation
- Patients completing regimen may be considered for liver transplantation

IN PREVIOUS YEARS, patients diagnosed with bile duct cancer or cholangiocarcinoma (CCA) have had few therapeutic options, but a protocol known as the Mayo Regimen, which combines chemotherapy and radiation, is now emerging as a promising new treatment.

Additionally, physicians on the medical staff at Baylor University Medical Center at Dallas (Baylor Dallas) and Baylor Research Institute (BRI) are examining the effectiveness of liver transplant for patients with CCA who meet criteria after they undergo the chemo/radiation protocol. A study titled, “Evaluation of Liver Transplantation of Hilar Cholangiocarcinoma,” will help determine if patients who receive treatment with the Mayo Regimen before transplant have outcomes similar to patients transplanted for other reasons.

Gary L. Davis, M.D., Director of Liver Transplantation and chief of hepatology at Baylor Dallas, is the investigator for the study. He states, “Traditionally, patients with bile duct cancer have not been transplant candidates because early experiences were unfavorable. Therapy has evolved with specific chemotherapeutic agents and radiation that focuses on the bile ducts without damaging surrounding tissue.

By combining these modalities in a regimen that has been refined by physicians at the Mayo Clinic, we may find a subset of patients with whom we can considerably reduce their tumor burden. The Mayo experience shows that some of these patients derive considerable benefit from transplantation.”

Dr. Davis goes on to say, “Because the donor organ supply is limited, this study will help us determine whether such patients benefit and whether we are using these resources in a responsible manner.”

The United Network Organ Sharing (UNOS) Region 4 Centers have approved placing patients with CCA who have received the Mayo Regimen on the liver transplant waiting list with a high priority Model of End-Stage Liver Disease (MELD) score. Patients with cholangiocarcinoma are generally seen by an oncologist on the medical staff at Baylor who then refers those who have a favorable response to the Mayo regimen for consideration for transplantation and inclusion in the study. An estimated 20 patients a year from centers in UNOS Region 4 (Texas and Oklahoma) are expected to meet the criteria to take part in the study.



Cholangiocarcinoma in a patient with primary sclerosing cholangitis. Arrow points to hilar stricture with guide wire placed across it.

David McCollum, M.D., an oncologist on the medical staff of Baylor Dallas, says it is important to identify potential candidates early in their disease process.

“The criteria are very selective and focus on patients with the earliest stages of bile duct cancer, specifically hilar cholangiocarcinomas, often referred to as Klatskin tumors. Patients should have only a small amount of tumor without metastases, and need to be healthy enough to withstand the chemotherapy regimen,” Dr. McCollum says. “These tumors are typically inoperable. Transplant is the only form of treatment in recent years that has looked hopeful as a possibility for a cure.

“The key is for referring physicians to be made aware that this protocol exists at Baylor,” Dr. McCollum adds. “In North Texas, more than 100 cases of bile duct cancer are diagnosed each year and a proportion of these patients may be eligible for this exciting new treatment regimen. We are optimistic about this protocol.”

Robert Goldstein, M.D., a transplant surgeon on the medical staff at Baylor Dallas, notes the significance of this transplant study and its potential impact on patients.

“Baylor is one of the few organizations in the country willing to undertake something as clinically complex as liver transplantation for bile duct cancer,” Dr. Goldstein says. “It is too early to say definitively, but preliminary results are very encouraging.”

For more information on the Evaluation of Liver Transplantation for Hilar Cholangiocarcinoma or the Mayo Regimen for cholangiocarcinoma, please call **1-800-9BAYLOR**.

Courtesy of Gary Davis, M.D.

Aquatic Therapy for Lymphedema Study Evaluates Breast Cancer Patients

Overview

- Pilot study evaluates impact of aquatic exercise on lymphedema in breast cancer patients
- Early observations indicate positive results
- Researchers actively are recruiting 75 additional participants

A STUDY TO EVALUATE the potential effect of aquatic exercise on lymphedema in upper extremities of patients diagnosed with breast cancer is underway at Baylor Sammons Breast Center. The pilot study, titled Aquatic Exercise Study for Breast Cancer Patients with Lymphedema, is open to women ages 21 to 90, who have developed lymphedema and have undergone conventional treatment, such as decongestive therapy and lymph drainage massage.

Approximately 15 percent to 20 percent of the two million breast cancer survivors, or 400,000 people, are living with post treatment lymphedema¹. To date, there is little research on the effect of exercise on lymphedema, although data support the benefits of exercise to enhance lymph flow and protein reabsorption. One goal of the study is to determine if aquatic therapy can provide a primary course of treatment for lymphedema. According to principal investigator Michael Grant, M.D., a surgeon

at Baylor Sammons Breast Center and a member of the medical staff of Baylor University Medical Center at Dallas (Baylor Dallas), initial observations are promising.

“Aquatic therapy seems to be very helpful, but it is unclear if it has a permanent effect on the management of lymphedema at this time,” Dr. Grant says. “This pilot study is vital and may determine whether larger numbers of patients may benefit from the therapy.”

Patients enrolled in the study may choose to be in the active or control group until the groups reach full capacity. Active members of the study will attend 12 one-hour aquatic exercise classes at the Baylor Tom Landry Fitness Center, located on the Baylor Dallas campus. The control group will not attend aquatic therapy. Both groups will undergo three measurement assessments, comparing circumference and volumetric measurement of both arms, as well as height, weight and body mass index (BMI).

Inclusion criteria:

- Breast cancer patient with lymphedema
- Has received standard lymphedema treatment (complete decongestive therapy) prior to participating in the study
- Must obtain written permission from their physician if currently receiving other lymphedema treatment
- Must complete an assessment by a licensed physical therapist before beginning the exercise program
- Must sign a consent form prior to starting exercise program

Patients with health problems that contraindicate exercise or those without a physician’s written permission are

(Continued on page 7)

Continuing Medical Education Programs

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Baylor A. Webb Roberts Center
3500 Gaston Avenue
Dallas, Texas 75246

(214) 820-2317
CMEregistration@baylorhealth.edu
cmebaylorhealth.org

Baylor Researchers Target CA 125 Algorithm for Early Detection of Ovarian Cancer

Overview

- Study tests validity of CA 125 algorithm
- Open to postmenopausal women between ages 50 and 74
- Investigational screening tests available at no cost

BAYLOR RESEARCH INSTITUTE and the Tracy Jo Wilson Ovarian Cancer Foundation are participating in a study with M.D. Anderson Cancer Center to evaluate the longitudinal CA 125 algorithm for the early detection of ovarian cancer in low-risk postmenopausal women. The CA 125 algorithm calculates a woman's risk of having ovarian cancer based on age and medical history, in combination with the CA-125 antigen level.

Currently, there is no effective test to detect ovarian cancer at its earliest stage. CA 125 is an FDA-approved marker for detecting recurrence of disease in women who already have had ovarian cancer.

“Our primary goal is to evaluate the CA 125 test, pairing it with the algorithm,” says Nancy Hawkins, R.N., clinical research coordinator at Baylor Research Institute. “We want to find out if this will lead to a better, more reliable means to detect ovarian cancer early in the disease process.”

Additional study goals include assessing the feasibility of screening for ovarian

cancer using the CA 125 algorithm in low-risk populations and to establish a serum bank that will allow more rapid assessment or specificity for novel markers and/or combinations of multiple markers for early detection of ovarian cancer.

Participants will have their blood drawn at the first study visit. If the CA 125 analysis shows the patient is at low risk, she will repeat the blood test in one year. If the analysis shows the patient at a moderate risk, she will repeat the test in three months. If the CA 125 analysis shows a patient at an even higher risk, she will be asked to undergo a transvaginal ultrasound. There is no cost to participate in the study, however costs of any subsequent clinical care as a result of elevated CA 125 will be covered by the patient or their third-party payer.

Inclusion criteria for the study include:

- Female, ≥ 50 years old and less than 75
- Postmenopausal (≥ 12 months amenorrhea)
- Have at least one ovary
- Cancer-free and have not received chemotherapy or radiation therapy for ≥ 12 months prior to enrolling in the study

- Willingness to return for CA 125 blood tests annually or quarterly as indicated
- Ability to provide name of gynecologist or qualified healthcare professional willing to provide follow-up care if indicated

According to Ms. Hawkins, the potential to help future generations of women is great. “There is no known risk involved in participating, and what we’re studying is advanced science. This test has the potential to become a standard screening test for women, just like the prostate-specific antigen (PSA) test is for prostate cancer.”

For more information about the Use of CA 125 Algorithm for the Early Detection of Ovarian Cancer in Low-Risk Women Study, please call **(214) 820-9600**.

“This test has the potential to become a standard screening test for women, just like the prostate-specific antigen (PSA) test is for prostate cancer.”

Nancy Hawkins, R.N.

Stroke Care Program at Baylor Named Center of Excellence

Overview

- Baylor's Stroke Center receives national recognition for comprehensive services and medical resources
- Center offers acute intervention and tertiary care for patients throughout North Texas and Southern Oklahoma

BAYLOR UNIVERSITY Medical Center at Dallas (Baylor Dallas) has been designated a Stroke Center of Excellence according to a new survey sponsored by Chicago-based think tank NeuStrategy. The survey assesses the characteristics and organization of hospital services, staff and facilities for delivering advanced stroke patient care in an effective manner. Hospitals that implement and comply with the American Stroke Association's recommendations for stroke care typically rank high in the survey and qualify for the Stroke Center of Excellence designation.

"By going to a hospital that has been named a Stroke Center of Excellence, patients know that they will be treated by a team that is dedicated to early and aggressive intervention, which can lower their risk of death and increase their chances of returning to normal function," says Dion Graybeal, M.D., medical director of the stroke program and a neurologist on the medical staff at Baylor Dallas. "We're proud that this study recognizes Baylor Dallas for its efforts to deliver quality stroke care."

The study found stroke centers of excellence are 50 percent more likely to have a dedicated stroke care unit where

doctors on the medical staff, nurses and medical technicians get ongoing education in their specialty. As a result, patients may have fewer complications and may be able to be discharged sooner.

Certified stroke centers are also 50 percent more likely to follow-up on patients, to help determine which treatments work best and at what cost.

"Baylor possesses all capabilities of a comprehensive stroke center including 'brain attack' protocols to rapidly administer clot-busting treatments and universal use of effective stroke prevention regimens," says Joseph Hise, M.D., an interventional neuroradiologist on the medical staff at Baylor Dallas. "Our team also functions as part of the emergency department, so stroke services are always available through the hospital's Level I trauma center."

Baylor Dallas' comprehensive stroke program features an acute stroke unit with continuous neurological and cardiac monitoring, and advanced rehabilitation. Neurologists, emergency department physicians, interventional

neuroradiologists, internists, neurosurgeons, vascular surgeons and physiatrists comprise the medical team. The unit is also staffed with nurses certified in the National Institutes of Health Stroke Scale. Occupational and physical therapists and speech pathologists are key members of the team for comprehensive care and recovery.

Rehabilitation at Baylor Dallas includes a dedicated staff, technology, equipment and specialized programs to help stroke patients progress toward independent and productive lives. The rehabilitation treatment team evaluates each patient's abilities and designs an individualized rehabilitation program to help them achieve their goals.

"As a tertiary referral center, we offer acute intervention for stroke 24 hours a day and provide the latest treatments for both ischemic and hemorrhagic stroke," Dr. Graybeal says. "This designation as a Stroke Center of Excellence means we have the resources and the mindpower in place to offer advanced care to patients throughout this region."

"By going to a hospital that has been named a Stroke Center of Excellence, patients know that they will be treated by a team that is dedicated to early and aggressive intervention, which can lower their risk of death and increase their chances of returning to normal function."

Dion Graybeal, M.D.

Clinical research studies enrolling patients at Baylor University Medical Center

Currently, Baylor Research Institute is conducting more than 600 research projects. Studies open to enrollment are listed below. To learn more about a study or to enroll patients, please call or e-mail the contact person listed.

Research area	Specific disease/condition	Contact information (name, phone number, and e-mail address)		
Asthma and pulmonary disease	Chronic obstructive pulmonary disease; Asthma (adult)	Kim Waters, RN	(214) 820-9909	KimW@BaylorHealth.edu
Cancer	Bladder cancer	Charlotte Farris, RN	(214) 820-3535	CharlotF@BaylorHealth.edu
	Brain cancer	Stephanie Peschka, RN	(214) 820-8685	StephaPe@BaylorHealth.edu
	Breast cancer	Elaine Lagow, RN	(214) 820-9600	ElaineLa@BaylorHealth.edu
	Colorectal cancer	Charlotte Farris, RN	(214) 820-3535	CharlotF@BaylorHealth.edu
	Hematologic malignancies; Leukemia	Mirjana Tadic-Ovcina	(214) 820-4072	Mirjana0@BaylorHealth.edu
	Lung cancer	Charlotte Farris, RN	(214) 820-6767	CharlotF@BaylorHealth.edu
	Melanoma vaccine	Doris Wood	(214) 820-2610	DorisW@BaylorHealth.edu
	Multiple myeloma; Non-Hodgkin's lymphoma	Mirjana Tadic-Ovcina	(214) 820-4072	Mirjana0@BaylorHealth.edu
	Ovarian cancer; Pancreatic cancer; Prostate cancer	Charlotte Farris, RN	(214) 820-3535	CharlotF@BaylorHealth.edu
Diabetes	Diabetes (type 1 and type 2)	Elisa Williams	(214) 820-8852	ElisaW@BaylorHealth.edu
	Pancreatic islet transplantation	Aimee Lanier, RN	(214) 820-6624	AimeeL@BaylorHealth.edu
Heart and vascular disease	Aneurysms; Cardiovascular disease; Congenital defect; Coronary artery disease	Beth Soltero, CCRC	(214) 820-2273	ElizabSo@BaylorHealth.edu
	Heart failure	Arta Ethridge, RN	(214) 820-7342	ArtaE@BaylorHealth.edu
	Hypertension; Intermittent claudication	Beth Soltero, CCRC	(214) 820-2273	ElizabSo@BaylorHealth.edu
Infectious disease	AIDS	Bryan King, RN	(214) 820-7270	BryanK@BaylorHealth.edu
	Hepatitis C; Hepatitis B	Aimee Lanier, RN	(214) 820-6624	AimeeL@BaylorHealth.edu
Metabolic disease	Homocysteinemia	Beth Soltero, CCRC	(214) 820-2273	ElizabSo@BaylorHealth.edu
Neurology	Stroke	Dion Graybeal, MD	(214) 820-4561	Dion.Graybeal@BaylorHealth.edu
Orthopedics	Cervical disc replacement; Joint replacement	Fabian Pollo, PhD	(214) 820-4086	FabianP@BaylorHealth.edu
Radiosurgery	CyberKnife—lung cancer	Laurie Jones	(214) 820-7903	LaurieJ@BaylorHealth.edu
Rehabilitation	Spinal cord injury; Stroke	Julie Culbertson	(214) 820-9709	JulieCu@BaylorHealth.edu
Skin disorders	Hyperhidrosis; Psoriasis; Acne	Mary DeHaas, RN	(214) 820-9141	MaryDeH@BaylorHealth.edu
Transplantation	Bone marrow; Blood stem cells	Mirjana Tadic-Ovcina	(214) 820-4072	Mirjana0@BaylorHealth.edu
	Kidney; Liver; Pancreatic islets	Aimee Lanier, RN	(214) 820-6624	AimeeL@BaylorHealth.edu
Weight management	Obesity	Elisa Williams	(214) 20-8852	ElisaW@BaylorHealth.edu

Baylor Research Institute is dedicated to providing the support and tools needed for successful clinical research. To learn more about Baylor Research Institute, please contact Nanette Myers at (214) 820-9904 or NanetteM@BaylorHealth.edu.

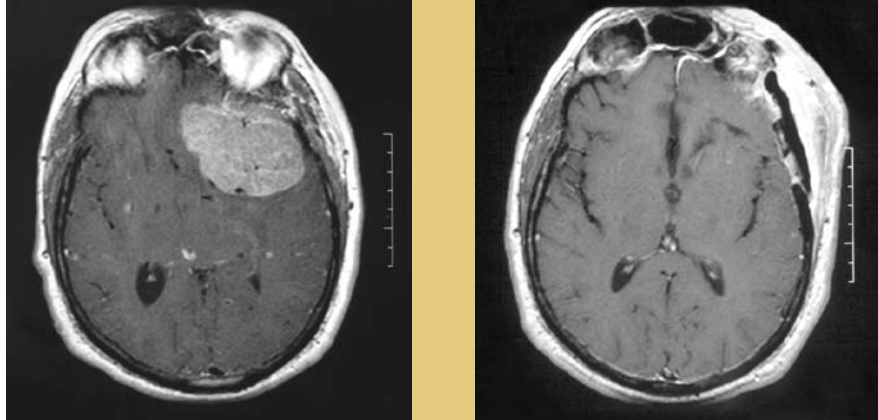
(Continued from page 1)

Baylor Neuroscience Center Skull Base Center Provides Comprehensive Treatments for Complex Tumors

Advances in minimally invasive surgery have enhanced safety, post-operative comfort and control of the disease process while maximizing preservation of function and quality of life for patients with complex skull base lesions. Minimally invasive techniques for skull base surgery reduce morbidity, improve patient outcomes, decrease long-term hospital stays and lower the likelihood of complications.

For lesions in the skull base that require access through facial structures, the center draws upon the expertise of otolaryngologists and physicians with extensive experience in facial plastic and reconstructive surgery.

“Baylor physicians have the ability to access some of these lesions through the face, avoiding brain manipulation and the need for craniotomy, while causing



Left Sphenoid Wing Meningioma before (left) and after treatment (right)

little visible surgical scarring,” Dr. Ducic says.

The Skull Base Center offers the following treatment strategies:

- Minimally invasive surgery
- Focused skull base approaches
- Endoscopic assisted micro-neurosurgery
- Endonasal endoscopic resection of pituitary tumors and skull base lesions
- Radiosurgery, CyberKnife®

In addition to patient treatment, the Skull Base Center can serve as a resource for other physicians in the region.

“Physicians in the area are encouraged to drop by and use this center as an education resource,” Dr. Ducic says. “Through conferences and the sharing

of research, we hope to offer other physicians a reliable source of evidence-based practice and advanced knowledge of skull base diseases.”

Currently plans are underway for a medical education conference to be held in early October 2008 on Innovations in Skull Base Surgery. If you are interested in receiving a brochure about the conference agenda and how to register, please contact A. Webb Roberts Center for Continuing Education at Baylor Health Care System, (214) 820-2317.

For more information on the Skull Base Center at Baylor University Medical Center at Dallas, please call **1-800-9BAYLOR**.

(Continued from page 3)

Aquatic Therapy for Lymphedema Study Evaluates Breast Cancer Patients

not eligible to participate. Additionally, patients are not eligible if the physical therapy assessment identifies a contraindication to participation.

“Along with the increasing number of breast cancer survivors, there is a need to reduce functional and psychosocial morbidity associated with treatment,” Dr. Grant says. “This pilot study is vital and may determine whether larger numbers of patients may benefit from the therapy.”

Suzette Clark, clinical research coordinator, says, “Our goal is to enroll approximately 75 more participants in

the study. Participants will be scheduled at their convenience, including evening or weekend appointments. The aquatic exercise classes are offered several times during the week, Monday through Friday, including evening classes.”

For more information on the Aquatic Exercise Study for Breast Cancer Patients with Lymphedema, call Suzette Clark at (214) 820-8299.

Sending a Patient to Baylor University Medical Center at Dallas

With one phone call, a physician can request an appointment for a patient, a consult, or an inpatient transfer.

Call 1-800-9BAYLOR and a ConsultLines representative will try to assist you and your requests.

Baylor University Medical Center at Dallas has a dedicated nurse to coordinate the transfer of inpatients for physicians in the region. This includes: Emergency Department, OB and neonatal transfers and those transfers without an accepting physician. Inpatient transfers should be current acute inpatients who may require a continuation of acute care, specialized care or a higher level of care not available at your local hospital. The nurse will attempt to find an accepting physician, reserve a bed and work with Baylor's Access Service to verify insurance coverage.

ConsultLines also can help you with other needs, such as reaching specific Baylor departments for information, or sending you the latest copy of the



Physicians and Services Directory. So remember if you make one call to 1-800-9BAYLOR, we will do our best to take care of you and your patients when you need us.

To be removed from the mailing list, call 1-800-9BAYLOR.

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