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The new Contura balloon is implanted into the breast to treat the tissue surrounding the cavity left by lumpectomy surgery. After insertion, the balloon is inflated and filled with saline. An attached vacuum channel is then used to drain air and fluid in or near the surgical site, helping the balloon to fit perfectly within the often irregularly shaped lumpectomy cavity. Then a radioactive seed is sent through five separate channels inside the balloon, allowing the radiation dose to be contoured to reach the targeted area. A CT scan is done before each treatment to verify the precise location of the balloon and the delivery of the targeted radiation therapy each day. The Methodist Hospital is renowned for expertise in image-guided radiotherapy (IGRT).

Radiation therapy is given to most patients who have a lumpectomy for breast cancer, to kill cancer cells or prevent them from reproducing or spreading, reducing the risk of recurrence. Whole breast irradiation uses a radiation source outside the body to treat the cancer site, typically involving daily treatments for five days per week over a six- to seven-week period. Many breast cancer patients may qualify for partial breast radiation, which delivers radiation directly to the breast tissue surrounding the lumpectomy cavity rather than to the entire breast.

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Two biomarkers improve prediction of stroke risk

Two common biomarkers have now been shown to improve the ability to predict who will suffer from a stroke.

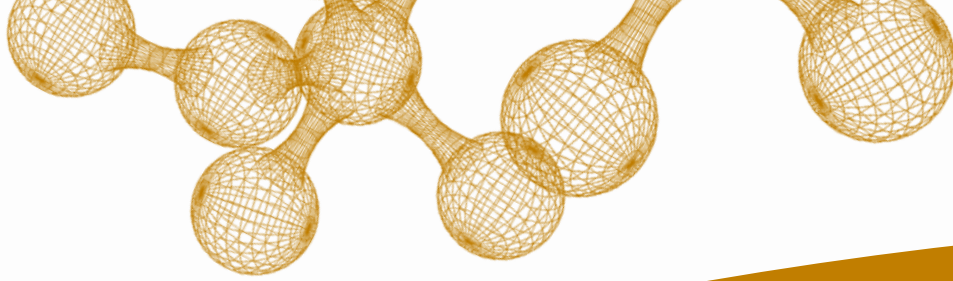
Stroke is the third leading cause of death in the U.S. and a leading cause of disability. Accurate risk assessment is imperative because stroke is preventable with medical therapy and lifestyle changes.

“If we can identify increased risk for stroke, we can recommend, exercise, smoking cessation and cholesterol and blood pressure medication to reduce a person’s risk for stroke by more than 30 percent,” said Dr. Vijay Nambi, lead author on the study and cardiologist at the Methodist DeBakey Heart & Vascular Center. “Adding these two biomarkers to traditional risk assessment tools improves our ability to do that.”

“The study found that adding two biomarkers

associated with inflammation, lipoprotein-associated phospholipase A2 (Lp-PLA2) and high-sensitivity C-reactive protein (CRP), to traditional risk factor assessment for stroke changed the risk category in which some patients were placed,” said Dr. Christie Ballantyne, director of the Center for Cardiovascular Disease Prevention at the Methodist DeBakey Heart & Vascular Center, and senior investigator in the study. “The greatest impact was on patients who, with traditional risk assessment, were placed into the intermediate risk category. With the addition of the biomarkers, Lp-PLA2 and CRP testing, 39 percent of those patients were reclassified into a lower or higher risk group.”

Traditional risk factors for stroke include high blood pressure, smoking, high cholesterol, diabetes, obesity and other hereditary factors.



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The Methodist Hospital is first in Houston to treat breast cancer with the Contura Applicator



A larger population of breast cancer patients now have a more effective treatment option for targeted partial breast radiation therapy that reduces treatment from months to days.

The Methodist Hospital — is one of the first to use the Contura Brachytherapy procedure, which allows more breast cancer patients requiring targeted radiation therapy after a lumpectomy to be treated in five days, rather than six to seven weeks for whole-breast irradiation. In the past, few patients could take advantage of the accelerated treatment because the location of the tumor cavity was located too close to the skin and ribs.

The new Contura device allows Methodist physicians to control the radiation dose to the skin and ribs in a sophisticated manner by delivering treatment through five channels of therapy and target treatment from inside the breast. This new therapy also causes fewer cosmetic defects to the breast.

“With this new treatment option, we can tailor the dosages to each patient’s needs and reduce the risk of affecting important surrounding normal tissue including skin, ribs, heart and lungs,” said Dr. Bin S. Teh, professor and radiation oncologist at Methodist. “The collaboration between a breast cancer surgeon and radiation oncologist allows us to offer quality personalized care in a five-day treatment, so patients can return more quickly to their day-to-day lives.”

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Screening is key to cervical cancer prevention —

Women in developing countries are dying from cervical cancer at higher rates than those in the United States because even the simplest of screening tests are not available, according to Dr. Tri Dinh, a gynecologic oncologist at The Methodist Hospital who just returned from training health care workers in Vietnam.

By 2011, the city of Da Nang, located in central Vietnam, which has one of the highest cervical cancer rates in the world, plans to screen all women between the ages of 25 to 50. Women in this age range are more susceptible to developing pre-cancerous growths, but they are also the most likely to respond to effective treatments. If successful, this undertaking would be the first systemic mass screening in Southeast Asia.

For nine years, Dinh has led a team of physicians to train providers in the Da Nang region in central Vietnam, but mass cervical cancer screenings have only taken place the past two years. Over the course of a week, Methodist physicians use the Visual Inspection with Acetic Acid (VIA) method to screen women for cervical cancer, and they also train health care providers to use this proven technique. VIA is a scientifically-validated, easy way to screen for cervical cancer in countries with minimal resources.

Last year, the physicians taught a handful of people how to screen, and they screened fewer than 400 women. This year, Dinh said, they trained 17 physicians and screened more than 500 women.

“By working with the local health ministry, we aren’t just doing the screenings, we’re helping the local physicians to set up a system to screen young women in the Da Nang area, which has a population of nearly 700,000 people,” said Dinh, who was born there and emigrated to the United States in 1975. “Cervical cancer is the only gynecological cancer that can be prevented by regular screenings, so we hope we can help decrease the incidence of cervical cancer in this country.”

During the mission, Dinh’s brother, Dr. Tue Dinh, a Methodist plastic surgeon, also led a group of physicians to help train local physicians on reconstructive surgery techniques, as well as treat patients.



“We’re helping the local physicians to set up a system to screen young women in the Da Nang area,”

- DR. TRI DINH

Traditional laser treatment more effective than new drug therapy for preserving eyesight in diabetic patients

Five years ago, ophthalmologists started using steroid injections as a new way of treating diabetics with swelling in their eyes. Now, research shows that the traditional treatment for this disorder is still more effective, according to results in the online edition of the journal *Ophthalmology*.

Despite the recent trend to use corticosteroid injections, the NIH-funded study proves that the most effective treatment to preserve eyesight in diabetic patients with diabetic macular edema (DME) is with laser therapy.

“Many of the investigators, including myself, were surprised by the results,” said Dr. David Brown, ophthalmologist and retina specialist at The Methodist Hospital in Houston and local principal investigator. “We’re continually researching new treatments, but sometimes the tried and true methods are still the best course. These findings substantiate the importance of laser treatment in the management of diabetic macular edema.”

The multi-center study, funded by the NIH’s National Eye Institute and conducted through the Diabetic Retinopathy Clinical Research Network, demonstrates that laser therapy is not only more effective than corticosteroids in the long term treatment of DME, but also has far fewer side effects. A total of 693 patients with DME participated in the randomized study at 88 sites across the United States.

Between 40 and 45 percent of the 18 million Americans diagnosed with diabetes have vision problems, such as diabetic macular edema. This condition occurs when the center part of the eye’s retina, or macula, swells, possibly leading to blindness.

Several years ago, early reports of success in treating DME with injections of a corticosteroid led to the rise in popularity of this drug therapy. This NEI-funded study is the first to compare the long-term benefits of both treatments and evaluate their potential side effects.





Shedding light on skin cancer

In recent years, cancer rates have fallen thanks to better screening methods and awareness. Yet the number of skin cancers is on the rise, with nearly one in five Americans expected to develop the disease in his or her lifetime. Skin cancer, the most common type of cancer, is also one of the most curable if detected and treated early.*

Because the warning signs of skin cancer, including skin changes and growths, are easily visible on the outside of the body, finding the disease early is easier than with any other types of cancer. Knowing the facts about skin cancer can also help protect you from the disease.

Myth: All types of skin cancer look and behave the same way.

There are three types of skin cancer, each with its own set of symptoms. The most common type of skin cancer, basal cell carcinoma (BCC), is also the least deadly. It may look like a pearly nodule, a non-healing sore, an inflamed growth or an irritated section of skin. It often appears in areas with a history of sun exposure, like the face, ears, scalp and upper body. Squamous cell carcinoma (SCC) accounts for 16% of all skin cancers and often affects fair-skinned individuals with long-term sun exposure.* It may appear as a crusty or scaly patch of skin surrounded by red that resembles a tumor or non-healing wound. If not treated early, SCC may spread to other areas of the body.

Melanoma is the least common (only 4% of cases) and most dangerous form of skin cancer because it can spread quickly to the lymph system and organs. When detected early, patients have a 95% cure rate.* But that rate drops dramatically if the cancer spreads. Melanoma often looks like a new mole or develops within an existing mole.

Myth: I have dark skin, so I'm not at risk.

The shade of your skin does not protect you from skin cancer. Anyone with a history of excessive sun exposure has an increased risk of developing the disease. For those with fair skin that burns or freckles easily, light-colored eyes and light or red hair, the danger is even greater. Other risk factors include a personal or family history of skin cancer, and moles (especially if they are numerous, unusually shaped or large).

Myth: Short of avoiding sunlight altogether, there's no good way to prevent skin cancer.

Protecting yourself from the sun is the most effective way to combat skin cancer, but that doesn't require staying indoors. You can help guard against sun damage by using sunscreen with a sun protection factor (SPF) of 15 or higher, avoiding the sun when it's strongest (between 10 a.m. and 4 p.m.) and wearing sunglasses and protective clothing.

In addition, the American Academy of Dermatology recommends routinely inspecting your body for the following signs of skin cancer:

- Changes in a mole, including the spread of color into surrounding skin.
- Sudden appearance of a growth, mole, sore or skin discoloration.
- Scaliness, oozing or bleeding from a mole.
- Change in sensation, such as itchiness, tenderness or pain.

If you notice any of these signs or changes in the number, size, shape and color of pigmented areas, consult your doctor. With proper sun protection and regular self-exams, individuals may be able to slow the surge of skin cancers.

* Source: The American Academy of Dermatology, www.aad.org.