

Physician to Physician News from

The Oregon Clinic

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THE OREGON CLINIC

Spring 2006

Physician News
and Resources
from The Oregon
Clinic (TOC)

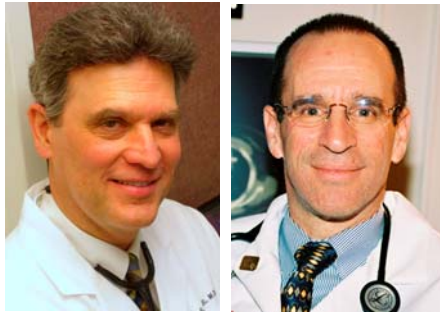
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**Specialty
medicine with
commitment, care
& compassion**

Change and Growth at The Oregon Clinic

The new year saw a change in leadership at The Oregon Clinic. Two doctors will share the position of president previously held by Doug Walta, MD, Gastroenterology who held the position for 12 years.



Craig Fausel, MD Louis Libby, MD

Craig Fausel, MD, Gastroenterology, is now Co-President as well as Chief Executive Officer.

Louis Libby, MD, Pulmonology & Critical Care Specialist is Co-President and Chief Medical Officer.

The Executive Committee also includes Leslie McAllister, MD, Neurology, Steve Reinhart, MD, Cardiology and Phil Armstrong, Chief Operating Officer.

Drs. Fausel and Libby have each been with The Oregon Clinic since its founding in 1994, and each has been in practice in Portland for over twenty years. Both felt that sharing the position of president would be a way to maintain a significant clinical practice and also be leaders in The Oregon Clinic. Dr. Fausel says, "In the end, it is all about commitment to giving the absolute best care to our patients and giving our providers the structure and assistance to do so."

This fall, The Oregon Clinic will open a new 100,000 square-foot medical office building at the Gateway Transit Center in NE Portland. With an endoscopic ambulatory surgery center (ASC) and imaging center, the physicians will be using even more integrated technology to improve the care of patients. "The building will be a great place to work, to learn, and to be a patient," said Dr. Fausel.



The Oregon Clinic is a leader in specialty medicine. Many physicians have advanced subspecialty training and expertise beyond the usual requirements. Clinic physicians have received a number of national awards and research grants.

Looking forward, both Drs. Fausel and Libby would like to see the clinic add multi-disciplinary programs, and include more excellent physicians in other specialties throughout the Portland metro area. Says Dr. Libby, "We're dealing with chronic disease and health problems. The patients literally put their lives in our hands, and it's an honor to be involved in their care." Both agree that taking excellent care of the patient is the foremost goal of the clinic.

Exciting Developments in Cardiothoracic Surgery

Minimally Invasive Valve and Atrial Fibrillation Ablation Surgery



Thomas Malloy, MD
NW Surgical

In spite of medical therapy, atrial fibrillation affects 5% of patients over the age of 65 and is associated with significant morbidity and mortality.

Eighteen years ago the “cut and sew” MAZE procedure for atrial fibrillation via median sternotomy performed on cardio-pulmonary bypass was developed.

The procedure creates linear lesions that block the conduction/propagation of ectopic atrial impulses. Recently less invasive “MAZE” procedures using microwave and radiofrequency energy have developed.

“...sixteen patients in the last year have undergone valvular heart surgery via mini thoractomy with 0% mortality.”

At Northwest Surgical, we began performing less invasive maze procedures combined with coronary and valvular heart surgery in 2000 and performed the first beating heart maze in 2001. Success rate with concomitant interventions was 86% (Molloy, TA. “Midterm Clinical Experience with Microwave Surgical Ablation of Atrial Fibrillation.” The Annals of Thoracic Surgery, 2005; 79:2115-8). For over a year, minimally invasive thoroscopic maze procedures as a stand alone procedure have been performed with promising results in the first 16 patients.

A growing number of patients with valvular heart disease can also be offered minimally invasive approaches. By utilizing specialized port access instrumentation and cannulation techniques, sixteen patients in the last year have undergone valvular heart surgery via mini thoracotomy with 0% mortality. These procedures have included reoperations, complex mitral valve repairs, and complex aortic procedures. Blood loss (1.4 vs. 0.56 transfusions) and hospital stay (7.3 vs. 4.9 days) are decreased compared with conventional median sternotomy. The cosmetic benefits and earlier return to work are also appreciated by many patients.

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New ALS Treatment Center



Kimberly Goslin, MD
Neurology

In March of 2005, an exciting new center opened for treatment of people who have Lou Gehrig’s disease, otherwise known as Amyotrophic Lateral Sclerosis (ALS). This center is located at the Providence Professional Plaza, and is the result of several unique collaborations.

First, it is a collaboration among Oregon Clinic doctors, the ALS Association of Oregon and SW Washington, and the Providence Brain Institute. It is also a collaboration among the Neurology, Pulmonary, and Gastroenterology Divisions of the Oregon Clinic. These groups have pooled resources to develop the first Oregon ALS Multidisciplinary Clinic.

ALS is a fatal neuromuscular disease that results in death of motor neurons and gradual wasting of all the muscles of the body. There is no cure for ALS, but the Providence ALS Center offers an effective approach to treatment. People with ALS come to the clinic and from the comfort of their own room, are able to see at least 10 providers with expertise in ALS over the

“People with ALS come to the clinic and from the comfort of their own room, are able to see at least 10 providers with expertise in ALS over the course of an afternoon.”

course of an afternoon. This approach offers many benefits to the patients: It’s convenient, one stop shopping. It provides education to patients and to community physicians.

Several recent studies have also shown that this type of clinic results in measurable improvements in quality of life and may also substantially prolong life expectancy by up to a year. In the future, the Providence ALS Center will serve as a site for national clinical research trials.

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A Major Advance in Lung Cancer Treatment



Helen J. Ross, MD
Medical Oncology

Lung cancer is a devastating disease taking the lives of more than 160,000 patients annually in the US and accounting for more deaths in women and men than the next three leading causes of cancer death combined. Non-small cell lung cancer accounts for more than 80% of cases and the fastest growing group of new patients is non-smoking women.

We have known for decades that giving chemotherapy to patients with early stage breast cancers improves curability, but have not been able to say the same about lung cancer until now. Several large randomized clinical trials show that patients given adjuvant chemotherapy for just 12 weeks after resection of stage I and II NSCLC have 30-50% better five year survival than patients treated with surgery alone.

In collaboration with the Providence Cancer Center's Thoracic Oncology Program, TOC's Medical Oncology and Thoracic Surgery Divisions are now conducting a clinical trial to address the role of chemotherapy prior to surgery for early stage patients with the hope that this treatment will be even better tolerated and more effective than purely postoperative chemotherapy. Advances in targeted therapies alone and in combination with chemotherapy provide promise of better survival and improved quality of life even for lung cancer patients with more advanced disease.

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Did you know?

Since its inception in 1994, TOC has stressed both physician excellence and collegiality. Our focus on data, evidence, and outcomes coupled with respectful, compassionate service, promotes that excellence. Many of our providers have national and international reputations. All are affiliated with one or more of the Portland-area hospital systems, but are independent practitioners.

Treatment of Migraine Headaches



Joshua Johnson, MD
Neurology

Migraineurs are often perceived by medical providers as difficult patients, yet proper treatment of migraine headaches gives professional satisfaction and can change a patient's life.

The first principle of migraine treatment is to ensure that the patient indeed has migraine headaches. Neurologic focality with the headaches suggests another diagnosis, and the patient should be referred to a neurologist. Second principle: identify lifestyle provokers of headaches, such as use of caffeine, alcohol, and illicit drugs; stress and poor sleep; and overuse of analgesics. Third principle: if the headache occurs frequently, start a prophylactic medication

"...if the headache occurs frequently, start a prophylactic medication...or an anti-seizure medication."

such as verapamil, nortriptyline, or an anti-seizure medication. Propranolol is popular, but it causes exercise intolerance in younger patients. Recall that many anti-seizure medications reduce the efficacy of hormonal contraceptives, and that CBCs, LFTs, and calcium status should be monitored.

Finally, identify an effective migraine abortive medication. Triptans, Tylenol or ibuprofen are often effective. The patient should be reminded that the medication will be most effective if taken early in the headache, and that use of any analgesic medication, including a triptan, at least every other day risks creating a medication overuse headache. Ideally, as the prophylactic medication becomes effective, the patient will be able to use less of the abortive medication.

The patient may not tell you that the regimen you have chosen for them is working, but you will know it when they do not appear for several headache follow-up appointments in a row, for which both of you will be grateful.

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Cardiology, Gresham.....	503-665-4278
Cardiology, Providence Hood River.....	541-387-6287
Gastroenterology, Main.....	503-258-1755
Gastroenterology, Physician Referral Line.....	503-963-2745
Gastrointestinal and Minimally Invasive Surgery.....	503-281-0561
Medical Oncology, Providence Professional Plaza.....	503-215-5696
Neurology, Providence Professional Plaza.....	503-963-3100
Neurology, Good Samaritan.....	503-229-7647
NW Surgical Associates, Good Samaritan Physician Office Building.....	503-226-6321
NW Surgical Associates, SW Washington Medical Center Physician Pavilion.....	360-892-5701
NW Surgical Associates, Salem Hospital.....	503-371-4044
Pulmonology, NE 47th Ave.....	503-215-2300
Radiation Oncology, Providence Professional Plaza.....	503-215-6029
Radiation Oncology, Providence St. Vincent Hospital.....	503-216-2195
Thoracic & Cardiovascular Surgery, NE 47th Ave and Providence St. Vincent.....	503-215-2300
Urology, Providence Professional Plaza.....	503-215-2399



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