

Physician to Physician News from

The Oregon Clinic

P 2 P

THE
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Physician News
and Resources
from The Oregon
Clinic (TOC)

In This Issue

Esophageal
Adenocarcinoma
Vascular Care Choices
Developments in
Treatment for
Parkinson's Disease
Incisionless Surgery

Specialty Medicine
with Commitment,
Care & Compassion

The Oregon Clinic Pledge of Collaboration



Craig Fausel, MD
President and CEO

At The Oregon Clinic, we are specialists who strive for clinical excellence. Our relationship with you, our referring physicians, is crucial to comprehensive, data-driven patient care. This collaboration translates to a higher level of excellence in the treatment of our mutual patients than would be available from either of us alone. In respect of this partnership, we pledge to:

Be Responsive

- Welcome your referrals.
- Promptly see patients for emergency and urgent consultations when you call.
- Be available for phone consultations.
 - Call back within 30 minutes for emergencies.
 - Respond within 3 hours for less urgent situations.
 - Provide direct phone access either through a direct line or via a by-pass option on our phone system.

Cultivate a Reciprocal Relationship

- Encourage patients to return to their referring providers for non-specialty care issues.
- Consult with referring providers in major decisions regarding their patients, including further specialty referrals.
- Reinforce the relationship between the patient and referring provider.

Maintain Excellent Quality

- All of our physicians are board certified and are encouraged to maintain board certification.
- All physicians are encouraged to have 2 weeks (80 hours) of CME yearly.
- We actively seek feedback from referring physicians and our patients through daily interactions and through surveys of our service and clinical care.
- We strive to continually evaluate our clinical care with various quality and/or outcome measures.

Communicate

- Ensure all referring providers receive timely reports (chart note, phone call, dictation, procedure note, letter) after consultations, procedures and follow-up visits.
- Inform referring providers urgently of unexpected or serious clinical events.
- Report results of our quality measures and outcomes to you and on our website.
- Welcome your feedback and use it to improve our performance.

Partnering with you is a
key part of our mission to
provide medicine with
commitment, care and
compassion.

Craig Fausel, MD

Esophageal Adenocarcinoma



Christy Dunst, MD

Gastrointestinal & Minimally Invasive Surgery

Esophageal adenocarcinoma is one of the fastest rising cancers in the United States. Advances in early detection, staging and treatment have led to a significant improvement in 5 year survival from the traditional 0-25% to current reports of 55% overall. Understanding the role of gastroesophageal reflux disease in the pathogenesis of esophageal adenocarcinoma and the implementation of Barrett's surveillance programs with rigorous biopsy protocols have greatly impacted its course and treatment.

Surgical resection remains the gold standard for definitive treatment of esophag-

eal cancer and modern surgical cure rates for early stage cancer approach 90%. Historically, this operation is performed through large abdominal and/or thoracic incisions. Fortunately, various minimally invasive techniques are now available and can be tailored to patient needs based on preoperative staging and surgical fitness. Innovations such as endoscopic mucosal resection and radiofrequency ablation are emerging as incisionless treatments of very early esophageal cancers. Minimally invasive esophagectomy techniques include laparoscopic vagal-sparing, combined thoracoscopic/laparoscopic, and inversion esophagectomy. For end stage cancers where palliation is critical, newer esophageal stents, focal radiation and laparoscopic enteral access for feeding are available. Our radiation oncology division also offers promising definitive non-operative treatments in selected patients.

Although the incidence of esophageal adenocarcinoma is rising, a multitude of options now exist and more are showing promise for the future. Commitment to advances in early detection, chemotherapy, radiation, and endoscopic and surgical techniques gives patients new hope for a cancer once thought of as nearly universally fatal. The physicians at The Oregon Clinic strive to provide a multidisciplinary approach using the latest technologies to optimize outcomes for patients with esophageal cancer.

Dr. Dunst can be reached at 503-281-0561 or cdunst@orclinic.com.

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Vascular Care Choices



Brad Evans, MD

Cardiovascular Medicine

It is nice to have choices.

In the management of coronary disease, treatment options have expanded greatly over the last several years. Improved medical management of coronary disease has led to decreases in mortality from coronary disease, and advances in both surgical technique and percutaneous coronary interventions has allowed us to approach even more challenging situations where medicines have failed compared to only a few years ago. Having multiple medical, surgical and interventional options offered within the collaborative, cooperative, data-driven structure of the clinic has benefited many patients.

A similar, albeit quieter, evolution is taking place in the management of peripheral vascular disease (PVD). Lessons learned from vascular biology and the coronary circulation are being aggressively applied in PVD. At the same time, newer interventional techniques and options are allowing patients who have failed medical management to have non-open surgical options for the treatment of PVD. This has allowed us to extend treatments to a variety of patients who may have had few other options.

Three recent examples:

- WB is an 85 year old with an expanding and symptomatic abdominal aortic aneurysm. The history is notable for a recent myocardial infarct, a long smoking history and being

“Lessons learned from vascular biology and the coronary circulation are being aggressively applied in PVD.”

wheelchair bound secondary to pelvic musculoskeletal issues. The patient was felt to be at very high risk for open transperitoneal repair of her aneurysm due to age and multiple co-morbidities. Using endovascular stent grafts, the

patient was able to undergo repair of this enlarging and symptomatic aneurysm and be discharged in several days without complication.

- RD is a 74 year old with bilateral greater than 80% symptomatic carotid stenosis with a history of prior neck irradiation for cancer. Physical exam is notable for marked atrophic radiation induced skin changes and scarring. Surgical consultation suggested this would be a high risk surgical procedure. Based on the SAPPHERE trial and other registries which have suggested non inferiority (in high risk patients) of carotid stent placement with the use of distal embolic protection devices he underwent staged bilateral carotid stent placement. Independent neurological evaluation at 30 days after each procedure revealed no complications.
- LW is a 69 year old with a non-healing ulcer on his left heel. History is notable for a right partial foot amputation for PVD, CHF with an ejection fraction of 25%, and chronic renal

News and Updates

Developments in Information and Treatment for Parkinson's Disease

Richard Rosenbaum M.D. of The Oregon Clinic - Neurological Clinic East has recently published *Understanding Parkinson's Disease: A Personal and Professional View* (Praeger, 2006). A review in *Choice* commented: "Rosenbaum melds his professional experiences as a clinical neurologist and professor of neurology with personal experiences to provide an insightful overview of Parkinson's disease. He is remarkably successful in his ambitious attempt to cover the history, etiology, pathology, clinical manifestations, treatment options, and nonpharmacologic management of this neurological disorder for a wide readership."

The Oregon Clinic's Neurology Division is collaborating with the Providence Brain Institute to develop a multidisciplinary Parkinson's disease clinic. More details will be provided in a future edition of the P2P.

Incisionless Surgery on the Horizon

Surgeons at The Oregon Clinic - Division of Gastrointestinal Minimally Invasive Surgery, under the direction of Lee L. Swanstrom, MD, have performed the first transgastric endoscopic cholecystectomy in a human patient in the United States. This new procedure is part of a clinical research trial to determine the feasibility of a recent innovation in surgical techniques called Natural Orifice Translumenal Endoscopic Surgery (NOTES).

A NOTES procedure uses the digestive tract to gain entry into the abdominal cavity rather than through the skin. Operations are therefore performed using flexible endoscopes and new, compatible instrument platforms. The ultimate goal of NOTES is to provide patients with incisionless surgical treatments which are safe, effective and lead to less pain and decreased recovery time.

Dr. Swanstrom has been involved with this research for several years and is active in developing the tools and techniques necessary to make NOTES a reality. The research trial calls for the insertion of a laparoscope to ensure patient safety during this development phase. The first patients to have their gallbladders removed through the stomach had no complications and are all recovering unremarkably.

Imaging Division Accepting Referrals

The Oregon Clinic Imaging Division is now accepting referrals for all of our modalities including CT, MRI, Ultrasound and X-ray. (We do not provide vascular ultrasound, cardiac MRI, nuclear medicine, PET/CT, mammography or fluoroscopy.) If you would like complimentary referral pads and/or patient-friendly brochures regarding our services, please place your request by calling Patrice at 503-963-2981. To schedule an appointment, please call our Scheduling Hotline at 503 963-2990.

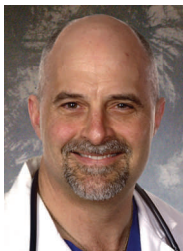
insufficiency. Studies suggest that two of three below-knee vessels are occluded and the third is severely diseased. Based on the TALON registry suggesting excellent one year patency rates for patients treated with percutaneous atherectomy, the patient was admitted and treated. Using intravascular ultrasound to minimize contrast, the left peroneal vessel was reconstructed. The patient was discharged the next day and the heel ulcer has nearly totally healed at 8 weeks.

Endovascular therapy will not supplant open surgical therapy. Three examples of successful surgical procedures where endovascular approaches would have been high risk could certainly have been given. The examples were simply chosen to show the quiet evolution that is taking place in the care of patients with PVD.

The key is the careful and considered discussion of a multi disciplinary team who consider all of the medical, surgical and endovascular approaches. At The Oregon Clinic, this team is composed of four cardiologists (Drs. Brad Evans, Steve Reinhart, Dale Hirsch and Aly Rahimtoola) and 1 cardiovascular surgeon (Dr. Chuck Douville). A weekly vascular clinic, formal conferences, and case discussions help guide therapy. In addition, there are active research trials ongoing within the program to open up further options to patients.

It is nice to have choices.

Dr. Evans can be reached at 503-963-3030 or bevans@orclinic.com.



Invitation from John R. Handy, MD
Oregon Clinic Cardiothoracic Surgeon & Director of
Providence Thoracic Oncology Program (TOP)



*Specialists' Symposium on Advanced
Management of Lung Cancer
November 16-17, 2007*

Colleagues, I am pleased to invite you to attend a state-of-the-art symposium for lung cancer specialists in the Pacific Northwest. This course will update practicing lung experts on the latest advances in treating lung cancer. National and internationally renowned experts, including Oregon Clinic physicians Michael Skokan and Steven Seung, have been invited to share their expertise and knowledge of the most recent technological advances in pulmonology, thoracic surgery, interventional pulmonology, and medical and radiation oncology. TOP is dedicated to advancing state-of-the-art care for lung cancer patients nationwide. We look forward to your participation.

For additional information including details on CME and registration, please call 503-215-6724 or visit:

www.providence.org/thoraciconcology.

Oregon Clinic Divisions

Cardiovascular Medicine, Portland Gateway	503-963-3030
Cardiovascular Medicine, Gresham	503-665-4278
Ear, Nose & Throat, Providence Professional Plaza.....	503-239-6673
Ear, Nose & Throat, Gresham.....	503-465-5461
Gastroenterology, Portland Gateway	503-963-2707
Gastroenterology, Physician Referral Line	503-963-2745
Gastrointestinal and Minimally Invasive Surgery (GMIS)	503-281-0561
Imaging Services, Portland Gateway	503-963-2990
Medical Oncology, Providence Professional Plaza	503-215-5696
The Neurological Clinic – East, Providence Professional Plaza.....	503-963-3100
The Neurological Clinic – West, 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
Podiatry, Portland Gateway	503-963-2964
Pulmonary, Critical Care and Sleep Medicine, Portland Gateway	503-963-3030
Radiation Oncology, Pacific Oncology Cancer Center	503-601-6400
Radiation Oncology, Providence Professional Plaza.....	503-215-6029
Radiation Oncology, Providence St. Vincent Hospital	503-216-2195
Thoracic & Cardiovascular Surgery, Portland Gateway and Providence St. Vincent.....	503-963-3030
Urology, Providence Professional Plaza.....	503-215-2399

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