Breast cancer. It’s a disease that most women fear. It is estimated that one in seven women in the United States will develop breast cancer during her lifetime. An alarming 275,380 new cases of breast cancer are expected in the United States this year alone, according to the American Cancer Society. However, with the help of increased awareness and medical advancements in the diagnosis and treatment of the disease, the survival rate is better than ever. And the fight continues on every front at St. Joseph’s/Candler. That’s why we’re building a state-of-the-art Cancer Care & Research Pavilion and bringing together the best specialists and technologies. Combined with the breast care services available at Mary Telfair Women’s Hospital, the Pavilion will help patients throughout this region fight and win against breast cancer with centralized access to leading medical specialists and treatment resources.

“When a patient is diagnosed with breast cancer, the amount of information and decisions that have to be made are overwhelming,” said Charles H. Usher, M.D., a surgeon and co-chair of the St. Joseph’s/Candler Breast Cancer Health Enhancement Action Team (HEAT), a multi-disciplinary approach that unites a team of specialists to define best practices to promote seamless care for breast cancer patients from diagnosis and staging through treatment and rehabilitation. “With the many options to care for breast cancer available to them, patients need a coordinated approach, and the Pavilion will bring the information and resources together so it’s not so disjointed, allowing patients to obtain the highest level of care,” he added.

Medical Advancements Offer Patients New Options
New options in all aspects of breast cancer care, from biopsies to breast reconstruction procedures, offer the same or better survival rates while leaving less scarring, both physically and emotionally, on patients. “Advances in medicine today have given breast cancer patients more options than ever, all with advantages and disadvantages,” Dr. Usher said. “Patients should take the time to learn about and review their options and keep an open mind while deciding which options are best for them and their lifestyle.”

Surgical options available to patients range from full mastectomy, where the entire breast is removed, to a lumpectomy that removes the tumor from the breast followed by radiation therapy to treat the area surrounding the tumor site. New surgical procedures, such as skin-sparing mastectomy and needle biopsies, offer less invasive approaches to fighting the cancer that will have less physical and psychological effects on patients.

Immediate Breast Reconstruction a Viable Option for Many
Many women choose to have breast reconstruction following a mastectomy, and the choice to do so is personal. Today, there are many options for reconstructive procedures, including immediate breast reconstruction. “As more patients and physicians become aware that immediate breast reconstruction is a viable option, more and more women are making the choice to have this reconstructive procedure immediately following the mastectomy as opposed to having it at a later date,” explained Richard J. Greco, M.D., a plastic surgeon.

Once a patient has decided to proceed with breast reconstruction, decisions about the procedure type and timing are carefully weighed. Types of reconstruction include external implants, internal implants, combination of implants and the use of the patient’s soft tissue or soft tissue flaps used alone. “A TRAM flap procedure is the most prevalent type of breast reconstruction procedure,” commented Dr. Greco. TRAM flap (transverse rectus abdominis muscle flap) uses tissue from the stomach area to reconstruct a patient’s breast. “The long term survival rate of women who have a mastectomy but no breast reconstruction compared to those who do have breast reconstruction is the same, and women who are considering breast reconstruction should consult with her oncologist, breast surgeon and plastic surgeon to determine which type of reconstructive procedure and the timing of the procedure is best for her individual situation,” Dr. Greco said.

“Advances in medicine today have given breast cancer patients more options than ever”
Physician Profile Ayer Bala, M.D.  Hematologist/Oncologist

As a child, Ayer Bala, M.D., had a curiosity for science and was intrigued by his family physician’s powerful black medicine bag. This curiosity developed into a lifetime commitment to helping and healing cancer patients as a Hematology/Oncology specialist. Dr. Bala has been practicing medicine for 35 years, and he is amazed when he looks back and sees the major breakthroughs and accomplishments that have been made during that time. “Medicine has come so far, and patients and physicians today have access to such advanced technology and new treatment procedures to fight this disease,” Dr. Bala said.

When he came to St. Joseph’s/Candler over 20 years ago, Dr. Bala says that what attracted him to the area was how the hospital was on the forefront of medicine. “And it is staying that way,” he said. “Their efforts with the Cancer Care and Research Pavilion are commendable. St. Joseph’s/Candler already has capable oncologists and other specialists, and they are recruiting eminent physicians to continue to provide the best level of care for cancer patients in this region,” he added.

Even with all of today’s medical innovations, Dr. Bala says there are still limitations to help and cure everyone. “These limitations are my biggest challenge, but we continue to make great strides through research and offer new treatments for cancer patients,” he commented.

His genuine love for people and for medicine led Dr. Bala into Hematology/Oncology. “I chose to specialize in Hematology/Oncology because of the personal contact with patients and their families and the opportunity I have to bond with patients,” he said. “The smiles and happiness that I see on my patients’ faces when I tell them that their cancer is in remission is the single best gift this job gives to me.” Known for his compassion, sense of humor, and the way he treats patients and the disease at the same time, Dr. Bala is a well-respected medical professional who offers his extensive knowledge to guide patients through the difficult journey of fighting cancer.

Dr. Bala attended school and completed his internship at Calicut Medical College. He completed fellowships in Hematology/Oncology at the VA Hospital in Brooklyn, NY, Nassau Hospital in Minola, NY, and Emory University in Atlanta. A Savannah resident for 24 years, Dr. Bala lives here with his wife, and they have two children and two grandchildren.

Nursing Profile Wanda Kay North, MBA, RN, CCRC, CIM  Manager, Office of Research

An inquisitive nature combined with a desire to help people led Wanda Kay North into a career in medicine. Working with patients to coordinate participation in research studies as the Manager of the Office of Research is personally and professionally rewarding for North. “The studies involve advanced treatments that hold new possibilities and give patients renewed hope, and it’s so fulfilling to work with the patients in these studies,” North said.

North works with patients enrolled in clinical trials and with doctors and staff to coordinate new studies that will bring breakthroughs in the diagnosis and treatment of cancer and other diseases. “Oncology patients are unique and wonderful individuals, and I have the opportunity to bond with them and create long-term relationships,” North said.

Through its affiliation with the H. Lee Moffitt Cancer Center & Research Institute, the Cancer Care & Research Pavilion at St. Joseph’s/Candler brings a promise of progress to patients in Savannah and throughout the southeast Georgia region, and North and the Office of Research team ensure that patients receive the best quality of care while participating in these studies. Currently, North said that 32 oncology studies and 15 non-oncology studies are in progress at St. Joseph’s/Candler, and this number changes constantly as new studies are offered and others conclude.

North’s passion for helping people goes beyond her professional career. She serves her country as an Air Force Reservist and participates in a mission trip to Guatemala every year. “I look forward to this mission trip because it not only gives me the opportunity to help others, but it helps me gain a new view on life and to remember the things that are important and rise above everything else,” North commented.

Seventeen years ago, North earned her nursing degree and began working as a stroke rehab nurse and then as a Neonatal ICU nurse. She began working as a research nurse at St. Joseph’s/Candler nine years ago. North received an Associate’s degree from Florida Junior College, a Bachelor of Science degree in Nursing from the Medical University of South Carolina and a Masters degree at Webster University. She is currently working to earn her PhD in Health Administration.

Cancer Pavilion Timeline

September 11, 2003  
Official Announcement  
Plans announced to construct a new $24 million cancer and research facility.

October 22, 2003  
Architect Firm Announced  
Atlanta-based Perkins & Will selected to design new cutting-edge facility.

June 24, 2004  
Groundbreaking Ceremony  
Ceremony to mark the official beginning of process to expand cancer services in our community.

…”we continue to make great strides through research and offer new treatments for cancer patients.”

“They are not patients to me; they are friends to me.”
Hi-Tech Procedures Offer Less Invasive Options for Breast Cancer Patients

In the fight against breast cancer, innovative technology is giving patients and doctors the upper hand to beat this disease. From biopsy methods that ease breast cancer detection to advanced radiation therapies, technology is at the forefront of the care provided to St. Joseph's/Candler breast cancer patients.

**Sentinel Node Biopsy: An Advanced Procedure**

Sentinel node biopsy is a major advancement in breast cancer care. Susan J. Mahany, M.D., a surgeon and co-chair of the St. Joseph's/Candler Breast Cancer Health Enhancement Action Team (HEAT), considers sentinel node technology an area that has made a significant impact on breast cancer treatment. "This new diagnostic procedure carries less pain and complications than standard axillary dissection, which was once required for breast cancer patients to determine if the cancer had spread to the lymph glands in the underarm area," she said. Axillary dissection involves the removal of many lymph nodes in the underarm area (axilla) and carries a risk for patients to develop complications, including lymphedema.

With the advanced sentinel node procedure, the removal of only one to three lymph nodes is required for careful review by a pathologist, meaning a shorter recovery period and less pain. Using the injection of a dye to detect the nodes which are the first to receive lymphatic drainage from the breast, sentinel node biopsy precisely pinpoints the nodes that should be removed for testing, avoiding the unnecessary removal of all axillary lymph nodes.

**MammoSite RTS: A New Approach to Radiation Therapy**

Radiation is another area that continues to advance through intensive studies of newly developed techniques. One of the latest advances is in the area of accelerated partial breast irradiation. A five-year follow-up study recently published by the *Journal of the National Cancer Institute* shows that partial breast irradiation therapies show comparable outcomes to conventional whole-breast (or external beam) treatments in appropriately selected patients.

St. Joseph's/Candler patients now have access to the most advanced technique in targeted radiation – the MammoSite Radiation Therapy System (RTS). MammoSite offers a new way to deliver a targeted dose of radiation from within the body, a technique known as brachytherapy.

MammoSite is an internal radiation therapy system that delivers radiation through a balloon catheter placed inside the breast following the removal of a tumor.

“When used as primary therapy, radiation therapy with MammoSite can be completed in five days allowing the patient to get back to her life,” said Morris R. Geffen, M.D., radiation oncologist.

For women diagnosed with early-stage breast cancer, mastectomy is often the course of treatment chosen. Today there is a minimally invasive treatment option, breast conservation therapy (BCT), which usually involves the removal of a tumor via a lumpectomy followed by radiation therapy. MammoSite therapy offers women who choose BCT a less burdensome radiation therapy following their lumpectomy. With the more traditional external beam treatments, a woman must put her life on hold to undergo radiation therapy that lasts six to seven weeks. With MammoSite therapy, patients receive site-specific radiation during a one to five day sequence of treatments that is given on an outpatient basis. “MammoSite therapy is indicated for a small population of breast cancer patients that meet specific criteria, and for those women, it is good to have that option,” explained Dr. Mahany.

These next generation therapies available to St. Joseph's/Candler patients provide a new promise for people recovering from breast cancer.
The Cancer Care & Research Pavilion will transform the lives of cancer patients through specialized medical research, care and treatment.

Clinical Trials:

A Phase III Randomized Study of Adjuvant Biologic Therapy in Patients with Stages III/IV Head and Neck Squamous Cell Carcinoma

This study is designed to test the efficacy of adjuvant biologic therapy in patients with squamous cell carcinoma of the head and neck and will enroll two to three patients at St. Joseph’s/Candler to participate for 12 months.

Squamous cell carcinoma of the head and neck accounts for approximately five percent of all newly diagnosed cases of cancer in the U.S. Promising rates of response have been reported with the use of both cisplatin and fluorouracil or one of the modifications of this regimen; however, severe and occasionally fatal toxicity with combination chemotherapy has been observed in most trials. Researchers are seeking treatments that will improve the outcomes of this disease, and this study will evaluate the effectiveness of the combination of various agents, including 13-cis-retinoic acid (13-cRA), alpha-interferon (α-IFN) and a-tocopherol.

A Randomized Phase III Study Comparing Sequential Chemotherapy (AG-TP) to Cisplatin and Gemcitabine (GC) as Adjuvant Treatment after Cystectomy for Transitional Cell Carcinoma of the Bladder

This study will compare overall survival of patients with transitional cell carcinoma (TCC) of the bladder receiving adjuvant sequential chemotherapy consisting of doxorubicin plus gemcitabine followed by paclitaxel and cisplatin with patients receiving cisplatin plus gemcitabine after cystectomy for TCC. It is anticipated that two to three St. Joseph’s/Candler patients will be enrolled in this trial.

For patients with muscle invasive bladder cancer, the most important prognostic factor for survival is the presence of extra vesical disease or the presence of regional lymph node involvement by metastatic tumor. TCC is a chemotherapy-sensitive tumor; therefore, adjuvant chemotherapy for muscle-invasive urothelial cancer has been studied in five randomized trials. This study will measure the outcomes to an alternative approach that delivers sequential rather than simultaneous chemotherapy.

For more information about seminars and clinical trials offered at St. Joseph’s/Candler, call 912-819-2277.