From cancer to incontinence, CAMC Physicians Group Urologists offer a unique, team approach to care

We’ve all been there – caught in situations when we thought we would die from embarrassment. But you can actually quantify the embarrassment from “embarrassing” symptoms like blood in your urine or painful urination keep you from seeking medical care.

“From our life-threatening urologic conditions can completely change your life if left untreated.”

Urologists with CAMC Physicians Group specialize in all areas of urologic care, including cancers of the kidneys, prostate bladder and testicles; kidney stones; lower urinary tract reconstruction; pelvic floor disorders and minimally invasive robotic surgery. For patients, this means a depth of experience and collaboration among one of the largest groups of urology specialists in the state.

“Our goal is to improve the quality of care for West Virgians,” said James P. Tierney, MD, medical director of the CAMC Physicians Group Urology practice and vice chief of urology at CAMC. “Most of our urologists are West Virginians themselves – they are from here and trained here, so they understand the needs and concerns of their patients.”

One of the group’s top priorities is comprehensive cancer care.

“We will offer our urologists – prostate and kidney,” said Tierney, who specializes in robotic urology. “We are treating two of the top five cancers at CAMC, which equates to the volume of what we are dealing with here.”

According to the American Cancer Society, prostate cancer is the second leading cause of cancer death in American men, behind only lung cancer. About 1 in 7 men will be diagnosed with prostate cancer during his lifetime, and 1 in 36 will die of the disease.

In addition to minimally-invasive treatment options for prostate cancer, such as robotic-assisted surgery, CAMC Physicians Group urologists now offer a test called Prolaris® that analyzes genes from a patient’s prostate cancer to determine the best course of treatment. Prolaris® is a breakthrough in prostate cancer testing because it can predict whether a tumor will be aggressive or slow-growing.

“As a clinician, I advocate for evidence-based medicine,” Tierney said. “The Prolaris® test accurately tells me if a patient has an aggressive prostate cancer or not and guides my treatment decisions. I must ask the same question for every patient: should I use surgery or radiation, or should I use active surveillance and watchful waiting? Prolaris® helps me answer these critical clinical questions.”

Cancer of the bladder is also among the most common cancers in men diagnosed at CAMC. Nationally, bladder cancer is the fourth most common cancer in men, and the eighth most common in women. Breaking it is the most common cause of bladder cancer. The most common initial sign of the disease is red-colored urine, which calls for urine cytology (a test performed on cells in urine to detect cancer), imaging of the kidneys and cystoscopy.

CAMC is one of a select number of medical centers nationwide offering a new technology for the detection of papillary cancer of the bladder in patients with suspected bladder cancer.

Cytopsin® is used to detect bladder cancer in individuals suspected or known to have lesions in the bladder, based on a prior cystoscopy (examination of the bladder and urethra using a cystoscope, which is a thin, tube-like instrument with a light and a lens for viewing). It also helps to better treat early bladder cancer by improving the ability to remove early tumors that are not yet visible with traditional white light cystoscopy.

Cytopsin® is used with a photodynamic diagnostic system, which includes a white light setting to illuminate the bladder during a cystoscopy, and a blue light setting to induce and view fluorescence, thereby enabling physicians to detect lesions in the bladder.

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History clinicians rely on the prostate specific antigen (PSA) test and the Gleason score as primary tools to measure the activity of prostate cancer. Although these tools are helpful, they do not individualize the characteristics of a prostate cancer patient.

Prolaris® provides that critical piece of additional information by helping to determine how aggressive a cancer is. Prolaris® is a normal RNA-expression test that directly measures tumor cell growth by identifying the risk of disease progression in prostate cancer patients. It provides a quantitative measure of the RNA-expression levels of 31 genes from the patient’s prostate sample or biopsy related to the progression of tumor cell deterioration. Low gene expression is associated with a lower risk of disease progression in men who may benefit from additional treatment.

According to the American Cancer Society, prostate cancer is the most common type of cancer found in American men, other than skin cancer. Prostate cancer is the second leading cause of cancer death in men, behind only lung cancer. One man in seven will get prostate cancer during his lifetime and one man in 35 will die of the disease.

Prolaris® has been proven to predict prostate cancer spread with the progression in 11 clinical trials with more than 5,000 patients

This place was a godsend. It was meant for this place. When patients are discharged from the hospital, they are given many instructions on follow-up. This is to continue the healing at home. Most patients will have prescriptions for medications they need to continue taking once they leave the hospital. When you are headed home after a stay in the hospital, the last thing you want to do is drop off a prescription at the pharmacy and wait for it to be filled. That’s why CAMC is piloting a new process at the pharmacy to get medications patients need before they ever leave the hospital.

In reviewing patient survey data, Kevin Parker, PharmD and director of the employee/outpatient pharmacy at CAMC, Memorial Hospital, found that many patients expressed anxiety when waiting for their medication to be filled. This individualized attention not only makes it more convenient for the patient, but it also decreases the likelihood of readmission and spurs up the recovery process,” Parker said.

Parker hopes to eventually expand this project hospital wide so that all patients being discharged will have access to the services his department can provide.

Walk for Hope
To honor and support currently battling cancer pediatric cancer survivors, those children who lost that battle to cancer and their families. All kids are welcome.
Saturday, Sept. 13
10 a.m. registration, 10 a.m. walk begins
$25 and $15 day of walk.
All cancer survivors walk for FREE
Visit camc.org/walkforhope for more information and to register.

Teddy Bear Fair
Oct. 4, 8 a.m. to 1 p.m.
Camc Women’s and Children’s Hospital Games, prizes and activities for children and adults to learn about health and safety.

NICU grad party
Sept. 7, 2 to 5 p.m.
University of Charleston
email ncmi@camc.org

"I was scared to death at first, but I knew I had to do it," said Travis, who had HD treatment five days a week for 30 weeks. "It was frightening, but once I got in there, everything just worked. It encouraged new blood vessel formation." Some of the common conditions treated with HBO therapy at the Wound Healing Center are diabetic ulcers, ostomy ulcers, radiation-induced wounds, infections, crush injuries, gangrene, preparation and preservation of compromised skin grafts and flaps, and more.

Although the thought of going into the HBO chamber for an extended period of time can be worrisome, the results are well worth it.

"This place was a godsend. It was meant for this place." Travis added. "I'm very proud of what we've built over time," he said. "It's like one big family here."
Kidney Transplant

The Kidney Transplant Center, which is part of CAMC’s comprehensive renal services, is a collaborative effort between CAMC and the Cleveland Clinic Foundation. The success of the program is a combined effort of a highly-skilled team that includes transplant coordinators, pharmacists, dietitians, social workers, tissue typing technicians, nursing staff, OR staff, nephrologists and surgeons.

Since the program was established in 1987, more than 1,000 kidney transplants have been performed at CAMC.

For more information, visit camc.org/kidney.

Outreach programs educate public about injury prevention

It’s not uncommon to drive down the road and see some type of distraction in every car. Distraction is a car accident behavior, so it’s important that we increase awareness of the dangers of distracted driving and impact behavior.

The distracted driving simulator, as well as CAMC’s other injury prevention and education programs, are available for school communities and community events. Our fall prevention programs are offered by senior centers and assisted living facilities to help caregivers and family members.

Classes can be taught at CAMC, or at another location.

CAMC General Hospital is designated by the American College of Surgeons and West Virginia Department of Health and Human Resources/Office of EMS as a Level 1 trauma center. Level 1 trauma centers provide leadership and total care for every aspect of care, from injury prevention to rehabilitation. In addition, Level 1 center provide leadership in education, research and system planning.

Cancer incontinence

Continued from front

Cancer problems that can lead to incontinence include:

- Urge incontinence
- Painful incontinence
- Involuntary emptying of the bladder
- Bowel issues

Involuntary emptying of the bladder often occurs as a side effect of a long-term condition such as prostate cancer.

It is worth the effort to talk to a urologist about your options for treatment and care, even if you are unsure about what the options are.

For more information, visit camc.org/cancer.
THE CUTTING EDGE

Local woman benefits from minimally-invasive valve replacement procedure (TAVR)

Barbara Harvey greatly needed her aortic valve replaced, but was not a candidate for traditional valve replacement because of numerous medical problems.

“I have a ton of problems,” she said. “I’m diabetic. I’ve had some problems with bleeding before. I’m allergic to many antibiotics, and I am close to kidney failure that any type of surgery could cause.”

Harvey’s family had been aware of the minimally-invasive Transcatheter Aortic Valve Replacement (TAVR) procedure since the first time they heard about her having her aortic valve replaced.

“We had done some research on it,” said her daughter Suzanne Simmons.

“It’s very common in Europe, and there were a lot of options for the 70 and 80 year olds that need it to do it, but the nearest ones to us were about four hours away.”

So, those closest to her were not an option for Harvey.

“Patients who have enough other medical problems to need that kind of procedure don’t travel well,” Simmons said. “She has so many other medical problems, to travel far to have this equipment on pre-op, caths and follow-up just seemed like too much.”

So much, in fact, that Harvey decided that she would not just have the surgery and treatment at home, but would stay anywhere that had the procedure.

“So, once it became available at CAMC, we were very excited,” Simmons said.

New procedure for esophageal cancer

The esophagus is a muscular tube that carries food and fluids from the mouth and transports food and liquids to the stomach. The American Cancer Society estimates that more than 10,000 Americans will be newly diagnosed with esophageal cancer in 2014. While esophageal cancer is not one of the more common types of cancer, it is becoming more prevalent, largely because physicians are able to detect the cancer earlier, so patients can be treated more quickly, and the cancer can be treated more successfully.

While the exact cause of esophageal cancer is not known, major contributing factors include smoking, alcohol use, and more frequent consumption of foods high in red meat and processed meat.

The traditional surgical procedure for esophageal cancer involves removing the damaged part of the esophagus, typically a part close to the heartburn symptom (the muscle that opens and closes to regulate the food and liquid going into the stomach). To do this, surgeons used to make two large incisions in the abdomen and another incision in the neck. The recovery required a lengthy stay in the hospital, and the chance of postoperative complications was high.

Tiley and Deel developed a new procedure to surgically treat esophageal cancer in a much less invasive and more effective way.

The new procedure, a variation of the traditional esophagectomy, is a mix of technological advances and ingenuity. Using the da Vinci robotic, Dr. Tiley makes a few very small incisions in the abdomen to allow the robot access to the stomach. Dr. Deel then makes another small incision in the neck. Dr. Deel uses an endoscope to help “see” up the esophagus. The surgeons remove the damaged portion of the esophagus and then reach the stomach to the remaining portion of the esophagus. This team approach allows the surgery to be done quicker and lets each focus on his area of expertise, leading to better outcomes.

After surgery, patients stay overnight in the ICU for monitoring and a few days in the hospital. Most patients typically can return to a normal diet, but they may need to eat smaller meals more frequently throughout the day.

Treating eating disorders

The Disordered Eating Center of Charleston, or DECC, was created to provide adults, children and families comprehensive treatment for a wide range of eating disorders, from anorexia nervosa to binge eating disorder and more.

“Dr. Stephen Sondike, adolescent medicine specialist, has been treating children with eating disorders since he first started at CAMC,” said Jessica Luzier, PhD, clinical director at WVU and a cardiologist of Charleston, associate professor – WWI department of behavioral health and psychiatry, WVSOM/Charleston Division. When he joined Dr. Sondike for a rotation during my pre-doctoral internship, we began to discuss the necessity of a team format to treat those who were afflicted by clinical eating disorders. Once I joined the faculty in 2012, DECC began to take shape and the Disordered Eating Center of Charleston.”

DECC’s mission is multidimensional. It is dedicated to providing the highest quality, evidence-based treatment for eating disorders, training future providers to treat these problems conducting relevant research to inform the practice and advocate for its patients through multiple community efforts.

“To our knowledge, DECC is the only time concentrated team to treat kids and adults of all ages,” Luzier said.

“There are also treatment teams at some local universities and out-patient centers. Our team is the only that families and providers can reach, which means the DECC has the ability to intervene if patients are not willing to change their behaviors, the usual treatment approach.”

At the DECC, patients can visit their physicians, pay for care based on their financial situation, or be all-sold in the same location. It is one of the few centers in West Virginia, Ohio and Kentucky.

“DECC is the only one that allows families to reach the team 24 hours a day, 7 days a week,” Luzier said.

The center has treated more than 50 patients and expects to reach the 100 patient mark during the next year.

Luzier and her colleagues continue to enhance the services offered to patients at the DECC. In 2013, she created the West Virginia Eating Disorders Coalition, a network of more than 50 providers of all different disciplines that is dedicated to improving treatment for patients with eating disorders.

“The network was designed to provide consultation, collaboration, dissemination relevant treatment research information, offering training for delivering evidence-based treatment to providers across the state, and advocate for patients and their families,” Luzier said. “Also, DECC now has an official parent and family support group, called the “we.” This group serves as a volunteer on the DECC team, meeting with families and providing them with support and resources as they navigate through treatment. Research suggests this support group makes a difference in improving treatment outcomes, and we are very excited about this new addition.

For more information about the Disordered Eating Center of Charleston, visit http://decc.camc.org.