



THE INSTITUTE FOR CANCER CARE AT MERCY

PHYSICIANS ON THE LEADING EDGE OF EXCELLENCE

Surgical Advances in Pancreatic Cancer

Kurtis Campbell, M.D. | Surgical Oncology



Dr. Campbell is a highly trained surgical oncologist and experienced surgeon who is exceptionally skilled in the Whipple procedure – a lifesaving treatment for pancreatic cancer.

November is Pancreatic Cancer Awareness month. The vast majority of pancreatic malignancies are ductal adenocarcinoma.

Pancreatic Cancer Incidence and Surgical Intervention

Pancreatic cancer is the tenth most common cancer in the United States, an incidence of 9 per 100,000 in the general population. Implying the aggressiveness of this neoplasm and challenge treating these patients, it is the fourth leading cause of cancer deaths in America.

Most of the nearly 50,000 patients who present each year in this country with this diagnosis will not be surgical candidates. Of those who do undergo surgical resection, not accounting for pathological stage, these patients can only hope for a median post-operative survival of about 20 months and a 5-year disease free survival of 20%.

Pancreatic Cancer Risk Factors

Approximately 5-10% of pancreatic cancer is related to familial risk factors. Far more important are the well-known and essentially preventable risk factors of cigarette smoking, obesity, and type 2 diabetes mellitus. Chronic pancreatitis also is clearly a risk factor. Related to this, the relationship of pancreatic cancer to alcohol consumption is less clear. Even more debated is the effect of coffee consumption.

Increased Use of Laparoscopic Surgery in Pancreatic Malignancies

The biggest paradigm shift in the surgical management of pancreatic malignancies in the last 10 years has been the increased use of laparoscopic surgery to approach these problems. While there is clearly a steep learning curve, the data available shows no difference in pathological margin status, node harvest, or tumor related survival regardless of surgical approach. Laparoscopic surgery patients enjoy quicker recovery and less post-operative pain. To achieve these outcomes with laparoscopic surgery, patient selection is obviously important.

Other key factors include the experience and volume of the institution itself, the surgeons involved in the care of these patients, and that their management is done with a multidisciplinary team of medical specialists. Mercy Medical Center provides all these aspects in a patient-friendly and accessible environment.

Mercy serves as a tertiary referral center for patients with pancreatic disease. The state-of-the-art care in this community hospital setting is achieved with a dedicated team of experts who work cohesively to tailor the management of each individual patient to achieve optimum results.

Pancreatic Exocrine Cancer and Pancreatic Neuroendocrine Tumors

Amit Raina, M.D. | Pancreatic Care | Digestive Health

The pancreas has two major components - exocrine (responsible for making digestive enzymes) and endocrine (responsible for making hormones like insulin and glucagon). Pancreatic tumors arising from these distinct components are pancreatic exocrine cancer and pancreatic neuroendocrine tumors (PNETs). Pancreatic exocrine cancer forms about 90-95% of all pancreatic tumors and carries a very poor prognosis even when found at an early stage. Despite advances in diagnosis and treatment it remains the fourth leading cause of cancer-related mortality.

Diagnosing Pancreatic Tumors

Pancreatic tumors are usually diagnosed at an advanced stage due to lack of very specific symptoms. This unfortunately leads to poorer outcomes. Diagnosing these tumors, especially the pancreatic exocrine cancer, is probably the most important step in improving long-term survival in patients. Mercy's faculty is highly trained in recognizing patients who might be at risk of having pancreatic tumors and can efficiently mobilize all resources to appropriately evaluate these patients.

Diagnostic & Therapeutic Tools for Pancreatic Care

The Center for Comprehensive Pancreatic Care at Mercy Medical Center offers expertise in early diagnosis and management of these patients. We offer standard-of-care diagnostic and therapeutic tools including



Amit Raina, M.D., (left) is the Director of The Center for Comprehensive Pancreatic Care at Mercy

EUS (endoscopic ultrasound guided biopsies or fiducial placement), ERCP (endoscopic retrograde cholangiopancreatography), EUS-guided bile duct drainage, altered anatomy ERCP, high definition cholangioscopy and endoluminal stenting. For patients with cystic neoplasms, who cannot undergo surgical resections, we offer newer tools like alcohol-ablation techniques. In the unfortunate situation where patients cannot undergo curative surgery, we offer EUS-guided celiac plexus neurolysis for severe pain related to pancreatic cancer.

Nutritional Assessment and Therapy for Pancreatic Cancer Patients

Patients with pancreatic cancer, like most cancers, can experience malnutrition.

Nutritional assessment and therapy (including institution of pancreatic enzyme replacement therapy) is a key component of each clinic visit. As a Certified Nutrition Support Clinician (CNSC), I specialize in Enteral and Parenteral Nutrition.

Mercy's Collaborative Approach to Pancreatic Cancer Care

Our physicians and staff understand the importance of time, and work efficiently to help navigate patients and their families. As Director of The Center for Comprehensive Pancreatic Care at Mercy, I work collaboratively with a multidisciplinary team of specialists in The Institute for Cancer Care and The Center for Minimally Invasive Surgery.

The Latest in Neuroendocrine Tumor Treatment & Imaging

Vadim Gushchin, M.D. | Surgical Oncology

It is an exciting time to be a specialist in treating patients with neuroendocrine tumors (NETs) because so much progress has been made recently in this area.

Advancements in Neuroendocrine Tumor Treatment

New treatments for these neoplasms include Everolimus – a chemotherapy drug recently approved for the treatment of patients with progressive neuroendocrine tumors of the small intestine. Physicians also have better options to treat debilitating diarrhea that significantly impacts the quality of life in patients with advanced neuroendocrine tumors.

Most recently, a new radionucleotide treatment with PRRT (peptide receptor radioligand therapy) has been approved by the FDA and implemented in many centers across the United States, which is a drastically different way to treat patients with neuroendocrine tumors. PRRT is a targeted therapy, and is often part of the treatment plan when curative surgery cannot be recommended. Previously, patients used to travel overseas or receive this treatment only as part of a clinical trial in the United States. With FDA approval this treatment is expected to become increasingly available.

Advancements in NET Imaging Modalities

Gallium scans have become the standard imaging modality for patients with newly diagnosed neuroendocrine tumors and patients who are being surveyed for possible recurrence. A gallium scan is done in 1-2 hours, compared to octreotide scan, which is performed in the span of 2 days. It also has much better resolution capabilities in noticing small tumors and placing them in distinct anatomical areas. It makes the treatment decision-making much easier especially for surgeons who need precise anatomical knowledge of where the tumor is to be able to remove it.



I believe that the physicians treating patients in The Neuroendocrine Tumor Center at Mercy and The Institute for Cancer Care at Mercy will be busy over the next several years figuring out the most effective way to deliver the latest advances to our patients facing NETs. We also expect that new data from trials in immunotherapy and targeted agents will mature soon and give us additional options for treating patients with advanced disease.

Vadim Gushchin, M.D., is the Director of Gastrointestinal Oncology at The Institute for Cancer Care at Mercy

Save the Date – Neuroendocrine Tumor CME

April 13, 2019 | Baltimore, Maryland

Mercy is partnering with The North American Neuroendocrine Tumor Society (NANETS) to host a regional NET CME program.

The course faculty will include Mercy Drs. Kurtis Campbell (Surgical Oncology), Vadim Gushchin (Surgical Oncology), Sandy Kotiah (Medical Oncology & Hematology), Allen Missoi (Interventional Radiology) and Amit Raina (GI/Pancreatic Care). We hope you will join us!

Registration coming soon at nanets.net/regionals.



Congratulations... 2018 Top Cancer Doctors

Congratulations to the 21 Mercy physicians for their recent selection by their peers as Baltimore's Top Doctors in the November issue of *Baltimore* magazine. Among the 21, we salute the Cancer Doctors of Mercy:

Neil Friedman, M.D.
Breast Surgery

Scott Huber, M.D.
Gastroenterology

Dwight Im, M.D.
Gynecologic Oncology;
Gynecologic Surgery

Anurag Maheshwari, M.D.
Gastroenterology: Liver Disease

David Maine, M.D.
Pain Management

Neil Rosenshein, M.D.
Gynecologic Oncology

Armando Sardi, M.D.
Surgical Oncology



Annual Heat It To Beat It Walk Raised Over \$160,000 for Peritoneal Carcinomatosis Research

Armando Sardi, M.D., Vadim Gushchin, M.D., and Kurtis Campbell, M.D., along with HIPEC survivors were among registered walkers at the 9th Annual Heat It To Beat It at the Maryland Zoo in September.





Jeffery Nelson, M.D., FACS, FASCRS

Joins Mercy Medical Center as Surgical Director of The Inflammatory Bowel Center

Jeffery Nelson, M.D., FACS, FASCRS, is a distinguished colorectal surgeon with over 25 years of experience in colorectal surgery. Dr. Nelson is Board Certified in two specialties, General Surgery and Colon and Rectal Surgery. He brings special expertise in such areas as rectal prolapse, ulcerative colitis and complex anal pathology.

Dr. Nelson has held the position of Chief of Colon and Rectal Surgery at Walter Reed National Military Medical Center. He served nine tours of duty in Iraq, Kuwait, Kosovo and posts across the world. He is committed to the care and treatment of all patients, including veterans in need of his medical expertise.

Dr. Nelson is dedicated to providing innovative treatment options, including minimally invasive surgery when surgical treatment is necessary. He specializes in:

- Colon and Rectal Cancer
- Colon and Rectal Polyps
- Ulcerative Colitis Surgery
- Warts
- Pilonidal Disease
- Colonoscopy
- Inflammatory Bowel Disease
- Diverticular Disease
- Anorectal Abscess and Fistula
- Hemorrhoids/Rectal Bleeding

For questions, or to refer a patient, please call 410.332.9356.



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The Institute for Cancer Care at Mercy offers:

- One-of-a-kind cancer treatment center
- A multidisciplinary team of physician experts
- Dedication to advancing breakthrough treatments for cancer management
- Cutting-edge cancer treatment with access to the latest clinical trials
- Pioneering and complex surgical techniques
- Innovative cancer therapies to meet clinical as well as personal needs for each patient
- Survivorship wellness programs for patients

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