

ONCOLOGY Connections

MAY 2008



**Salem Cancer
Institute**

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DEDICATED TO KEEPING PHYSICIANS INFORMED



Introducing Dr. John Strother

“We are both really excited to be coming down here,” he says, speaking for the family. “Salem’s medical oncologists ... are really topnotch.”

Having grown up in Pennsylvania, John Strother, the newest member of Hematology Oncology of Salem, found Oregon weather “so conducive to running” compared with the winter snow and summer humidity back home. In fact, when he arrived in Portland in 2000 to begin his internal medicine residency at Oregon Health & Science University (OHSU), he looked around “Pill Hill,” saw all the runners, and decided to take it up himself. This casual decision evolved into a daily practice and on April 21 he competed in the 112th Boston Marathon in weather that was damp but otherwise conducive to a 26-mile fun run.

After his residency Dr. Strother remained at OHSU for a hematology/oncology fellowship, where his research focused on gastrointestinal malignancies and non-oncologic hematology. When he and his wife, Stephanie, who came to Oregon from northern Minnesota, looked for jobs after training, they both wanted to stay in the Pacific Northwest and Dr. Strother went into private practice in Portland.

Stephanie decided to take a break from internal medicine to be a full-time mom to three-year-old Grant and 18-month-old Ben. As parents, both wanted a smaller-town environment for their boys to grow up in, something similar to Stephanie’s experience outside Duluth. John Strother had overlapped in training with several of the younger members of the Salem hematology/oncology group and they got in touch with him when a position opened in Salem.

“We are both really excited to be coming down here,” he says, speaking for the family. “Salem’s medical oncologists have a great reputation in Portland and are really topnotch. After a week into this, it already seems there are more patients on clinical trials here than at my previous practice and I’m excited about the potential for more OHSU protocols to open here.”

Although a busy practice, a young family, and competitive long-distance running do not leave much time for leisure activities, Dr. Strother finds it therapeutic to get outside and work in the yard. He says he used to enjoy reading, especially fiction, but for the foreseeable future Dr. Seuss and Maurice Sendak are likely to be his favorite authors.

Dr. Strother can be reached at 503-561-6444 in the Salem Health Center for Outpatient Medicine.

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Oncology Connections is produced 6 times yearly by Nancy Boutin, M.D., and the Marketing and Communications department at Salem Hospital. Please address questions or correspondence to nancy.boutin@salemhospital.org.

Colorectal Cancer Screening Follow-Up

In March, during Colorectal Cancer Awareness Month, the doctors of Salem Gastroenterology Consultants and Pacific Pathology worked together to offer free colonoscopies and pathologic evaluation to asymptomatic individuals older than 50, who match the population recommended for screening by the American College of Gastroenterology and the American Cancer Society. No invasive cancers were found; however, of the 15 patients screened, 11 had adenomatous polyps removed, 6 had hyperplastic polyps, and 2 were diagnosed with diverticulosis. The point of colorectal screening is not only to identify malignant

lesions but also to remove premalignant lesions and prevent development of cancer. The patients who underwent free polypectomies have now reduced their lifetime risk of colorectal cancer, which saves them not only the human cost of cancer treatment but also the financial cost of caring for uninsured cancer patients—which we all do without question. Next year the group hopes to extend the service to two free colonoscopies per workday or 40 for the month. For more information about colorectal cancer screening, go to: www.cancer.gov/cancertopics/factsheet/Detection/colorectal-screening

Board Member Profile

—Michael George, M.D.

... George hopes to create an infrastructure that will do for our patients what he did for his mother.

Mike George, a Salem radiologist, knows how to find opportunity in adversity. Once, after a winter snowstorm made getting around Iowa City difficult, George pulled out an old pair of cross-country skis to get to work at the University of Iowa College of Medicine. He says he tried a few runs and “thought it required too much skill, so I decided to dumb it down even more to snowshoes.”

Now, many years later, George and his wife, Teresa, are avid snowshoers and can enjoy places inaccessible to most winter recreationalists. “You can go up or down almost anything on them,” he says. “We even have a little pair of Bear Paws for Tommy, our three-year-old, but he mostly just likes to run around and throw snowballs.”

In 2005, when George’s mother back in Des Moines developed severe back pain, his dad called for advice. With a fellowship in musculoskeletal radiology and a lot of experience putting needles in spines, George was an obvious source of information. But when a chest X-ray showed multiple metastatic lesions, leading to a diagnosis of pancreatic cancer, it took more effort for him to find the right information. Despite the fact that George’s father was a boyhood friend of



his mom’s oncologist and had ready access, he relied a great deal on the doctor in the family to answer questions, explain test results, and help in decision-making. “Having someone there who could have coordinated things for my parents would have been a big help,” says George.

As a member of the Salem Cancer Institute Advisory Board, George hopes to create an infrastructure that will do for our patients what he did for his mother. He’d like to be able to offer every patient access to good information and a ready ear right at the time of diagnosis. Not every patient has a doctor in the family.

Relay for Life: “There’s No Place Like Hope.”

... Dean is obligated to take a lap dressed as Glinda the Good Witch.

On June 12 and 13, Salem Cancer Institute (SCI) will sponsor its first team in the Salem Relay for Life at Chemeketa Community College. The relay is the American Cancer Society’s premier fundraising and cancer awareness event. Top-earning colleges and communities raise upward of \$250,000 each year to support research, advocacy, and patient services.

The Salem medical community is no stranger to the Relay for Life, having sponsored teams annually since the first event in 1994.

For many years Bud Pierce, SCI board member and Salem medical oncologist, has been the instigator behind Bud’s Extreme Team. Members pledge to walk for the entire 24 hours of the event, with bathroom breaks and “sit to change their socks” breaks allowed. Bud states, “It has been known that some champagne has shown up on frequent occasions at the end of the events, and there is a toast.”

Phtech, a medical information systems company founded by Salem internist Michael



Rohwer, is typically a big contributor, having already raised almost \$100,000 for the American Cancer Society, with a goal of an additional \$20,000 in 2008.

Dean Schwinabart, lead therapist in Radiation Oncology, heads SCI’s team this year. With the slogan “There’s No Place Like Hope,” the SCI team has embraced a Wizard of Oz theme. If the team raises the pledged \$2,000, Dean is obligated to take a lap dressed as Glinda the Good Witch. In addition to installing a donation bowl and a life-sized Glinda cut-out on the first floor of the Center for Outpatient Medicine, the team is raising funds the old-fashioned Kansas way: auctioning quilts and baskets in the hospital on May 28. For information about sponsoring a walker or joining a team, contact any of the above-named individuals.

For information about the Relay for Life or how to start your own team, go to <http://relay.acsevents.org>, click on “Find an Event” and type “Salem” or a local ZIP code.

Head and Neck Cancer Awareness Week



As part of Head and Neck Cancer Awareness Week, Salem Cancer Institute Medical Director Nancy Boutin addressed the Chemeketa baseball team about the risk of developing these cancers. In a presentation worthy of a 1960s’ drivers’ education horror show, she presented photographs of young men with oropharyngeal cancers and their appearance and function post-treatment. It has become evident to the oncology community that while the old vices of chewing tobacco, snuff, cigarettes, and alcohol lead to these devastating lesions, an equal number of head and neck cancers in young patients are caused by marijuana use and sexually transmitted human papillomavirus (HPV types 16 and 18). The bottom line: you can’t trade one vice for another and expect to get away with it.

For more information about HPV and oral cancers, go to: www.rdoc.org.uk/hpv.html www.oralcancerfoundation.org/facts/humanpapillomavirus.htm

ONCOLOGY Connections

A word about Melanoma

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In March 2008 melanoma was briefly in the forefront of public awareness as the press tried to make a campaign issue of Senator John McCain's 2000 diagnosis. Medical experts rushed to explain that an early cancer, like McCain's Stage IIA lesion, has an extremely high cure rate. Therefore, it really was not a campaign issue at all, especially after an interval of eight years—regardless of one's political orientation.

With May officially designated National Skin Cancer Awareness Month, it is a good time to remind clinicians and patients that

early detection and complete excision remain the gold standard in the treatment of this disease. Despite intensive research, clinical trials of vaccines, chemotherapy regimens, and targeted antibodies, no systemic or local therapy except surgery has made much of a dent in the long-established survival curves, stage for stage, for this disease.

Although sunscreens and hats are a good idea, an Australian study from the 1980s suggests that the melanoma you find today was likely caused by sun exposure decades ago. Surveillance is paramount, coupled with a low threshold for excisional biopsy of irregular pigmented lesions, moles that have lost their pigment, and birthmarks that seem to be changing.

If a melanoma is found, referral to a surgeon with experience and expertise in appropriate surgical technique and sentinel node biopsy is a must.

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