



The new North Carolina Cancer Hospital, pictured here in the architect's rendering.

PATIENTS BENEFIT FROM UNC'S MULTIDISCIPLINARY TEAM CARE IN MANY WAYS:

- New patients are contacted promptly.
- All new referrals are seen within two weeks.
- Referring physicians are encouraged to participate in their patients' plans of care.
- Available X-rays and biopsies are gathered in advance.
- A patient plan of care is developed and discussed with the patient the same day.
- Communication of the evaluation and care plan is sent to the primary physician.

Please call 919-966-9700 for Patient Referral

Or call the Carolina Consultation Center at 1-800-862-6264



Visit our website at <http://unclineberger.org>



UNC Hospitals and The North Carolina Cancer Center are located on Manning Drive in Chapel Hill. Patients can be dropped off at the door of the Cancer Center via the driveway in front of the hospital complex. Entrance to the Dogwood Parking Deck is from East Drive, across Manning Drive from the hospitals. A shuttle runs from this deck to the hospitals. Manning Drive is accessible between 15-501 and South Columbia Street.



THE MULTIDISCIPLINARY Gastrointestinal Oncology Program
at the *North Carolina Cancer Hospital*

THE MULTIDISCIPLINARY APPROACH

The University of North Carolina at Chapel Hill offers advanced multidisciplinary treatment and care for patients with gastrointestinal (GI) cancer.

Established in 1979, UNC's GI oncology program is one of the oldest and largest referral centers in the state, combining the expertise of physicians from medical oncology, surgical oncology, GI medicine, radiation oncology, GI surgery, diagnostic radiology, surgical pathology and reconstructive surgery. In addition, collaboration within the UNC institution and throughout the nation ensures patients receive the most advanced specialty care for management of these complex diseases.

Our foremost goal is to develop new approaches to improve the outcomes for patients with gastrointestinal cancer, while allowing them to maintain the quality of life they desire.

About five percent of cancers cluster in families in a way that indicates a genetic cause.

UNC's Cancer Genetics Program offers a full spectrum of services including clinical counseling, genetic testing (when appropriate) and the opportunity to participate in ongoing research. A dedicated team of genetic counselors, medical geneticists and oncologists confer to offer individualized medical intervention for families who may have a genetic predisposition to various forms of cancer.

The treatment plan is typically implemented by the referring physician, as is contact between our department and patients. Recommendations improve as more data and experience make rapid changes in the field of genetics possible.

For referrals or further information, please call 919-966-9437.



Individual, Personal Care

UNC's surgical, medical, and radiation oncologists collaborate closely with interventional radiologists to deliver the best individualized patient care. This team approach facilitates resection and intraoperative multimodality treatment of complex malignancies involving multiple organ systems in order to accomplish margin-negative results.

Fellowship-trained surgical oncologists at UNC offer the newest innovations in surgical care to patients diagnosed with gastrointestinal cancer. UNC has been a leader in the Southeast in the use of radiofrequency ablation (RFA) techniques as a means of treating colorectal cancer that has spread to the liver.

TRANSLATIONAL RESEARCH

The UNC Lineberger Comprehensive Cancer Center (LCCC) has achieved international recognition for its research, treatment, and training efforts to combat cancer. It is one of an elite few National Cancer Institute-designated Comprehensive Cancer Centers. UNC is ranked in the top 15 institutions nationally in cancer research funding.

The Gastrointestinal Cancer program at UNC is one of only five Cancer Centers in the United States to be awarded a National Cancer Institute-funded SPORE (Specialized Program of Research Excellence) grant for the study of cancers of the GI tract. SPORE grants were established by the NCI in 1992 to promote interdisciplinary research.

RFA may be performed through tiny incisions, using a laparoscopic approach or through the skin using computed tomography (CT) or ultrasound to direct the placement of the treatment probes. Another imaging procedure offered at UNC is intraoperative ultrasound technology. This technique provides the most sensitive tool for the assessment of primary and metastatic gastrointestinal tumors.

Laparoscopy is also used in the treatment of colon and rectal cancer and to enhance staging prior to the resection of esophageal, gastric, gallbladder, bile duct, and pancreatic malignancies. Much smaller incisions are possible with laparoscopic procedures, reducing pain and healing time for patients. Robotic surgery is another minimally invasive technique available at UNC.

This grant now funds a large number of exciting and innovative projects at UNC, which aim to hasten the use of novel findings from the technology of the lab to clinical settings. Competition for these awards is intense and getting such an award indicates that the research program is one of the best in the country in that discipline. Many of the clinicians of the GI Cancer program are active participants in SPORE research projects.

The presence of the SPORE grant provides a unique opportunity to integrate the laboratory and clinical science in the treatment of GI cancer at UNC, to the advantage of our patients.

GI physicians are also principal investigators for clinical trials developed through the National Cancer Institute and Cancer and Leukemia Group B (CALGB).

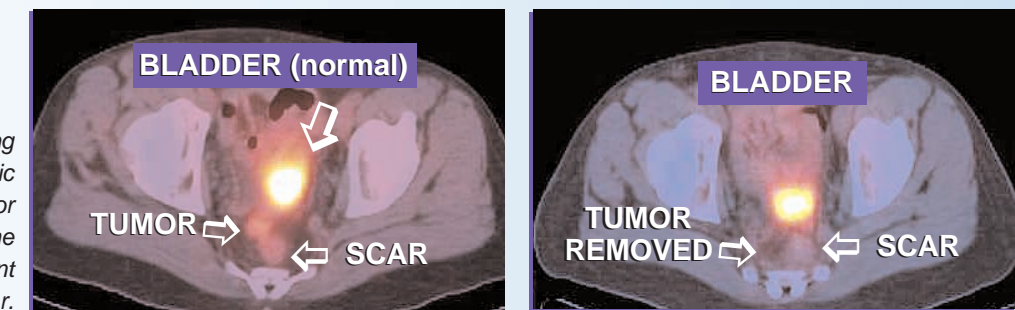
The surgical oncology division has established significant surgical expertise in the treatment of locally recurrent colon and rectal cancer. The combined modality treatment program specializes in sphincter-sparing surgery and management of rectal cancer focused on avoiding colostomies. The use of intraoperative radiation therapy (IORT) and brachytherapy have also been incorporated as components of treatment of recurrent or advanced rectal cancers. This tool allows administration of radiation at the time of resection to sensitive areas that may not be accessible with external beam radiation therapy, or to areas deemed to be of concern for recurrence. UNC is one of the few institutions in the country combining these operations with intraoperative radiation.

Current clinical trials are for exciting new agents that target only tumor blood vessels, growth factors and genes that cause resistance to standard therapies. UNC is also a leading institution in combining new biologically oriented therapies in combination with radiation to improve the efficiency of radiation in killing cancer cells, and allowing for lower doses of radiation to protect normal organs such as nerves, intestines and bone marrow. UNC also offers new therapeutic alternatives to patients who may not have responded to other conventional forms of chemotherapy and radiation therapy.

<http://unclineberger.org>

IMAGING

A patient with an increasing level of Carcino Embryonic Antigen after surgery for rectal cancer. PET helped the surgeon to distinguish recurrent tumor from scar.



MAGNETIC RESONANCE IMAGING (MRI)

UNC's team of radiologists has particular expertise in high-resolution imagery through the development of advanced Magnetic Resonance Imaging (MRI) techniques. UNC's scanning and imaging technology is two generations ahead of current medical industry standards, setting the benchmark for precision, accuracy and top quality patient therapy. Advanced MR processes provide a truly comprehensive guideline on disease processes, particularly in the area of liver and pancreatic cancers.

Successful cancer management can only be accomplished with accurate staging prior to therapy. UNC provides Endoscopic Ultrasound (EUS), an important diagnostic tool in suspected rectal, pancreatic and esophageal lesions. EUS, in addition to radiographic imaging, provides improved quality imaging and increased accuracy for staging and resectability for tumors. An ultrasound probe at the tip of an endoscope enables greater image visualization, allowing evaluation of tumor extension within the gastrointestinal tract, and differentiation between cancerous and non-cancerous findings.

POSITRON EMISSION TOMOGRAPHY

Positron Emission Tomography (PET) makes images after glucose tagged with a small amount of a radioactive substance is administered. The radiation exposure is similar to a regular chest X-Ray. Cancerous tissue metabolizes more glucose than normal tissue, so will absorb more of the substance and appear brighter than normal tissue on the PET images. PET can detect tumors much earlier than CT and MRI. PET has been used particularly in GI tumors to see if there is tumor outside of the liver before liver surgery and to distinguish recurrent tumor from scar. UNC's technology allows making CT images at the same time as PET images and overlaying the two images for a more complete patient assessment.



Leading

Our mission is to provide each patient with multidisciplinary input, but never at the expense of personal care.