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.

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.

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

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.

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.

Visit our website at http://unclineberger.org

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.
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 a select few National Cancer Institute-designated Comprehensive Cancer Centers. UNC is ranked in the top 15 institutions nationally in cancer research funding.

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.

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. This 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.

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.

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