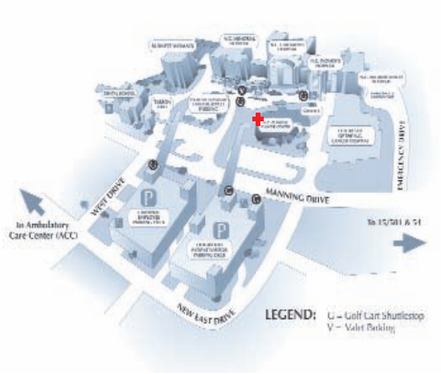

UNC Hospitals and The North Carolina Cancer Center are located on Manning Drive in Chapel Hill. Patients can be dropped off at the door of the Cancer Center via the driveway in front of the hospital complex. Entrance to the Dogwood Parking Deck is from East Drive, across Manning Drive from the hospitals.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

UNC
LINEBERGER COMPREHENSIVE CANCER CENTER
NC CANCER HOSPITAL

Visit our website at
http://unclineberger.org

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 919-966-8128 for Patient Referral
Or call the Carolina Consultation Center at 1-800-862-6264 to speak with an MTOP Nurse or Physician

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THE MULTIDISCIPLINARY Thoracic Oncology Program

at the North Carolina Cancer Hospital

MTOP

THE MULTIDISCIPLINARY APPROACH

The Multidisciplinary Thoracic Oncology Program (MTOP) at the University of North Carolina Hospitals in Chapel Hill began in 1993 as a conviction that we could be more effective in conquering cancer by combining the expertise of UNC's world renowned specialists in pulmonary medicine, thoracic surgical oncology, medical and radiation oncology, thoracic radiology, pathology, and oncology nursing into a single group, all seeing patients with thoracic cancers at the same time. The program is designed so that patients actually meet physicians offering every possible treatment option on one day, ensuring the most advanced specialty care for management of suspected or proven thoracic malignancies, including cancers of the lung, esophagus, thymus, chest wall and mediastinum.

MTOP
Has Four Major Goals:

- *To provide the highest quality, most advanced care to our patients, maximizing efficiency to achieve a high level of patient satisfaction;*
- *To inform others in the medical and lay communities of advances in the treatment of thoracic malignancies and to implement treatment policies that are backed by data;*
- *To support clinical research of thoracic malignancies by directing and participating in clinical studies, as well as designing new treatment protocols;*
- *To foster translational research in thoracic malignancies by providing an interface between basic science researchers and practicing clinicians.*

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

Individual, *Personal Care*

A Nurse Navigator helps patients and families navigate through the stress of the cancer diagnosis and individual treatment plans. The Program Coordinator arranges appointments and obtains records and materials prior to the first visit. A professional counselor and patient advocate meets with each new patient and family to address practical concerns, provide emotional support and offer resources. Smoking cessation information is available to patients and family members. An oncology dietitian is also available to meet with patients.

The entire team gathers on clinic days to discuss each new patient and any new issues involving established patients. Dedicated thoracic radiologists and pathologists review the available X-rays and slides. Referring physicians are welcome to attend the conference to discuss their patients or to bring outside cases for discussion with the group. Treatment decisions are based on objective data, reviews of relevant major studies, the expertise of MTOP team members and the consensus opinion developed at the multidisciplinary conference. A summary of the discussion and plan is placed in the patient's chart and sent to the referring physician.

The collaborative nature is not limited to the conference. MTOP team members are resources for each other as patients progress through treatment phases. Communication and coordination of care, possible through the multidisciplinary program, enables unique delivery of extraordinary cancer care at UNC.

A patient plan of care is developed and discussed with the patient the same day.

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.

Clinical oncology is a rapidly changing field rich in technological advances. MTOP has developed a wide range of ties between clinical practice and the basic science labs of the UNC Lineberger Comprehensive Cancer Center to ensure rapid integration of dramatic developments. MTOP physicians work in collaboration with scientists developing novel therapeutic and diagnostic tools using the full range of molecular and genetic tools available anywhere.

Many MTOP physicians are involved in basic science as well as clinical research to improve care for patients with thoracic malignancies and have published numerous national studies. Clinical research at UNC is state of the art and not generally available at other institutions. They have been selected as principal investigators for National Cancer Institute-sponsored studies and have developed national protocols for thoracic cancer treatment. Other LCCC protocols originating from the MTOP are being conducted throughout the eastern United States. MTOP physicians hold major positions in such organizations as the American College of Chest Physicians, the American Society of Clinical Oncology, the International Association for the Study of Lung Cancer, and Cancer and Leukemia Group B (CALGB), a national research organization. They frequently lecture at conferences and symposia, where they share research results and treatment advances.

UNC offers the most up-to-date advances in diagnostic tools, surgical techniques, and medical and radiation therapies to provide the highest quality patient care.

Surgery is performed by specially trained thoracic surgical oncologists. Radiation therapy is delivered based on modern three-dimensional treatment planning and the latest generation of chemotherapy drugs is available and used in most of the MTOP treatment protocols involving chemotherapy.

Some of the highly specialized treatments available are:

- *Laser bronchoscopy for relieving symptoms of obstructed central airways*
- *Airway and esophageal stenting to relieve abnormal narrowing that cannot be resected*
- *Electromagnetically guided bronchoscopy for safely diagnosing peripheral lung lesions (Superdimension Bronchoscopy)*
- *Radiofrequency ablation (RFA) of small tumors in patients unable to undergo surgery*
- *Targeted chemotherapy regimens designed for specific tumor characteristics*
- *High dose rate radiation therapy for advanced stage tumors*
- *CyberKnife®, allowing more precise delivery of radiation to tumors, will be added to the UNC Cancer treatment armamentarium in 2007*

A lesion was found on a CT scan. A PET scan was performed to see if it was "metabolically active." The lesion was and the patient underwent surgery which revealed adenocarcinoma.

PET SCANS

Positron Emission Tomography (PET) is a radiology procedure that makes images after glucose tagged with a small amount of a radioactive substance is administered. The type of radiation is similar to an 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 particularly used to detect lung tumors while they are very small and to find metastases early. UNC has a PET-CT machine, so CT and PET images are made at the same time.

LIFE BRONCHOSCOPY

MTOP has brought together the molecular biology expertise of the National Institute of Environmental Health Sciences in conjunction with Light-Induced Fluorescence Endoscope (LIFE) bronchoscopy. Illumination with the blue light of the LIFE system causes normal cells to autofluoresce bright green, while areas of dysplasia, appear reddish-brown. The ability of LIFE to detect premalignant lesions provides an exciting opportunity to understand the molecular biology responsible for the transformation of these cells to frank malignancy. This allows for investigation of methods of cancer prevention in patients at high risk for developing lung cancer.

Achieving

WORKING AS A TEAM TO ACHIEVE EXTRAORDINARY PATIENT CARE.

http://unclineberger.org