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Spring 2013 healthpoints

ALL THE POSSIBILITIES OF MODERN MEDICINE



COLUMBIA UNIVERSITY
MEDICAL CENTER

Department of Surgery
In affiliation with
NewYork-Presbyterian Hospital



Craig R. Smith, MD, FACS
Chairman,
Department of Surgery

Greetings: Message from the Chairman

As the first signs of spring appear, I am happy to note that more and more readers are taking proactive steps to make lifestyle choices towards good health, based on positive feedback from our department's blog, columbiasurgery.net.

This issue of healthpoints highlights three topics that touch many of our readers' lives. **Margaret Chen, MD, FACS**, a new surgeon in the Division of Breast Surgery, discusses breast cancer in Asian American women. Patient Stan Adler shares his personal story about his treatment at our IL-2

program, which led to his complete recovery from metastatic melanoma. **Roman Nowygrod, MD, FACS**, a seasoned vascular surgeon, helps readers to understand what leg cramping can mean and how vascular problems are identified and treated.

All who are interested in issues of organ transplantation are invited to attend the upcoming *Sharing Life Day*, a special organ transplant forum April 28, 2013; see details within.

Happy and healthy spring to all. ■

Story of Hope: Metastatic Melanoma

Stan Adler had more tumors than his doctors could count. He beat the odds with high-dose IL-2 therapy.

We put on our sunscreen because somewhere in the back of our minds we know we should take precautions to ward off skin cancer, but for many of us the possibility seems remote. Yet melanoma has risen to become one of the deadliest cancers today, causing close to 50,000 deaths per year worldwide.

Stan Adler knows this too well, after a suspicious mole on his father's back claimed his life just 18 months later. Stan became diligent about checkups since his father's death. When he developed a mole in 2000, he saw his dermatologist and had a biopsy right away. The lesion was melanoma, but he was told that due to its small size it was not terribly dangerous. He had aggressive surgery to remove the mole, followed by checkups every three months thereafter.

At first, everything was fine. Then, just under five years later during a golf trip in the Dominican Republic, Stan suddenly lost his appetite. He felt nauseous and developed a bizarre, acute sensitivity to smells. He assumed it was something in the water. But when symptoms persisted after he returned to New York two weeks later, he saw his doctor. A CT scan revealed metastatic melanoma, and according to the radiology report, there were more tumors in his liver, lungs, and lymph nodes than the doctors could count.

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"Every day I recognize that I've been given a second chance, so I do what I can to make the most of that gift." — Stan Adler

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1.855.CUSURGE

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www.columbiasurgery.org

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So at age 52, Stan was told he had six months to live and to get his affairs in order. But Stan didn't do as he was told. He decided to fight—not because he was angry or afraid, because he felt truly grateful for his life and could accept dying—because he wanted to leave his children with a model of facing challenges like this with courage, determination, and humor.

Within a solid week of research, he discovered that his best chances would lie in trying the available therapies in careful sequence. "Each therapy had significant side effects, and if I tried certain ones first but they failed, I would be too sick to try some of the others." He wanted to begin with interleukin-2, or IL-2 therapy, which entails infusion of high doses of the immune factor IL-2 to blast the immune system into fighting the growth of the cancer cells. IL-2 is used to treat both renal cell carcinoma and metastatic melanoma.

At that time (2005), only two centers in New York offered high-dose IL-2 therapy. Stan chose NYP/Columbia's melanoma program, then under the direction of **Howard Kaufman, MD**, who concurred that he was an appropriate candidate for IL-2. Treatment entailed one week of therapy at the hospital followed by two weeks at home for 6 rounds. Side effects were horrific, Stan recounts—nausea, vomiting, rigors, hiccups, itching, skin peeling, diarrhea, loss of blood pressure, gaining 25 lbs of fluid with each round of therapy, wild swings in kidney and liver enzyme levels, and more. He had such vivid hallucinations that twice he pulled out his PICC line, as it was 5:30 am and he thought it was time to go to work.

But enduring it all was well worth it, Stan says. He remembers standing on the 7th tee with his golf buddies after his second round of treatment, when Dr. Kaufman phoned with the good

news that his tumors had been reduced by 50%. After the next two treatments, only 15 tumors remained. Stan had two final treatments, which destroyed 14 of the 15. The last remaining tumor took the better part of a year "to flicker and eventually go out like a light," says Stan. As of September 2006, his doctors pronounced him as "NED," or "no evidence of disease."

Following this declaration, Stan diligently followed up with PET, CT, and MRI scans every three months, then every six months, then annually. He remains clear of disease to this day.

IL-2 therapy is not right for everyone, and some patients respond to IL-2 better than others. Although doctors can't yet predict who will or will not respond, they know that the better one's overall health status, the better it works, and it does not work as well if someone has already had chemotherapy, which compromises the immune system.

Despite the serious side effects associated with IL-2 therapy, Stan offers encouragement from his experience for others facing metastatic melanoma. "All the side effects are reversible. You become yourself again within a week." What's more, patients find out very quickly whether IL-2 is working for them or not, and if it is not effective, they can then move on to try another treatment. Stan reflects that the challenges of the treatment were definitely worth it. "I have a new set of priorities now. I was able to see my second and third child get married, and enjoy two new grandchildren (and another is on the way)." ■

NewYork-Presbyterian/Columbia's Melanoma Center is the premier NY area center to offer IL-2 therapy for metastatic melanoma. Learn more by visiting online at www.columbiasurgery.org or by calling 1.855.CUSURGE

THESE EVENTS ARE FREE AND OPEN TO THE PUBLIC, BUT RESERVATIONS ARE REQUIRED.

SAVE THE DATE

Annual Pancreatic Cancer Awareness Day

**Saturday, November 9, 2013
New York, NY**

This community event will present the latest information about pancreatic cancer screening, early detection, and more. Faculty from the NYP/Columbia Pancreas Center provide this educational forum so that patients and their families may learn about treatment options and sources of support for those with pancreatic cancer.

Information and reservations:
Christine Rein
Telephone: 201.346.7014
Email: cmr2146@columbia.edu



Sharing Life Day

CELEBRATE, LEARN, MAKE A DIFFERENCE!

*Hosted by The Transplant Forum at
Columbia University Medical Center*

Sunday, April 28, 2013 • 11 am – 2 pm

- A celebration of organ donors and recipients, their families and friends, and the doctors, nurses and medical staff who devote their efforts to this life-saving work
- Interactive panel discussion with Columbia University faculty on the latest advances in transplant medicine, surgery, immunology, as well as issues of organ donation
- Patient stories you don't want to miss!
- Family-friendly lunch and activities

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Leg Cramping:

Minor Annoyance or a Serious Problem?

Most of us experience some form of leg cramping at one time or another, and quite often it is nothing. But how would we know if leg cramps are due to a vascular problem that requires treatment?

In his practice in the Division of Vascular Surgery, **Roman Nowygrod, MD, FACS**, sees many patients who experience unexplained sudden cramping, usually at night. Such cramping can affect people of all ages, although it occurs more commonly in older people. Patients may ask their primary care physicians about this pain, and if it continues for several months or more, may find themselves in Dr. Nowygrod's office.

First, Dr. Nowygrod performs a physical exam that includes special attention to any sign of problems with the arteries and veins. "I am looking for any reduction or asymmetry in arterial pulses, or history of claudication," he says. "This often manifests as repetitive symptoms of cramping brought on by exercise and relieved by rest." Symptoms of venous insufficiency may include skin color changes, swelling, varicose veins, history of blood clots in the patient or in family members, ulcerations near the inner ankle, and other changes in the quality of the skin. Symptoms of arterial narrowing may include claudication (leg cramping while walking) as well as coronary artery disease, stroke, mini-stroke, and any past or present signs of arterial blockages in the legs.

Depending on the individual's health history and physical exam, Dr. Nowygrod may then perform venous or arterial testing, or both. These circulation tests include Doppler and ultrasound, which are completely noninvasive and painless.

"When primary care or other physicians have referred a patient to my office, they have already ruled out thyroid disease, kidney disease, heart disease, abnormalities in blood chemistry, and other health issues that could be associated with leg cramping. My task is to determine whether vascular disease is involved," says Dr. Nowygrod.

Venous Disease

Venous disorders, which affect about 80 million Americans and are about 20 times more common than arterial disease, encompass a broad spectrum from spider and varicose veins to leg ulcers and deep vein thrombosis. It is important that people receive evaluation and treatment at the earliest stage possible, because once venous problems cause significant damage to the skin, they can be extremely difficult to treat. The Vascular Surgery Vein Programs at NYP/Columbia offer minimally invasive treatments for all forms of vein disease.

Arterial Disease

Peripheral arterial disease (PAD) is generally the result of a narrowing of the arteries in the pelvis and legs. Like



Dr. Nowygrod administers a noninvasive arterial flow study to evaluate Lillie Adkins' leg and foot pain. The test found significant arterial blockages in her thigh, which will be treated with balloon angioplasty and stenting.

arteriosclerosis (also called atherosclerosis), or narrowed arteries in the heart, PAD involves narrowed or blocked arteries to the lower body or extremities, and has many of the same causes as its counterpart in the heart. Arterial disease often occurs as part of the aging process and mainly affects people over age 65, but younger people who have history of diabetes, high blood pressure, smoking, and family history of arteriosclerosis are at a higher risk of developing PAD.

There are other relatively uncommon causes of arterial disease, such as popliteal entrapment syndrome, in which the calf muscle tendon impinges on the artery. This uncommon syndrome tends to affect younger patients.

In most cases, Dr. Nowygrod is able to rule out the presence of a serious underlying vascular condition. In the absence of vascular disease, Dr. Nowygrod provides advice about how to manage hydration, weight, exercise, and muscle fatigue. He also prescribes recommendations for prevention, which frequently include important lifestyle recommendations such as a healthy diet, weight loss, and physical activity.

When leg cramping is caused by vascular disease, treatment will depend on the severity and nature of the disease, says Dr. Nowygrod. In many cases, conservative, non-operative measures such as support stockings are sufficient, while in others, therapy may be needed to improve the problem. The most common procedures he performs are minimally invasive vein ablations, stab phlebectomy, balloon angioplasty with or without stenting, and extremity bypass operations.

"Prompt treatment is important for preventing complications in the future," he explains. The full spectrum of treatment options are available at the Division of Vascular Surgery; "Regardless of the severity of a patient's problem, we have the resources to provide effective care, and almost always through non-invasive or minimally invasive therapy," says Dr. Nowygrod. ■

Learn more about vascular disease at columbiasurgery.org, or call 855.CUSURGE to schedule a vascular screening or appointment.

Breast Cancer in Asian American Women

Using every possible approach, Margaret Chen, MD, FACS takes on breast cancer through patient care, research, and education.

During the last few decades, advances in diagnosis and treatment have yielded great improvement in the lives of women with breast cancer, and the majority of women today can expect excellent outcomes on the whole. Yet among Asian women, the picture is not as optimistic. The incidence of breast cancer has risen dramatically among Asian American women in the last ten years, and continues to rise rapidly in China, Korea, Singapore, and Malaysia. Asian women tend to develop breast cancer at earlier ages than their non-Asian counterparts—even before the age at which mammography is normally recommended—and the forms of cancer tend to be more aggressive due to the presence of certain genetic factors.

What's more, due to cultural factors, Asian women tend to be less likely to receive screening mammograms, and if they must eventually undergo mastectomy, many decline reconstructive techniques that are available.

Margaret Chen, MD, FACS, Assistant Professor of Clinical Surgery at the Division of Breast Surgery, aims to reverse these trends. A talented specialist in minimally invasive breast surgery, Dr. Chen is considered an authority on breast cancer in Asian women. New to the Clinical Breast Cancer Program as of January 2013, Dr. Chen's approach includes serious efforts in the following areas.

Patient Care

Dr. Chen's practice at NYP/Columbia includes patients with breast cancer and all forms of breast disease. She places great emphasis on patients' quality of life, always seeking to use the least invasive therapy available. According to **Sheldon M. Feldman, MD**, Chief, Breast Surgery Section, treatment not only targets the cancer, but prioritizes cosmetic outcomes and quality of life, both during and after treatment, for each person. "Dr. Chen is a perfect fit with this philosophy. She is incredibly sensitive to her patients' needs and devotes much care to explaining their options."

Research

Dr. Chen will be leading a trial of minimally invasive treatment of small breast tumors. Before arriving at NYP/Columbia in January 2013, Dr. Chen collaborated with Kambiz Dowlatabadi, MD (at Rush University Medical Center, Chicago) in a study of percutaneous interstitial laser ablation (ILA) of



*Margaret Chen, MD, FACS
Assistant Professor of Clinical Surgery*

fibroadenomas, benign breast tumors that occur most commonly in younger women. In ILA, tumors are destroyed using a needle-sized probe with a laser. Now Dr. Chen will be offering ILA to women with small breast tumors (under 2 cm) as part of a new NYP/Columbia protocol to further study the technique. Based on the extremely positive results observed in her previous work, she and Dr. Feldman are hopeful that a nonsurgical approach for breast cancer will soon be possible. "Our goal is to do minimally invasive surgery for breast cancer," says Dr. Chen.

Dr. Chen is active in other areas of research as well, such as a gene expression study to identify genetic factors affecting breast cancer in Chinese women. She also plans to collaborate

with researchers at the Mailman School of Public Health to study decision-making among women with breast cancer, in order to address disparities in healthcare caused by women declining certain forms of care.

Education

Through her years of practice, Dr. Chen has found that certain areas of care can be improved through education. A highly-sought speaker in the Asian American medical community, she gives frequent talks at the annual breast cancer symposia for the Association of Chinese American Physicians, the Chinese American Medical Society, the American Cancer Society Asian Initiatives, and others. She conducts outreach efforts through Chinese language radio, newspaper, and live events in order to reach Chinese American patients and physicians in the New York metropolitan area. In her clinical practice, she takes time to fully explain treatment options to every patient. Since Asian women often do not make use of reconstruction therapies after mastectomy although reconstruction is shown to improve quality of life after surgery, Dr. Chen helps patients to better understand this option.

"I am excited to work together with the excellent teams in breast oncology, imaging and radiation oncology, and genetics to better understand breast cancer and help women through research, clinical care, and education," says Dr. Chen. ■

Learn more about the Clinical Breast Cancer Program at: www.breastmd.org



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