



Doctors from Advocate Good Shepherd Hospital present updates on breast cancer treatment advances for the hospital's medical staff. From left: Stephen Madry, M.D., Plastic Surgeon; Barry Rosen, M.D., General Surgeon and Co-Medical Director of Good Shepherd's Breast Care Center; James Ruffer, M.D., Medical Director for Radiation Oncology for the Breast Care Center; and Sandeep Chunduri, M.D., Medical Oncologist at Good Shepherd.

Advancements at Good Shepherd's Breast Care Center

QUINTESSENTIAL BARRINGTON WAS INVITED TO A PANEL DISCUSSION HELD ON JANUARY 19 WHERE ADVOCATE GOOD SHEPHERD'S BREAST CARE CENTER MEDICAL TEAM PRESENTED UPDATES AND ITS COLLABORATIVE APPROACH IN TREATING BREAST CANCER TO AN AUDIENCE OF MEDICAL STAFF FROM THE HOSPITAL. HERE IS WHAT WE LEARNED.

EARNING SHE HAS BREAST CANCER is one of the most terrible moments of a woman's life. That news becomes worse if the woman learns she must travel miles out of her way to receive the life-saving care she needs.

Patients served by Advocate Good Shepherd Hospital in Barrington don't have to worry about long trips into Chicago for breast cancer treatment, said Dr. Barry Rosen, a general surgeon and co-medical director of Good Shepherd's Breast

Care Center. Pledging "world-class care at your doorstep," Rosen recently led a team of physicians from the Breast Care Center to tell an audience of their colleagues about the latest advancements in breast cancer treatment at Good Shepherd.

"We want to be state-of-the-art," Rosen told the group gathered at the Onion Pub and Brewery in Lake Barrington. "We want to be able to provide services that you can't get elsewhere in the Chicago metropolitan area."



RADIATION UPDATES

Dr. Ruffer next took the microphone to talk about the high-tech types of radiation oncology available at Good Shepherd. “It’s an exciting time in radiation oncology,” he said.

In the past, radiation treatment for breast cancer meant seeing an oncologist five days a week for five to seven weeks. Now that traditional treatment takes less than four weeks, Dr. Ruffer said. However, Good Shepherd offers options that take considerably less time.

The latest treatment is intra-operative radiation therapy, or IORT for short. IORT is performed during surgery immediately after a lumpectomy. A device is inserted directly into the tumor site and emits low-level X-rays for 20 to 30 minutes. If the procedure is successful, the woman may not need any further radiation treatments.

“We are one of the few medical centers in the Chicago area that are doing this,” Dr. Ruffer said. He added that Good Shepherd has performed more IORT procedures than any other center in the area.

PRE-OPERATIVE THERAPY

Finally, Dr. Chunduri discussed an innovation called neo-adjuvant, or preoperative, chemotherapy. With this, a patient receives chemotherapy prior to surgery with the goal of shrinking a tumor so that she can undergo a lumpectomy rather than a mastectomy.

Because every patient’s cancer is different, the mix of medicines in the therapy differs by patient. In some cases, traditional chemotherapy may be mixed with antibodies such as trastuzumab or pertuzumab. “When you cannot pronounce the names, it’s generally chemotherapy,” he joked.

The Breast Care Center opened in a larger location near hospital’s entrance in May 2016 as part of the Good Shepherd renovation and modernization project that began in 2013. The center recently added two 3-D tomosynthesis machines, which can take three-dimensional mammograms for more accurate detection of tumors.

Dr. Rosen said Good Shepherd’s breast cancer cure rates exceed 90 percent thanks to earlier diagnosis and more effective therapies, and he shared the credit with the primary care doctors in the audience. “We’re finding cancers a lot earlier because you’re ordering the mammograms,” he said. 

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Jeffrey Westhoff is a freelance writer and author of the YA spy novel, “The Boy Who Knew Too Much.”

Dr. Rosen was joined during the presentation by Dr. James Ruffer, medical director for radiation oncology for the Breast Care Center; Dr. Sandeep Chunduri, a medical oncologist on staff at Good Shepherd; and Dr. Stephen Madry, plastic surgeon and president-elect of the Good Shepherd medical staff. They spoke to an audience of approximately 50 medical professionals—including primary care physicians, nurses, OB-GYNs, surgeons, and oncologists—with a goal of getting these professionals to feel comfortable referring their patients to the Good Shepherd Breast Care Center rather than one of the major, academic medical centers in Chicago.

Dr. Rosen said the Good Shepherd team at first decided they could equal the care provided at larger centers in the city, but then realized they could offer better care. Besides a much shorter drive, Dr. Rosen says Good Shepherd offers the advantage of a team approach with more personal care. “This really is a collaborative program,” Dr. Rosen said. “We really try to speak as one voice.”

Along with surgeons and oncologists, the Breast Care Center team consists of a nurse navigator, a psychologist, and a genetic counselor, among others. Every Tuesday morning members of this team convene for a weekly breast tumor board meeting to discuss the status and care of each woman currently being treated.

The team is also committed to patient-centered care, Dr. Rosen said. “We don’t take care of diseases. We take care of people.”

The doctors then took turns to discuss advances in their specialties. Madry joined Rosen to discuss oncoplastic surgery, a recent development where an oncology surgeon and a plastic surgeon

collaborate during a single procedure “to restore or improve a patient’s aesthetic result without compromising treatment,” Rosen said.

TWO SURGICAL APPROACHES

There are two basic surgical approaches to breast cancer, a lumpectomy, or a mastectomy. If the tumor is small enough, the surgeon can remove it with a lumpectomy. If the tumor is too large in relation to the size of the breast, then the breast is removed with a mastectomy. While it is known that a mastectomy will leave a woman disfigured, a lumpectomy can too, often leaving a cavity behind.

“Why should a woman have to be disfigured?” Dr. Rosen asked. A plastic surgeon whom takes over the procedure once the tumor has been removed can fill the cavity left by a lumpectomy or, even in the case of a double mastectomy, reshape the woman’s breasts so that the surgery is barely noticeable once she has healed. Dr. Madry said it is possible for a woman to look better after the surgery than she did before.

He added that surgeons use several advanced methods, including intra-operative ultrasound to pinpoint the tumor, and avoid such complications as re-excision. “Everything we’re doing, we’re trying to decrease these risks,” Dr. Madry said.

As Angelina Jolie did, some women will request a double mastectomy after genetic testing has revealed a high risk of breast cancer in their family. Rosen said this indicates the increased importance of genetic testing. “There has been a revolution in genetic testing,” he said, noting that some genetic tests now yield results in five to six days. “This should be like cholesterol screening in this country.”