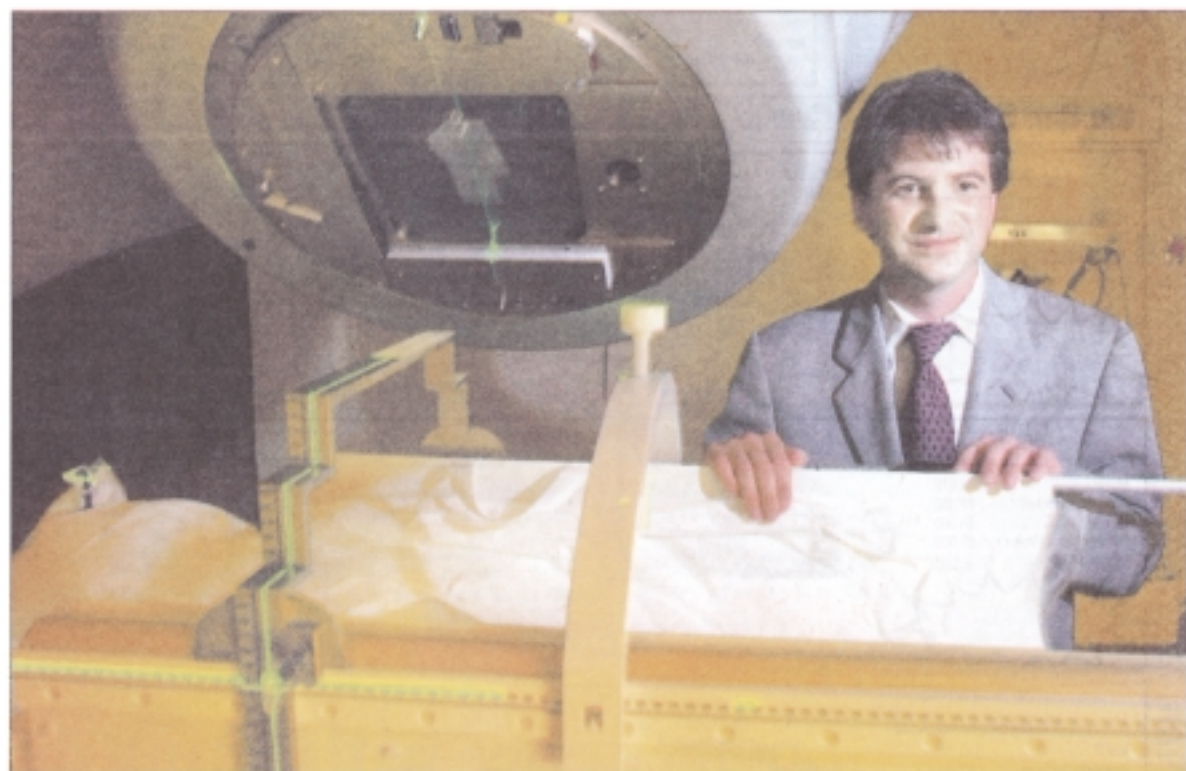


Mind & Body

FOR YOUR HEALTH, FITNESS AND MENTAL WELLNESS

A LIFESTYLE SECTION

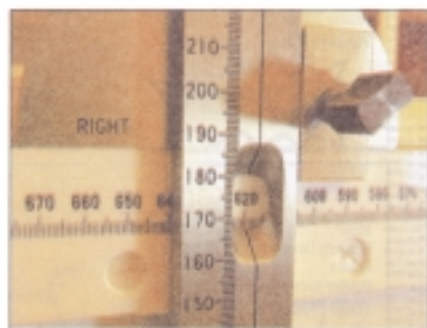


PHOTOS BY ANDY LAWALLEY/POST-TRIBUNE

Dr. Robert Woodburn stands with the Stereotactic Body Frame in use at The Methodist Hospitals in Merrillville. The frame is used with the linear accelerator (left) to help deliver cancer-radiation treatment. Precise measuring devices (below) keep the patient exactly aligned while the treatment is delivered as concisely as possible.

Cancer treatment offers hope

Targeted radiation spares surrounding tissue in innovative therapy procedure



By Laura M. Cusic

Post-Tribune correspondent

Phyllis Abramson has a cup holder that reads "The Lord won't give me any more than I can handle. I just wish he didn't trust me so much."

It's one of her favorites and with good reason. At 78, Abramson has survived a heart attack, a bout of pneumonia and, most recently, cancer. She suffers from emphysema and arthritis as well.

"You get to the point where you think, pick on someone else," said the feisty retired Crown Point school bus driver.

Abramson developed pneumonia while in the hospital recovering from her heart attack. The doctors found a spot on her lung after they did a scan.

"Oh, Lord, not something

more," Abramson remembers saying when she got the news. "I told my kids, 'Hasn't God given me enough right now?' I just figured that somebody handed me a signed, sealed and delivered death certificate. I really did."

On the other hand, Abramson, ever the optimist, said if she hadn't had the heart attack, they might not have found the spot as early as they did. And with cancer, early detection is the key to survival.

"There was no pain to start with so I had no idea there was anything there," said the great-grandmother.

Because of her heart condition, surgery was out of the question. But her doctors presented her with another option, a procedure called stereotactic body radiosurgery or SBR.

Benefits of SBR

SBR is precisely targeted radiation and its benefits are comparable to surgery, said Dr. Robert Woodburn, a board certified radiation oncologist with the Oncology Institute of Methodist Hospital in Merrillville. It's been found to eradicate the treated tumor 90 percent of the time, he said.

"We have sophisticated imaging that's a kind of missile-guided technology that allows us to target the tumor," Woodburn said.

For patients like Abramson, SBR is a godsend.

"There are a lot of people with early stage lung cancer that are being sent home without options who could be cured with this procedure,"

To learn more

For information on SBR, visit Dr. Woodburn's Web site at www.irsa.org. For information on cancer, visit the American Cancer Society's Web site at www.cancer.org or call (800) 227-2345.

About cancer

"Over one million people get cancer each year. Approximately one out of every two American men, and one out of every three American women, will have some type of cancer at some point in their lifetime. About 77 percent of all cancers are diagnosed in people age 55 and older. Cancer occurs in all racial and ethnic groups, but the rate of cancer occurrence (called the incidence rate) varies from group to group." — American Cancer Society Web site.

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Woodburn said. "For a person who is too old or sick to undergo surgery or who wants an alternative to conventional surgery, this is a good option."

SBR proved to be a life saver for Michael Salaz of Calumet Township as well. The 83-year-old retired Inland Steel diesel mechanic had the treatment in October of 2003. It was his second bout with lung cancer. He had surgery the first time, but that wasn't an option in this case.

"In that circumstance, there's only so much lung you can take out and he couldn't have any more taken out," Woodburn said.

By using SBR, "We spared the surrounding lung tissue," Woodburn said.

"It's better than getting cut," Salaz said. "I had no side effects whatsoever."

That's another advantage of SBR. Most people don't have any side effects other than something mild, like a dry cough, for a few weeks, Woodburn said.

History of SBR

SBR was developed in Sweden in the late 1990s. Woodburn said it has become more popular in this country in the last few years, but that many internists and even oncologists still aren't aware of it. He wants to spread the word about the procedure.

"I've always thought that it has a lot of potential. I was excited to bring that technology to The Methodist Hospitals. We've been able to help quite a few people already," Woodburn said. "We were able to cure them and

that's a good feeling. They go home and go on with their lives."

SBR is a completely noninvasive procedure that is performed on an outpatient basis. Patients are given three 40-minute treatments every other day and Woodburn said all major insurance companies cover it.

"It only took three treatments. Then I had to go back for a CAT scan and when I came out, he said the cancer is gone. They caught it at a very early stage," Abramson said.

With traditional radiation, patients may have to come in six to eight or even more times for treatment, depending on the cancer, said Greg Lossaso, vice president of diagnostic and therapeutic services at Methodist Hospital.

Lossaso was impressed by SBR's accuracy.

"You can deliver very targeted radiation, which hits the tumor sites and spares the healthy surrounding tissue around the tumor," Lossaso said.

SBR's predecessor was a machine called a gamma knife. The first one was built in 1968 in Sweden, Woodburn said. The gamma knife was used primarily to treat cancers of the brain, according to literature found on the American Cancer Society's Web site.

How it's done

How is SBR done? Patients are placed in a stereotactic frame, a bag that conforms to their body, keeps them still, in position, and even limits the tumor movement due to breathing.

"You have to hold that position for quite a while and it's a bit uncomfortable," Salaz

said. "Otherwise there's no pain whatsoever."

Woodburn says it can be used to treat many types of cancers, such as early stage lung cancer, cancerous tumors of the liver, kidney cancer, spinal tumors and adrenal gland tumors to name a few.

There were 4,836 new cases of lung cancer diagnosed in 2001, up from the 4,485 new cases diagnosed in 2000, said Lesley Dufner, an epidemiologist with the American Cancer Society in Lansing, Mich., which covers Michigan and Indiana. Those were the most recent numbers available, Dufner said.

Physicians have 18 to 24 months to actually report any case of cancer, which is why there's usually a two-year lag in the statistics, Dufner said.

Nationally, cancer claimed 553,768 people in 2001, according to the American Cancer Society's Web site. The American Cancer Society reports that lung cancer is the No. 1 cause of cancer deaths in the United States, killing more than 150,000 Americans each year.

Although lung cancer is one of the main cancers SBR targets, the procedure may be used to treat prostate cancer one day. In fact, there are some "experimental protocols for prostate cancer," but currently

none are available in the Chicagoland area. Woodburn hopes that situation changes soon.

Because the procedure is still relatively new, Woodburn is the only doctor performing SBR in the area. He does the procedure at the Merrillville campus of Methodist Hospital. Nationally, SBR is available in only 20 to 25 places, Woodburn says.

Abramson's doctor referred her to Woodburn. She "thinks he's pretty great," but admits she was shocked when she met the youthful looking doctor.

"I even asked him if he was old enough to be a doctor and he laughed," she said. "He comes and talks to you and he takes the time."