“Patients who were node negative after lymphatic mapping had a less than 3% chance of recurrence”
– Sukamal Saha, M.D.

Physicians Receive International Acclaim for Colorectal Cancer Research

Any major medical program would be proud to take credit for research that proves a new technique for staging colorectal cancer is much more effective than conventional surgery. But they can’t. Physicians at McLaren Regional Medical Center hold that right. With the recent release of results from a five-year multicenter trial of sentinel lymph node mapping in colorectal cancer, MRMC physicians have received a great deal of attention from the international medical community.

In 1996, surgical oncologist Sukamal Saha, M.D., was the first physician in the world to use lymphatic mapping in colorectal cancer. He is an active member of the MRMC medical staff, performing over 500 surgeries each year at McLaren. Dr. Saha’s inspiration came from his patients.

“I was perplexed when two of my patients, who had early malignant tumors of the colon, were treated with conventional surgery by me and yet developed liver metastasis following the surgery,” said Dr. Saha. “I asked myself, How did the cancer spread when the tumor was completely removed and the lymph nodes for pathological testing showed no sign of cancer?”

He suspected his patients who suffered

Sukamal Saha, M.D. (right) conducting a colorectal procedure in surgery with Kiet Dovan, D.O.

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a recurrence must have had micrometastatic disease. In these cases, cancer spreads to lymph nodes either too small or hidden behind other structures to be found in conventional pathology. Dr. Saha had learned of physicians using a colored dye to map the spread of melanoma and breast cancer through the lymph nodes in the early 1990s. Dr. Saha pioneered the method of lymphatic mapping to advance the detection and staging of colorectal cancer.

About Sentinel Lymph Nodes and Cancer
When a tumor is present in the colon or rectum, it is not uncommon for the cancerous cells to spread to lymph nodes in the area. The lymph nodes that first receive the drainage from the primary cancerous tumor are called the Sentinel Lymph Nodes. Often these lymph nodes are not easily visible as their average size is less than 5mm. Also, the lymph nodes that receive the first drainage from the tumor may not be the closest nodes to the tumor. These factors have traditionally hindered surgeons from being able to locate and remove all of the cancerous lymph nodes during surgery.

How does lymphatic mapping work?
During surgery, a blue dye is injected into the area around the tumor. The dye is used to trace drainage patterns of tumors to find “sentinel” lymph nodes, where cancer often spreads first. Within minutes, the deep blue dye travels and identifies the “sentinel lymph nodes.” Through precise pathological examination of these nodes, minute metastasis, often less than 1mm, have been found due to a detailed pathological examination as proven in this study led by MRMC pathologist David Wiese, M.D. in collaboration with Dr. Saha. Patients who have cancer found in their lymph nodes can benefit from systemic chemotherapy following surgery.

Patients who have cancer found in their lymph nodes can benefit from systemic chemotherapy following surgery.

Research proves benefits of technique
Dr. Saha, along with a dedicated team of physicians, nurses and support staff has published and presented his research validating the SLN technique in colorectal cancer at multiple national and international meetings.

Now physicians across the globe are participating in Saha’s SLN mapping study developed at McLaren.

Besides participation at several medical centers in the United States, surgeons in Italy, Germany, Poland, Switzerland, Brazil, Japan and the Netherlands are currently using lymphatic mapping in conjunction with surgery to better stage and treat cancer in the colon and rectum.

The most recent findings were published in the March 2006 issue of The American Journal of Surgery, Volume 191, Number 3. The paper addressed the importance of accurately staging colorectal cancer and proved that sentinel lymph node mapping is a more accurate form of staging than conventional methods. Saha’s group showed this by tracking the recurrence of cancer in 500 patients with colorectal cancer that underwent SLN mapping.

“Particularly our study showed that patients who were node negative after lymphatic mapping had a less than 3% chance of recurrence,” stated Dr. Saha. “Hence, they probably would not need any other treatment beyond surgery.”

In the largest study yet on the subject, information was compared with the recurrence rates of patients who underwent conventional surgery.
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without SLN mapping at McLaren. The results demonstrated the following points:

- SLN mapping is highly successful and significantly upstages more patients with colorectal cancer than conventional surgery.
- 15% of the patients found to have cancer in the lymph nodes and treated with SLN mapping experienced a recurrence.
- In contrast, the patients during a similar time period that had cancer in their lymph nodes and were staged without SLN mapping experienced a recurrence of 33%.
- When comparing the patients from both groups that did not have cancer in the lymph nodes following surgery, only 3% of the SLN patients had recurrence of cancer versus 22% of the conventional surgery patients.

Along with Dr. Saha, other physicians from McLaren involved with the trial include, Rajesh Sehgal, M.D., Mahul Patel, M.D., Ket Doan, D.O., Adrian Dan, M.D., David Wise, M.D., Nader Bassily, M.D., T. Trevor Singh, M.D., and Madan Arora, M.D.

About Staging

A patient’s colorectal cancer is assigned a stage depending on how deep the cancer is in the wall of the colon or rectum and how much the cancer has spread to the lymph nodes or other organs. The stages range from I to IV, with stage IV being the most advanced. Based on the stage of the disease, doctors decide whether to use additional treatments, such as radiotherapy or chemotherapy, to prevent cancer from coming back after surgery. The better technique of spotting cancer in the lymph nodes in the colorectal area often results in upstaging, or assigning a more advanced stage to the patient’s disease, resulting in additional therapy. Chemotherapy is the most often recommended therapy for treating cancer that has metastasized to the lymph nodes.

Dr. Saha and several resident physicians from McLaren presented their findings on the SLN study of colorectal cancer at the Annual Society of Surgical Oncology (SSO) Conference held this spring in San Diego, California. Here, four of McLaren’s resident physicians (Rajesh Sehgal, M.D., Mehul Patel, M.D., Bianca DeSouza, M.D., and Shalini Chitneni, M.D.) presented a total of five research papers to surgical oncologists from across the country.

Dr. Saha and his colleagues have been invited to deliver four presentations including Sentinel Lymph Node mapping research at the 2006 American Society of Clinical Oncology Conference this month in Atlanta, Georgia. This conference is revered as the largest annual cancer conference in the world.

Excitement over the published study has also resulted in an invitation for Dr. Saha to speak at the Fifth International Sentinel Node Conference in Rome, Italy in November 2006. Here, he will present SLN mapping of the colon using data compiled from three continents. This is the first time data from such a wide expanse of the globe will be presented together on lymphatic mapping of colorectal cancer. David A. Wise, MD, a clinical pathologist at McLaren, has also been invited to share his findings.

Rajesh Sehgal, M.D., has worked closely with Dr. Saha studying the results of the SLN mapping since 2003. Dr. Sehgal presented the results of the five-year investigation at the American College of Physicians national meeting held in Philadelphia. His research poster presentation, comparing recurrences of colon cancer in patients when SLN mapping was conducted versus recurrence in patients that received conventional surgery, was honored among the ten best of the 270 submitted at the meeting. This distinction is the first in the history of the McLaren residency and usually bestowed upon research conducted at the most revered research hospitals in the country.

“By mapping the sentinel lymph nodes we can truly detect patients who have cancerous tumors in the lymph nodes.”

– Rajesh Sehgal, M.D.

“The findings will most likely result in changing the accepted method of staging colon cancer,” stated Rajesh Sehgal, M.D. “By mapping the sentinel lymph nodes we can truly detect patients who have cancerous tumors in the lymph nodes.”

Dr. Sehgal will be completing his internal medicine residency at McLaren this summer and will begin a fellowship in hematology and medical oncology at the University of Pittsburgh. In Pittsburgh, Dr. Sehgal will be expanding the reach of Dr. Saha’s research in conjunction with the University.

For a copy of the research paper published in The American Journal of Surgery or for more information about the trial, contact the office of Sukamal Saha, M.D. at 810-230-9600.
Flint Woman Thanks Her Lucky S.T.A.R.s

Louise Alberts credits her youthful looks to good genes. Unfortunately, she can’t count on these genes when it comes to her cancer risk.

Many of the women in her family have battled breast cancer at a relatively young age, including her grandmother and sister. Knowing that she was considered at high-risk of developing the disease herself, Louise enrolled in STAR, a landmark clinical trial testing certain medications to determine if they could actually prevent breast cancer from developing. Medical oncologists/hematologists T. Trevor Singh, M.D., and Madan Arora, M.D., at GLC McLaren were principal investigators for the study. Initial results of the study have recently been released. Louise now knows exactly what drug she is taking and if the drug has proven itself effective in preventing breast cancer thus far.

After undergoing several biopsies to test suspicious masses in her breast tissue, Alberts figured it was just a matter of time before her worse fears were confirmed. However in 2002, on the advice of her surgeon, Louise challenged her fate and signed up to be a participant in the STAR study. “My goal in participating in the STAR study was to try to help others as well as myself,” said Alberts. “I saw what my sister went through battling breast cancer. No one should have to go through that.”

The Study of Tamoxifen and Raloxifene (STAR) follows the landmark Breast Cancer Prevention Trial which showed the drug tamoxifen could reduce the risk of invasive breast cancer in premenopausal and postmenopausal women by nearly 50 percent. The STAR study compared how the drug raloxifene, currently used to prevent and treat osteoporosis, worked in reducing breast cancer risk compared to tamoxifen. It also measured side effects between the two.

Both the Breast Cancer Prevention Trial and STAR were brought to patients at McLaren because of Dr. Singh’s involvement with the National Surgical Adjuvant Breast and Bowel Project (NSABP). The NSABP coordinated the trials, sponsored by the National Cancer Institute (NCI). As a participant in the study, Alberts came into the office of Singh and Arora every six months to receive a new supply of her prescription, either tamoxifen or raloxifene. Participants did not know which drug they were taking. At these visits her vital signs were charted and she filled out a questionnaire about side effects she was experiencing on the medication. Louise also agreed to receive yearly mammograms and physicals as part of the trial. The participants stay on their prescribed medication for five years.

In April, initial results of STAR revealed that raloxifene works as well as tamoxifen in reducing breast cancer risk in postmenopausal women at increased risk of the disease. Both drugs reduced the risk of developing invasive breast cancer by about 50 percent. Also within the study, women who were randomly assigned to take raloxifene daily had 36 percent fewer uterine cancers and 29 percent fewer blood clots than the women who were assigned to take tamoxifen.

“I was very glad to find out I was taking raloxifene,” said Louise who will take the medication for one more year to fulfill her commitment to the study. “I read that there is less chance of developing uterine cancer with raloxifene. I also have the added benefit of it strengthening my bones as well.”

The raloxifene, sold under the brand name Evista, is currently approved by the FDA only for osteoporosis in postmenopausal women. “It is not approved by the FDA at the present time for the prevention or treatment of breast cancer,” stated Dr. Arora. “Hopefully the outcome of the STAR trial will ultimately lead to such approval.”

Louise has no regrets about being a participant in STAR. “Women shouldn’t put off their health,” said Alberts. “They naturally care for others and tend to ignore themselves. I encourage all women to get an annual mammogram to establish a baseline for their breast health.”
Physicians Honored at Research Forum

Congratulations to McLaren Regional Medical Center physicians who were recognized at the Michigan State University, Flint Area Medical Education Community Research Forum held May 3 at the Holiday Inn Gateway Centre in Flint. The following awards were presented to McLaren physicians:

**Best Study Oral Presentation**
- Second Place
Neural Networking To Study Shoulder Vibration Signals
Maher Bahu, M.D., Mark Kahugu, MS, Patrick Atkinson, Ph.D., Sidney Martin, M.D.

**Best Study Poster Presentation**
Second Place
Correlation Of Thymidylate Synthetase (TS) and P53 Status With Sentinel Lymph Node (SLN) Status In Colon Cancer (CCA)
Rajesh Sehgal, M.D., Sukamal Saha, M.D., FACS, FRCS

**Faculty Investigator Award**
- McLaren
Sukamal, Saha M.D.
Department of Surgery

**Resident Investigator Award**
- McLaren
Rajesh Sehgal, M.D.
Department of Internal Medicine

**Specialty Award - Internal Medicine**
Correlation Of Thymidylate Synthetase (TS) and P53 Status With Sentinel Lymph Node (SLN) Status In Colon Cancer (CCA)
Rajesh Sehgal, M.D., Sukamal Saha, M.D., FACS, FRCS

**Specialty Award - Orthopedic Surgery**
Neural Networking To Study Shoulder Vibration Signals
Maher Bahu, M.D., Mark Kahugu MS, Patrick Atkinson, Ph.D., Sidney Martin, M.D.
McLaren Sponsors Healing Hands Run

McLaren is a Gold Sponsor of the Healing Hands Run to support the Genesee County Free Medical Clinic which provides services to uninsured and underinsured residents in the area. McLaren supports the Genesee County Free Medical Clinic in various ways throughout the year. Resident physicians volunteer their time seeing patients. Certain MRMC services such as lab tests and evaluations are donated along with monetary donations.

Couple Weds at McLaren Regional Medical Center

David Whitman vowed to give his heart to his fiancée before entrusting it to his cardiologist’s care.

He and fiancée, Peggy Winters, had originally set a wedding date of June 10, 2006. However, in early May, a routine stress test indicated that Whitman may have a blocked artery in his heart. He was scheduled for a cardiac catheterization at McLaren Regional Medical Center on May 11.

Spurred on by this sudden change in Whitman’s health status, the couple decided to change their wedding plans as well. To show their love for one another and to insure that they were together as husband and wife, the couple arranged to be married the day before his procedure. The wedding ceremony was held on May 10 at 11 a.m. in Whitman’s room on the 10th floor of McLaren Regional Medical Center. Minister Larry Survance officiated at the ceremony, which was attended by Peggy’s father and stepmother and her daughter, Amber.

Much to their surprise, the couple’s hospital room nuptials became an ABC-12 news story that evening, thanks to a tip from a friend or family member. All went well both with the wedding and with Whitman’s procedure the next day. Relieved and happy, the couple decided to repeat their vows once again... this time as planned, before family and friends on Saturday, June 10.

The Groom David Whitman, the Bride Peggy Winters
Applause

Marcie Gould

A registered nurse on the Labor and Delivery floor at MRMC, completed the Boston Marathon this past April. Gould fought back from a devastating accident in 2003 to run in the famous 26.2-mile race. In September 2003, she was hit by a car while running near her home. The accident left her with multiple injuries, which required several surgeries and hours of therapy to restore her mobility and strength. She registered for last year's Boston Marathon but wasn’t healthy enough to go. She gives much of the credit for her recovery to Jeff Schultz, a physical therapist at MRMC.

M. Haitham Al-Midani, M.D., has been named a fellow of the American Gastroenterological Association (AGA). Dr. Al-Midani was named a fellow of the AGA after years of practice, research, hospital leadership and community service. Al-Midani also serves as medical director of the Nutrition & Digestive Disease Center in Burton and professor of clinical medicine at Michigan State University.

Abd Alghanem, M.D., F.A.C.S., has been appointed by the Michigan Board of Medicine to be the chairperson of the Investigation and Allegation Committee of the Michigan Board of Medicine. This committee’s task is to look at the allegations against medical physicians and evaluate them for any violation of public health code before sending them to disciplinary committee. These allegations can come from the hospital’s disciplinary reporting, criminal conviction, federal court, any other professional or law enforcement agency, or directly from patients.

JoNeil Smith, RN, has been selected from among 5,000 applicants to serve as a Director of the Nursing Leadership Academy for the Advisory Board in Washington, D.C. Smith has been employed at McLaren since 1997 serving most recently as the nurse manager in OR. In her new role, Smith will be presenting the most current health care and leadership research to Nursing Leaders throughout North America and the United Kingdom. The Advisory Board is a cutting-edge research firm providing bench marking and gathering data across and beyond the membership. The Advisory Board publishes daily and weekly news services, 50 major studies and 3,000 customized research briefs each year on progressive management and clinical practices in health care. In general, the research focuses on the best (and worst) demonstrated practices, helping member institutions benefit from one another’s learning curves.

Clarence Sevillian has recently been appointed to the position of Associate Administrator at Lapeer Regional Medical Center. In this role, Sevillian is responsible for overseeing the following departments at LRMC: Physical Medicine, Environmental Services, Dietary, Communications, Safety and Security, and Facilities Management. Sevillian earned a master of business administration degree from Lawrence Technical University in Southfield. He has a master of physical therapy degree from the University of Michigan-Flint, a bachelor of science degree in health science and a bachelor of arts degree in mathematics from Vanderbilt University in Nashville, Tennessee. He has been employed with McLaren since 1998.
Welcome to the Medical Staff

Natasha Laird, M.D., an OB/GYN, has joined the medical staff at McLaren Regional Medical Center. Dr. Laird is seeing patients at McLaren OB/GYN Associates, 2521 N. Elms Rd., Flushing.

Dr. Laird completed her residency through Wayne State University at Detroit Medical Center in Detroit. She received her medical degree from Howard University College of Medicine in Washington, D.C.

Radhika Kosaraju, M.D., an internal medicine specialist, has joined the medical staff at McLaren Regional Medical Center. Dr. Kosaraju is seeing patients at McLaren Internal Medicine Group Practice, G-3499 S. Linden Rd., Suite 2, Flint.

Dr. Kosaraju completed her residency at Robert Packer Hospital in Sayre, Pennsylvania. She received her medical degree from Siddhartha Medical College University of Health Sciences in Vijayawada, India.

Joseph Luna, M.D., a board certified pediatrician, has joined the medical staff at McLaren Regional Medical Center. Dr. Luna is seeing patients at his Davison practice.

Dr. Luna completed his residency through Wayne State University Children’s Hospital of Michigan in Detroit. He received his medical degree from SUNY Health Science Center at Syracuse in Syracuse, New York.

Paul Dake, M.D., a board certified family practice specialist, has joined the medical staff at MRMC and McLaren Family Practice Residency, G-3245 Beecher Rd., Flint. Dr. Dake completed his residency at Saginaw Cooperative Hospitals, Inc., in Saginaw. He received his medical degree from Michigan State University College of Human Medicine.

Paul Entler, D.O., a board certified internal medicine specialist, has joined the staff at MRMC and McLaren Internal Medicine Residency Group Practice, G-3499 S. Linden Rd., Flint. Dr. Entler completed a fellowship in primary care faculty development at Michigan State University. He completed his residency at The Western Pennsylvania Hospital in Pittsburgh, Pennsylvania. He received his medical degree from Ohio University in Athens, Ohio.

Jane Johnson, M.D., a board certified internist and pediatrician, has joined the medical staff at MRMC, and Hospital Consultants, P.C. She is seeing inpatients at McLaren as a hospitalist. Dr. Johnson completed her residencies in internal medicine and pediatrics at William Beaumont Hospital in Royal Oak. She received her medical degree from Wayne State University School of Medicine in Detroit.

VISION STATEMENT
McLaren Regional Medical Center will be the recognized leader and preferred provider of primary and specialty healthcare services to the communities of mid-Michigan.

MISSION STATEMENT
McLaren Health Care Corporation, through its affiliates, will be Michigan’s best value in health care as defined by quality outcomes and cost.

Visit our web site: www.mclaren.org
Contact us with your comments, suggestions and ideas: EllenP@mclaren.org
or call (810) 342-4478