



Though GBMC is a community hospital, the amount of research undertaken by physicians and clinicians gives the Cancer Institute an academic feel.

Senior Speech Pathologist Lisa Valasek, MA, CCC-SLP, working with a patient by performing a videostroboscopy.

Community Hospital with an Academic Nature



Marshall Levine, MD

GBMC has an active research program in the field of head and neck cancer. The clinical staff is dedicated to the development and implementation of treatments using new approaches and therapeutic agents not available elsewhere.

Patients enrolled in clinical trials are closely monitored by a dedicated team of research nurses. Because of the nature of the trials, patients must meet precise standards and have

specific qualifications for participation. These patients tend to receive more clinical, nursing and psychological support due to the sensitive nature of the trials.

“We attempt to find trials for most patients,” says **Marshall Levine, MD**, Medical Oncologist. “Patients are carefully screened by clinical staff to determine eligibility. Because of the nature of the trials, only some will qualify. Those who qualify are able to receive drugs and treatment they might not have otherwise received because of the high cost associated with them.”

Though GBMC is a community hospital, the amount of research undertaken by physicians and clinicians gives the Cancer Institute an academic feel.

“We have academically trained physicians and many engage in active academic programs,” says Dr. Levine. “Through this research, we hope to find better, more effective ways to restore health to our patients.”



focus

PATIENT CARE AT ITS BEST FROM GBMC

Head and Neck Cancer Treatment at GBMC:

Delivering Comprehensive Care through Technology and Rehabilitation



To learn more about GBMC's Head and Neck Cancer services, visit www.gbmc.org/headandnecksurgery, www.gbmc.org/mjdanceheadandneck or www.gbmc.org/voice. Or, GO MOBILE and get more information by snapping this tag with your smartphone.

Focus is produced by GBMC's Marketing Department for the medical community of GBMC.

GBMC

6701 North Charles Street
Baltimore, Maryland 21204

FSC
LOGO

GBMC

GBMC's Head and Neck Cancer Services

Advanced Treatment Options Paired with Customized Therapy and Support

Instances of head and neck cancer are growing, and now account for about five percent of all cancers in the United States. Though these types of cancers are most commonly seen in men, women are also at risk, especially those who use tobacco. About 85 percent of all head and neck cancers can be attributed to tobacco use, but a growing number have been linked to the Human Papillomavirus (HPV). With these cancer cases on the rise, surgeries and treatments are constantly changing and improving, giving patients new hope.



L to R: Drs. Califano, Ha, Saunders and Blanco with the da Vinci® robot

Minimally Invasive Surgical Options

Both Johns Hopkins Head and Neck Surgery at GBMC and the Milton J. Dance, Jr. Head and Neck Center at GBMC provide the surgery and treatment options for patients suffering from head and neck cancers. With a focus on minimally invasive and robotic surgery, the physicians of Johns Hopkins Head and Neck Surgery at GBMC offer patients the latest in surgical techniques.

In February 2010, a revolutionary new minimally invasive procedure called Trans Oral Robotic Surgery (TORS) was introduced at GBMC. Used for cases of tonsil and glottic cancer, TORS gives surgeons increased access to the tight confines of the throat, allowing for a more precise surgery. TORS uses a lighted optical instrument with two video cameras, which offers a three-dimensional view of the surgical site.

The surgery is performed using the da Vinci® SI Robotic Surgical System, the latest surgical equipment. While seated at a console, physicians are able to maneuver the robotic arms which provide 50 percent more operating capability and a greater range of motion than the human hand.

A patient undergoing a traditional tonsil resection would typically spend one to two weeks in the hospital; however, as TORS is so precise and minimally invasive, the hospital stay is reduced to a few days. Many patients can swallow the next day with little pain and without the aid of a feeding tube or a tracheostomy.

Ray Blanco, MD, FACS, Head and Neck Surgeon and Assistant Professor at Johns Hopkins University, has been heavily involved in TORS since before it was brought to GBMC. He previously studied at the University of Pennsylvania under the physicians who developed this procedure and has since had a special interest in it. "We wanted to bring the technology and techniques here to GBMC so our patients can enjoy a better quality of life," says Dr. Blanco.



Carole Fakhry, MD, the newest member of Johns Hopkins Head and Neck Surgery at GBMC

All five of the practice's surgeons perform TORS. In addition to Dr. Blanco, they include **John R. Saunders, Jr., MD**, who also serves as GBMC's Chief Medical Officer and Medical Director of the Milton J. Dance, Jr. Head and Neck Center; **Joseph Califano, MD**; **Patrick Ha, MD**; and **Carole Fakhry, MD**. Dr. Fakhry joined the practice in July 2011 after completing a fellowship in head and neck surgery at Johns Hopkins University.

Rehabilitation and Support Services Are Key for Patients

In addition to advanced surgical options, patients diagnosed with head and neck cancer also benefit from the services of the Milton J. Dance, Jr. Head and Neck Center. All patients are offered a coordinated plan of care from diagnosis to treatment and recovery. The physicians and clinicians of the Dance Center provide patients with a variety of services, such as:

- *Speech-language-voice evaluation and treatment*
- *Nutritional counseling*
- *Otolaryngology nursing interventions*
- *Oncology social work intervention and counseling*

Patients with head and neck cancers are uniquely affected by the disease and may face challenges with speaking and swallowing as a direct result from surgeries and treatments. A dedicated team of speech pathologists is available to help these patients with a wide range of diagnostic and treatment options, including speech, language, voice, cognition and swallowing therapy.

Tests such as clinical swallow evaluation, modified barium swallow study or a flexible endoscopic evaluation of swallowing, may be used to assess a patient's swallowing ability and determine further treatment recommendations. The Johns Hopkins Voice Center at GBMC offers diagnosis and treatment for patients dealing with early throat and laryngeal cancers. The physicians and clinicians of the Dance Head and Neck Center and the Voice Center specialize in the management of cancer and non-cancer laryngeal problems. The Center's speech pathologists provide patients with a comprehensive treatment plan to help put them on the road to recovery.



To learn more, visit www.gbmc.org



Lee Akst, MD

important," says **Lee Akst, MD**, Director of the Johns Hopkins Voice Center at GBMC. "Vocal issues can be an unfortunate side effect for many patients from their cancer treatment, even if the patient's cancer does not directly involve the head and neck. They may have diminished voice capability, vocal paralysis, or just have weakened vocal muscles because of chemotherapy. We're able to offer these patients treatment and rehabilitation that can help them regain the use of their voices."

Treatment Takes Many Forms

Many patients are treated with a combination of radiation therapy, chemotherapy and surgery. Physicians and clinicians meet weekly for the Dance Center Head and Neck Tumor board, where all of the patients' cases are discussed and treatment plans are devised.



GBMC's state-of-the-art RapidArc Linear Accelerator

Chemotherapy is delivered in the newly renovated Lois Harvey Miller Infusion Center. Medical oncologists are constantly staying updated on the latest medications available, making sure all head and neck patients receive chemotherapy drugs that will be the most effective and produce the least amount of side effects. Patients here are treated by specially trained oncology nurses and can enjoy newly added comforts, such as flat screen televisions and a nourishment center.

For head and neck cancer patients who will receive radiation therapy, the Sheila K. Riggs Radiation Oncology Center can provide these patients with therapy on the new, state-of-the-art RapidArc Linear Accelerator. This machine uses Intensity Modulated Radiation Therapy to precisely target tumors, which is an advantage for head and neck cancer patients.

"The RapidArc targets the radiation directly to the tumor, while protecting surrounding critical structures," says **Robert Brookland, MD**, Chair of the Department of Radiation Oncology. "Their treatment time is cut in half compared to the other machines, so they're more comfortable."

Left: Melissa Kim, MS, CCC-SLP, Speech Pathology Coordinator at the Milton J. Dance, Jr. Head and Neck Center