



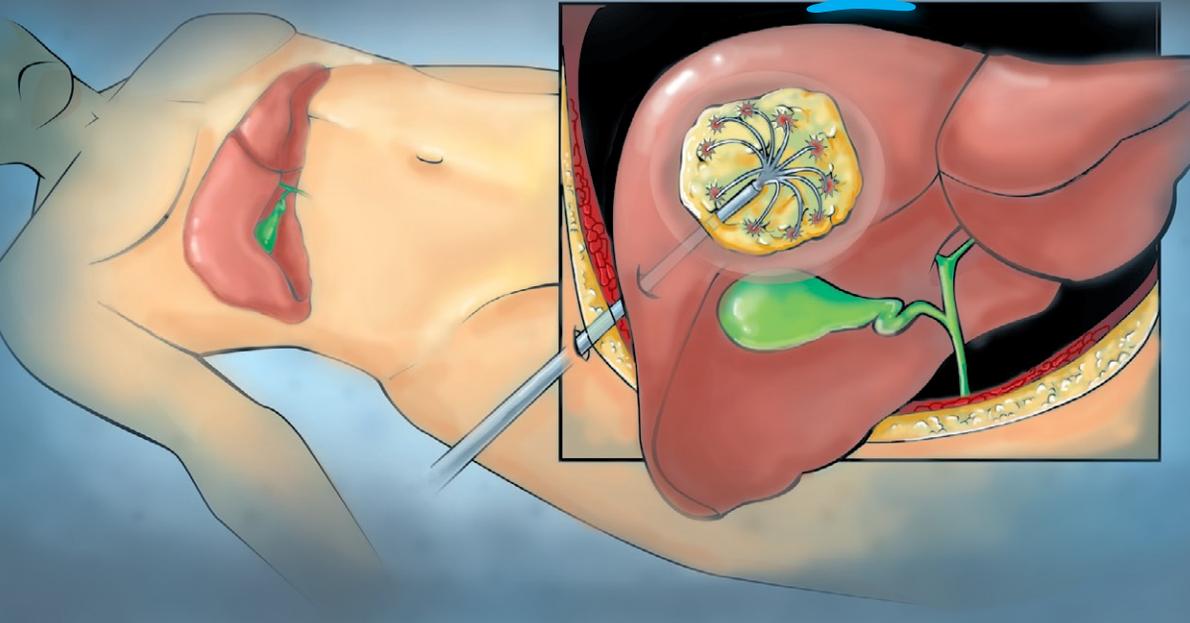
Rajiv Desai, MD,
Neurosurgery*

The MMC Report

INFORMATION FOR REFERRING

PHYSICIANS

FALL 2006



Radiofrequency ablation of tumors is now available at Maine Medical Center. The procedure uses a probe inserted into the tumor to deliver high-frequency energy to generate heat, which destroys the target tissue. This illustration shows a percutaneous approach. The procedure may also be done laparoscopically or open.

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*Dr. Desai is just one of the 700 members of MMC's medical staff. The full directory can be accessed at: www.mmc.org

The Digestive Health Center at MMC: Seamless Access to Advanced Expertise

COMPREHENSIVE CARE FOR DIGESTIVE DISEASES, easily accessible and conveniently close to home. This is the concept behind the newly created Digestive Health Center at Maine Medical Center, where referring physicians and their patients have streamlined access to a range of advanced diagnostic and treatment services – and a depth and breadth of clinical expertise – that is unparalleled in the state of Maine.

“When it comes to digestive diseases, there is already a great deal of clinical, teaching, and research excellence

at Maine Medical Center,” says Division Director of Gastroenterology Michael A. Roy, MD. “Until now, though, it’s been somewhat fragmented...in various ‘silos.’ We’re bringing it all together, creating a single infrastructure to coordinate services and improve access.

“Patient convenience is certainly one of the main drivers behind this initiative,” he continues. “We can render high-quality care here that is just as good – or better – than what’s available in Boston, without the hassle of traveling out of state.”

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At the heart of the new center is an outcomes-based, multidisciplinary model of care for both acute and chronic gastrointestinal, pancreatic, and hepatobiliary diseases. The specialties involved in this collaborative model include adult and pediatric gastroenterology, general surgery, radiology, and pathology. Oncology also plays a key role. Dr. Roy notes that he and his surgical counterpart, Dougald C. MacGillivray, MD, are working closely with the various specialties in developing the center.

The Digestive Health Center offers patient evaluation, clinical care, and advanced clinical research within six areas of expertise:

COLORECTAL CANCER: The center has multidisciplinary resources for the screening, diagnosis, prevention, and management of colorectal cancer. There is a new state-of-the-art endoscopy unit, as well as advanced molecular biological diagnostic techniques. Patients benefit from a highly skilled, experienced surgical staff employing advanced techniques including laparoscopic surgery. When needed, CT colonography (virtual colonoscopy), chemotherapy, and radiation therapy are available. Genetic counseling also is available to patients and families – a service that is unique in Maine at MMC.

ESOPHAGEAL DISORDERS: The center has the experience and technology to diagnose and treat patients with esophageal disorders ranging from reflux disease to esophageal motility disorders. There is a multidisciplinary approach to esophageal malignancies, and in the near future we will add a new ablation technique for Barrett's esophagus.

GI HEMORRHAGE: MMC has developed a multidisciplinary, evidence-based algorithm to streamline and improve the care of patients with non-variceal upper GI bleeding, one of the most common diagnoses treated here. By forming a "GI Bleed Team," the new Digestive Health Center can offer the most advanced, comprehensive, and consistent methods for detecting and treating both acute and non-acute GI bleeding and related problems.

INFLAMMATORY BOWEL DISEASE (IBD): The center will coordinate the continuum of services required for effective IBD management – including gastroenterology, surgery, radiology, pathology, enterostomal therapy, nutrition services, and IV therapy.

LIVER DISORDERS: The center provides access to a range of treatment and referral services for these complex disorders. These include advanced technology and expert care for patients with acute and chronic viral liver diseases (via the MMC-supported Virology Treatment Center, or VTC). In the future, we will offer evaluation and management of non-viral liver diseases such as hemochromatosis, primary biliary cirrhosis, and sclerosing cholangitis. Multidisciplinary care is available for both primary and metastatic

liver cancer, as is coordinated evaluation and management of pre- and post-transplant patients. Access to clinical trials through the VTC is also available for patients who have failed conventional therapy.

PANCREATICOBILIARY SERVICES: Led by Douglas A. Howell, MD, MMC's Pancreaticobiliary Center (PBC) has evolved into an internationally recognized center of excellence in the care of patients with complex benign and malignant diseases of the pancreas and biliary tree. It provides cutting-edge medical treatment, endoscopy, and surgical procedures, and is involved in wide-ranging research in advanced techniques.

Quality measurement supported by robust medical informatics is also a key component of the new Digestive Health Center. "Outcome measurements allow for dynamic improvements in care," Dr. Roy says. "Best-practice, evidence-based care is also cost-effective. At MMC, we're trying to deal with healthcare costs in a variety of ways. By streamlining care delivery, we diminish the bandwidth of resources required to deliver it, and we're confident this coordinated approach will provide more cost-effective care by delivering the right care at the right time."

While the new Digestive Health Center is not housed in a single physical location, accessing its broad range of services starts with a single phone call.

"Our aim is to make access seamless for the referring physician by creating an infrastructure that centralizes the intake process," Dr. Roy says. "A full-time nurse coordinator is being hired to develop and manage this process."

"While we're a virtual center, the expertise we offer is very real."

For more information about the Digestive Health Center at MMC, please call 866-662-6632.



Dougald MacGillivray, MD



Michael Roy, MD

The Cancer Risk & Prevention Service: Helping Identify and Care for At-Risk Patients

IN THE FIGHT AGAINST CANCER, primary care physicians are on the front lines when it comes to identifying patients and families at risk of developing the disease, advocating preventive interventions, and addressing concerns of the “worried well”. Physicians have an ally in this effort, in the Cancer Risk and Prevention Service at Maine Medical Center.

“The Cancer Risk and Prevention Service is an outpatient service that gives primary care physicians and their patients state-of-the-art risk assessment resources, particularly for familial/hereditary risk, and preventive strategies,” explains Medical Director Susan Miesfeldt, MD, a medical oncologist. “Through risk assessment, genetic counseling, and genetic testing, we can help identify those at increased risk, and provide guidance to help physicians care for these individuals and their families.

“In high-risk patients, there clearly are things that can be done preventively,” she says. “Physicians can adopt earlier, more frequent, or more aggressive screening protocols than those recommended for the general population, for example. Sometimes prophylactic surgery or medications are indicated. But the key is to be alert to individuals or families who may be at risk.”

Hereditary cancers often appear in clusters in families. Breast cancer may be associated with ovarian, colon, prostate, and pancreatic cancer. Colon cancer may be related to cancers of the uterus, ovaries, stomach, gallbladder, ureter, or small intestine. Current estimates are that at least 1 in 250 people carry a breast cancer-related genetic alteration, and about 1 in 400 carry a mutation associated with colon cancer risk.



Susan Miesfeldt, MD

Who is an appropriate candidate for referral to the Cancer Risk and Prevention Service? Dr. Miesfeldt suggests posing these questions to patients as a simple but effective pre-screening test:

- Have you and/or members of your immediate family had the same type of cancer (i.e., multiple cases of breast cancer)?
- Has anyone in your family (including you) had cancer in “matching” organs, such as both kidneys, both breasts, etc.?
- Has anyone in your family (including you) had cancer before age 50?
- Have you or any family member had two different cancers that began in different organs (for example, breast and ovarian cancer in the same person)?
- Have you or other family members had unusual presentations of cancer that couldn’t be explained (multiple nonsmoking relatives with lung cancer, for example)?

“If patients answer ‘yes’ to any of these questions, they may want to explore their risk of hereditary cancer in greater detail,” she adds.

“Our purpose is to be a resource for primary care physicians and their patients who fall into high-risk categories,” she emphasizes. “We want to help PCPs identify at-risk patients and provide guidance and support for preventive interventions. And on the flip side, our testing can help physicians reassure the ‘worried well’ – anxious patients who are aware of a family history of cancer and fear they’re at risk.

“If physicians have questions regarding individual patients or families, or wish to discuss whether a patient is appropriate for referral, we’re here.”

For more information or to make a referral to the Cancer Risk and Prevention Service at MMC, please call Dr. Miesfeldt or Genetic Counselor Heather Sylvester, M.S., at 207-885-8534.



Maine Medical Center

22 Bramhall Street, Portland Maine 04102-3175

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Rapid Cooling saves lives

A NEW THERAPY FOR SURVIVORS of sudden cardiac arrest, especially when caused by ventricular fibrillation or tachycardia, appears to improve meaningful survival. More than 90% of these victims normally die before they reach the hospital. CPR or defibrillation can often restart the heart, but due to impaired oxygen delivery to the brain during the arrest, many survivors have severe encephalopathy and extensive neurologic deficits.

THERAPEUTIC HYPOTHERMIA SERVES to reduce the “secondary injury” to damaged neurons in the critical hours after cardiac arrest. Hospitalized survivors of sudden cardiac arrest are rapidly cooled to 32-34 degrees Celsius for 18-24 hours. In two randomized studies, dramatic improvements in neurologic outcomes were observed. Maine Medical Center began implementing this protocol for in-hospital arrests in early 2005, with our first year’s data in June 2006 matching the dramatic results of the randomized studies. We continue to study this novel but complex new therapy, hoping to learn more about how best to treat this high risk group of patients.

For more information, contact Richard Riker, MD, at 207-662-2179, or rikerr@mmc.org, or Thomas Van der Kloot, MD, at 207-662-2179, or vandet@mmc.org.

National accreditation for Radiation Oncology

THE RADIATION ONCOLOGY programs at MMC’s Portland, Scarborough, and Bath locations have received three-year accreditation from the American College of Radiology. MMC staff and physicians from Spectrum Medical Group share the honor of this accreditation, the only one in Maine.

For more information, contact Cornelius McGinn, MD, at 207-662-2276, or mcginn9@spectrummg.com.

IVF Program posts good early results

THE IVF PROGRAM AT THE MAINE CENTER for Reproductive Health in Scarborough has been open since February, and is reporting excellent preliminary results from its first few months of operation. The program is the only full-service IVF program in Maine, and its early results compare favorably with the top IVF programs nationwide.

The program reports achieving clinical pregnancies (healthy pregnancies with heartbeat visible on ultrasound) in 30% of all treatment cycles and in 46% of treatment cycles in women less than 38 years old.

For more information, contact Beth Hartog, MD, 207-775-1255, or hartob@mmc.org, or Dan Spratt, MD, 207-775-1255, or spratd@mmc.org

REFERRALS AND CONSULTATIONS

We have made it easy to make a referral to or secure a consultation with physicians on the Maine Medical Center medical staff. If you would like to talk to a colleague about the programs featured in this issue, or about any other service or specialty, we offer MMC *OneCall*.


866-MMC-ONE-2
(866-662-6632)

MMC *OneCall* gives any physician access to Maine Medical Center with a single phone call, 24 hours a day. The *OneCall* staff members all have emergency medical technician or paramedic training. They will connect you with your choice of physician: a specific physician you request, a member of a specific practice, or the covering physician for a subspecialty or service.

You also may contact any physician on our staff directly if you desire. MMC *OneCall* is designed to supplement and enhance existing referral relationships, not replace them.

The entire Maine Medical Center physician directory is available on our web site at www.mmc.org, searchable by name or specialty. Select “Find a Physician” on the home page.

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Maine Medical Center, 22 Bramhall St., Portland, ME 04102
Contact: Wayne L. Clark, AVP, Communications, 207-662-4405, or clarkw@mmc.org