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IN OTHER NEWS

Keep In Touch



We have a new website design – same address www.floridaproton.org – that makes it easy for you to keep in touch. Look at the top right corner of the homepage for [Facebook](#), [Twitter](#) and [YouTube](#) icons, click and join us in the social media conversation. Also on the right side of the homepage there is a button for [VTOC Patient Portal](#). Click here to open your secure account, view your records, complete clinical trial questionnaires and communicate with your nurse case manager. Knowing how you are feeling during and after treatment is essential to

Message from Stuart Klein, Executive Director

Thank you for the positive response to our inaugural issue last month. We heard from many of you and even received some suggestions for topics to cover. One of the suggestions was for a story about managing active surveillance for prostate cancer. Also known as watchful waiting, active surveillance is an option for some patients who have been diagnosed as low-risk. This issue has an article on the topic of managing watchful waiting written by Dr. Bill Mendenhall. We also heard from some readers who wanted information on how to stay in touch for follow-up appointments. Nurse case managers are the primary point of contact for follow up and we've included an article with their names and phone numbers to facilitate ongoing communication. Your health progress is our concern, too, and we look forward to hearing from you.



Sincerely,
Stuart Klein

Watchful Waiting for Low-Risk Prostate Cancer

William M. Mendenhall, M.D., F.A.C.R., University of Florida Proton Therapy Institute

Low-risk prostate cancer is defined as a nonpalpable tumor or one that is palpable and involves less than one fourth of the gland on digital rectal exam (DRE), with a Gleason score of 6 or less, and a PSA less than 10. Management options include active surveillance, prostatectomy, conventional radiation (IMRT), seeds, and protons. The odds of cure after the latter four are about the same so the choice of treatment depends on the potential risks and complications. There are additional alternatives that may not be as effective and these include cryotherapy, HIFU, and cyberknife. Active surveillance (a.k.a. watchful waiting) is another alternative that may be reasonable. Three randomized trials (1-3) showed that the survival after active surveillance followed by androgen deprivation therapy ("hormone treatment") if the cancer progressed was similar to that observed after surgery for the first 10 years after diagnosis. After 10 years, the chance of dying from prostate cancer increases. An important point is that the primary endpoint of these studies was overall survival. Other significant endpoints, such as quality of life, which could be impacted by cancer progression, surgery, and/or androgen deprivation therapy (ADT), were often not evaluated.

Thus, if you have a low-risk prostate cancer and a life expectancy of less than 10 years, observation is a reasonable alternative. Caveats are that: 1) the prostate biopsy may have missed a more aggressive focus of cancer, 2) additional prostate biopsies are required annually, 3) diminished quality of life due to future ADT (if required), and 4) that the difference between quality of life comparing active surveillance and intervention may vary according to interventions and not be significant if the treatment alternative has minimal morbidity, such as proton therapy.

providing you the best care possible and contributes to the care of future patients.

Community Calendar

Mark your calendar and join us when we are in a town near you.

October 17, 5 p.m.

Man to Man
Center for Cancer Care & Research
1730 Lakeland Hills Blvd.
Lakeland, FL 33805
Speaker: Randal Henderson, M.D.

October 18, 6 p.m.

Us TOO
Doctors Hospital of Sarasota
5731 Bee Ridge Road
Sarasota, FL 34233
Speaker: Randal Henderson, M.D.

October 23, 6 p.m.

Rotary Club of Ponte Vedra Beach
TPC
Sawgrass Clubhouse
110 Champions Way
Ponte Vedra Beach, FL 32082
Speaker: Nancy Mendenhall, M.D.

October 24, 7 a.m.

Rotary Club
Bonita Bay Clubhouse
26660 Country Club Drive
Bonita Springs, FL 34134
Speaker: R. Charles Nichols, Jr., M.D.

October 25

Arlington Kiwanis
Jacksonville - JU
Speaker: TBD

November 7, 7 p.m.

Man to Man
Laurel Manor
Regional Recreation Center
1985 Laurel Manor Drive
The Villages, FL 32162
Speaker: R. Charles Nichols, Jr., M.D.

November 16, 1 p.m.

Man to Man
Fawcett Hospital
3280 Tamiami Trail
Port Charlotte, FL 33952
Speaker: Bradlee Robbert

December 12, 7:15 a.m.

Rotary Club
Rockdale Medical Center
1412 Milstead Ave.
Conyers, GA 30012

Determining when it is necessary to move forward with treatment is a matter of evaluating test results from annual checkups. It is unlikely that symptoms of prostate cancer would develop since the cancer is being monitored. Generally, if PSA begins to rise precipitously, patients should have a repeat biopsy. If the biopsy has a higher Gleason score, it is time to choose a treatment. Other factors may include a young patient who has more than 10 years' life expectancy due to no other medical conditions or if a patient decides the time is right and simply changes his mind.

References

1. Johansson JE, Andr n O, Andersson SO, Dickman PW, Holmberg L, Magnuson A, Adami HO. Natural history of early, localized prostate cancer. *JAMA*. 2004; 291(22):2713-9.
2. Bill-Axelsson A, Holmberg L, Ruutu M, Haggman M, Andersson SO, Bratell S, et al. Scandinavian Prostate Cancer Group Study No. 4. Radical prostatectomy versus watchful waiting in early prostate cancer. *N Engl J Med*. 2005;352(19):1977-84.
3. Wilt TJ, Brawer MK, Jones KM, Barry MJ, Aronson WJ, Fox S, et al. Prostate Cancer Intervention versus Observation Trial (PIVOT) Study Group. Radical prostatectomy versus observation for localized prostate cancer. *N Engl J Med*. 2012;367(3):203-13.

Nurse Case Managers Link Patients to Care During and After Treatment

One of the main caregivers each patient comes in contact with during and after treatment at UFPTI is the nurse case manager. This team of dedicated, professional nurses has many years of experience treating patients at UFPTI and understands the unique needs and concerns that proton therapy patients have.

The nurse case manager is the patient's main point of contact for

- explanation of treatment plans and self-care instructions;
- coordination of treatment;
- referrals to treatment needed outside of UFPTI;
- answers to questions regarding treatment and its effects;
- follow-up visits and clinical trial data gathering.

The physician and nurse case manager operate as a team, so you can feel confident that both health care providers are aware of all aspects of your individual case.

We encourage you to keep in touch with your nurse case manager throughout treatment and beyond. If you are not sure who your nurse case manager is, please contact the director of adult nursing Gail Sarto, R.N. at 904-588-1421. Otherwise, please take note of the following list of nurse case managers, their phone numbers and the physician, or physicians, they are teamed with.

Adult Patients		
Physician	Nurse Case Manager	Phone Number
Nancy Mendenhall M.D.	Gail Sarto R.N.	904-588-1421
Randal Henderson M.D.	Carleen Marianek R.N.	904-588-1299
Robert Malyapa M.D.	Karen Lopez-Bunk R.N.	904-588-1400
William Mendenhall M.D.	Joy Frank R.N.	904-588-1459
Charles Nichols M.D.	Tracy Langford	904-588-1490
Brad Hoppe M.D.	Keri Hopper	904-588-1279
Roi Dagan M.D.	Tess Harrington	904-588-1274
Daniel Indelicato M.D.	Kristi Helow R.N.	904-588-1468

Pediatric Patients*

Speaker: Randal Henderson, M.D.

If you would like a speaker to come to a group in your area, [click here to send us an email.](#)

Proton Therapy Publications

Our physicians, physicists and staff are advancing the scientific understanding of proton therapy in cancer treatment. Through the study of clinical trial data they discover new and important results that are written into medical journal articles and submitted for peer review. Each month we will feature one or two recently published works.

Proton radiotherapy for prostate cancer is not associated with post-treatment testosterone suppression. Published in *International Journal of Radiation Oncology, Biology, Physics*, March 1, 2012. Written by R.C. Nichols, Jr. et al.

About This Newsletter

The *Precision* newsletter is an electronic-only publication that is distributed by email. Each issue is sent monthly to patients, alumni patients and friends of the University of Florida Proton Therapy Institute (UFPTI). As the official newsletter of UFPTI, the content is compiled and prepared by our communications representative and approved by the editor Stuart Klein, executive director of UFPTI. Special bulletin newsletters may occasionally be prepared when timely topics and new developments in proton therapy occur. To opt out of receiving the email newsletter, simply [click here to unsubscribe.](#) We will make every effort to remove your name from the list.

If you would like to send a Letter to the Editor,

Physician

Daniel Indelicato M.D.

and

Julie Bradley M.D.

Nurse Case Manager

Amy Sapp R.N.

Annie Rini A.R.N.P.

Erinn Parvin R.N.

Phone Number

904-588-1281

904-588-1463

904-588-1492

* Pediatric patients are organized differently. All nurse case managers are teamed with both Drs. Indelicato and Bradley. Annie handles all St. Jude protocol patients, Erinn U.S. domestic patients and Amy all international patients. Each covers to assist as needed when caseloads are particularly high for someone.

Two radiation oncologists join UFPTI

We are pleased to announce the addition of radiation oncologists Julie A. Bradley, M.D., and Roi Dagan, M.D., to the UFPTI treatment team. Both are on faculty in the UF Department of Radiation Oncology.

Bradley specializes in pediatrics, gynecologic malignancies and breast cancer while Dagan specializes in head and neck cancer, breast cancer, prostate cancer and oligometastatic cancers.

Previously, Bradley completed her residency training in radiation oncology at the Medical College of Wisconsin following an internship at the University of Chicago Hospitals and graduation from The University of Chicago Pritzker School of Medicine. An experienced researcher, her work is published in medical journals and textbooks, and she has presented her research at peer-reviewed conferences such as the American Radium Society and the American Society of Therapeutic Radiation Oncology (ASTRO), where she was awarded the "Best of ASTRO 2009." She is a member of several professional societies including ASTRO, the American Society of Clinical Oncology, and the American Medical Association.



Julie A. Bradley, M.D.



Roi Dagan, M.D.

Dagan completed his residency training at the UF College of Medicine in the Department of Radiation Oncology in Gainesville, Fla. An accomplished clinician and researcher, he has published in peer-reviewed journals such as *Cancer* and the *American Journal of Clinical Oncology* and has made presentations at major medical conferences, including ASTRO. He is nationally recognized for excellence in research having received the Roentgen Resident/Fellow Research Award 2012. Dagan is American Board of Radiology board eligible and is a member of ASTRO and the Radiology Society of North America.

Giving new hope to patients with early metastatic cancer



People are often told that if a cancer has spread, or metastasized, that there is no hope for survival. However, a new cancer treatment program at UFPTI and UF&Shands in Gainesville, Fla., aims to change the definition of "incurable."

Beginning this month, patients who have

[please click here.](#)

Sign-Up Today!



If you don't already receive this e-newsletter, [click here to add your name to the list](#). You will also be notified of any future events in your area.

Letters from Readers

We enjoy hearing from you! A selection of letters to the editor will be included periodically in future issues of the newsletter. Following are some letters received in response to the inaugural issue of *Precision*.

Nice Newsletter –

"Very informative analysis of the recent study using flawed data. Perhaps you should send J.A.M.A. this article as a rebuttal to the study published in their journal.

Keep the articles and information coming. Thanks."

Mike DiBona,
Proton Alumnus
November 2011

Special Attachment –

"I am happy that you have started this newsletter. We, the alumni, have special attachment to UFPTI. This is wonderful way to stay connected for us the Proton Brothers with UFPTI. We all get busy with our lives but want to stay connected.

I am sure this newsletter will evolve as time goes. Thank You."

Rajendra (Raju) Bagadiya
Graduated on March 14,
2012



Paul Okunieff, M.D.

oligometastases – small cancerous lesions that have spread from the primary tumor site to another organ – can seek treatment in the UF Metastatic Cancer

Program. An aggressive new approach led by an expert team of physicians targets early metastatic tumors occurring in the lung, bone, brain, lymph nodes or liver with precise doses of radiation given over the course of five to 10 days. Metastatic cancers treated are: breast, colon, kidney, lung, melanoma and prostate.

The UF Metastatic Cancer Program is founded on the results of a **groundbreaking study** by University of Florida and University of Rochester researchers showing that patients have a good chance of surviving when small secondary tumors are treated with precise radiation doses. The technique was developed by UF Department of Radiation Oncology Chair and UF Shands Cancer Center Director Paul Okunieff, M.D.

The idea is to catch the spreading cancer early enough that there are only 10 or fewer small lesions. Each lesion is precisely targeted with high dose radiation to ablate, or destroy, the tumor with the intent to cure. This process can be repeated as new lesions appear and can be given in tandem with other standard metastatic cancer treatments, such as chemotherapy.

The Technology



The UF Metastatic Cancer Program uses state-of-the-art, photon-based radiation therapy equipment to deliver high dose radiation to metastatic lesions over a short period of time.

In Jacksonville at UFPTI, a new device called Vero is being used. Vero is a sophisticated stereotactic body radiation therapy (SBRT) machine that uses image guidance to target tumors.

UF joins one other academic medical center in North America to have the Vero system. The UT Southwestern Medical Center installed the system last year at the Simmons Cancer Center in Dallas. There are only 11 facilities worldwide with the Vero system.

"The University of Florida Proton Therapy Institute is committed to providing the best and most current cancer treatments to people living in the Jacksonville area and beyond. The addition of Vero is one more advance in radiation oncology that firmly places UF&Shands in the top tier of cancer treatment facilities worldwide," said UFPTI Executive Director Stuart Klein.

Vero adds to the radiotherapy capabilities of UFPTI, which currently houses two intensity-modulated-radiation-therapy (IMRT) machines equipped with image-guided-radiation-therapy (IGRT) and a proton therapy system that has four treatment rooms. The cancer treatment center includes an open MRI machine, a CT scanner and a PET-CT scanner for use in treatment planning. Together these medical devices create one of the most advanced radiotherapy facilities in the world.

Similarly, the radiation equipment at the Gainesville campus is impressive and effective. The Elekta Synergy XVI 4-D CT digital accelerator is a powerful IGRT machine that combined with advanced patient positioning, tumor locating and breath hold techniques is especially useful for physicians in delivering optimal radiation doses to the targeted tumor.

For more information on the metastatic program, call 855-860-8070.

Cancer Awareness Spotlight

One of the best known and successful cancer awareness movements in the United States takes place during October – breast cancer awareness month. According to the American Cancer Society, breast cancer is second only to lung cancer as the leading cause of cancer death in women. Further, “death rates from breast cancer have been declining since about 1990, with larger decreases in women younger than 50. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment.”

[Click here to view key statistics](#)

The role of protons in treatment of breast cancer is in early stages of development and investigation. Treatment planning models indicate that protons can offer a significant advantage for patients who have advanced cancer in the left breast. Conventional radiation for left breast cancer gives significant unwanted radiation to the heart and lung tissue that lay in the exit dose field. With protons, there is no exit dose, so the heart and lung tissue can be spared, avoiding the risk of complications during treatment and the risk of developing a secondary cancer in these organs later in life. Currently, there is one treatment protocol at UFPTI for advanced breast cancer where there is spread to peripheral lymph nodes.

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