



time

for an intervention

by marian wilson, r.n.

new radiology
treatments for
cancer show
promising results

When Wilda Arnoldi, a lifelong Idaho resident, was diagnosed two years ago with colon cancer, she accepted the standard treatments. Despite two surgeries and chemotherapy, the cancer followed a course that about half of all colon cancers do: It spread to her liver.

A diagnosis of liver cancer is considered fairly grim. Liver tumors tend to be inoperable because of their numbers and widespread distribution throughout the organ, which makes surgery risky and impractical.

But Arnoldi was offered a ray of hope from Casey Fatz, M.D., an interventional radiologist who practices at Kootenai Medical Center.

* lucky to have him

Fatz gained invaluable experience treating cancer patients while working at M.D. Anderson Cancer Center in Houston, one of the nation's leading cancer facilities. He specializes in minimally invasive treatments that use radiology's imaging tools.

"To have him on staff here is a coup," says Julie Polsin, Kootenai Medical Center's interventional radiology supervisor. "He could be practicing anywhere."

The fastest-growing area of interventional radiology is through the partnership with Kootenai Cancer Center, Polsin says. "We provide a lot of oncology services that really balance the cancer center here," she says.

* starving tumors

Radiology options range from simple procedures, such as implanted ports that provide

access to veins for chemotherapy to more complicated cancer treatments. Using imaging tools as a guide, embolization uses a particulate substance to cut off a tumor's blood supply and chemoembolization delivers anticancer drugs directly to the tumor in addition to blocking the blood supply. Another promising radiology treatment is radio frequency tumor ablation (RFA), which uses radio frequency heat to "cook" cancer cells.

The rationale behind most treatments is starving tumors of essential blood flow, while relying on an interventional radiologist's expertise in navigating the blood vessel pathways. Cancer treatment can be focused right at the source of the problem by threading tiny tubes, or catheters, into the bloodstream. An advantage is that healthy tissue can often be spared, unlike traditional cancer treatments, which cannot target tumors as directly.

* patient benefits

Fatz finds that patients generally tolerate the procedures well with few complications. Sometimes a combination of treatments is used, such as chemoembolization to shrink a tumor followed by RFA to burn the rest away. "We've had pretty good success with that," Fatz says.

Many of Fatz's patients seek relief from cancer pain. Since interventional radiologists have perfected other procedures to treat pain, such as vertebroplasty for spinal fractures, treating cancer pain is a logical advancement.

Although most radiology treatments are reserved for after traditional cancer treatments have failed, Fatz looks forward to a day when patients are referred earlier in the course of their illness.

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the best medicine

The ideal strategy against inoperable cancers, such as liver tumors, is prevention and early screenings. Lower your risk of colon cancer and liver metastasis by:

- Eating a low-fat, high-fiber diet.
- Engaging in regular exercise.
- Reporting blood in stool or change in bowel habits to your physician.
- Following recommendations of the American Cancer Society for colon cancer screenings after age 50. Visit kootenaihealth.org for recommendations and informative risk screening tests.

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However, in at least some cases, long-term remissions are possible. Fatz recalls one patient who received chemoembolization followed by RFA for a primary liver tumor. More than one year later, the cancer had not returned. RFA has shown promise in the treatment of inoperable lung tumors too.

* successful outcomes

Radiology treatments had positive results for Wilda Arnoldi—and consequently her three granddaughters as well. Fatz delivered radioactive material, Yttrium-90 (Y-90), directly to the tumors that settled in her liver. This gave the 68-year-old Dalton Gardens grandmother more time and energy to work on her hobby of building miniature dollhouses for the girls she adores.

"The first thing you have to do is have a positive outlook," Arnoldi says. "You've just got to keep thinking you're going to get better. I think that's the key."

The next thing Arnoldi recommends is to try new procedures. She admits thinking that the radioactive isotope treatment sounded "strange" at first. "Then Dr. Fatz explained everything and made me feel better about it, so I said, 'Why not?'"

Arnoldi's procedure lasted a little more than an hour and she experienced no discomfort or side effects. The radiation shrunk her tumors until they barely showed up as a speck on the imaging screen. Arnoldi could see for herself how well the treatment worked.

"If anyone wants to have it done, go do it," she says. "It was not a bad experience at all. My care at the hospital was wonderful." **vev**