



Volume 15, Number 1

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Skin Cancers and Radiation

Jayanth G. Rao, M.D.

Skin cancers are the most common cancers, accounting for 10% of all cancer cases and 2% of all cancer deaths. UV-B radiation from the sun causes skin cancer predominantly in the white race and is rarely seen in deeply pigmented ethnic and racial groups. Outdoor workers are at greater risk (golfers, farmers, fisherman), except melanoma incidence is greater in areas of high isolation and inversely correlated with latitude. Solar exposure of malignant melanoma is more consistent with intermittent intense exposure with blistering rather than gradual tanning. Genetic conditions such as xeroderma pigmentosum, albinism, and acquired immune dysfunction may serve as predisposing or enhancing characteristics in melanoma.

90% of skin cancers occur on the head and neck. 6,000,000 new cases are detected each year in the U.S. Squamous cell carcinomas may occur in non-sun exposed areas. Males are affected more often than females.

Basal Cell Carcinoma of Skin (arise from Basal layer of the Epidermis)

- Most frequent
- Nodular type most common (500,000 seen annually)
- Untreated, they burrow deeply, infiltrate vital structures and cause substantial deformity.

Squamous Cell Carcinoma of Skin

- 100,000 seen annually
- 90% on the head and neck region
- 10% metastasize
- Typically are firm, raised, rolled with averted edges.
- May grow and spread locally and invade muscle, cartilage or periosteum and may spread along blood vessels, nerves and lymphatic channels to regional lymph nodes.

Melanomas

Commonly spread to lymph nodes. Correlation exists between lymph node spread and depth of skin invasion (Clarks and Breslow classification). The risk increases from 4-70% with increasing depth of invasion.

Host Factors (Adverse)

- Older age
- Male sex
- Skin that tans or burns easily after solar exposure
- Freckling, Celtic ancestry
- Red, blonde or light brown hair
- Blue or light colored eyes
- Genodermatoses—like Xeroderma Pigmentosum, Basal Cell Nevus Syndrome, Albinism, Epidermodysplasia Verruciformis.

Precursor Skin conditions

- Actinic Keratosis
- Bowen's Disease (squamous cell in situ)
- Nevi

Natural History

Basal and Squamous cell carcinomas can disfigure with resulting psychological distress. Tumors may become necrotic, inflamed, infected and painful. Early diagnosis and treatment limit morbidity and cost.

Epithelial Hyperplasia

- Prolonged injury
- Cumulative effect
- Cellular hyperplasia
- Virus or carcinogen
- Keratosis
- Carcinogenesis

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Skin Cancers and Radiation

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Basal/Squamous Cell Carcinomas (recurrence rate 1-39%)

Tumors of the mid-face (nose, periocular area, perioral area) ear, scalp and forehead have the highest recurrence rate.

Mohs Surgery and radiation have the best overall result. Spread along bone, cartilage and along nerves may occur. The path of least resistance is chosen along the periosteum, called shelving or skating.

Radiation Therapy

Dermatologic literature may disclose poor cosmesis due to large fraction size, dose gradients across the skin layer (kilovoltage) employed in their offices by Dermatologists. The current radiation techniques are more sophisticated and yield much improved cosmesis and cure rates.

MANAGEMENT

Mohs Technique involves an initial gross excision of the tumor followed by narrow excision of the margins with microscopic examination until margins are clear.

Indications: Basal Cell Carcinoma
Squamous Cell Carcinoma

Contraindicated in: Merkel Cell Tumor
Melanoma

84% control rate when tumors are 2 cm or less. (Mayo Clinic)

Radiation With increased sophistication in planning and treatment techniques since 1970, radiotherapy continues to yield the benefit of improved cosmetic and functional outcomes exceeding surgical modalities especially for tumors on the face. The control rates for primary basal cell and squamous cell carcinomas of the skin (< 2 cm), is in excess of 90%. Perineural infiltration is best treated with surgical excision and radiation. Skin carcinomas over embryonic fusion plates must be treated, not observed. The cosmetic effect for lesion near the eyes, nose, lips, pinna, etc is excellent with radiation. Lymphatic irradiation in squamous cell carcinoma is

possible (positive lymph node) and treated with external beam radiation with reasonable success.

Radiation Therapy:

- Superficial x-ray
- Electron beam radiation therapy
- HDR Leipzig Applicators

Additional Treatment Strategies

- Curettage and Electrodesiccation
- Cryosurgery
- Laser Surgery

Prevention of Skin Cancer

- Wear wide brim hats.
- Use skin lotions with SPF of >15.
- Cover skin with protective clothing at all times, while working outdoors.

HDR and Leipzig Applicators

A new alternative to external beam radiation with a shorter overall treatment schedule and less costly is HDR. HDR (High Dose Rate) applicators contain a tiny pellet of radioactive Ir-192 (called a seed) similar in size to a flower seed placed directly in contact with the cancer. The iridium seed is welded onto a cable, which retracts into the lead container called a "pig" when not in use. This method of treatment causes less dose gradient across the skin with less damage while maximizing the dose to the skin tumor.

The applicators come in different sizes. The Leipzig applicator looks like a candle snuffer. The handle connects to a hollow plastic tube where the Ir-192 source enters and exits. The cap where the seed stops touches the skin and flattens the radiation dose to cover the cancer with a small margin. The treatment is very focused and does not cause any side effects other than minimal redness at the end of treatment. The procedure allows greater dose of radiation to a limited area, in a short time (8 days). Each treatment lasts 5 minutes or less. The dose distribution is more precise with rapid fall off of radiation dose beyond the cap of the applicator. It is convenient, less costly, and more effective than the traditional treatments across the spectrum.

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Skin Cancers and Radiation

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Conclusion

We are pleased to offer the new treatment at the Florida Regional Cancer Centers in Beverly Hills and Ocala, Florida. So, slap on a hat, slip on a shirt and pants, and spread on the SPF 15 lotion when venturing out in the sun. If you are unfortunate to get skin cancer, don't worry: contact 21st Century Oncology for the latest and best treatment for your cancer.

Jayanth G. Rao, M.D. is Board Certified in Radiation Oncology. He has practiced in Citrus County for 18 years and can be contacted at 21st Century Oncology in Beverly Hills and Ocala.



WELCOME NEW MEMBERS

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Restless Leg Syndrome

Dr. Dacelin St. Martin

Restless leg syndrome (RLS) is a disorder that I frequently treat at my sleep clinic. Patients typically present with abnormal, unpleasant sensations in their calves, thighs or feet, and occasionally arms. Sensations are often described as burning, creeping, crawling, gnawing, itching, pulling, throbbing, tugging, and are accompanied by an almost irresistible urge to move or massage the affected area. Sometimes the sensations are so difficult to describe, that patients are reluctant to mention them to their physician. However, left untreated, RLS can make it difficult to fall or stay asleep and result in non-restorative sleep and excessive daytime sleepiness.

RLS signs and symptoms include:

- **Onset with inactivity.** Typically, sensations begin after you've been lying down or sitting for an extended period of time, such as in an airplane, car, or theatre.
- **Respite from movement.** Getting up and moving around normally lessens the sensations of RLS. People seek relief by exercising, jiggling their legs, pacing the floor, stretching or walking. The compelling desire to move is what gives restless legs syndrome its name.
- **Worsening at night.** Symptoms ease up during the day, and are felt predominately at night.
- **Nighttime leg twitching.** RLS may be associated with another condition called periodic limb movement disorder (PLMD). PLMD causes you to involuntarily flex and extend your legs while sleeping, without being aware you're doing it. Hundreds of these twitching or kicking movements may occur throughout the night. PLMS is common in older adults, even without RLS, and can be disruptive to you and your partners sleep. More than 4 out of 5 people with RLS also experience PLMD.

It's common for symptoms of RLS to fluctuate in severity, and occasionally symptoms disappear for periods of time. But, when symptoms make it difficult to get restorative sleep, it is time to talk to your physician. A few lab tests and a possible overnight sleep study will confirm the diagnosis and identify treatment options. Proper treatment will ease symptoms and allow you to attain the restful and rejuvenating sleep required to maintain good health.

Dr. Dacelin St. Martin is board-certified in sleep, internal, and pediatric medicine. He is the medical director of the "Sleep Clinic of America" in Lecanto, which is accredited by the American Academy of Sleep Medicine. If you have any questions, contact him at Sleep Clinic of America, 1980 N. Prospect Ave., Lecanto, FL 34461, call 352-52SNORE (527-6673), or visit www.SleepClinicAmerica.com.

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Five Lifestyle Factors Lower Diabetes Risk

A new study found that a combination of 5 healthy lifestyle factors may help reduce the chance of developing type 2 diabetes, even if family history puts you at risk for the disease.

People with diabetes have too high levels of glucose, a type of sugar, in their blood. Over time, high levels of glucose can lead to heart disease, stroke, blindness and other problems.

Several lifestyle factors can reduce your risk for type 2 diabetes, the most common form of the disease. A research team led by Dr. Jared Reis of NIH studied 5 factors: having a healthy diet, keeping an ideal body weight, being physically active, not smoking and minimizing alcohol use.

The team used data collected in the mid-1990s from more than 200,000 older adults. They then looked to see who had developed diabetes over the next decade. The analysis showed that the more healthy lifestyle factors adopted, the lower the risk for diabetes. Men with all 5 healthy lifestyle factors had a 72% lower risk for developing diabetes. Women had an 84% lower risk.

A family history of diabetes is strongly linked to type 2 diabetes. But these results show that you may still be able to prevent or delay the disease by leading a healthy lifestyle. “Not being overweight or obese led to the greatest protection,” Reis says. “However, we found that overweight or obese adults with a greater number of the other healthy lifestyle factors had a lower risk of developing diabetes. This is good news because it suggests that overweight or obese adults can benefit by adopting other healthy lifestyle behaviors.”

Courtesy of NIH

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Crohn's Disease Research Trial

Crohn's Disease affects many Americans. Physicians in your area are currently seeking volunteers to participate in a clinical research study evaluating an investigational medication for people with Crohn's Disease. You may be eligible if you

- Are between the ages of 18 and 75
- Have a diagnosis of Crohn's Disease by a physician
- Have taken OR could not tolerate OR have not had an adequate response to an anti-TNF medication (such as Humira®, Remicade®, Enbrel®, Cimzia® or Simponi®)
- Have not had bowel surgery within the past 3 months

Qualified participants may receive study related medication and study related medical exams at no cost for up to 11 months. Compensation for time and travel is available for qualified participants.

For more information call:

Nature Coast Clinical Research—Inverness
352 341-2100

CHRONIC CONSTIPATION?

Nature Coast Clinical Research is conducting a clinical research study evaluating the safety and effectiveness of an investigational drug in treating people with chronic constipation.

You may qualify for this research study if you:

- Are 18 years or older
- Have fewer than 3 bowel movements per week
- Straining, Lumpy or hard stools, Sensation of incomplete evacuation after a BM

Qualified participants will receive study related medical exams and study related medications at no cost. Insurance is not needed. Participation includes up to 11 visits to the study center. Compensation for time and travel is available for qualified participants.

For more information call:
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Do you currently suffer from moderate to severe Ulcerative Colitis?

Ulcerative Colitis (UC) is a lifelong condition that can seriously affect quality of life for thousands who suffer from this painful condition. Unfortunately, current treatments only help manage the symptoms—not the disease.

We are currently looking for volunteers to participate in a clinical research study to evaluate treatment and safety of an investigational medication compared to placebo (*an inactive look-alike substance*) in patients who have not received or not responded to other therapy in relieving moderate to severe UC.

All study medication, placebos (*an inactive look-alike substance*) and study-related examinations and procedures are provided at no cost. Qualified participants may be eligible for reimbursement for time & travel.

You may be qualified to participate if you:

- are between 18 and 65 years of age
- have a positive histological diagnosis of ulcerative colitis
- are willing to participate in the study, complete participant assessments and attend scheduled clinical visits
- satisfy all of the eligibility requirements

For more information, please contact:
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ENCouraging COmmunity Research and Education

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Clinical Trial Information Form

Please call me with more information about...

INVERNESS OFFICE

- Chronic Constipation
- Chronic Liver Disease/Liver Cirrhosis
- Constipation Induced by Pain Medication
- Crohn's Disease
- Diabetic Gastroparesis
- Diabetes—Type 2
- Hepatitis C
- High Cholesterol
- High Triglycerides
- Irritable Bowel—Constipation
- Irritable Bowel—Diarrhea
- Shingles Vaccine in Patients With Cancer History
- Ulcerative Colitis
- Weight Loss with Cardiac History

CRYSTAL RIVER OFFICE

- Acute Coronary Syndrome (ACS) (post heart attack treatment)
- C-diff Vaccine Prevention
- Chronic Obstructive Pulmonary Disease (COPD)
- Constipation Induced by Pain Medication
- Endometriosis
- Glaucoma
- Gout
- High Cholesterol
- High Triglycerides
- Hot Flashes
- Irritable Bowel—Diarrhea
- Secondary Amenorrhea
- Uterine Fibroids
- Weight Loss with Cardiac History

COMPLETE AND MAIL THIS FORM

Name _____

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