



# ENGLEWOOD HEALTH

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March 12, 2019

Dear Friends and Colleagues:

The past several years has been a transformative time for us at The Lefcourt Family Cancer Treatment and Wellness Center at Englewood Health. You may have read about our progress in our recently published 2015-2018 report. (If you missed it, I invite you to review it at [cancerreport.englewoodhealth.org](http://cancerreport.englewoodhealth.org).) The report highlights our national reaccreditation by the Commission on Cancer, as well as the cutting-edge clinical care in precision medicine and immunology; cancer epidemiology and screening for high-risk ethnic populations; molecular aspects of breast and colon cancer; patient blood management and transfusion-free cancer surgery; and precise surgical techniques for diagnosis and treatment of neurological malignancies.

Over the next year, I would like to share specific expertise and progress for cancer patients within our cancer center. I will be speaking to you as a surgical oncologist and someone who has seen the unprecedented success of cancer care over a number of decades.

As March is National Colorectal Cancer Awareness Month, I am pleased to provide you with more information about our strong colorectal cancer disease management team and the care they deliver to your patients. With emphasis on patient care, teaching, and research, the colorectal cancer program is designed and implemented by those members involved in diseases affecting the colon, rectum, and anus.

## **Diagnosis of Colorectal Cancer**

Colon cancer is the second most common cancer diagnosed in adults, and completely preventable with appropriate screening. The American Cancer Society has recently amended screening guidelines because of an increased incidence of colon cancer in young adults; initial cancer screening with colonoscopy is now recommended at age 45 (earlier for high risk groups including those with a family history). One of our gastroenterologists, Mitchell Spinnell, MD, notes, "We know that genetics is an important factor in an individual's cancer risk, and this is incorporated into our evaluation for a personalized approach to screening. We urge continued colorectal screening into later years, especially for those individuals considered high risk."

Our Chief of Radiology, Dr. Mark Shapiro, shares this: "As an alternative, less invasive screening option, our radiology department performs dedicated virtual 3D CT colonoscopy for those patients who do not wish to have conventional fiber optic colonoscopy or who have had a previous incomplete colonoscopy due to an elongated tortuous colon."

## **Focus on High-Risk Asian Americans**

Within our cancer center, we have a special interest in risk factors among Asian Americans. Two new Korean American gastroenterologists recently joined our staff, Dr. Samuel Bae and Dr. Eugene Han. Dr. Bae trained at MSKCC and brings more than 20 years' experience and has a special interest in cancer prevention, especially in the Asian American population. As Dr. Bae notes, "Unlike other ethnic or racial groups in the US, cancer, not cardiovascular disease, is the leading cause of death in Asian Americans."

Colon cancer is the third most common cancer in the country, but the second most common in Asians, and the screening rate is lower among Asians compared to non-Asians." Many Korean patients in America do not get screened for colorectal cancer at the appropriate age, and Dr. Bae or Dr. Han can discuss screening options, as well as perform colonoscopies and endoscopies.

### **Colorectal Cancer Surgery**

Our Chief of Colon and Rectal Surgery, Dr. Anna Serur, is one of the most proficient and experienced robotic colorectal surgeons in the United States. Many individuals who in the past may have needed a permanent colostomy are now rendered cancer free with the creation of robotic rectal pouch surgery. I personally have assisted Dr. Serur in the OR and can tell you that the type of surgeries that she is performing is quite amazing. Colorectal cancer patients are being discharged for the hospital with the shortest length of stay that I have ever witnessed.

### **Medical Oncology Therapy for Colorectal Cancer**

Adjuvant colon and neoadjuvant chemotherapy and combined chemo/radiation therapy have resulted in partial and completed pathological response, durable response, and cures. Dr. Minaxi Jhaver, Chief of GI Medical Oncology and Chief of Hematology/Oncology, shares that, "We have a deeper understanding of colorectal cancer at a molecular level and are able to identify high-risk stage II patients who will benefit from adjuvant therapy. This is done with the Oncotype testing. This enables us to also spare administration of chemotherapy for those who are low risk and will not benefit from therapy. For metastatic disease, we are able to identify patients with MSIH tumor types who benefit from immunotherapy and can have a prolonged response. All of our patients are also considered for enrollment in a clinical trial."

### **Metastatic Colorectal Cancer**

One of the highlights of our colorectal cancer program is that colorectal surgeons, GI medical oncologists, radiation oncologists, and surgical oncologists see our patients together in the same office suite. Seeing patients in a multidisciplinary fashion enables us to evaluate patients with stage IV colorectal cancer that has spread to the liver. In addition to chemo and immune therapy options, individual patients who might benefit from liver surgery, microwave ablation, and fluorescent-guided curative surgery are offered these advanced techniques, all in an effort to achieve long-term survival. These advanced liver surgeries are performed with laparoscopic and robotic techniques, allowing for patients to achieve early discharge after surgery and return to work.

I hope this overview of our colorectal cancer program has given you important information to consider when recommending options for screening, diagnosis, and treatment for your patients. Don't hesitate to reach out to me if I can be of further assistance.

Best regards,



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