The Gynecologic Cancer Center at Roswell Park Cancer Institute is staffed by a team of experts who have specialized training in gynecologic oncology and are uniquely experienced in the treatment of uterine, ovarian, cervical and other gynecologic cancers. RPCI’s multidisciplinary approach means each patient’s treatment is discussed, evaluated and planned by a team of experts—pathologists, surgeons, medical and radiation oncologists—working together.

**The Gynecologic Cancer Team**

**Kunle Odunsi, MD, PhD, FRCOG, FACOG**
Professor and Chair, Department of Gynecologic Oncology
Director, Center for Immunotherapy

**Shashikant Lele, MD, FACOG**
Professor and Clinical Chief of Gynecologic Oncology
Department of Gynecologic Oncology

**Peter Frederick, MD**
Assistant Professor and Director of Minimally Invasive Surgery
Department of Gynecologic Oncology

**Michael Kuettel, MD, PhD, MBA**
Professor and Chair, Department of Radiation Medicine

**Karen Larkin, MS, FNP-C**
Nurse Practitioner

**Sara McKenica**
Nurse Practitioner

**Nefertiti duPont, MD, MPH**
Assistant Professor
Department of Gynecologic Oncology

**Refer a Patient**

Fortifying existing partnerships with the community physicians who entrust their patients to RPCI is an ongoing focus for us.

When you suspect or diagnose cancer in your patient, you want the best treatment and care available for that patient. At RPCI, we believe in a multidisciplinary team approach to care. As your patient’s primary physician, you remain a valuable part of this team. We will work closely with you and keep you informed of your patient’s care and progress. After your patient’s treatment has been completed, he or she returns to your care, and we will continue to provide assistance as needed.

With even a suspicion of cancer, your patient can call us and one of our referral professionals will walk him or her through the referral process, answer questions and set up an appointment with the cancer care specialist best suited to discuss his or her care.

Patients may be referred by a physician or may directly seek a consultation and treatment. The Patient Referral Office is open Monday through Friday, 8:00 am to 5:00 pm.

Call 1-800-ROSWELL (1-800-767-9355) to seek a consultation, second opinion or to refer a patient.
National Comprehensive Cancer Network (NCCN) guidelines recommend transvaginal ultrasound and serum CA 125 measurement every six months for women with a genetic predisposition for developing ovarian cancer.

"Since most ovarian cancers are diagnosed at stages III or IV," says Nefertiti duPont, MD, "identifying women with a genetically increased risk is important for selecting patients most likely to benefit from risk-reducing surgery."

Women who face above-average risk should have a comprehensive ovarian cancer risk assessment, genetic counseling and learn about risk reduction strategies and clinical research studies.

The **HIGH RISK OVARIAN CANCER SCREENING CLINIC** is for women with these or other risk factors:

- A personal history of breast cancer before age 40 or a history of hereditary non-polyposis colorectal cancer (Lynch II)
- A family history of breast, ovarian, fallopian tube, or primary peritoneal cancer in a first- or second-degree relative (mother, sister, grandmother)
- A male relative with breast cancer
- A family history of hereditary non-polyposis colorectal cancer (Lynch II) in a first- or second-degree relative
- One or more of these symptoms daily for at least two weeks:
  - Bloating or sudden weight gain
  - Pelvic or abdominal pain
  - Urinary frequency
  - Indigestion or feeling full fast
  - Pelvic pressure

Oncologists at RPCI have led the way in intraperitoneal (IP) chemotherapy, which delivers chemotherapy directly to the abdomen, bathing the peritoneal cavity in the anticancer agents. Research found that adding IP chemotherapy improved progression-free survival and overall survival significantly enough that the National Cancer Institute issued a clinical announcement recommending that women with stage III ovarian cancer be considered for IP chemotherapy after optimal surgical cytoreduction.

Intraperitoneal Chemotherapy
Delivering drugs directly to the abdomen

IP chemotherapy uses the same drugs as intravenous (IV) chemotherapy, but at 10 to 100 times the concentration without the toxicity of the higher doses circulating in the bloodstream. "It’s an intricate, time-consuming procedure and optimal reduction of the tumor via surgery is an important part,” says Shashikant Lele, MD, Clinical Chief of Gynecologic Oncology and Clinical Chair, Division of Surgical Subspecialties. As surgery is completed, a port is placed in the patient’s abdomen for drug delivery. Treatment begins a couple weeks post surgery and continues once a month for six months.

"It’s an intricate, time-consuming procedure and optimal reduction of the tumor via surgery is an important part."
Surgery is a primary part of the treatment plan for many gynecologic cancers, and the daVinci Robotic Surgical System has revolutionized the way surgeons treat their patients’ cancer at RPCI. “We were in on the ground floor with this technology,” says Peter Frederick, MD, Assistant Professor and Director of Minimally Invasive Surgery, Department of Gynecologic Oncology.

Robot-assisted surgery, or robotic surgery, combines the skill and judgment of the surgeon with the enhanced flexibility and precision of the robotic tools. Sitting at a console, the surgeon operates controls that guide the robot’s four arms, which hold a camera and surgical instruments inserted into the body through tiny porthole incisions. The three-dimensional vision system magnifies the surgical field up to 10 times improving the surgeon’s ability to recognize and control small blood vessels. The robot’s slim arms, with wrists that swivel 360 degrees, make it easier to operate in the body’s tight spaces and work from angles and positions that human surgeons cannot. The system eliminates any normal human hand tremor.

Compared to conventional or “open” surgery, which requires large incisions, the benefits are clear. Robotic surgery involves smaller incisions, less blood loss, less pain, shorter hospital stays, fewer post-operative complications like infection or blood clots and a faster return to activities. Robotic surgery offers significant benefits over minimally-invasive laparoscopic surgery as well. “The robot allows us to operate on more complex patients or perform minimally-invasive surgery that would not be feasible otherwise,” explains Dr. Frederick, “such as in patients who are morbidly obese or have complicated anatomy, adhesions or scar tissue.”

Roswell Park surgeons perform robotic surgery for:
- hysterectomy
- endometrial and early stage cervical cancer
- endometrial hyperplasia
- surgical staging
- evaluation of lymph nodes and pelvic masses

Surgical teams from around the world come to RPCI to develop and improve their skills under the guidance of RPCI’s robotic surgery experts. By enhancing surgical capability through improved technology and continual training, RPCI provides patients with better clinical outcomes so they can return to active, productive lives more quickly. RPCI’s Center for Robotics includes two state-of-the-art daVinci robotic systems and an adjoining surgical teaching laboratory.
At RPCI we have been performing robotic surgery longer than anyone in the Western New York area.

Meet RoSS
THE FLIGHT SIMULATOR FOR SURGEONS

While the daVinci Robotic Surgical System is an engineering marvel, such a tool, like an aircraft, is only as good as the pilot. A collaboration between RPCI’s Surgical Robotic Center and the University at Buffalo School of Engineering and Applied Sciences has resulted in the world’s first surgical simulator that accurately simulates the daVinci system. The Robotic Surgical Simulator, or RoSS, addresses the rapidly growing need for a realistic training environment for robot-assisted surgery. The RoSS plays a critical, educational role for RPCI, which trains robotic surgical teams from around the world.

For Nancy Speroni, 62, the decision to have robotic surgery at RPCI was an easy one. Although her diagnosis was a precancerous condition, her only treatment option involved major surgery—a total hysterectomy. Traditional, open surgery would require a long incision and several-day hospital stay. As a medical writer, Speroni had some knowledge of robotic surgery and knew that it was for her. “I thought of it as a very practical way to do the surgery. The hands of the robot are much, much smaller than human hands and I knew I had a very capable, well-trained surgeon using it.”

Speroni was admitted to the hospital on the day of her surgery and discharged the following day. “I had no pain, very little scarring and very little bleeding,” she says. “I felt I could resume normal activities within a week even though my surgeon reminded me that this was still ‘major surgery’ and to take it easy.” Speroni says she needed no pain medication and required no further cancer treatment. “Anyone facing hysterectomy should learn more about robotic surgery,” she says. “It was a very effective and very positive experience for me.”
Back in the 1970s, a group of forward-thinking oncologists at RPCI founded the Gynecologic Oncology Group (GOG) to focus on quality and collaborative clinical research in gynecologic cancers. Today, as one of the National Cancer Institute’s funded research groups, the GOG encompasses more than 50 principal centers and more than 160 affiliate institutions, paving the way and setting the standard for cancer research and treatment. Thanks to GOG studies, patients have access to the most current and up-to-date treatments that shape the standard of care for gynecologic cancers. One example of a treatment born out of GOG research efforts is intraperitoneal (IP) chemotherapy (see page 3).

Another promising research avenue focuses on harnessing the immune system to fight cancer. The new Center for Immunotherapy, headed by Kunle Odunsi, MD, PhD, FRCOG, FACOG, Chair of the Department of Gynecologic Oncology, brings together a critical mass of clinical investigators and scientists, along with an Immune Analysis Facility and the Therapeutic Cell Production Facility, to put RPCI on the fast track toward developing effective new immunotherapies such as cancer vaccines, antibody therapy, cellular therapy and immune-response modifiers.

The Center will allow Dr. Odunsi to expand his work with an ovarian cancer vaccine that triggers an immune response in patients who have tumors that test positive for the NY-ESO-1 antigen.

“This unique resource allows us, for the first time, to conduct cellular therapies where we take immune cells from patients, expand them in the Therapeutic Cell Production Facility and give them back to patients.”

– Kunle Odunsi, MD, PhD, FRCOG, FACOG
Endowed Fellowship to Improve Women’s Healthcare

Shashikant Lele, MD, has seen firsthand the tragic effects that poverty can have on healthcare. “In many countries, people are severely lacking in the most basic medical care—they don’t even think about specialized care for things like cancer or specific cancers,” says Dr. Lele. “A lot of women might get ovarian cancer or cervical cancer and never know they have it—they just get a tumor and die. Quality care is available only for those who can afford it, and only in the big cities.”

Dr. Lele wants to help change that. He will lead a new fellowship program to bring young doctors from around the world to RPCI for advanced training in the field. “These doctors are already practicing,” he explains. “They want to learn the discipline and surgical techniques that we use here—how protocols are run, how to do studies—but their countries don’t have fellowships, and they can’t afford to come here.”

The Shashikant B. Lele, MD, Endowed Fellowship will pay for airfare and housing for fellows admitted to the program. Each will stay approximately three to four months. During that time, under Dr. Lele’s supervision, they’ll acquire expertise based on their medical or scientific interests as they train at one of America’s leading comprehensive cancer centers. Dr. Lele adds that the program will also be open to American doctors, provided they are practicing in cities of great need and lack leading-edge training. But most will hail from such places as Turkey, India, Taiwan, Greece and other parts of the world.

Dr. Lele believes the long-term impact of the endowment will be far-reaching. “My main goal is simply to help underserved people, whether in the U.S. or another country,” he says. “I want these doctors to go back and practice medicine that will help improve the healthcare of women.”
THE GILDA RADNER FAMILIAL OVARIAN CANCER REGISTRY, located at Roswell Park, is a national registry that stores data researchers use to learn more about familial ovarian cancer. Investigators hope to identify new genes associated with ovarian cancer, which can improve genetic and psychosocial counseling for women and families. The data collected by the registry can also help researchers learn how lifestyle choices such as oral contraceptive use and hormone replacement therapy may affect ovarian cancer risk. The registry encourages women over the age of 18 who have a family history of ovarian cancer to join.

For more information, call 1-800-OVARIAN (1-800-682-7426) weekdays from 9am to 5pm EST or go to www.ovariancancer.com