

## Competing against cancer, not each other

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Over an informal dinner in a Chevy Chase home, 25 doctors peppered one another with questions about prostate cancer treatments and clinical trials. By the end of the meal they had received a real-time, one-stop update. Several promised to refer their patients for trials.

It's not surprising that specialists were exchanging notes about drugs, radiation and muscadine grape skin extract for a disease that strikes two of every three men older than 65 in Washington.

The District has the highest incidence and highest death rate of prostate cancer in the country, according to federal health statistics. But even with that prevalence and the numerous prostate-cancer-related clinical trials in the region, doctors say there is no easy way for doctors to find out what trials may be available for their patients.

Difficulty in finding such information was the inspiration for the informal dinner and gathering of doctors. Formed a year ago, the group of cancer specialists meets quarterly to share information about the latest available therapies.

What's unusual about them is that the doctors hail from a diverse group of hospital systems, many of them competitors: Johns Hopkins, MedStar Georgetown University, George Washington University, Howard University, the University of Maryland, Walter Reed National Military Medical Center, the National Institutes of Health and Inova Alexandria. The group also includes some in private practice.

Such collaboration is rare, according to doctors and other experts. Hospitals compete for patients. They do so by developing the broadest array of services, regardless of whether other services are offered in the same market.

"And you cannot compete for patients unless you have physicians who can provide that type of care," said David Goodman, director of the health policy research center at the Dartmouth Institute.

So doctors are often reluctant to share patients.

But the doctors meeting in Chevy Chase are putting competition aside. As specialists in genitourinary cancers - kidney, bladder, prostate and testicular cancers - they face different problems than doctors who treat, for example, breast or lung cancer. There are fewer specialists in this field, and they see fewer patients. And within the field, surgeons and oncologists have tended to collaborate less often than their breast or lung cancer counterparts, according to George Philips, a medical oncologist who specializes in prostate cancer at the Georgetown Lombardi Comprehensive Cancer Center.

With several new treatments approved for prostate cancer in the past three years, the network is especially useful in keeping abreast of developments, said Jeanny Aragon-Ching, a medical oncologist at George Washington University Medical Center.

"We're here in one setting, where we can make connections, and then through e-mail we can let [colleagues] know what we're doing," said Sarah Horton, a medical oncologist at the Howard University Cancer Center. "It's allowed us to touch so many more people."

"Sometimes there's a little tension," said Philips, one of the group's founders. But mostly, "the group gives us greater expertise, comfort and trust with sharing ideas, advice and services."

Known as GUMDROP (for genitourinary multidisciplinary D.C. regional oncology project), the group started in April 2011 when a handful of doctors got together at a Bethesda restaurant to exchange information. GUMDROP now has 40 doctors on its e-mail list, more than 20 patients have been cross-referred in the past year, and more than half of those were referrals from the quarterly dinner meetings. The group has created a Web site for the doctors to post information

about their clinical trials.

The patient referrals have boosted GUMDROP's profile. Clinical trials need patients, especially with minority representation. Black men have much higher rates of prostate cancer than do white men, and black men are more than twice as likely to die from the disease as white men.

GUMDROP has become a valuable asset in applying for federal grants, according to William Dahut, clinical director of the National Cancer Institute's cancer research center.

Although many of the trials are funded by drug companies, the group does not receive any funding, and drug companies don't participate.

"It becomes very easy to have blinders on and forget about . . . other colleagues who may be inadvertently doing the same work you are," said Matt Poggi, a radiation oncologist at Inova Alexandria Cancer Center. He specializes in brachytherapy, which uses radioactive seeds or pellets surgically placed into or near the cancer to destroy the cancer cells.

"What happens all the time is that a patient comes in, at a certain stage of a disease, and I know the standard of care," said Nancy Dawson, a Georgetown oncologist who helped start the group and now hosts the dinners. But if the patient might be eligible for a clinical trial elsewhere in the area, that information is difficult to get, she said.

The cancers that the group focuses on are usually not curable, she said. The goal of the clinical trials is to prolong survival and improve the quality of life, and to become the standard of care for future patients.

NIH has a database that lists federally and privately supported clinical trials in the United States and around the world, but it is hard to use, doctors and patients said.

"There is no easy way for a doctor to know what trials are available to get your patients on," Dawson said, and the database is even harder for an average patient to navigate. But the GUMDROP network allows physicians to quickly find out what is happening in the region.

That's how her patient, Joe Rodden, 51, who has advanced prostate cancer, was able to enroll in an NIH clinical trial in November. Surgery and hormone treatment have failed to halt the growth of the cancer, which has spread to his bones. He is taking four drugs as part of the trial, and so far, no new lesions have developed.

"I would not have known about this trial without Dr. Dawson recommending it," Rodden said.

At the GUMDROP dinner last month, one experiment caught the attention of Oscar Streeter, a Howard University radiation oncologist. Conducted at Georgetown, it uses a type of high-dose targeted radiation known as cyberknife that is not available at Howard.

"Can we send patients for your boost?" Streeter asked Sean Collins, the radiation oncologist running the trial, using shorthand to describe the radiation.

"We would love your participation in that trial," Collins replied.

Doctors from Hopkins and Howard were also seeking patients to participate in clinical trials that will be conducted this year involving muscadine grape skin extract and Chinese grass seed oil. The idea is to see whether the natural products (taken daily in capsule form) can slow the progression of the cancer, said Channing Paller, a medical oncologist at Hopkins's Sidney Kimmel Comprehensive Cancer Center.

As word has spread about the group, more physicians specializing in genitourinary cancer have joined. At the dinner, some wondered whether it's time to hire someone to oversee coordination rather than rely on time-starved physicians.

But where to get funding? Drug companies were out. Then someone suggested looking for a high-profile, wealthy individual with a personal connection to the disease. One person came to mind. He went public in April with his

diagnosis of early-stage prostate cancer.

Dawson turned to Streeter with a smile and asked: "Are you calling Warren Buffett or am I?"

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