

Building a World Class Cancer Center at Henry Ford: Cancer Surgery

Steven N. Kalkanis MD

Henry Ford Medical Group

Jubilee Reunion

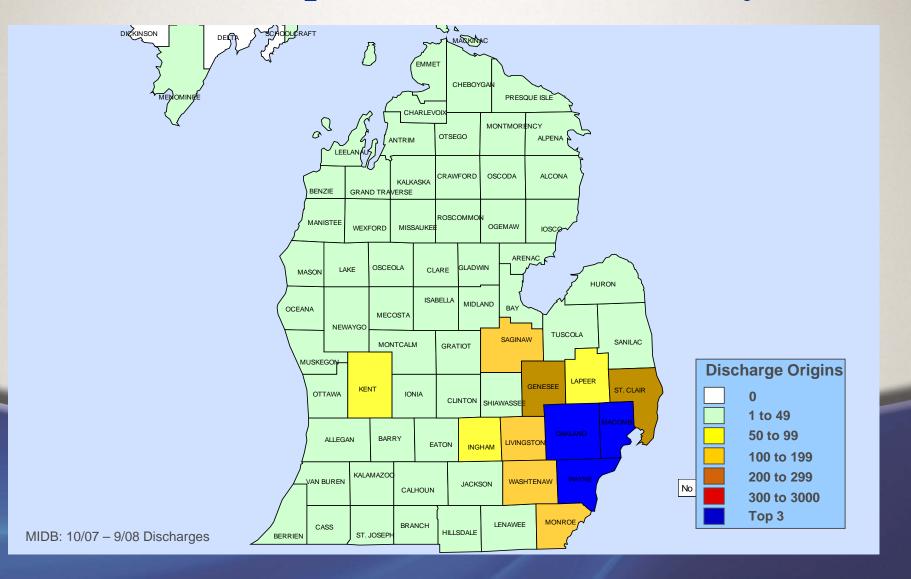
October 9, 2015

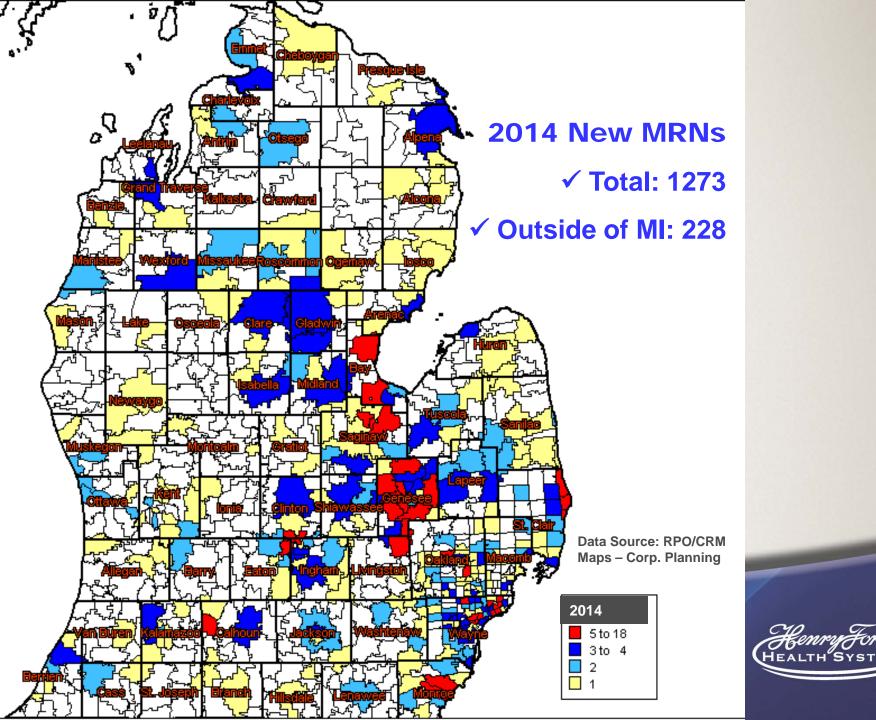
Surgical Oncology plays a leading role in our Out-State Growth Strategy



Where we started...

HFH draws patients from our "backyard"





2014 Growth over 2013

- Transfers 15% ↑
- ■Out-patient appointments 33% ↑
- New Medical Record #'s 28% ↑
- ■\$87.5M in net contribution margin
- 43% of all new referrals
 = surgical oncology





Henry Ford Center for Cancer Surgery: Opportunities

■ Differentiate our Cancer Institute, fully partner with JFCI

Develop, promote unique capabilities, publish superior outcomes, NCI

■ Enhance our Customer Experience

Access portal: "if you have cancer, call this number...", nurse navigation, protocols, multidisciplinary coordination of care, concierge services

Build our Internal Team Identity

Virtual and Physical Space, Signage, Web Presence

Build our External Brand and Public Perception





Henry Ford Center for Cancer Surgery



Vision
Business Plan
Surgeon and
JFCI Buy-In,
Gap Analysis



Infrastructure
Development:

Admin,
Nursing,
Patient
Advocate
Support



Website Development

henryford.com/ cancer



888-777-4167

Patient Phone Triage Infrastructure:

Call Center, JFCI, RPO, Surgical Departments



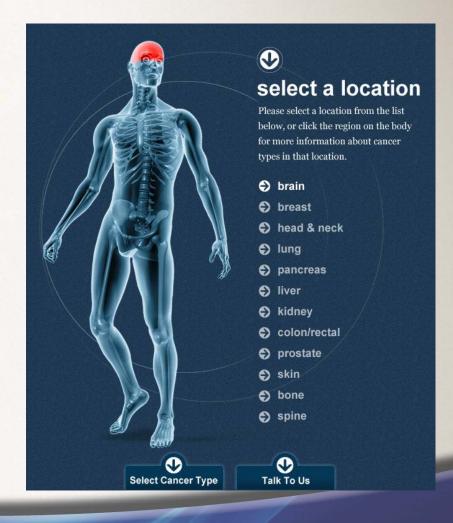
PR/Marketing Plan Creative Content

Development

C

New Website







henryford.com/cancer



Cancer: Josephine Ford Cancer Institute

- Types of Cancer
- Cancer Prevention and Screening
- Why Choose Josephine Ford Cancer Institute?
- Cancer Diagnostic Tests and Procedures
- Cancer Treatment Options
- Cancer Patient Information and Support
- Cancer Research
- Search for Clinical Trials
- Cancer Treatment Locations
- Video Library: Cancer

New









Departments & Services > Cancer: Josephine Ford Cancer Institute > Talk to Us

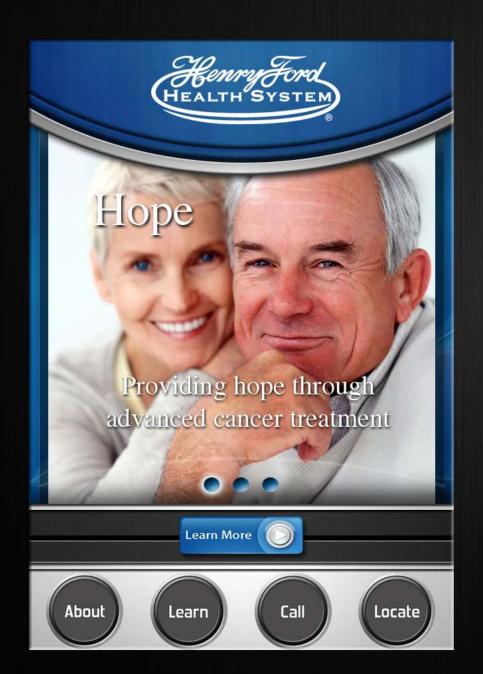
Talk to Us

If you would prefer to speak with someone immediately please call us at **(888)** 777-4167.

A nurse is available to take your call 24 hours a day, seven days a week.

Please complete the form below and someone will respond to you within 24 hours.

* Indicates required information							
Name *							
Email address *							
Phone number							
How do you prefer we contact you? *	C Email Phone						
Reason for request							







Clinical Trials

Since 1915, Henry Ford physicians and scientists have focused their efforts in a wide variety of research areas critical to understanding diseases and bringing new treatment options to the patients' bedsides. Every day, hundreds of physicians and scientists are looking for the treatments that will bring hope to you and your family.

Previous

Next

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Done

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Brain/Meningioma

Breast

√ Gastro

Gastro/Colorectal

Gastro/Esophageal







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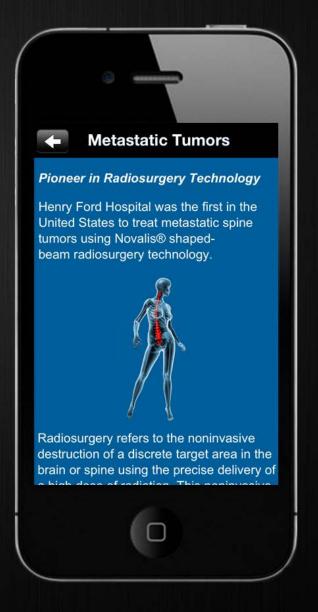
Metastatic Tumors

Pioneer in Radiosurgery Technology

Henry Ford Hospital was the first in the United States to treat metastatic spine tumors using Novalis® shaped-beam radiosurgery technology.



Radiosurgery refers to the noninvasive destruction of a discrete target area in the brain or spine using the precise delivery of a high dose of radiation. This poninvasive



Henry Ford Center for Cancer Surgery: The Case for Surgical Oncology

	New MRN for Cancer			Resides outside Tri-county		
Cancer_Group	Hem Onc	Radiation	Surgery	Hem Onc	Radiation	Surgery
Bone	14%	21%	31%	29%	24%	57%
Brain	18%	42%	53%	14%	17%	31%
Breast	4%	13%	19%	5%	4%	5%
Colon	9%	17%	17%	5%	3%	7%
GynOnc	13%	17%	21%	5%	2%	7%
Head & Neck	16%	26%	45%	8%	6%	29%
Lung/Thorax	13%	25%	29%	3%	4%	21%
Malig. Hematology	7%	22%	17%	6%	4%	12%
Metastasis	14%	24%	27%	4%	5%	18%
Other GI	19%	30%	41%	9%	5%	17%
Other GU	17%	30%	17%	2%	7%	9%
Other Malig.	15%	21%	31%	8%	3%	18%
Prostate	9%	12%	55%	5%	4%	44%
Skin	33%	36%	36%	17%	5%	19%
Overall	10%	20%	37%	6%	5%	24%





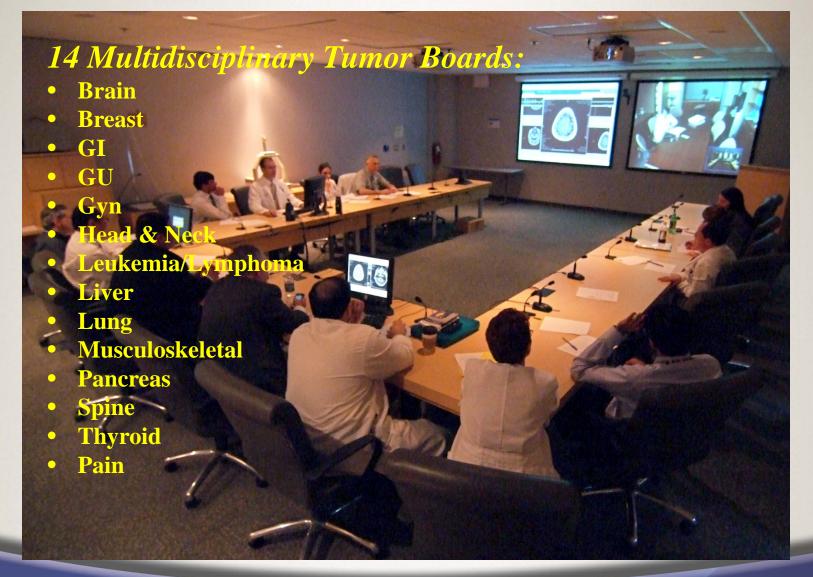




Where should you go for cancer care?

MERRILL GOOZNER Editor

hen it comes to cancer care, there is a huge disconnect between the possibilities of modern medicine and its day-to-day practice. As last fall's troubling report from the Institute of Medicine noted, variation in oncology practice is wide; collection of quality and outcomes data is poor; and progress in learning what works best for any particular cancer remains slow and halting.





JFCI Tumor Boards:

Surgical Oncology, Radiation Oncology, Medical Oncology, Clinical Trials, Radiology, Pathology, Nursing



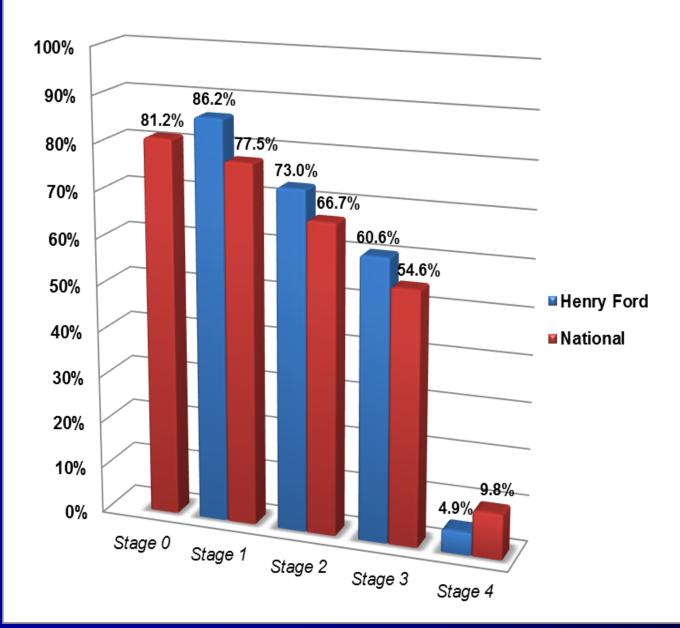
PATIENT-CENTERED CARE Personalized Medicine in every sense of the word

In addition to 14 multidisciplinary tumor boards, we currently have **5 multidisciplinary clinics**, with the potential for many more when all cancer specialties are housed in one building:



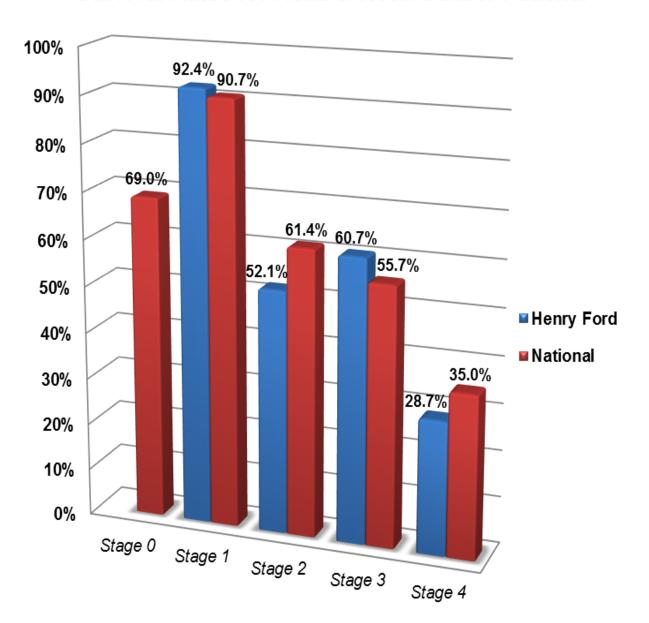
- Breast
- Lung
- Head & Neck
- Pancreas
- Prostate

Survival Rates for Colon Cancer Patients



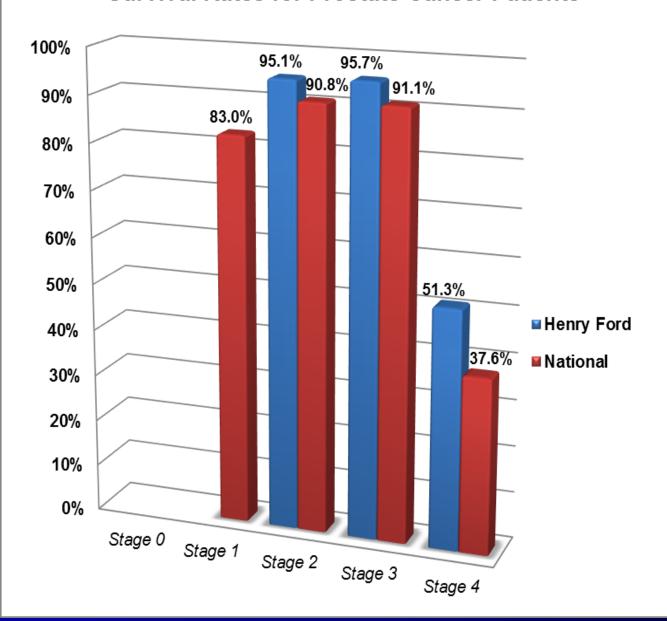
Surgery for Colon Cancer, 2008 - 2013

Survival Rates for Head & Neck Cancer Patients



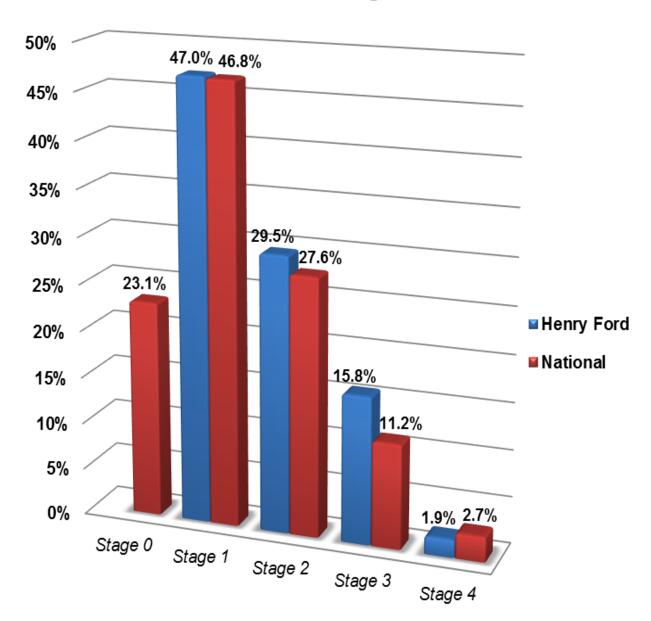
Surgery for Head & Neck Cancer, 2010 - 2013

Survival Rates for Prostate Cancer Patients



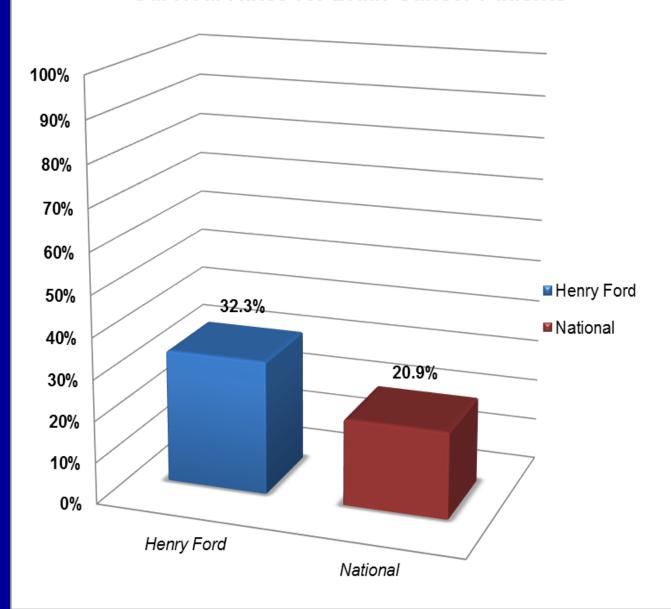
Surgery for Prostate Cancer, 2005 - 2012

Survival Rates for Lung Cancer Patients



Surgery for Lung Cancer, 2007 - 2012

Survival Rates for Brain Cancer Patients



Surgery for Brain Cancer, 2005 - 2012



Annual Brain Tumor Experience

- More than 700 new brain tumor patients per year
- More than 7,000 patient visits per year
- More than 2,000 tumor board evaluations per year
- More than 4,000 clinically annotated tissue specimens

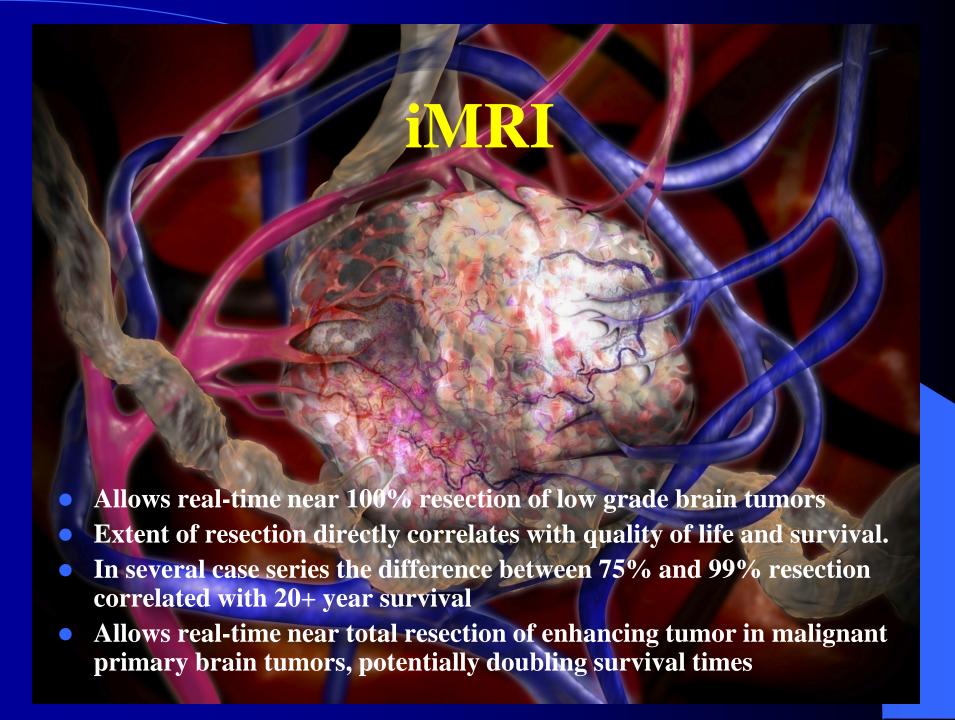
State of Michigan Data

- ~ 750 1,000 Primary
- ~ 3,500 Brain Mets

1.5 Tesla fully-integrated iMRi is the first in Michigan and one of 30 in the United States and 58 worldwide



Gross total resection of primary brain tumors can be achieved in approximately 50% of patients by current standards but can be increased to >95% with iMRI

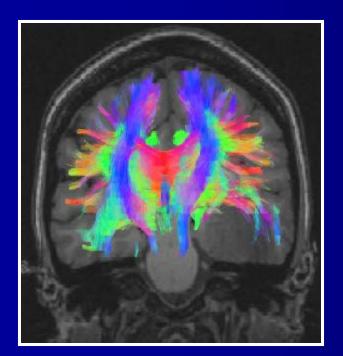


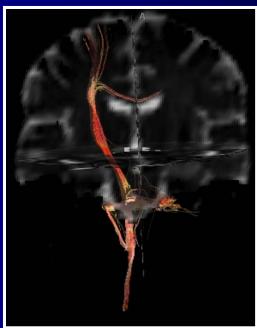


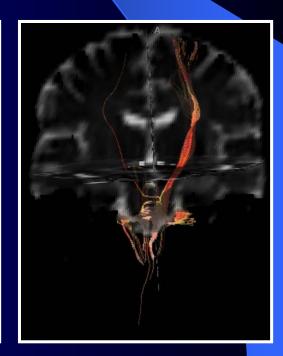


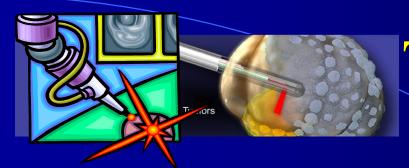
iMRI

iMRi can be used in combination with awake surgery when working in eloquent brain regions and is also easily integrated with neuro-navigation, diffusion tensor imaging and functional MRI, all of which improve surgical outcomes by greatly enhancing the surgeon's ability to accurately delineate the relationship between tumor and normal brain



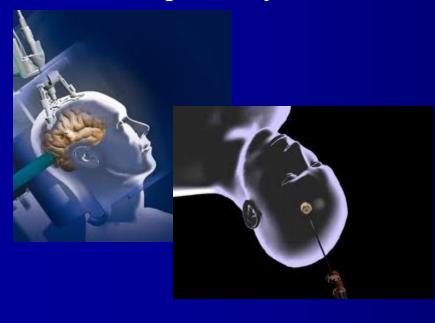


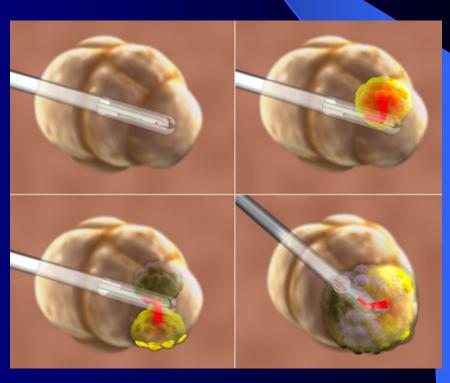




Thermal Therapy + iMRI

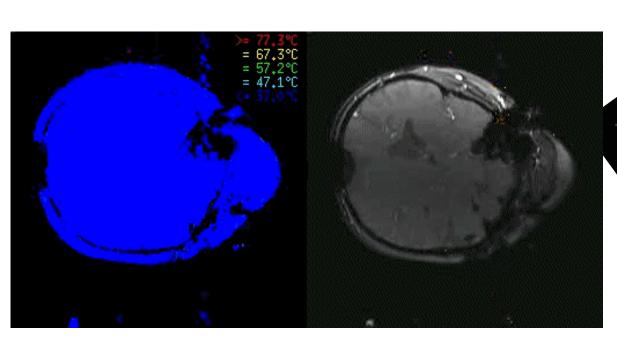
- Laser-Heat Ablation under direct vision
- Spherical well-circumscribed lesions may lend themselves exceptionally well to this technology → avoid radiotherapy?

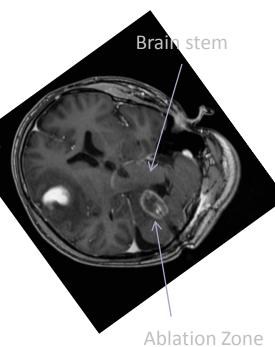


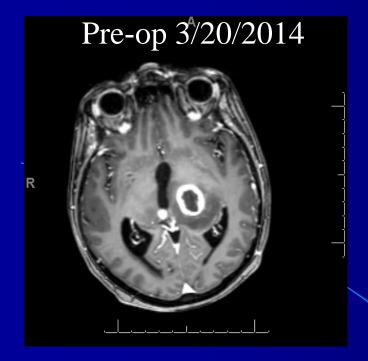


VISUALASE Precision and Control: Brain Tumor Application

Ablation of High-grade Astrocytoma 1mm from brainstem

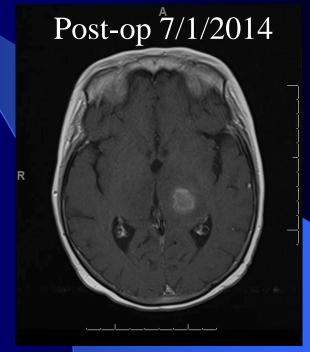








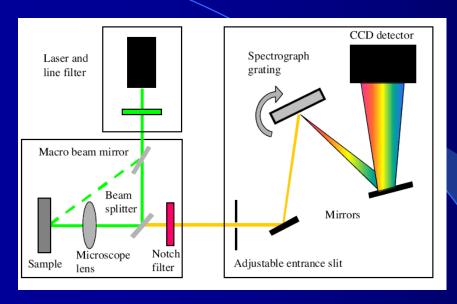






HERMELIN BRAIN TUMOR CENTER A Place for New Hope

Raman Spectroscopy: A Place Identification of Brain Cancer





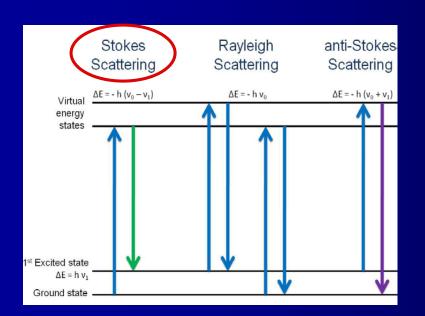
Smart Sensors & Integrated Microsystems, WSU (G. Auner) HFII (S. Dulchavsky)

Hermelin (S. Kalkanis, T. Mikkelsen)

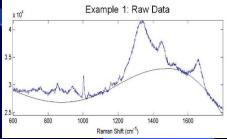


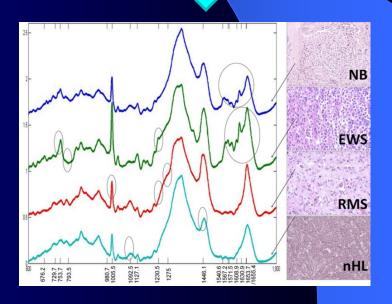
Raman Spectroscopy

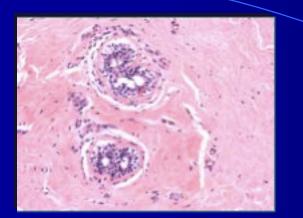
- Adapted by DoD 10 years ago to detect wartime IEDs
- Results took minutes to hours
- 10' (w) x 15' (l) x 7' (h)
- Difficulty with sample validation
- Inelastic light scattering from molecules produce a unique spectral fingerprint

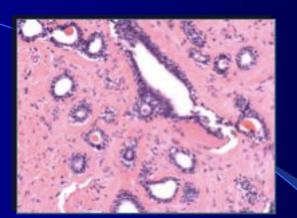


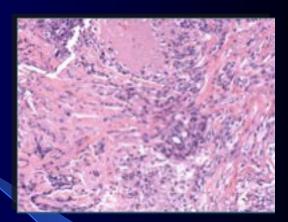


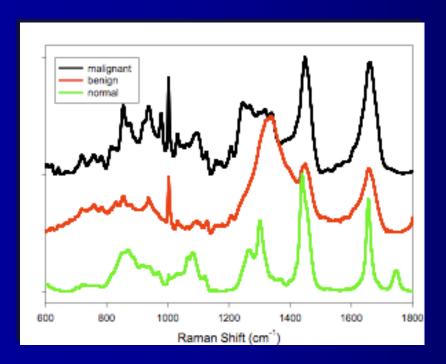


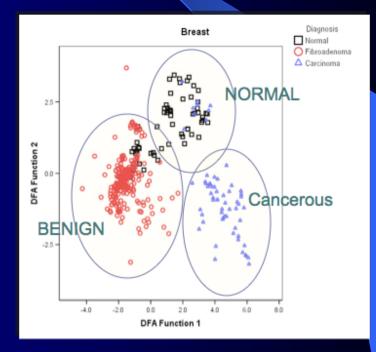










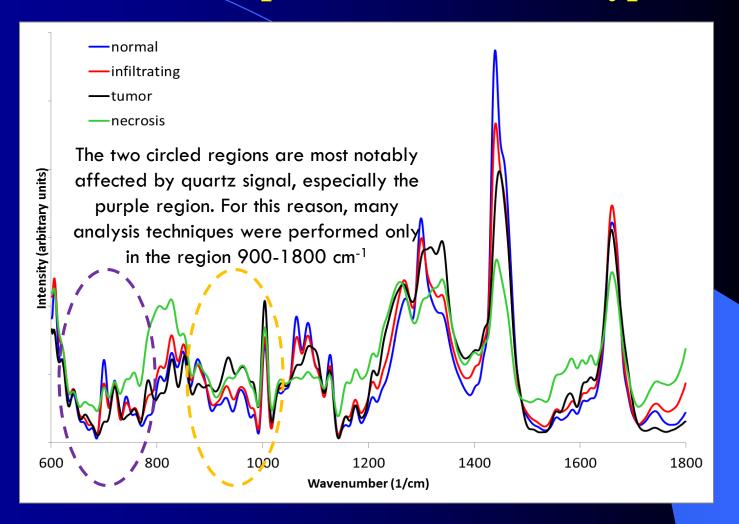


After IRB approval, Hermelin tumor bank provided 587 blinded tissue samples for tissue validation and paradigm "learning"



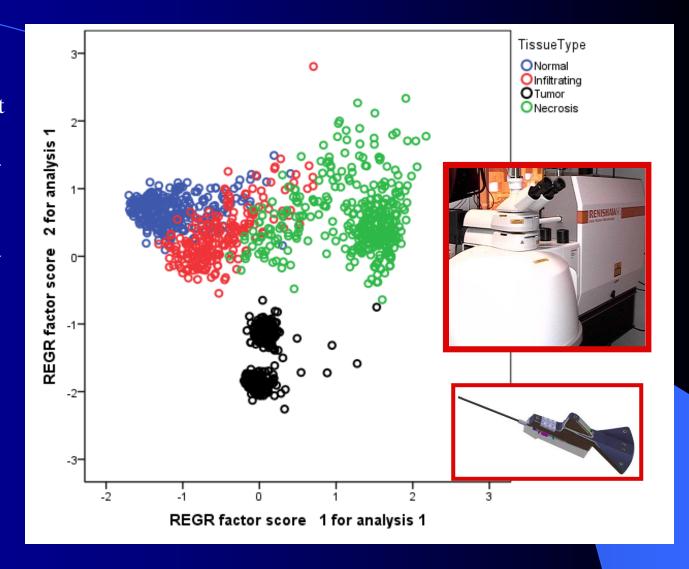
GBM Raman Spectra: Four Tissue Types

Validation
of tumor
samples:
99%
sensitivity
and 97%
specificity

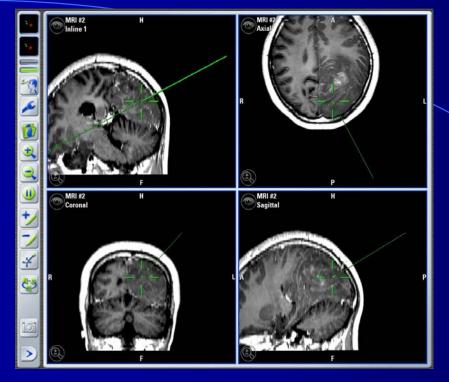


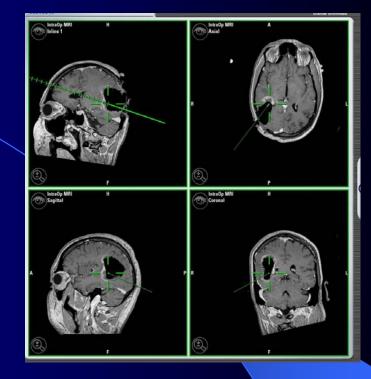
Double blinded validation of Henry Ford tissues allowed WSU/SSIM engineers to develop detection codes, decreasing the yield time for a 99% correct tissue diagnosis from 47 minutes to 0.25 seconds

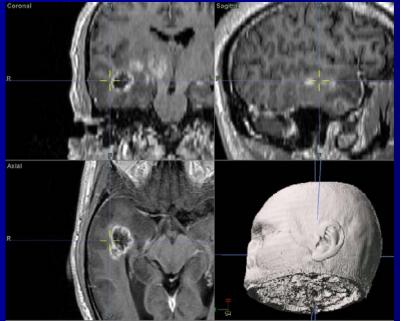
Preliminary principal component analysis of samples over the region 900-1800 cm⁻¹ showed good separation of tumor spectra, and a continuum of separation between normal brain, infiltrating tumor, and necrosis.



Major advances in microsensor technology from 2010-2013 allowed the giant room-sized detection and processing hardware now to fit on the tip of a pen





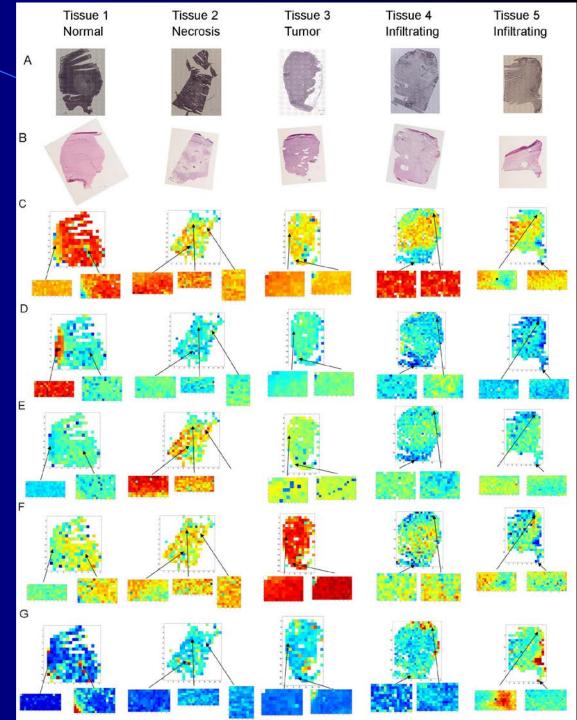


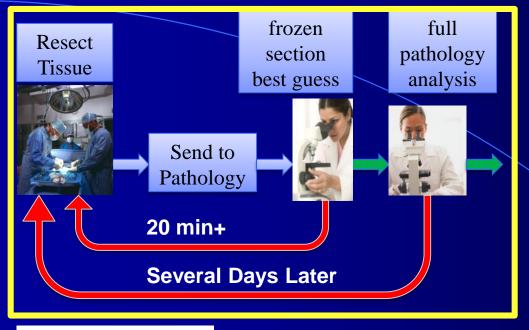
HFHS IRB Approval Nov 2014:

Testing the integrated navigation/
Raman probe on 25 GBM patients
during iMRI-surgery, on regions of
the brain already selected for removal
by the surgeon. Raman results
recorded separately prior to pathology
validation (*Tumor, Necrosis, Infiltrating, Normal*)

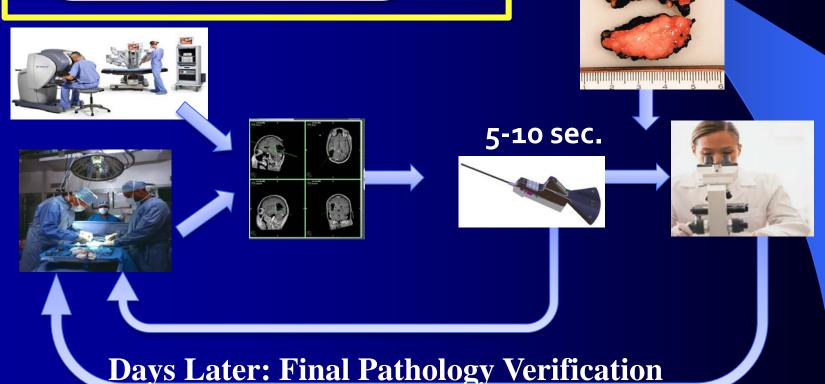
Imaging Multiple Molecular Species

94% correlation between intraoperative realtime (4 seconds) Raman results vs. pathology frozen section validation (30-45 minutes)



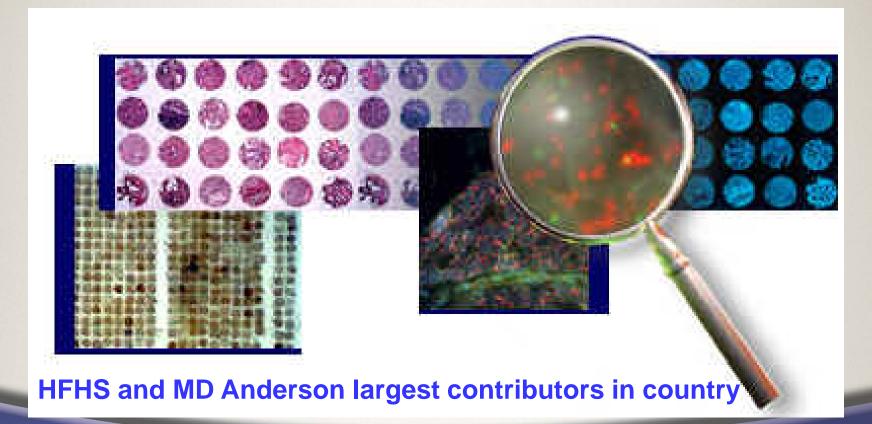


A New Paradigm?





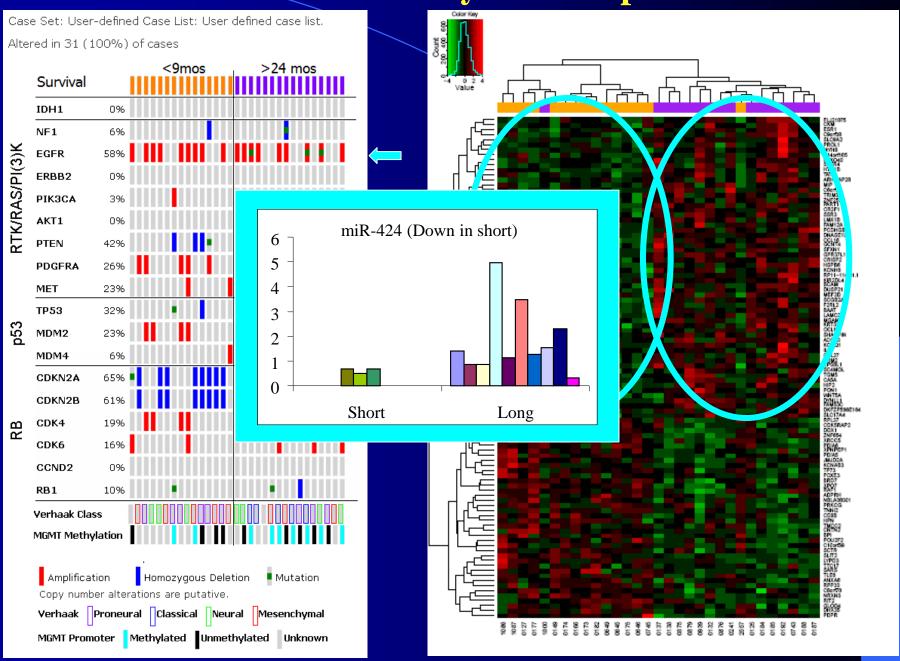
The Cancer Genome Atlas



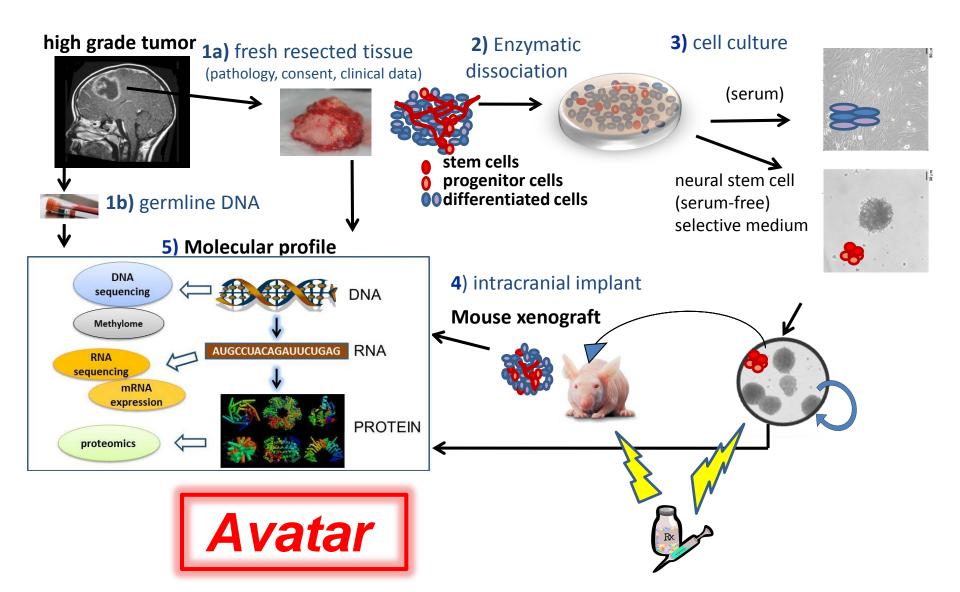




GBM: The Henry Ford Experience

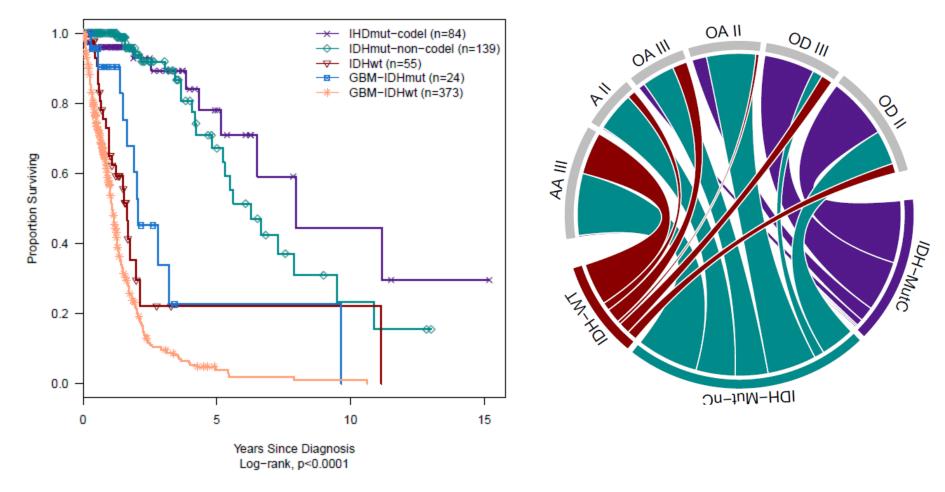


Generation and characterization of GBM patient derived xenograft (PDX)



Comprehensive and Integrative Genomic Characterization of Diffuse Lower Grade Gliomas* Submitted by The Cancer Genome Atlas Network*

Overall Survival



⁺ Published in NEJM * LM Poisson, T Mikkelsen, L Scarpace, A Raghunathan



Cancer Biorepository





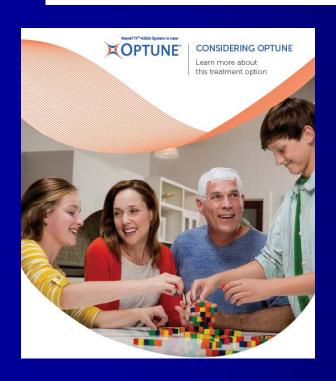


Neurosurgery



• NEW CLINICAL TRIALS

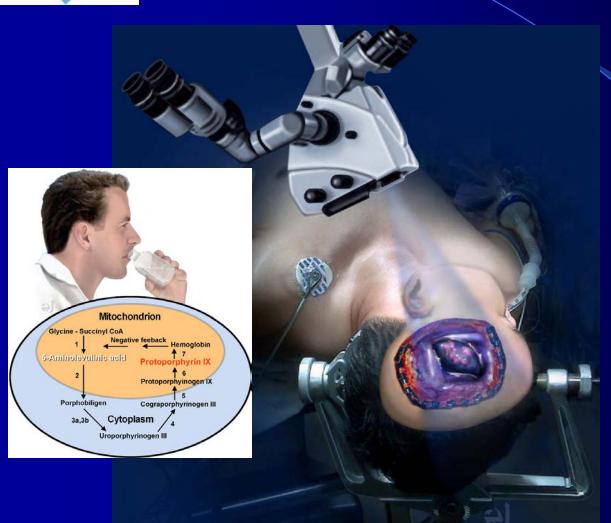
Interim analysis of the EF-14 trial: A prospective, multicenter trial of NovoTTF-100A together with temozolomide compared to temozolomide alone in newly diagnosed glioblastoma







5-ALA: Enhancing Resection



Following excitation with blue light emitted from a special filter attachment on the operative microscope, the PpIX, which has accumulated selectively in malignant tissue, emits a red-violet light enabling the surgeon to resect the red-violet tumor tissue in a gross total fashion







Targeted Intra-operative Gene Therapy What's Old is New Again: Retroviral Gene Transfer

- > Unlike conventional cancer treatments (cytotoxic chemotherapy and radiation therapy) gene transfer can enable delivery of high concentrations of cancer killing drugs selectively to cancer tissue while leaving healthy tissue unharmed.
- The genes serve as the instructions for producing therapeutic proteins that are designed to kill cancer cells directly, with fewer side effects

Future National Cancer Landscape

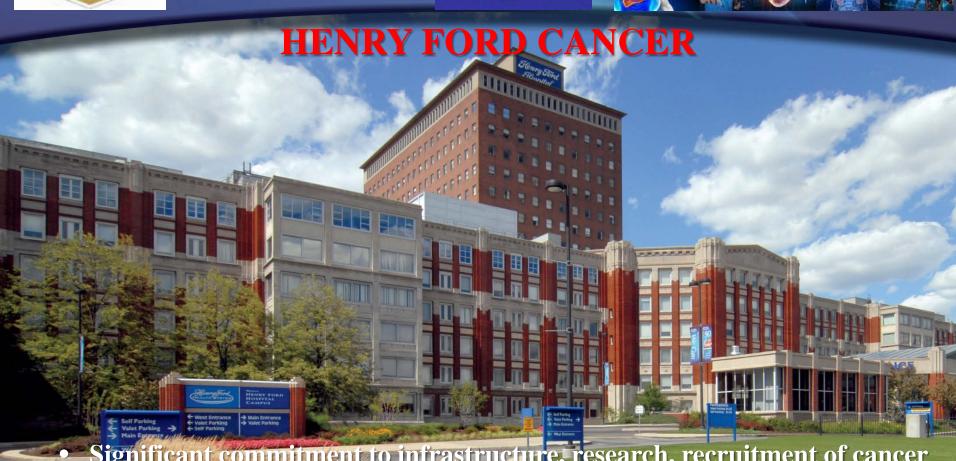












Significant commitment to infrastructure, research, recruitment of cancer

superstars: Massive investment for massive reward

Given IOM report, big risk of losing current ground if we don't invest now

National presence trumps local competitors: Halo effect for entire HFHS

www.henryford.com/cancer



Introducing a New Cancer Center at Henry Ford Hospital













Henry Ford Cancer Center







Coming 2018... Henry Ford Cancer Center





