

INTERVIEW WITH PEGGY DINSMORE

Practice Administrator, New Hope Cancer Center, Hudson, FL

A Practice One Step Ahead of the Game

OA: Peggy, please give us some background on New Hope Cancer Center.

Peggy: New Hope Cancer Center currently has three centers. The main office is based in Hudson, FL about 35 miles Northwest of Tampa and our other offices are located in New Port Richey and Spring Hill, FL. We currently have four medical oncologists, two radiation oncologists and a total of 33 employees.

OA: What differentiates your practice from other community based oncology practices in your area?

Peggy: We are one of the few oncology practices that have radiation oncologists on staff. We are currently using IMRT, the latest in radiation therapy and we use 3D radiation therapy planning.

OA: How did you choose a career in oncology?

Peggy: I have been in oncology for 12 years. Before that, I was in neurology and ophthalmology. I sort of just fell into oncology when I was moving from St. Petersburg to New Port Richey and there was a job opening at New Hope Cancer Center. I am so glad that I ended up in oncology.

OA: What do you like most about your job?

Peggy: Cancer is such a difficult thing to deal with and sometimes it's hard not to get

personally attached to our patients because they are so special. Since many of our patients are with us for an extended period of time, we really get to know them and their families. So, I would have to say that it's the patients I enjoy the most. I also enjoy the wonderful team of employees at New Hope Cancer Center.

OA: Peggy, you were saying that cancer is a difficult disease to deal with, how do you cope? What services do you provide for your patients to help them cope?

Peggy: We hold an on-site support group once a month for patients, their families and community members. We have a social worker that facilitates the group. This has been instrumental in helping patients cope with their illness. I have even attended some sessions and have found them to be very helpful.

OA: How is New Hope Cancer Center involved in your local community?

Peggy: Our practice is actively involved in The American Cancer Society Relay for Life. We participate every year and this year we placed first for raising the most money. We hold small fundraisers such as car washes to help raise money. It is great to see not only our employees participate,

but patients, cancer survivors and families.

OA: What do you see as the next advancement in community-based oncology?

Peggy: With everything that is going on with current legislature right now, I feel that any advancement in private practice cancer care is in a holding pattern.

OA: Has your practice done anything to oppose the current legislation?

Peggy: We have contacted our representative and even gotten patients involved. We have also invited our local representative to visit our facilities to show how these drastic cuts will affect us all.

OA: You recently attended our Bi-Annual Head Nurse/Practice Manager Meeting in New Orleans. What have you brought back to your practice from the meeting?

Peggy: I really enjoyed the OA meeting, especially hearing from your Medical Director, Dr. Joseph DiBenedetto, Jr. on the current public policy issues. All of the information was very helpful. We now rely on OA to help us with contract discounts and reimbursement. It is nice to know there is someone else to turn to when we need help with an important practice-related issue.

FROM THE DESK OF
DR. DIBENEDETTO, JR.

Myelodysplastic Syndromes

Myelodysplastic syndromes are a heterogeneous group of disorders seen in clinical practice by most hematologists and oncologists. These disorders are usually characterized with a macrocytic anemia and may be accompanied by thrombocytopenia or neutropenia. The majority of these patients are usually over the age of 60 at diagnosis. The bone marrow is typically normocellular or hypercellular and shows dysplastic morphological features and a multitude of cytogenetic abnormalities. As the disease progresses, these patients are commonly treated with supportive therapies including transfusions of red cells. The only curative agent for patients with MDS is an allogeneic stem cell transplantation, however since these patients are usually in their

seventh decade of life, bone marrow transplant is not frequently done.

There is really no clear consensus regarding the role of chemotherapy in the treatment of MDS. There are however, agents that have been shown to be effective in decreasing the incidence of red cell transfusions in these patients. Etyol[®], which is an organic thiophosphate that protects normal tissue from the cytotoxic effects of radiation therapy, has been shown in some studies to improve hematopoiesis in patients with MDS. This improved hematopoiesis has led to either a decrease in red blood cell transfusion requirements or a lengthening of the time between transfusions.

Thalidomide, a drug for multiple myeloma, has also shown in some studies to produce a

hematological improvement in patients with MDS and decrease the number of transfusions required.

Erythropoietins have also been used in patients to treat the severe anemia seen in MDS. The response has been varied and pretreatment EPO levels do not consistently predict responses nor do ferrokinetic measurements. These drugs however have low toxicity and are easily available, and a trial of treatment with these agents in patients who are severely anemic is certainly not unreasonable.

No generally accepted standard of treatment for MDS exists today, however those patients who respond to any of these agents may respond dramatically. This response will significantly limit the number of transfusions required, and will ultimately result in an improvement in the patient's quality of life.

A practicing oncologist in Providence, RI, Dr. DiBenedetto Jr. directs the Oncology Associates (OA) Advisory Board for establishing treatment guidelines and the selection of product and therapeutic alternatives. Dr. DiBenedetto, Jr. serves on the ASCO Board of Directors in the Community Oncology seat and is active in many other societies and committees specific to the practice of oncology treatment. In his column, Dr. DiBenedetto, Jr. discusses topics pertinent to the community-based oncology practice.