

Dialogue

News for physicians about Mayo Clinic in Scottsdale

Fall
 2004
 Reading time
 five minutes

Genetic counselor Katherine Hunt joins Mayo Clinic staff

CLINICAL TIP

Human genetics is changing the practice of medicine. There are now approximately 15,000 hereditary conditions identified.



A new genetic counseling program has begun at Mayo Clinic with the addition of Katherine Hunt, M.S. who has ten years experience in the field. Hunt advises, "Taking a thorough family medical history is the first step in determining whether or not your patient faces an increased risk for hereditary diseases such as cancer and Alzheimer's disease."

Common indicators for a genetic counselor referral include:

- Diagnosis of a hemoglobinopathy (sickle cell disease, thalassemia)
- Strong family history of cancer, younger than expected ages of onset of cancer (under age 50) and multiple cancers suggestive of a hereditary condition
- Diagnosis of Factor V Leiden deficiency or thrombophilia

- Reported family history of cystic fibrosis
- Diagnosis of any hereditary disorder
- Suspected diagnosis of a genetic disorder
- Family history of familial neuropathy
- Reported family history or diagnosis of hereditary hemochromatosis
- Family history of Huntington Disease

A genetic counseling consultation at Mayo Clinic includes:

- Complete family medical history evaluation and assessment of a hereditary condition
- Discussion of the likelihood of being affected by a hereditary condition if no testing is applicable
- Follow-up recommendations for medical management.

When genetic testing is applicable, pre- and post-test counseling, including a discussion of insurance, job or other discrimination, is addressed in addition to the benefits, risks and limitations of genetic testing. Referring physicians are consulted following a genetics evaluation and are encouraged to participate in all medical management decisions.

Heart Transplant Program at Mayo Clinic in Scottsdale

Heart transplantation is expected to begin within the next 12 to 18 months at Mayo Clinic Hospital in northeast Phoenix. In addition to heart transplants, the program will provide the full spectrum of cardiac care, including surgery for advanced heart failure, ventricular assist device implantation and cardiac rehabilitation services.

The Heart Transplant Program builds on the success of the solid organ transplant services already in place at Mayo Clinic Hospital – kidney, liver and pancreas transplantation – in addition to providing the opportunity for

integrated services and close collaboration among surgeons and physicians at all three Mayo Clinic sites.

Mayo Clinic is one of the few providers in the area that already has a solid organ infrastructure already in place to support the addition of a heart transplant program. This infrastructure includes databases, clinical and surgical protocols, patient care models, immunosuppression therapies and programs addressing dietary, pharmaceutical, social/psychological and financial/insurance needs.

CLINICAL TIP

The Heart Transplant Program to begin at Mayo Clinic will be the only such program located in the Phoenix area.

Elderly the focus of clinical trials for lung cancer treatments

CLINICAL TIP

Investigators are now designing clinical trials specifically for fit elderly patients with locally advanced non-small cell lung cancer.

Mayo Clinic researchers continue to focus and develop clinical trials for fit elderly patients with locally advanced non-small-cell lung cancer. The researchers' previous findings show that these patients can successfully undergo combined-modality therapy, preferably on clinical trials with cautious, judicious monitoring. This is an important group of patients that has not been fully studied

Lung cancer has been diagnosed in an estimated 169,400 patients in 2002 and caused an estimated 154,900 deaths in the United States. This disease is more common in the elderly, with an incidence rate that increases

with age and peaks in the eighth decade of life. In addition, most lung cancer patients presenting with unresectable disease are candidates for radiation therapy and/or chemotherapy.

Future studies will explore ways to decrease toxicity of therapy in elderly patients. Toxicity may be lessened with the use of protective agents that lessen the adverse effects of therapy or with novel targeted therapies. Mayo Clinic researchers have published studies outlining these findings and continue to expand medicine's understanding of this population and treatments.

Hepatobiliary Clinic provides coordinated care for Hepatitis C and related diseases

CLINICAL TIP

Mayo's Hepatobiliary Clinic has an average cure rate for Hepatitis C of 65 percent compared with a national average of 50 percent.

Patients with disorders of the liver, gallbladder or bile ducts can receive coordinated care from a variety of specialists in the Hepatobiliary Clinic at Mayo Clinic. A multidisciplinary group of medical specialists in the areas of gastroenterology (with special interest in liver diseases), oncology, surgery, pathology, radiology, psychiatry and social work is available in one location to collaborate in the care of each patient.

More than 15 clinical trials for hepatitis patients are available for patients through the Hepatobiliary Clinic.

Patients with a variety of conditions can be treated at the Hepatobiliary Clinic, including:

- Viral hepatitis B and C
- Autoimmune chronic active hepatitis
- Alcoholic liver disease
- Primary biliary cirrhosis
- Primary sclerosing cholangitis
- Benign and malignant liver tumors
- Cholangiocarcinoma
- Budd-Chiari syndrome
- Drug-induced hepatotoxicity
- Gallbladder disease
- Metabolic disorders - Hemochromatosis, Wilson's Disease, Alpha 1- Antitrypsin deficiency.

New Protocol

Study of radiation dosage for lung cancer treatment at Mayo Clinic seeking participants.

STUDY AVAILABLE FOR PATIENTS WITH STAGE I-III UNRESECTABLE NON-SMALL CELL LUNG CANCER (NSCLC)

The North Central Cancer Treatment Group (NCCTG) is conducting this study to see what dose of radiation can be safely given using a new method of giving radiation along with chemotherapy. Radiation therapy will be given five days per week, for seven to eight weeks, and paclitaxel and carboplatin will be given on day one of each week for about 7-8 weeks during radiation.

Patients must have histological or cytologic proof of NSCLC with one of the following classifications:

Stage I-III that is unresectable based on the extent of the tumor or cannot safely be resected based on medical reasons. All potential patients will need to have a CT scan of the chest, chest X-ray, a physical exam, pulmonary function and blood tests. All patients will be followed for at least 5 years from the time that the study was initiated.

If you have a prospective candidate, please call **Heidi Kogut** at Mayo Clinic in Scottsdale at **480-301-9817** for further details.