About the Cover

Vanderbilt-Ingram Cancer Center

Vanderbilt-Ingram Cancer Center (www.vicc.org) in Nashville, Tennessee, is one of a select few NCI–designated Comprehensive Cancer Centers in the southeastern United States and the only one in Tennessee that conducts research while providing care for both adult and pediatric patients.

Established in 1993, Vanderbilt-Ingram brings together the cancer-related research, clinical care, prevention, outreach, and educational activities of Vanderbilt University. Vanderbilt-Ingram has nearly 300 members in 7 research programs that generate more than $140 million in annual federal grant support, ranking it among the top 10 centers in competitive funding from the NCI.

Led by director Jennifer A. Pietenpol, PhD (second photo on cover), Vanderbilt-Ingram treated more than 6000 new patients with cancer in 2011 and is a major regional cancer referral center.

Known for a culture of collegiality, the center focuses on high-impact basic and translational research and high quality multidisciplinary care, with strong programs in thoracic, head and neck, breast, gastrointestinal, hematologic, and genitourinary malignancies, melanoma, and sarcomas. The center is also known for a strong epidemiology and population-based research program, including the Southern Community Cohort Study, one of the nation’s major investigations of the higher burden of cancer among African-Americans, and studies of environmental and genetic (cont.)
ORIGINAL ARTICLES (cont.)

1076 A Time Study of Cancer Genetic Counselors Using a Genetic Counselor–Only Patient Care Model Versus a Traditional Combined Genetic Counselor Plus Medical Geneticist Care Model

Brandie Heald, MS; Shanna Gustafson, MS; Jessica Mester, MS; Patricia Arscott, MS; Katherine Lynch, MS; Jessica Moline, MS; Charis Eng, MD, PhD

Analyses of time-based effort have determined that clinical genetic services are labor-intensive, although no studies have investigated the time and patient care activities of cancer genetic counselors (GCs) in traditional clinics with a medical geneticist compared with genetic counselor–only. In this study, 6 GCs prospectively tracked time spent in patient care activities in both clinical settings.

1087 Study Using the NCCN Guidelines for Palliative Care to Screen Patients for Palliative Care Needs and Referral to Palliative Care Specialists

Paul Glare, MBBS, FRACP; Kathy Plakovic, MSN, APRN; Anna Schloms, RN, MSN, NL; Barbara Egan, MD; Andrew S. Epstein, MD; David Kelsen, MD; and Leonard Saltz, MD

The NCCN Guidelines for Palliative Care recommend screening all patients for palliative care (PC) needs and to call a PC consult when referral criteria are met. The goal of this pilot project was to evaluate the feasibility of implementing the screening and referral components of the NCCN Guidelines in patients admitted at a comprehensive cancer center. Results suggest that screening was feasible, but more evaluation is needed before widespread implementation can be recommended.

1101 Therapeutic Delays Lead to Worse Survival Among Patients With Hepatocellular Carcinoma

Amit G. Singal, MD, MS; Akbar K. Waljee, MD, MS; Nishant Patel, MD; Emerson Y. Chen, MD; Jasmin A. Tiro, PhD; Jorge A. Marrero, MD; and Adam C. Yopp, MD

Although prior studies have shown underuse of appropriate therapy in patients with hepatocellular carcinoma, no studies to date have assessed the prevalence and clinical impact of therapeutic delays among patients. The goal of this retrospective cohort study was to characterize and identify factors associated with underrate and delays in treatment these patients.

FOCUSED REVIEWS

1153 Clinical Discussion and Review of the Management of Brain Metastases

Priscilla K. Brastianos, MD; William T. Curry, MD; and Kevin S. Oh, MD

Brain metastases are common in patients with cancer and are associated with a poor prognosis. Optimal treatment requires an integrative multidisciplinary approach, with the goals of prolonging survival, preserving neurologic function, and palliating symptoms. This article outlines the various therapeutic modalities, factors that guide treatment decisions, and medical management of frequently encountered complications of brain metastases.

1165 Controversies in the Treatment of Elderly Patients With Newly Diagnosed Glioblastoma

Matthias Holdhoff, MD, PhD, and Marc C. Chamberlain, MD

Approximately half of all patients with glioblastoma are older than 65 years, with a rising incidence of this disease in the elderly population. This article summarizes published data of current patterns of care in elderly patients and reviews published evidence as it pertains to the benefit of different treatment modalities in elderly patients with glioblastoma. Notwithstanding randomized trials, the optimal treatment of elderly patients with glioblastoma remains controversial.

More About the Cover

Contributors to cancer in large cohorts in Asia and Europe. Recognizing the importance of serving cancer survivors, Vanderbilt-Ingram offers the REACH for Survivorship Program, which provides treatment and surveillance guidance for cancer survivors, regardless of age at diagnosis, type of cancer, or where treatment was received. More information is available at www.vicc.org/cancersurvivor.

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