**The Interview with an Expert**

**Diane M. Simeone, M.D.** is the Lazar J. Greenfield Professor of Surgery and Professor of Molecular and Integrative Physiology at the University of Michigan Medical Center. Dr. Simeone received her bachelor’s degree from Brown University in 1984 and her medical degree from Duke University in 1988. She completed her surgical training in 1995 at the University of Michigan at which time she joined the faculty. She is currently the Director of the Multidisciplinary Pancreatic Tumor Program and the Director of Gastrointestinal Oncology for the University of Michigan Comprehensive Cancer Center. She also serves as the Division Chief for HPB and Advanced GI Surgery. Dr. Simeone is the Past-President of the Society of University Surgeons and the current President of the American Pancreatic Association. Dr. Simeone is a nationally recognized leader in the surgical treatment of tumors of the pancreas. In addition, Dr. Simeone has an NHF-funded laboratory with a focus on defining the molecular mechanisms of pancreatic tumorigenesis and the development of novel pancreatic cancer therapeutics.

**Virginia Cravotta**

Award-winning journalist Virginia Cravotta has been Senior Affairs Correspondent for News 12 Long Island since 1995. A noted expert in the field of long-term care, she reports on medical and social issues that impact the aging process.

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**R E S O U R C E S**

American College of Surgeons’ Commission on Cancer® (CoC)
www.facs.org/cancer/index.html

The CoC is dedicated to improving cancer care and the outcome of care by setting quality standards and accrediting over 1,500 cancer programs nationwide.

Find a CoC-Accredited Cancer Program: www.facs.org/cancerprogram/index.html


Cancer.Net provides timely, oncologist-approved information to help patients and families make informed health-care decisions, such as finding a Treatment Facility, which is also available as a free Podcast.

HealthFinder.gov

HealthFinder.gov has resources on a wide range of health topics selected from over 1,600 government and nonprofit organizations to bring you reliable health information.

National Cancer Institute (NCI)-Designated Cancer Centers

NCI-designated cancer centers are characterized by scientific excellence and the capability to integrate diverse research approaches to focus on the problem of cancer. >NCI Fact Sheet: How To Find a Doctor or Treatment Facility If You Have Cancer www.cancer.gov/cancertopics/factsheetTherapy/doctor-facility

The Joint Commission: www.jointcommission.org

An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the US. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.

> The Joint Commission’s Quality Check: www.qualitycheck.org

Quality Check® is The Joint Commission’s search engine to locate Joint Commission accredited health care organizations in the United States. Visitors can search by city and state, by name or by zip code.

**Identification of a Treatment Doctor & Facility**

**Virginia Cravotta:** A particular concern for individuals diagnosed with pancreatic cancer is whether they have time to research treatment centers and receive second opinions before settling on a course of action.

**Dr. Diane Simeone:** It is important that a patient decides to be evaluated and/or treated at a high-volume center understand how long it will take to be seen. Typically, being seen within a few weeks is reasonable; longer than that is not. There are times when medical issues need to be dealt with urgently, such as when a patient is experiencing biliary obstruction, significant pain, or difficulty eating with nausea and vomiting. Generally, however, once acute medical issues are addressed, there is a window of time to seek out the best course of action.

Make sure to gather all of your medical records and lab results, and get them to the center so they can work quickly to determine whether any additional testing is needed.

**VC:** Once someone is diagnosed, what is the best way to select an oncologist and/or treatment center?

**DS:** It is important to seek care from doctors or from a center that provides very high quality care and is experienced with the care of pancreatic cancer. This is definitely a cancer requiring a multi-disciplinary treatment approach. “Multi-disciplinary” refers to relying on the input of gastroenterologists, surgeons, medical oncologists, radiation oncologists, as well as all allied health care professionals including oncology nurses and social workers.

Generally, patients ask their primary care doctor for a referral to someone who they know is an expert in the care of pancreatic cancer. Alternatively, your doctor may refer you to a center that has expertise in treating pancreatic cancer. There are sources of information available to help patients sort this out if your doctor isn’t familiar with the best oncologist or center with expertise in pancreatic cancer. One way to begin is to find out if there is a National Cancer Institute (NCI) – Designated Cancer Center in your area. NCI-Designated Cancer Centers are considered centers of excellence, which have received recognition for their expertise. Additionally, there are resources to help you find physicians experienced in the care of pancreatic cancer. (See ‘Resources’ on back page)

(continued)
Some Quality-of-Care Components of a Cancer Treatment Center

- Experience in diagnosing and treating pancreatic cancer. For example, a specialized center within a cancer facility that is dedicated to the evaluation and treatment of patients with pancreatic cancer.
- Experience in managing the symptoms and side effects of pancreatic cancer.
- On-site, advanced techniques and technology, such as state-of-the-art dual-phase helical CT scanner and advanced endoscopic techniques, such as endoscopic ultrasound.
- An on-site laboratory.
- Access to investigational treatments for pancreatic cancer, such as in clinical trials.
- Services for pain management and palliative care.

With regard to surgery, it’s particularly important to identify a surgeon with expertise in pancreatic surgery. There is data to show that the number of pancreatic resections your surgeon performs annually is an excellent predictor of surgical outcomes. Probably the biggest difference in mortality among high and low volume surgeons is due to the complexity of pancreatic surgery. Therefore, it’s a good idea to ask your surgeon how many pancreatic resections he/she perform annually. At a minimum, you want them to perform 15 to 20 pancreatic resections per year. You also should ask your surgeon about their complication rates and, in particular, their 30-day operative mortality rate.

VC: These are important questions, but they can also be intimidating from the perspective of a patient, who may feel uncomfortable “challenging” an authority figure by asking about his or her “30-day survival rates” or similar statistics. Also, patients may be concerned that asking for a referral to receive a second opinion may anger their doctor. For these reasons, patients may hesitate to ask questions and seek referrals. What advice would you offer patients with these concerns?

DS: It’s my firm opinion that all experts in this field should fully expect to receive questions from the patient, and not be offended by being asked these critically important questions. Patients should come prepared with a written set of questions. One way to address this is to say, “My reading has led me to understand it is wise to ask certain questions.”

VC: Many times, pancreatic cancer patients live a considerable distance from a major cancer center, yet understand the importance of receiving treatment at a high-volume, multi-disciplinary center. In this scenario, receiving a diagnosis, second opinion and/or treatment plan at a major cancer center, then implement the plan with a cancer treatment team closer to home?

DS: Yes, there are times, during the course of treatment, when there needs to be a review of how things are going, especially for a disease like pancreatic cancer, where a majority of patients are not cured with surgery up-front. It is important to talk with your oncologist about whether it’s time to change course and try a new treatment. Both the patient and doctor should be open to considering options both locally, and at other cancer centers, especially if the treatment team has exhausted all approaches that they have to offer.

The decision about whether to change treatment teams and/or centers is the patient’s call. Part of it will depend on how comfortable the patient feels with the physician, including how knowledgeable he/she is about the range of available treatment options. And certainly, it never hurts to get a second opinion from a “fresh eye.” Frankly, there remains a fair amount of variability in treatment options presented to patients based on the level and areas of expertise of the medical expert making the recommendations.

DS: Patients are best served by being seen in high-volume centers, which offer a multi-disciplinary team of physicians and allied support services. Additionally, these centers offer multi-disciplinary tumor board meetings, where you will be evaluated by doctors representing all of the different specialties who all “weigh-in” and determine your optimal treatment plan. There are numerous components to think about when it comes to the quality of care at treatment centers, which are highlighted in this issue. (See box, “Some Quality-of-Care Components of a Cancer Treatment Center.”)

It’s important to know that the doctor is board certified in their specialty; the volume of pancreatic cancer patients they’ve treated; how many pancreatic cancer patients are seen at their center; and whether there is a team that works together to make optimal decisions about what treatment is going to be the best and the timing of treatment.

You may need to meet with more than one doctor. In fact, the NCI recommends getting a second opinion to compare and contrast recommendations and get a sense of whether your doctor’s recommendations are supported by others.

VC: Tell us more about NCI-Designated Cancer Centers. In what way is being treated at a high-volume cancer center. How might a patient check the quality-of-care offered at various cancer treatment centers?

DS: Many times, pancreatic cancer patients live a considerable distance from a major cancer center, yet understand the importance of receiving treatment at a high-volume, multi-disciplinary center. In this scenario, receiving a diagnosis, second opinion and/or treatment plan at a major cancer center, then implement the plan with a cancer treatment team closer to home?

VC: How might a patient check the quality-of-care offered at various cancer treatment centers? The decision about whether to change treatment teams and/or centers is the patient’s call. Part of it will depend on how comfortable the patient feels with the physician, including how knowledgeable he/she is about the range of available treatment options. And certainly, it never hurts to get a second opinion from a “fresh eye.” Frankly, there remains a fair amount of variability in treatment options presented to patients based on the level and areas of expertise of the medical expert making the recommendations.

So, I encourage patients to seek second opinions, especially when they’re facing a crossroads in the management of their disease. Today, there are many promising clinical trials that may offer improved care in the form of a clinical trial for individuals with pancreatic cancer. From day one, when the treatment plan is outlined, the patient should ask about different treatment options, including clinical trials. Most oncologists are familiar with clinical trials that are available, not only at their institution but around the country. The patient and his or her physician can together decide whether a clinical trial might be appropriate. Trials need not be reserved for people who have failed standard treatments. One final item worth mentioning is that there are also physicians and scientists who are trying to make inroads to better treat pancreatic cancer. As a patient, you can help by considering participation in clinical trials. These research efforts are critical to help us identify better treatments that will improve patient outcomes in the future.

Some Questions to Ask When Looking for a Treatment Center

- Has the facility been rated by state, consumer or other groups for quality-of-care?
- Has the facility been approved by a nationally recognized accrediting body, such as the American College of Surgeons (ACS) and/or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?
- Does the facility explain patients’ rights and responsibilities? Are copies of this information available to patients?
- Does the treatment center offer support services to help with day-to-day obstacles, such as providing assistance to obtain medical equipment and supplies; arranging transportation for treatment; or handling the emotional, psychological or financial issues that go along with having cancer?

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