

# CANCER: manageable condition with early detection

## Florida Cancer Institute

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**F**or years, oncologists have promoted the benefits of early cancer detection so we can begin treatments when we have the greatest chance of effecting a cure," says Gail Shaw Wright, MD, FACP, FCCP, of Florida Cancer Institute. "Even when a cure is not possible, early detection can also help us turn what would have been a terminal illness into a chronic

condition we can manage with appropriate therapies, just as we have therapies to help control high blood pressure."

That comparison is particularly appropriate, says Dr. Wright, because when patients contemplate cancer treatments, they often ask, *How many treatments will I need? How long will I be in therapy?*

Just like taking blood pressure medication, she explains,

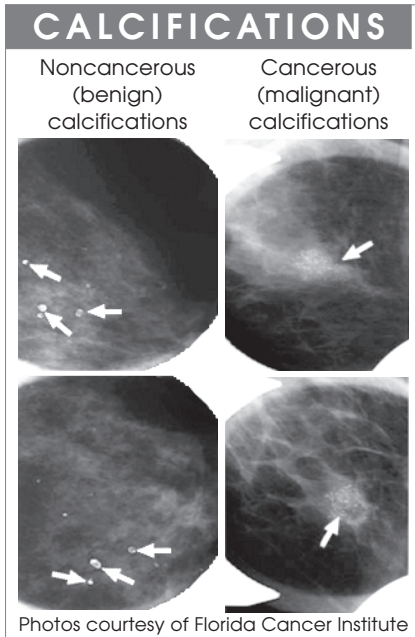
cancer treatments may well continue indefinitely. "The answer, for these patients," reinforces Dr. Wright, "is that treatment should continue as long as they are gaining benefit from it."

### An example

"Consider breast cancer," suggests Dr. Wright. "It should be looked upon as an ongoing concern even after *in situ* (localized) cancer has been treated successfully because we want to prevent recurrence of the disease. Studies have shown that tamoxifen therapy, when continued for five years after cancer treatment is complete, can actually help *prevent* cancer recurrence in women at risk of developing cancer in other parts of the body. Now," she adds, "new studies indicate that the benefits of tamoxifen therapy continue beyond five years. This may be true as well of a new class of estrogen-blocking medications designed to prevent local and distant recurrence among postmenopausal women."

This prevention/management approach can also be applied to colon cancer.

"Colonoscopy has clearly been validated to prevent colon cancer by removing precancerous polyps, and it allows early detection of cancer so that appropriate primary and adjuvant therapies can be implemented. Recurrent metastatic colon cancer can be successfully managed for years, and today's array of targeted drugs have quadrupled the sur-



Photos courtesy of Florida Cancer Institute

## EARLY DETECTION, EARLY INTERVENTION.

Mammography can reveal microcalcifications in breast tissue that indicate an increased risk of cancer, either in-situ or invasive. Intervention at the earliest stage improves survival.

vival rate for patients with this disease."

Lung cancer, too, can now be managed for many months with an oral medication approved in 2004.

"Prostate cancer can soon be considered a chronic, rather than an acute, condition," continues Dr. Wright. "Today, the vast majority of patients do not succumb to this disease, and their cancer can be effectively controlled for many years."

### Greater gains

Research will soon allow other cancers to be considered chronic, manageable conditions, Dr. Wright assures.

Therapies that target specific molecular characteristics of cancer cells show great promise not only for cancer *treatment* but also for prolonged *control*. These drugs target such characteristics

as a cancer's growth mechanisms and ability to receive nutrient-bearing blood supplies.

"I see these drugs making a big change in what doctors and patients can expect of cancer therapy in the future," confirms Dr. Wright. "As we develop more of these targeted therapies, we will be able to bring a greater number of serious cancers under long-term medical control." **FHCN**—Billie S. Noakes

### Your hometown team ...

*The oncologists at Florida Cancer Institute welcome questions regarding the newest advances in cancer care. For further information, call the institute, located at 8763 River Crossing Blvd. in New Port Richey, (727) 842-8411, or at 13906 Lakeshore Blvd., Suite 330, in Hudson, (727) 863-8563. You may fax questions to (727) 847-2923.*



**Gail Shaw Wright, MD, FACP, FCCP**, is Board Certified in Internal Medicine and Medical Oncology. She completed her undergraduate studies, graduating with highest honors from the University of North Carolina (UNC), Chapel Hill, where she also earned her medical degree and served her internship. She completed her Internal Medicine residency at Duke University Medical Center, Durham, NC, and completed subspecialty fellowship

training in Oncology at the National Cancer Institute in Bethesda, MD. Dr. Wright has served as Program Leader for Cancer Prevention and Cancer Screening at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL, where she was also a member of the Thoracic Oncology Program.