

Jefferson's reputation as a cancer center brings many patients at high risk for developing cancer.

Jefferson is firmly committed to an active role in cancer prevention. In fulfilling that commitment, Jefferson's already considerable cancer-prevention activities have expanded rapidly in recent years. The following examples illustrate the types of activities in which Jefferson health-care professionals engage.

➤ Jeff clinicians have continued to take **prevention information to the community**, with a variety of programs aimed at uncovering risk factors and improving the physical lifestyle variables that may affect a person's chances of developing cancer. Jeff's Cancer Test Program, which is now widely available to the public at no charge, helps an individual rate his or her own overall risk factors and find a physician, if necessary, to provide evaluation and care. More than 15,000 individuals have requested the Cancer Test since 1988.

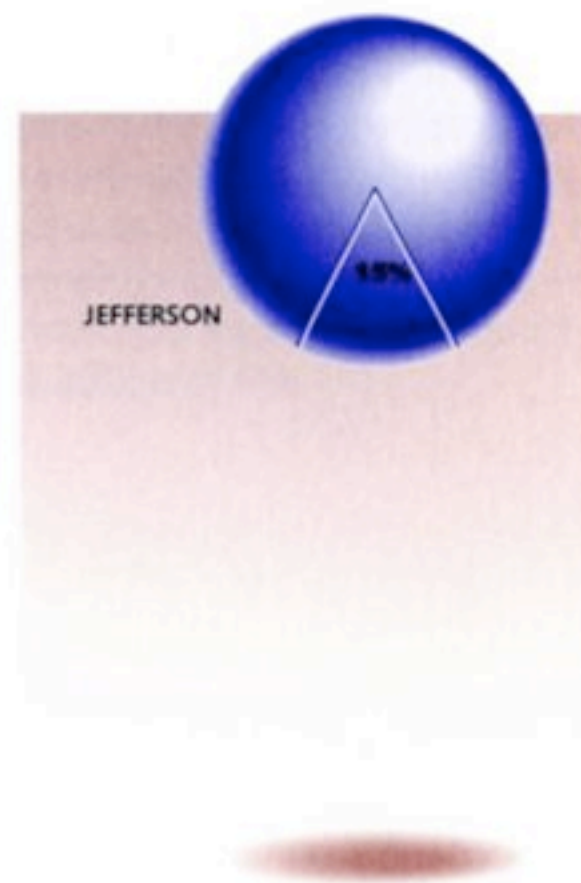
➤ Each year, Jefferson and its managed and affiliate hospitals offer **free screening programs** for skin, breast, and prostate cancer.

- Jefferson's dermatology department offers a free skin cancer screening program to the public during Skin Cancer Awareness Month each May, so that area residents may begin their warm-weather activities with healthy skin.
- Last year, Jefferson began a collaborative program with the Linda Creed Epstein Foundation, which is dedicated to the early detection and treatment of breast cancer. Jefferson is sponsoring screening programs and educational seminars in conjunction with the Foundation.
- Jefferson has taken a leadership position in prostate cancer screening, having served as one of the pilot centers for a prostate cancer screening effort that has now become a national program.

➤ The University offers a variety of dietary, weight-loss, smoking cessation, and exercise programs to the public. Individual outpatient nutrition counseling provides fat and fiber intake assessments for patients with family histories of such diseases as breast and colon cancer. In addition, Jefferson's Health Awareness Program periodically conducts cancer awareness lectures for the public at the Bodine Center for Cancer Treatment.

➤ Recently, Jeff radiation oncologists, led by Carl Mansfield, M.D., chairman of radiation oncology and nuclear medicine, played a key role in the successful local opposition to the proposed test marketing in Philadelphia of "Uptown," a new cigarette brand targeting the urban black population. At the University's graduation ceremonies in 1990, Secretary of Health and Human Resources Louis Sullivan made a public statement of thanks for Jefferson's contribution to this effort.

➤ In recognition of the fact that many of the diseases treated at Jefferson are caused or exacerbated by smoking, Thomas Jefferson University Hospital has recently instituted a Smoke-Free Policy. The policy prohibits smoking in the hospital and applies to patients, visitors, students, and all Jefferson personnel. (The only exception to this ban allows physicians to provide written consent for a patient to smoke in restricted areas, isolated from others, if this appears essential to the relief of stress in a heavily addicted smoker.) Programs such as Smoke Stoppers are available after discharge to patients who show an interest in quitting.



Percentage of patients with abnormal findings upon initial screening during National Prostate Cancer Awareness Week at Jefferson in 1989. (Data courtesy of Jefferson's department of urology.)

With the exception of nonmelanoma skin cancer, prostate cancer is the most common cancer in men. With advances in early detection and staging, survival rates have steadily improved over past decades. Jefferson's well-rounded prostate cancer program helps provide appropriate and effective therapy to those who need it as early as possible in the course of the disease.

► Jefferson urologists have established a comprehensive prostate cancer treatment program. Their advanced procedures include injection of bulking agents into the urethral musculature to prevent

urethral incontinence as a sequela of prostate cancer.

Highly experienced Jefferson urologic surgeons perform exacting surgery that can now almost universally **spare nerves important to sexual function**. The urologists may take advantage of the operative treatment alone, or they may orchestrate a combination of surgery with radiation therapy, hormones, or anticancer drugs.

► Jefferson radiologists continue to make major contributions in the battle against prostate cancer. They have helped pioneer endorectal ultrasound for examination of the prostate. They also now use **prostate ultrasound** to guide biopsies of the prostate.

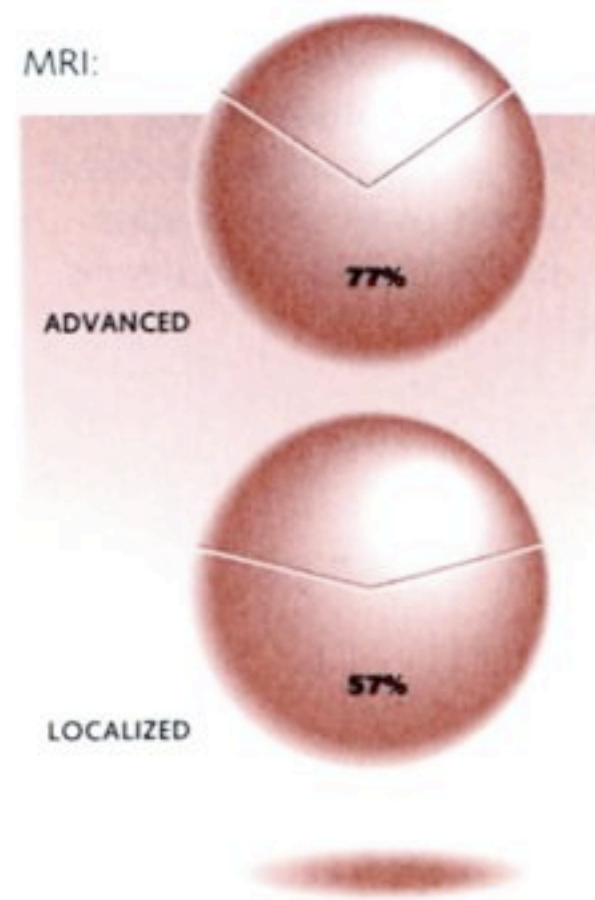
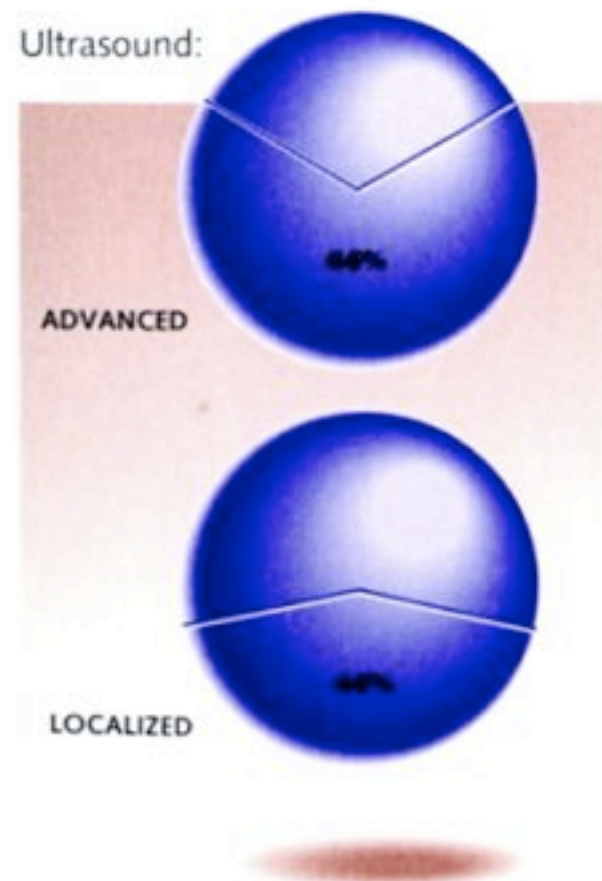
The Jeff radiology team is rigorously testing other new imaging technologies as well. MRI, for example, is the foremost imaging modality for soft tissue. A recent NCI-sponsored, multicenter study directed by Jefferson MRI division chief Matthew Rifkin, M.D., compared the relative values of endorectal ultrasound and MRI in staging prostate cancer. Although the researchers found MRI to be somewhat more accurate, the accuracy was not as great as hoped. However, both methods were significantly better than conventional clinical staging. The inaccuracies were attributed largely to an inability to identify microscopic spread of the disease. Continuing research may lead to equipment improvements and more accurate staging.

## Selected recent faculty publications

Gomella LG, Steinberg SM, Ellison MF, Reeves WW, Flanigan RC, McRoberts JW. Analysis of iodine-125 interstitial therapy in the treatment of localized carcinoma of the prostate. *J Surg Oncol* 46 (4):235-240, 1991.

Rifkin MD, Dahnert W, Kurtz AB. State of the art: Endorectal sonography of the prostate gland. *Am J Roentgenol* 154 (4):691-700, 1990.

Rifkin MD, Zerhouni EA, Gatsonis CA, Quint LE, Paushter DM, Epstein JI, Hamper U, Walsh PC, McNeil BJ. Comparison of magnetic resonance imaging and ultrasonography in staging early prostate cancer: Results of a multi-institutional cooperative trial. *N Engl J Med* 323 (10):621-626, 1990.



Accuracy of MRI and ultrasound in staging advanced and localized cancer of the prostate. The difference between MRI and ultrasound results did not reach statistical significance. (From Rifkin MD, Zerhouni EA, Gatsonis CA, et al. *N Engl J Med* 323:621-626, 1990.)