

Brain and Spine Tumor News

Making Cancer History®

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer~~ Center

Our mission is to provide support and education to patients, families, caregivers and friends of individuals with brain and spine tumors.



November 2015

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Events

Addison Faith Bender's Walk by Faith
10K/5K/1K/Walk

Benefiting pediatric brain tumor research at MD Anderson

Saturday, Nov. 8
Sam Houston Race Park
[Details](#)

Spine Tumor Support Group

First Wednesdays
5 to 7 p.m.
Mays Clinic, Integrative Medicine Center

Open to primary and metastatic spine tumor patients and caregivers

How I knocked out acoustic neuroma

By: Paula Johnson

This story originally appeared in MD Anderson's [Cancerwise blog](#).

At age 64, one would expect to have some hearing loss, but mine seemed to be failing faster than most.

A year earlier, I had obtained my third-degree black belt and World Overall Supreme Grand Champion title in taekwondo, a sport I began participating in during my 50s. As my hearing worsened, I noticed I was having problems with spinning jump kicks, something I could easily do just a year earlier.

I sought help from my ENT, who diagnosed me with an [acoustic neuroma](#), a benign [skull base tumor](#) that grows on the nerves associated with balance.

Although this was usually a slow-growing tumor, after few months I realized I was losing my hearing faster than expected, and the dizziness was affecting my everyday life. I have always strived to be the best of the best, so I decided to seek help from a place I had trusted with my [non-Hodgkin's lymphoma](#) treatment several years earlier: MD Anderson.

When I met with [Franco DeMonte, M.D.](#), a brain surgeon with MD Anderson's [Skull Base Tumor Program](#), I wanted to be sure that he realized I was not some ordinary "older person" who was content spending the remaining years of her life sitting calmly watching TV.

After additional testing, Dr. DeMonte shared the results. *Continued on page 3.*

Clinical Trials

[Search all open and enrolling clinical trials.](#)

We have many clinical trials available. A few open trials are listed below. Click on the link above for details and enrollment information.

Study No. 2014-0488

A Phase 1b, Randomized, Multi-Center, Open-Label Study of a Conditionally Replicative Adenovirus (DNX-2401) and Interferon Gamma for Recurrent Glioblastoma or Gliosarcoma

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Study No. 2014-0555

Phase II Study of Combined Temozolomide and Targeted p53 Gene Therapy (SGT-53) for Treatment of Patients with Recurrent Glioblastoma

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Study No. 2013-0097

A prospective Phase II randomized trial to compare intensity modulated proton radiotherapy (IMPT) vs. intensity modulated radiotherapy (IMRT) for newly diagnosed Glioblastoma (WHO Grade IV)

Minimally Invasive Neurosurgery

Our neurosurgeons are developing and applying minimally invasive approaches to treating brain, spine and skull base tumors. These procedures produce optimal oncological outcomes and generally result in shorter hospital stays, less pain, quicker recoveries and less disruption to radiation or chemotherapy, compared to conventional surgery. They can provide an alternative for patients who are not good candidates for conventional surgery or have an inoperable tumor.

Our minimally invasive treatments include:



Donis Lane received endoscopic skull base surgery for her meningioma. [Read her story on the Cancerwise blog.](#)

Endoscopic Skull Base Surgery: With few or no incisions, the surgeon uses an endoscope to remove the tumors in the skull base and brain working via the nasal cavity and without making a large facial incision. The endoscopic approach can provide a better view of and access to hard-to-reach tumors at the base of the skull – and therefore, more effective removal of the tumor and with less morbidity than alternative approaches. Tumors treated with this approach include: meningiomas, chondrosarcomas, chordomas, carcinomas, sarcomas, and many others.

Laser Ablation: Laser interstitial thermal therapy (LITT) is a treatment performed by inserting a probe into the tumor and heating it to temperatures high enough to kill the tumor. The probe is placed using advanced computer imaging techniques. The surgeon monitors the heat levels through real-time MRI thermography (in our Brainsuite®) and precisely controls the thermal damage to just the tumor.

- **Brain Tumors:** Laser ablation provides an option for some patients with hard-to-reach, deep-seated or irregularly shaped brain tumors, including gliomas and metastases. It can also help patients who do not respond to radiation, cannot receive any more radiation, or have developed radiation necrosis.
- **Spine Tumors:** Claudio Tatsui, M.D., has [pioneered](#) the use of laser ablation for spine tumors. MD Anderson is the first in the world to use this technique for metastatic spine tumors. Some spine tumors are not amenable to conventional surgical techniques and laser ablation offers another option. Most patients have a one or two-day hospital stay and little to no disruption to other treatments.



This illustration shows how laser ablation is used on spine tumors.

Minimally Invasive Spinal Stabilization: Minimally invasive spinal stabilization is done through one or more half-inch incisions, instead of one large incision as is used for traditional spinal stabilization. This technique is associated with less intraoperative blood loss, lower incidence of infection, a shorter hospital stay and faster functional recovery.



Congratulations, Dr. de Groot!

Dr. John F. de Groot is now the chairman, *ad interim* of Neuro-Oncology. Dr. de Groot has been with MD Anderson for more than 10 years and also serves as director of the Neuro-Oncology Fellowship Program. Dr. Alfred

Yung decided to step down as chairman after 16 years of distinguished service and will continue to contribute to the department as professor of Neuro-Oncology.

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MD Anderson's Moon Shots Program, an unprecedented effort and novel organizational model designed to more rapidly convert scientific discoveries into life-saving advances, has expanded its targets, adding six new cancers, including glioblastoma.

This moon shot will examine existing and experimental immunotherapy drugs and customized T cells designed to attack specific targets. Other projects include further clinical development of an engineered, cancer-killing virus invented at MD Anderson, identification of new targeted therapies, and how such advances could be combined with immunotherapy.

Glioblastoma is the most common and aggressive primary brain tumor in adults. Current treatments for glioblastoma and other brain and central nervous system tumors are low in number and short on effectiveness. And they're often toxic, threatening neurological function and quality of life. The Glioblastoma Moon Shot aims for better, safer solutions to achieve this goal: quadruple the five-year survival rate, from 10% to 40%, in the next decade.

To learn more, visit www.cancermoonshots.org.

How I knocked out acoustic neuroma

Continued from page 1

As we went over the findings together, I asked him my list of many questions. Not once did he tire of them, even though I asked some of them two or three times in different ways, hoping for a different response.

I appreciated that Dr. DeMonte told it like it was, gave me my options and then shared his advice. I was never pressured one way or another, and the decision was mine.

After discussing the treatment options with my family, we decided on surgery to remove the acoustic neuroma. I was told the surgery would last four to eight hours, with five to seven days in the hospital. There were some possible side effects, but I decided, for me, the risks were worth taking.

On the day of surgery, I was nervous to say the least, and at one point began to have second thoughts. That's when Dr. DeMonte came to my bed in pre-op and asked if I was ready to go. There is something about the assuredness he projects that let me know everything was going to be OK.

The surgery went better than expected and without any of the possible complications. The hospital stay was shorter than we anticipated, and I was discharged with a brand new hairstyle and one less tumor.

There are still times when my balance is not what it used to be, but I knew to expect that before surgery. What was destroyed by the tumor would not self-repair, but I have learned to compensate.

I still practice my taekwondo, even though my jumps are lower, and my spins are slower. Just like I told Dr. DeMonte in our first appointment, I'm not content to sit still. I now enjoy parasailing and walking 25 miles a week, and still keep my 6'2" husband in line with threats of kicks to the head.

Read more stories from patients like Paula on the [Cancerwise blog](#).

Spine Tumor Patient Conference Continues to Grow

Thank you to everyone who helped make the 6th Annual Spine Tumor Patient Education Conference, our largest conference yet. Dozens of speakers, vendors, and 78 patients and caregivers took part in this year's event on Sept. 30, 2015.



Mini-consultations were available with vendors.

"This event is an opportunity for patients and caregivers to not only hear from experts, but also to connect with and support each other," Gisela Sanchez-Williams, advanced practice registered nurse and conference chair, said. "Even patients with very rare tumors are able to personally meet

others facing the same diagnosis and challenges. We look forward to continuing to build the conference as a valuable resource for spine tumor patients."



A multidisciplinary panel took questions from the audience.

Special thanks to patients Henry "Hank" Lech, Mara Rabinowtiz and Dawn Standera for sharing their personal stories as part of this year's program. If you missed the conference, you can [watch the presentations online](#).

The annual conference is hosted by the Neurosurgery department and sponsored by the RGK Foundation. It features a variety of speakers and resources to address the needs of both primary and metastatic spine tumor patients.



3rd Annual Head for the Cure Houston Largest Event Yet

Thank you to all of the runners, walkers, volunteers and donors who made the 2015 Head for the Cure Houston the best event so far. The event raised more than \$65,000 for brain cancer research, a portion of which will go to MD Anderson, as the local beneficiary for this event.

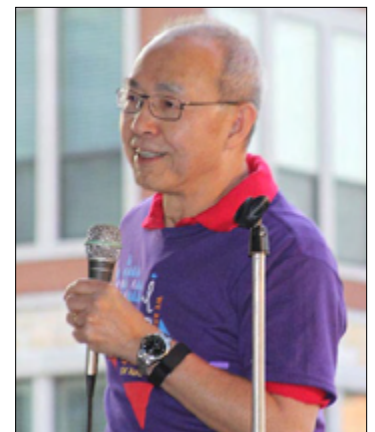
The event took place on Saturday, Oct. 10 at Pearland Town Square. Glioblastoma survivor Tracey Schoettelkotte was the top fundraiser. For more photos, visit the [Head for the Cure Facebook page](#).



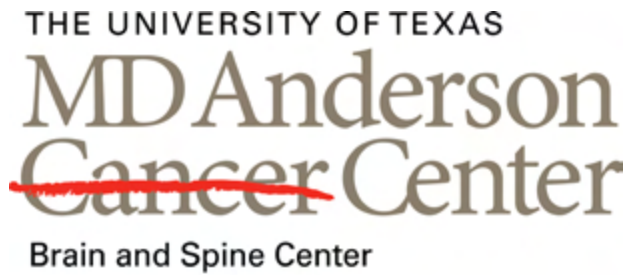
Staff from the Neuro-Oncology department volunteered.



Tracey Schoettelkotte was the top fundraiser.



Alfred Yung, M.D., thanked the runners before the race.



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