

TEAM OF EXPERTS TREAT RARE TUMOR

Michael Heck, 62, was drying off after a shower when he first felt the lump in his upper thigh last summer. It didn't hurt and it wasn't raised, but it definitely was there. He made an appointment with his doctor, who said it was probably nothing, but ordered an MRI just to be sure.

Michael's wife, Juliana, works in their doctor's office and saw the report as soon as it came in. The results: a probable sarcoma, a rare form of cancer that affects the bones and soft tissue. Every year, about 1.5 million people are diagnosed with cancer in the U.S. About 10,000 of those cases—only 1 percent—are sarcoma.

Michael's doctor referred him to **Felasfa M. Wodajo, MD**, Medical Director of Musculoskeletal Oncology. Dr. Wodajo is one of only about 100 practicing orthopedic oncologists nationwide specializing in the treatment of bone and soft tissue tumors.

"I was able to get an appointment with Dr. Wodajo within a few days. Initially, Dr. Wodajo thought the lump might be a calcification since I had played sports. He said the best way to check was to do a biopsy and he did it right then in the same appointment. Juliana and I felt so anxious, but it helped that we were able to meet with a specialist and have the test done so quickly," recalls Michael.

The biopsy showed that Michael had a sarcoma. Dr. Wodajo scheduled a CT scan of Michael's lungs and a consultation with **David R. Duhamel, MD**, Medical Director of the Lung Cancer Center. When sarcomas spread, cancer can occur in the lungs. Those test results showed some enlarged lymph nodes as well as nodules on his lungs. Dr. Duhamel performed a bronchoscopy of the lungs and found no signs of cancer.

Once Michael's diagnosis was confirmed, his case was presented to the Hospital's sarcoma tumor board. Virginia Hospital Center has several tumor boards to address different types of cancer. A tumor board brings together a team of medical experts to discuss a cancer patient's diagnosis, present and evaluate all available treatment options, and recommend a plan of care. For Michael, a group of specialists from medical oncology, radiation oncology, orthopedic oncology, pulmonology, pathology and radiology reviewed every aspect of his case to determine the best treatment approach.

"Thirty years ago, the standard treatment for sarcoma of the limbs was amputation," says **Nadim M. Nasr, MD**, radiation oncologist. "Today, our goal is functional limb-sparing surgery. We have to work as a team to achieve high tumor control rates while minimizing the damage to surrounding structures. This is why cases are presented at the sarcoma tumor board prior to initiating any treatment."

Dr. Wodajo met with Michael and Juliana to discuss the treatment options, and the pros and cons of each. One option was to do radiation first to help kill the

tumor cells and decrease the tumor size. "This means less surgery and disability," Dr. Wodajo explains.

The second option was to do surgery first and then radiation, followed possibly by chemotherapy. Because of the size of Michael's tumor and its location, Dr. Wodajo recommended radiation followed by surgery.

Michael's treatment plan included 25 radiation treatments over several weeks. Like most people who have radiation therapy, Michael had some skin irritation and fatigue from the treatments. "Overall, he did great," Dr. Nasr says.

A month after completing his radiation therapy, Michael had surgery. Dr. Wodajo found that the radiation had done exactly what it was supposed to do; all the cells in the tumor were dead. Dr. Wodajo removed an area of muscle around the tumor "to achieve the highest possibility of the tumor not coming back," he says.

Michael spent two nights in the Hospital; he was up and walking shortly after his surgery. "He recovered quickly in terms of function and pain," Dr. Wodajo adds. "By the time of his first follow-up visit with me, he was doing very well."

Throughout his entire treatment from radiation and surgery, Michael only missed two days of work. He will continue to be followed closely by his medical team to make sure the cancer doesn't come back.

Best of all, Michael can look forward to walking and playing with his first grandchild, who was born just after his diagnosis. "Michael is now disease-free and has a fully functioning limb," Dr. Nasr says. "This was the whole goal of our approach." ■

L to R: Nadim M. Nasr, MD, Michael Heck and Felasfa M. Wodajo, MD

