

Medical Oncology in Lancaster

By Dr. Robert Gottlieb

The specialty of Medical Oncology is rather new, first achieving Board recognition in 1973. The Medical Oncologist provides diagnostic assessment, devises staging procedures, designs therapeutic interventions in consultation with Surgical and Radiation oncologists, controls and administers medical therapies for Cancer patients, mitigates the toxicities of therapy, provides long-term follow-up and administers symptomatic therapy to the patient with Cancer. In earlier years the care of Cancer patients was frequently provided by General Surgeons, Internists and Primary Care physicians.

In the 1960's, Surgeons resected malignancies when possible and Internists gave a small number of single agent Chemotherapy treatments to patients with mainly hematologic malignancies such as CLL, CML and lymphoma. Dr. John Grosh, an Internist with an interest in Hematology and some training in that field at the Mayo clinic began a practice at LGH in the late 1950's and provided this care. Radiation Therapy at LGH was modernized with the purchase of a Cobalt machine and the recruitment of Dr. John Ebersole an experienced Radiation Oncologist.

In 1971, Dr. Robert Gottlieb came to Lancaster from Cornell New York Hospital and Mount Sinai Hospital as the first fully trained Hematologist and Medical Oncologist. He achieved Board certification in 1972-73 when these exams were first offered. He brought with him a number of clinical trials from Cancer and Leukemia Group B that he made available to patients who qualified.

Medical Oncology was the first specialty to utilize clinical trials as the main avenue to advance knowledge and successfully document the benefits of new agents, often in combination, as therapy for malignancies. Prior to the use of trials, changes in therapy were based on a mixture of personal experiences, intuition, divine revelations and hunches. Clinical trials provided an objective framework to rationally devise the hypothesis, frame the question, obtain multi-institutional collaboration to get adequate numbers of patients, and objectively evaluate the data to see if a new treatment really worked. Eventually most other areas of Medicine also utilized clinical trials to provide answers in Cardiology, Primary Care and even Surgery. Downside of trials includes their complexity, cost, rigidity, and the time necessary to collect the data.

In early 1972, Dr. Paul Grosh, a third cousin who also trained at the Mayo Clinic, joined Dr. John Grosh. In 1976, Drs. Grosh and Gottlieb combined their practices in Hematology Associates of Lancaster and provided care at all the Lancaster Hospitals. Dr. Gottlieb became Chairman of the LGH Cancer committee in 1978 replacing Dr. Roland Loeb, a family physician. Dr. Loeb became interested and studied the Pap test for cervical cancer and provided that service to patients in Lancaster County.

During the 1970's and 1980's Medical Oncology expanded rapidly. Very effective Chemotherapy for the Lymphomas, both Hodgkin's and Non-Hodgkin's, along with treatments for other hematologic malignancies was introduced. Chemotherapy for metastatic breast cancer as well as the hormone manipulator Tamoxifen was introduced and their use was expanded to the adjuvant setting, beginning the process of a decline in mortality from this dread disease. The drugs Adriamycin and cis-platinum were developed, and platinum in combination was shown to cure many patients with metastatic testicular cancer. In 1977, St. Joseph's Hospital recruited Dr. Philip Dreisbach for their oncology program but he left after two years. Dr. H. Peter Degreen was recruited by St. Joseph's in 1979 and he has stayed to practice in Lancaster. In 1984, Dr. G. Thomas O'Connor joined Hematology Associates from the University of Virginia and Dr. Alan Davis joined Dr. Degreen from the University of Pennsylvania. Two years later Dr. Davis left Dr. Degreen to begin his own practice. Several other physicians joined Drs. Degreen and Davis over the next years. All moved elsewhere except for Dr. Joan Kane.

Since its beginnings in the 1960's and 1970's, advances in Medical Oncology have been facilitated by multiple advances in adjacent fields. Imaging technology has progressed remarkably, first with the development of nuclear imaging and then with the subsequent rollout of CAT scans, followed by MRI's and then PET-CT's. These technologies have provided physicians far greater accuracy in measuring Cancer and determining responses to therapy. Blood tests such as the CEA and PSA allowed an indirect measure of tumor burden. Lastly the development of a variety of molecular and genetic probes has allowed physicians to characterize and quantify malignancies by their fundamental biologic characteristics. Examples include ER, PR and Her-2-neu in Breast Cancer, EGRF and alk in Lung Cancer, lymphocytic surface antigens in lymphomas, multiple genetic and molecular markers in the leukemias, and multiple genetic probes.

In the late 1990's the administration of LGH and Dr. Gottlieb negotiated an agreement with the University of Pennsylvania Cancer Center that became a forerunner of the recent merger of the hospitals. The agreement facilitated nursing education in Oncology and the ability of LGH physicians to access clinical trials through HUP and its affiliated physicians. The relationship has greatly expanded in recent years.

In 1997, Hematology Associates was purchased by Lancaster General Medical Group and its physicians became employees of that group. The purpose was to facilitate closer working relations with Radiation Oncology and improve the facilities for providing outpatient Chemotherapy treatments. Starting in the 1990's Lancaster General concentrated its Oncology patients on one floor. This was first 3 West then 8 Lime, and expanded the coterie of oncology trained and certified nurses.

In 2000, Dr. Paul Grosh retired and Drs. Ashok Bedeesy and Shyam Balepur were recruited to replace him. In 2003, Dr. Beth Horenkamp joined that practice. She had a specific interest in Breast Cancer and over subsequent years has been instrumental in activating programs providing care and support in the screening, diagnosis, management and long-term care of women with this disease. Drs. Horenkamp and

Daleela Dodge initiated and expanded Tumor Boards to allow multi-specialty input in planning the care of patients with Breast Cancer. Other disease specific Tumor Boards in Lung Cancer, GU Cancers, GI Cancers and others were initiated as well.

In 2005, Dr. Sam Kerr joined LGH from Hershey Medical Center and Dr. Gottlieb became part-time. In 2006, Dr. Randy Oyer was hired from practice in Walnut Creek, California, to become fulltime Medical Director of LGH's oncology program with a part-time practice. He has remained in that position since then, focusing on the planning, fundraising for and development of the Barshinger Cancer Center at the LG Campus. This has been an outstanding contribution to expanding cooperative multispecialty care and facilitating support services to patients with Cancer in Lancaster.

At present in 2016 there are about 15-20 physicians practicing Medical Oncology in Lancaster County. The expansion of the numbers of physicians mirrors the growth of the field. All these physicians share the goal of the initial physicians in Lancaster of providing state of the art care of malignancies close to a patient's home.

There are two major issues that Medical Oncology faces now and in the near future. The first is transferring the expanding knowledge of the basic biology of Cancer into effective therapies. The second, and perhaps even more crucial, relates to the massive increase in cost for newer treatments. In the 1970's a potentially curative drug could cost a few hundred dollars for a course of therapy. Today some new drugs cost \$150,000 to prolong life for a few weeks. There is no justification for this cost. To allow all future patients access to new treatments this conundrum must be resolved.