NewYork-Presbyterian Hospital Offers Multimodality Care for Gastrointestinal Cancers

The care of patients with gastrointestinal malignancies may require a multidisciplinary approach. Coupling the disease with state-of-the-art genomic and molecular data often affords the best scenario. This comprehensive care is optimized at academic medical centers such as NewYork-Presbyterian Hospital. Surgeons, medical and radiation oncologists, interventional endoscopists, pathologists, radiologists, nurses, social workers, nutritionists, and other healthcare professionals collaborate to tailor a personalized regimen of care for patients with esophageal, gastric, pancreatic, colorectal, liver, neuroendocrine, and other GI cancers.

The National Cancer Institute-designated Herbert Irving Comprehensive Cancer Center at Columbia University Medical Center and the Weill Cornell Cancer Center offer innovative clinical trials for patients with all stages of cancer. Both centers provide strong supportive care to patients and their families. Pathologists, radiologists, nurses, social workers, nutritionists, and other healthcare professionals collaborate to provide a personalized regimen of care.

NewYork-Presbyterian Hospital features two of the country’s top cancer centers: the National Cancer Institute-designated Herbert Irving Comprehensive Cancer Center of Columbia University Medical Center (one of only three comprehensive NCI-designated cancer centers in New York State) and the Weill Cornell Cancer Center.

**Esophageal Cancer**

NewYork-Presbyterian Hospital employs interventional endoscopic approaches for diagnosing — and in early cases, treating — esophageal cancer. We use radiofrequency ablation and cryotherapy to treat Barrett’s esophagus, endoscopic mucosal resection for Barrett’s and early esophageal cancer, photodynamic therapy for esophageal cancer, and esophageal stents to improve swallowing. We specialize in minimally invasive esophageal surgery. Neoadjuvant chemotherapy and chemoradiation are used to shrink tumors and render some inoperable cancers resectable; patients may also receive adjuvant chemotherapy. Targeted radiation therapy, including brachytherapy, may be utilized to treat the cancer or improve swallowing.

**Gastric Cancer**

We employ upper GI endoscopy to examine the stomach for premalignant mucosal changes and cancer and endoscopic ultrasound (EUS) for staging. Patients with operable tumors may undergo laparoscopic gastrectomy. Neoadjuvant and adjuvant chemotherapies are available, as are multiple clinical trials. NewYork-Presbyterian/Weill Cornell is opening a gastric cancer registry for patients with a hereditary predisposition to this disease to further the understanding of the genetic causes of gastric cancer and guide the development of better ways to manage patients with or at increased risk for the disease. NewYork-Presbyterian/Columbia has established a Center for Global Excellence in Gastric Cancer Care, bringing international expertise to our patients. The team is launching a comprehensive program to integrate translational research, early detection, minimally invasive surgery (including laparoscopy and robotics), and neoadjuvant/adjuvant chemotherapy to optimize quality of life and long-term survival for our patients.

**Pancreatic Cancer**

Pancreatic cancer is a strong focus of the GI oncology programs at both the Pancreas Center at NewYork-Presbyterian/Columbia and the Center for Advanced Digestive Care at NewYork-Presbyterian/Weill Cornell. Interventional endoscopy procedures — such as endoscopic retrograde cholangiopancreatography (ERCP), EUS, and EUS-guided fine-needle aspiration biopsy — are used to diagnose pancreatic cancer, open blockages, and to insert stents in occluded ducts. The Whipple procedure, the most common pancreatic cancer surgery, was developed at NewYork-Presbyterian. Today patients with operable cancers are offered laparoscopic removal whenever possible. Neoadjuvant and adjuvant chemotherapy and intensity-modulated radiation therapy are available.

**Colorectal Cancer**

Our surgeons use minimally invasive approaches to remove colorectal cancer while preserving bowel function whenever possible. Medical oncologists offer the latest anticancer drugs and participate in clinical trials evaluating potentially more effective therapies — including for patients with KRAS mutations, who do not benefit from drugs such as cetuximab or panitumumab. Genetic counselors and dedicated gastroenterologists work with patients...
The comprehensive care of GI cancers is optimized at academic medical centers such as NewYork-Presbyterian Hospital

GI Oncology Program continued from front

who may have an increased risk of colorectal cancer due to a personal or family medical history; NewYork-Presbyterian offers a colorectal cancer registry for these patients. Hepatobiliary surgeons, medical oncologists, and interventional radiologists have formed a clinical care management team focusing on patients with colorectal cancer and liver-only metastases to maximize survival. Finally, our medical oncologists are working with colleagues in Neurology to better understand the effects of chemotherapy for colon cancer on cognitive function.

Hepatocellular Carcinoma

Both NewYork-Presbyterian Hospital campuses feature exceptionally strong and well-renowned centers for the care of patients with hepatocellular carcinoma (HCC). Liver transplantation may be an option for select patients with small localized tumors. Surgical treatment for non-transplant candidates includes partial liver resection, which is performed laparoscopically whenever possible, and liver resection for larger tumors. Transcatheter arterial chemoembolization may be used to deliver chemotherapy directly to a tumor while sparing normal liver tissue. Radiofrequency ablation, intensity-modulated radiation therapy, brachytherapy, and treatment with sorafenib are other available targeted therapies.

Clinical Trial Opportunities

Investigators at both the Herbert Irving Comprehensive Cancer Center at NewYork-Presbyterian/Columbia and the Center for Advanced Digestive Care at NewYork-Presbyterian/Weill Cornell participate in clinical trials of new therapeutic approaches for gastrointestinal cancers. Examples include:

NewYork-Presbyterian/Columbia

- Evaluation of a pancreatic cancer vaccine for patients with resected tumors
- Phase I/II study of IPI-926 plus gemcitabine as first-line therapy for metastatic pancreatic cancer
- Phase II study of GS-6624 plus gemcitabine as first-line treatment for metastatic pancreatic cancer
- Phase III study of MM-398 versus 5-FU and leucovorin for metastatic pancreatic cancer
- Assessment of novel agents for colorectal cancer patients with KRAS mutations
- Phase II study of MEGF0444A with bevacizumab/FOLFOX in previously untreated metastatic colorectal cancer

NewYork-Presbyterian/Cornell

- Phase III study of FOLFOX with or without celecoxib for stage III colon cancer
- Phase II study of modified docetaxel, cisplatin, and fluorouracil in unresectable or metastatic gastric and gastroesophageal junction adenocarcinoma
- Phase I/II study of 90Y-hPAM4 plus gemcitabine in pancreatic cancer
- Evaluation of REOLYSIN in colorectal cancer patients with KRAS mutations
- Epigenetic priming using azacitidine with neoadjuvant chemotherapy for resectable esophageal cancer (VEOX)

To refer a patient to our GI Oncology Programs, call:
NewYork-Presbyterian/Columbia University Medical Center 212-305-5098
NewYork-Presbyterian/Weill Cornell Medical Center 877-902-2232 (877-902-CADC)
For more information, visit nyp.org/cancer

For 11 consecutive years, NewYork-Presbyterian Hospital has been listed on the prestigious “Honor Roll” of the U.S. News & World Report “Best Hospitals” survey, and is ranked #1 in the New York metro area. NewYork-Presbyterian has the most physicians listed in New York Magazine’s “Best Doctors” issue and is recognized by Castle Connolly for having more top doctors than any other hospital in the nation.