



Special Advertising Section

# HEALTH news

University of Maryland Medicine

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## ANOTHER MILESTONE REACHED FOR NATIONALLY RECOGNIZED BREAST PROGRAM

Angela Brodie, Ph.D., Awarded Kettering Prize

In 1985, hair was big, glasses were big, and breast cancer was big in the news. Today breast cancer is still big news, but now the headlines focus less on startling statistics. Instead, they feature treatment advances, rising survival rates and novel therapies, such as aromatase inhibitors. This new class of drugs that has benefited thousands of women worldwide was developed by a researcher at the University of Maryland Greenebaum Cancer Center (UMGCC). **Angela Brodie, Ph.D.**, was recently recognized as this year's Kettering Prize recipient for her pioneering breast cancer work. This international acknowledgment is another milestone for UMGCC's Breast Program.

The Kettering Prize from the General Motors Cancer Research Awards, dubbed by some as the Nobel Prize of cancer research, is awarded to a select few researchers each year whose work is considered the most outstanding recent contribution to the diagnosis or treatment of cancer. Dr. Brodie's development of aromatase inhibitors represents perhaps the most important advancement in the treatment of breast cancer in the last two decades. It also reflects the dedication and expertise of the UMGCC Breast Program to improving the lives and outcomes of women with breast cancer.

A professor of pharmacology and experimental therapeutics at the University of Maryland School of Medicine, Dr. Brodie discovered a new compound that kept some breast cancer tumors from growing. The compound is used in aromatase inhibitors to block the body's production of estrogen, which certain tumors use as a fuel to grow. Drugs such as formestane and letrozole that have been produced because of Dr. Brodie's research have proven extremely effective. In fact, in 2003, letrozole was found to be so effective in treating early stage breast cancer when administered after five years of taking tamoxifen that a recent clinical trial was stopped early so that patients who had been taking the placebo could be given the drug.

Aromatase inhibitors are one of many innovative treatment options developed and offered to women in the UMGCC Breast Program.

The program began more than a decade ago when physicians recognized that women with cancer and other problems of the breast fare better when treated by a group of specialists who



Angela Brodie, Ph.D., a researcher at the University of Maryland Greenebaum Cancer Center, is this year's Kettering Prize recipient for her pioneering breast cancer work.

work together. The UMGCC team includes physicians, nurses and staff from radiology, surgery, medical oncology, radiation oncology and plastic surgery. Their combined expertise provides women with innovative, comprehensive care.

Home to nationally recognized breast health clinical specialists and researchers, the Breast Program integrates early detection, diagnosis, cutting-edge treatment and basic and translational research. Genetic counseling, minimally invasive biopsy techniques and advanced diagnostic imaging are a few of the services available to women before a diagnosis of breast cancer. Innovative therapies, such as MammoSite® and Intensity Modulated Radiation Therapy or IMRT, are considered after diagnosis to give each woman the best chance of recovery. Conservative surgical techniques, chemotherapy, hormonal therapy and radiation therapy may be recommended alone or in novel combinations. Patients may even be offered treatment options such as clinical trials that are so new that they are not yet commercially available.

In 2005, the Breast Program at the University of Maryland Greenebaum Cancer Center is a newsworthy resource for women. It is allowing patients to continue to have big dreams of the future. ■

For more information about the Breast Program or about Dr. Angela Brodie's pioneering research, please visit [www.umgcc.org/mni](http://www.umgcc.org/mni) or call 1-800-888-8823.

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## TREATMENT FOR AN ACHING BACK

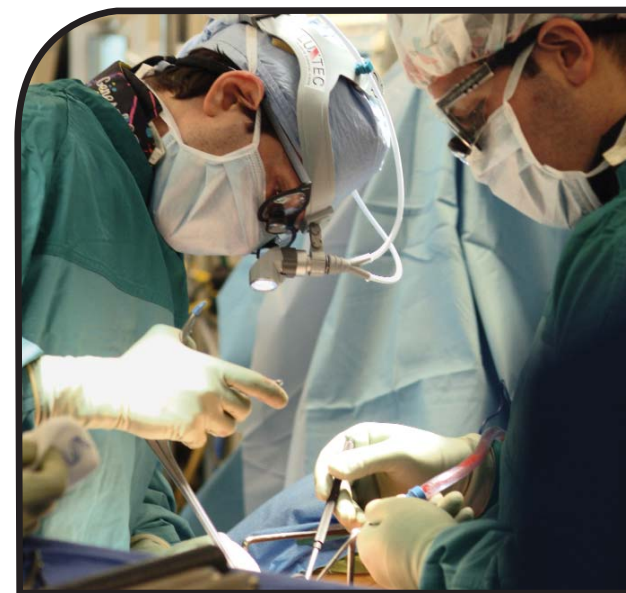
Physicians in the University of Maryland Department of Orthopaedics treat a complete range of spinal pathologies. Using a wide array of treatment modalities in a coordinated approach, physicians offer patients a full spectrum of treatment alternatives. In addition to traditional methods, the most cutting-edge sophisticated surgical techniques are employed to return patients to the highest level of function possible.

Degenerative disc disease with low back pain is among the most common reasons for disability among adults. "Pain management, including physical therapy, medication, exercise and spinal injections, can all be part of an aggressive, yet conservative program for any patient," explains physical medicine and rehabilitation physician **Amit Bhargava, M.B.B.S., M.S.**, an assistant professor of neurology and orthopaedics at the University of Maryland School of Medicine. "When this does not work, patients may be referred for surgery."

Patients with degenerative disc disease in the lumbar spine have a choice of medical and surgical treatment options, including a new artificial disc called Charité™. Artificial knee and hip replacements may be commonplace, but Charité is the first spinal disc replacement approved by the FDA to treat patients with single-level degenerative disc disease.

In the past, surgical options for degenerative disc disease included traditional disectomy or spinal fusion surgery. Now, orthopaedic

surgeons at the University of Maryland are using the Charité artificial spinal disc. It is a high-tech device made of metal and pliable plastic that allows patients to maintain flexibility. "It is the fist motion preserving alternative to lumbar spinal fusion surgery," explains **Daniel Gelb, M.D.**, assistant professor of orthopaedics at the University of Maryland School of Medicine. Lumbar spinal fusion surgery is a common surgical treatment for low back pain or degenerative disc



Orthopaedic surgeons at the University of Maryland Medical Center offer sophisticated surgical options for patients with lower back pain.

disease. While it is often effective in reducing pain, the surgery puts additional stress on the remaining mobile segments that may lead to adjacent segment degeneration and recurrence of symptoms.

"Results from a two year clinical study of 375 patients showed that those with the artificial disc improved or maintained their range of motion and experienced less pain sooner compared with patients who had spinal fusion," says **Steven Ludwig, M.D.**, assistant professor of orthopaedics at the University of Maryland School of Medicine. "Another advantage is that patients who have Charité have a faster recovery." ■

The orthopaedic surgeons at the University of Maryland have been specially trained in using Charité. For more information about non-surgical and surgical treatments for degenerative disc disease or lower back pain, please call 1-800-492-5538 or visit [www.umm.edu/orthopaedics](http://www.umm.edu/orthopaedics).



Rear view of the lumbar spine with the Charité artificial disc.



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