

# For cancer expertise, **TURN TO US.**



Goshen Center for  
Cancer Care

## Colon and rectal cancer treatment options available in our community

### Oncology Team

**Dr. Urs von Holzen**  
Medical Director  
Surgical Oncologist

**Naturopathic Doctors**  
**Dr. LaToya Lewis**  
**Dr. Emily Moore**

**Medical Oncologists**  
**Dr. Bolanle Adepoju**  
**Dr. Kennedy Iheanacho**  
**Dr. Ebenezer Kio**  
**Dr. Katarina Leckova**

**Interventional Radiologists**

**Dr. Charles Bower**  
**Dr. Justin Lightburn**

**Palliative Medicine**  
**Dr. Liz Nafziger**

**Surgical Oncologist**  
**Dr. Sharmila Roy Chowdhury**

**Nurse Practitioners**  
**Ingrid Bowser**  
**Bo Coody**  
**Grace Darnell**  
**Judith Huff**  
**Kristan Rheinheimer**

**Radiation Oncologists**  
**Dr. Irina Sparks**  
**Dr. Houman Vaghefi**  
**Dr. James Wheeler**

**Physician Assistants**  
**Jonathan Newhall**  
**Elise Sharkey**

**Interventional Pulmonologist**  
**Dr. Muhammad**  
**"Sammy" Bostaji**

**Oncology Dietitians**  
**Maria Brown**  
**Maricel Lopez-Colon**

**Breast Surgical Oncologists**  
**Dr. Fiona Denham**  
**Dr. Laura Morris**

**Mind-Body Counselors**  
**Rita Gingrich**  
**Kim Mathews**  
**Bethany Swope**

**Gynecologic Oncologist**  
**Dr. Pamela Stone**

**General Surgeon**  
**Dr. Mark Ranzinger**

**Plastic Surgeons**  
**Dr. Ronald Downs**  
**Dr. Rachel Macias**  
**Dr. Patrick Viscardi**

**Certified Tumor Registrar**  
**Tracy Paulus**

Colorectal cancer (CRC) is the third most common cancer and the second most common cause of cancer death in the United States. The American Cancer Society estimates 153,020 new cases of colorectal cancer and 52,550 deaths for 2023. Since the mid-1990s, the rates of CRC in younger people (under age 50) have been increasing by 1-2 percent each year.

### Lifestyle changes and advances in medicine provide hope for reducing risk and treating CRC

Lifestyle factors play a role in colon cancer. Key modifiable risk factors for developing colon cancer include high-fat low-fiber diet, excessive alcohol use, smoking, excess body weight and physical inactivity. The prevalence of these behaviors in younger people result in the increased incidence of colon cancer under age 50. Helping patients recognize and embrace more healthy lifestyles is one of the ways physicians can support the reduction of incidence of colorectal cancer diagnoses.

Goshen Center for Cancer Care's multidisciplinary team provides a coordinated approach to each cancer patient's care. The team meets each patient's complex needs by creating treatment plans that include categorizing cancer on a molecular basis and selecting associated treatments; performing surgeries utilizing minimally invasive techniques when indicated; and employing the latest radiation, interventional radiology and chemotherapy treatments. The multidisciplinary care team includes surgical oncologists, medical oncologists, radiation oncologists, interventional radiologists, gastroenterologists, radiologists, pathologists and palliative care specialists, along with oncology nurses, naturopathic doctors, mind-body counselors and dietitians.

### The role of the surgical oncologist in treating colon and rectal cancers

Goshen Center for Cancer Care treats all stages of colorectal cancer. The cancer center is the only facility in the region with fellowship trained surgical oncologists.

"When a surgical oncologist is present, we can help formulate the plan," said Dr. Sharmila Roy Chowdhury, Surgical Oncologist. "If you don't have a surgical oncologist present, the complex surgical options may be overlooked because a facility doesn't have the capability to provide them."

### Treating metastatic colon cancer

Many Stage IV cancer patients will have liver, lung or peritoneal metastasis. The standard of care in most cancer centers for these patients is chemotherapy. However, some of these patients are candidates for liver or lung surgery and that's where the capabilities of Goshen Center for Cancer Care's fellowship trained surgical oncologists make a difference.

Patients who are not candidates for surgery can be considered for other targeted local therapies. Treatment options may include:

- Interventional radiology procedures such as liver directed therapy with Y-90 or chemoembolization, which can be used along with liver surgery
- Targeted radiation therapy treatments
- Ablative procedures such as HIFU and cryoablation
- HIPEC for peritoneal carcinomatosis

“Before I came here, I was dealing only with Stage IV cancers, primarily treating patients with peritoneal spread using hyperthermic intraperitoneal chemotherapy (HIPEC),” said Dr. Roy Chowdhury. “We’re the only facility in our area that offers this heated chemotherapy wash of the abdominal cavity.”



“We’re able to push the boundaries here because of our surgical oncology capabilities,” said Dr. Roy Chowdhury. “Dr. von Holzen is a surgical oncologist with a focus on thoracic surgery. This offers us the unique capability of offering highly selected patients lung resections for colorectal metastasis, which can improve their survival.”

### Radiation therapy options for liver and lung metastasis

Although radiation is not usually used for early stages of colorectal cancer, it is used when the cancer has metastasized. Radiation oncologists at Goshen Center for Cancer Care offer several highly conformal and targeted treatment options:

- Stereotactic body radiation therapy (SBRT) is the most frequent modality utilized in treatment of liver and lung metastasis.
- HDR brachytherapy – while this is not commonly used, in special circumstances when other local therapies cannot be employed, we are the only center in this region that can provide this service.
- Intra-operative radiation therapy (IORT) – can be used in special cases for recurrent colon or rectal cancer at the time of surgery.
- Artificial intelligence-assisted adaptive radiation therapy (Ethos™) – using adaptive artificial intelligence, this therapy offers an enhanced treatment planning process and more precise calculations for tumor targeting. Adjustments needed for tumor changes (and changes in the patient’s anatomy) during treatment can be initiated in minutes.

## Chemotherapy, anti-angiogenesis medications and immunotherapy

While chemotherapy is the main treatment option for advanced CRC, there are other emerging therapies. These therapies are dependent on understanding the molecular make-up of the cancer, so the care team can recommend more effective and targeted treatments.



*“Having a multidisciplinary approach is important for all patients but especially those with Stage IV cancer – and studies have shown that with this approach, overall survival rates are much better,” said Dr. Katarina Leckova, Medical Oncologist. “It leads to better staging because everyone is involved, much better treatment cohesion, much quicker treatment and, of course, quality of life. Having Stage IV colorectal cancer is no longer a death sentence.”*

“We do molecular profiling with a national genomic testing company. They provide us with very efficient results,” said Dr. Leckova. “We’re able to identify different mutations KRAS and KRAS G12C, which are evident in about 40 percent of colorectal cancer. Molecular testing allows us to better match treatments to a patient’s specific disease. These treatments include traditional chemotherapy, as well as other targeted, oral medications. When indicated, we also use an anti-angiogenesis agent, together with chemotherapy.”

Anti-angiogenesis medications are delivered intravenously but work differently than traditional chemotherapy. Instead, these medications attack vasculature, cutting off the blood supply that feeds the tumor.

To determine eligibility for immunotherapy, tumors are tested for microsatellite instability (MSI). When MSI is high, immunotherapy can be prescribed upfront, sometimes eliminating the need for chemotherapy. In some cases, immunotherapy or these new targeted therapies have worked better than chemotherapy, resulting in patients living longer.

## Providing for the unique challenges of advanced rectal cancer

When treating advanced rectal cancer, a high level of surgical expertise and a multidisciplinary approach are critical to providing holistic, responsive care.

As an advanced endoscopist interventional gastroenterologist, Dr. Sadat Rashid (Goshen Physicians Gastroenterology) has the ability to perform colonic stents, when indicated, for acute colonic obstruction from colorectal cancer including upper rectal cancers. Dr. Rashid can also perform a colon stenting for a post-surgical patient secondary to both benign and recurrent malignant obstruction if indicated.

## CRC screening guidelines

The American Cancer Society, American College of Gastroenterology and the United States Preventive Task Force recommend screening colonoscopies for adults at average risk at age 45. Because colonoscopy allows doctors to look at the health of the colon and remove pre-cancerous lesions and growths, it can significantly lower the risk of a patient ever developing cancer. Early diagnosis also reduces the mortality rate.



Goshen Center for  
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200 High Park Ave.  
Goshen, IN 46526

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*What healthcare providers need to know*

### Accreditation achieved for best possible care for patients with rectal cancer

Goshen Center for Cancer Care recently earned a three-year accreditation from the National Accreditation Program for Rectal Cancer (NAPRC). Accreditation is granted to programs who comply with standards for program management, clinical services and quality improvement for patients – those committed to providing the best possible care to patients with rectal cancer.



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### TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call (574) 364-2973 or visit [GoshenCancerProviders.com](http://GoshenCancerProviders.com).

If you would like more information or to meet any of our doctors, please contact **Marisa Nyikos, Physician Liaison**, at [MNyikos@GoshenHealth.com](mailto:MNyikos@GoshenHealth.com) or call (574) 849-7812.

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