

At Radiation Oncology Medical Group of Southern California, our qualified team is dedicated to offering state-of-the-art radiation therapy services to cancer patients with individualized care and expertise.



**Robert Woodhouse, M.D.**



**Donald Karon, M.D.**



**Vijay Kini, M.D.**

All of our physicians are board-certified in Radiation Oncology by the American Board of Radiology, with experience treating a full range of cancer types and a demonstrated commitment to providing effective and individualized care. We serve several major hospitals in Orange County including Anaheim Regional Medical Center, Fountain Valley Regional and Orange Coast Memorial Medical Center.

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# RADIATION ONCOLOGY MEDICAL GROUP

*of Southern California*

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## Patient Testimonial: Mr. Guy Sinclair

Mr. Guy Sinclair was referred to ROMG after his gastroenterologist found a tumor in his rectum. The tumor was large enough that a colonoscopy could not be completed, and Mr. Sinclair's doctor recommended that he consider radiation therapy and chemotherapy prior to surgery in order to reduce the size of the tumor. "Facing cancer can be overwhelming. That is the place I found myself in when I entered the office of Dr. Kini and the other doctors at ROMG," said Mr. Sinclair.

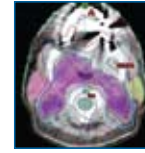
Mr. Sinclair described his first appointment, "Dr. Kini took time first of all to listen, really listen to me. He treated me with respect, patience and understanding. Care was taken to educate me on what the radiation treatment would consist of."

Mr. Sinclair and Dr. Kini decided to do radiation therapy first in order to shrink the tumor and improve the overall results of treatment. Dr. Kini recommended Intensity-Modulated Radiation Therapy (IMRT) and Image-Guided Radiation Therapy (IGRT). This treatment regime would ensure that the radiation beams would be precisely focused on the tumor and away from other healthy areas and organs such as the bladder.

Mr. Sinclair's radiation treatments lasted for 5 weeks for about 10 minutes each day. "I was warmly welcomed each time by every single member of the staff, and the atmosphere was always upbeat and comfortable," said Mr. Sinclair.

After finishing all of the treatments, Mr. Sinclair went back to see his surgeon. There had been significant shrinkage of the tumor, and his surgeon was able to recommend a full colonoscopy. Surgery removed the small amount of cancer left after the radiation, and Mr. Sinclair was back to doing his regular activities a few weeks after surgery. "A person would never choose to have cancer – for sure! But I believe I could not have been given greater care."

## Treatment Spotlight: Intensity Modulated Radiation Therapy



IMRT is one of the most precise forms of external beam radiation therapy available. It uses sophisticated software and hardware to vary the shape and intensity of radiation delivered to different parts of the treatment area. This allows physicians to escalate the radiation dose to cancer cells, and in some cases, even more precisely to specific metabolically active regions within a tumor, while keeping the dose to surrounding tissues as low as possible. Because the ratio of healthy tissue dose to tumor dose is reduced to a minimum with the IMRT approach, higher and more effective radiation can be safely delivered with fewer side effects. This increase in precision means that treatment times with IMRT are slightly longer than with conventional external beam therapy, but the effectiveness and clinical results of IMRT are among the highest in radiation therapy today.

## A Multidisciplinary Approach to Cancer Care: Tumor Boards

Each of our physicians regularly participate in hospital tumor boards throughout Orange County. Generally, tumor boards are a treatment planning approach in which a number of doctors who are experts in different specialties review and discuss the medical condition and treatment options of a patient. In cancer treatment, a tumor board review may include that of a medical oncologist, a surgical oncologist and a radiation oncologist.

During the tumor board, the facts about the patient and his or her cancer are presented, followed by presentations by members of the diagnostic radiology, medical, radiation, and surgical oncology teams. Members of the pathology team (doctors who specialize in interpreting laboratory tests and evaluate cells, tissues, and organs to diagnose disease) may also be present. Patients do not generally participate in tumor board presentations. The tumor board significantly focuses on a patient's treatment options so that the patient can learn from his or her doctor about the best treatment plans available.

- American Society of Clinical Oncology and National Cancer Institute

## Head and Neck Cancer: Radiation Therapy Treatment Options

Common head and neck cancers include cancers of the tongue, larynx (voice box), tonsil and pharynx. The three main types of treatment for managing head and neck cancer are radiation therapy, surgery and chemotherapy. The optimal combination of the three treatment modalities for a patient with a particular head and neck cancer depends on the site of the cancer and the stage of the disease. At ROMG, we routinely treat head and neck cancers with Intensity Modulated Radiation Therapy (IMRT).

IMRT is an advanced mode of high-precision radiotherapy that utilizes computer-controlled x-ray accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. The radiation dose is designed to conform to the three-dimensional shape of the tumor by modulating—or controlling—the intensity of the radiation beam to focus a higher radiation dose to the tumor while minimizing radiation exposure to healthy cells.

Image-Guided Radiation Therapy (IGRT) is used to increase the accuracy of treatment delivery with IMRT. With IGRT, X-ray images are taken every day. These images pinpoint the exact size, location and coordinates of the tumor. These images are verified daily, pinpointing the position of the cancer just prior to treatment. This increased precision allows for higher doses of radiation, ultimately leading to higher cure rates.

Chemotherapy is commonly added to radiation to increase the efficacy of the radiation treatment. Sometimes, chemotherapy may be used before radiation to cause shrinkage of the tumor. Occasionally, this means that a smaller amount of normal tissue receives radiation dose. More commonly, the chemotherapy is given along with radiation, once a week or once every three weeks.

Our Focus is on Cancer Treatment  
so you can Focus on Life

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