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Faces & Places of the South

Arts & Entertainment

Southern Cuisine

Health & Fitness

Home & Garden

SPECIAL SECTION
DISCOVER ATHENS, AL

FEATURE HOME
The Yellow House Bed and Breakfast

12 SOUTHERN RECIPES

SERVING THE TENNESSEE VALLEY AND SURROUNDING AREAS

Dr. Elizabeth Falkenberg: Treating the entire patient

By Gregg L. Parker, Contributing Writer

Radiation oncologist Dr. Beth Falkenberg wants her patients involved in the decisions and thought processes of fighting their specific type of cancer.

"Fear diminishes with knowledge," Falkenberg said.

Falkenberg practices with the **Center for Cancer Care (CCC)**, which has three locations: Clearview Cancer Institute (CCI) campus in Huntsville, Huntsville Hospital and Crestwood Medical Center.

Her career path at Auburn University started in chemical engineering. However, realizing she wanted more direct involvement with people, she switched to biochemistry with the intent of pursuing medicine.

An Auburn pre-med group cinched her commitment to enter medicine, but Falkenberg wasn't decided on a specialty. "Obstetrics and gynecology interested me … "the thought of bringing life into the world. To be a part of the birth of a child."

Grounded in biochemistry and acclimated to ob/gyn, Falkenberg's interest in oncology was sparked while working on a gynecological oncology rotation and treating patients who had cervical, endometrial and ovarian cancer. "They showed a tremendous amount of courage."

Working with other subspeciality physicians involved with cancer, the multidisciplinary approach to treating patients at the **University of Alabama at Birmingha**m (UAB) Hospital verified her career decision. She graduated from the University of Alabama School of Medicine and completed a five-year residency at UAB – one in internal medicine, four in radiation oncology.

"Radiation oncology allows me to treat the entire patient," Falkenberg said. She treats patients with all types of cancer, including both men and women.

Patients need to know what side effects to expect during treatment. "Most are temporary and can be tolerated," Falkenberg said. "At CCC, the majority of my patients can continue with routine activities and drive themselves to treatment."

Falkenberg endorses care with a team approach. A medical oncologist, surgeon and radiation oncologist collaborate to answer:

- **Is surgery needed?**
- **Is radiation the best solution?**
- **Should the patient receive chemotherapy?**

When radiation is the best treatment, Falkenberg consults with her colleagues at CCC -- Dr. Tres Childs, Dr. Noel Estopinal and Dr. Jim McCarty.

"We meet weekly to discuss patients and critique each other's treatment plans," Falkenberg said. We have a team comprised of physicians, nurses, physicists and dosimetrists to assist in every aspect of treating the patient.

Consider this scenario … A patient's mammogram or ultrasound detects a problem. The next step may be a biopsy or a lumpectomy with minimal removal of normal tissue.

If cancer is found, the patient can meet with the surgeon, medical oncologist and radiation oncologist to determine the next best treatment. "For one patient, a lumpectomy followed by radiation might be the best option, while another patient might require a mastectomy. We try and preserve the breast whenever possible. Whether or not a patient receives chemotherapy is dependent on the size of the tumor and the number of lymph nodes positive, not the type of surgery done," Falkenberg said.

Chemotherapy, a drug, travels throughout the body via the blood vessels. "Chemotherapy is a systemic treatment, while radiation is a local treatment," Falkenberg said. "Radiation decreases the risk of local recurrence after lumpectomy."

"We use evidence-based medicine. Past studies help guide our decisions about treatment," Falkenberg said.

It can take 5-7 days for a radiation treatment plan to be developed. The first step is the simulation, where a CT scan is performed with the patient in the proper treatment position. "We make small tattoo marks on the body to show where the radiation will be delivered." Next, Dr. Falkenberg and a CCC dosimetrist then create the radiation plan for the precise dosage while the physicist verifies the dosage of radiation and ensures quality assurance on the treatment machines. Finally, when the treatment plan is approved by the physician, the patient comes in for plain x-rays to verify proper positioning before beginning treatment.

"Different cancers require different doses of radiation, just like medications are given in different doses for patients." For breast cancer, the patient receives radiation once daily Monday-Friday for approximately seven weeks. For lymphomas, only four weeks of once daily treatment is required, while the schedule for prostate cancer requires nine weeks.

"Sometimes it is necessary to give a patient both radiation and chemotherapy at the same time," Falkenberg said. "Each type of cancer has a specific dose of radiation and a specific chemotherapy that is used."

Patients are in the radiation department about 30-40 minutes. The actual treatment lasts only 10-15 minutes or less. No special diet is required. Most patients can continue to work and exercise.

The side effects caused by radiation depend on the location of treatment in the body. For breast treatment, skin redness, irritation and tenderness can occur but no nausea or hair loss. "If we treat the brain with radiation, then hair loss can occur," Falkenberg said.

External radiation is a high- energy X-ray beam. "We deliver most radiation treatments using photons. Nothing touches the body. There are no needles … and no glowing in the dark," Falkenberg said. "Radiation isn't painful and the side effects happen gradually."

Research is always ongoing. A recent study using mice by Cleveland Clinic immunologists has shown that a vaccine targeting the protein alpha-lactalbumin prevented breast cancers from forming and inhibited growth in existing tumors. Enrollment in human trials could begin next year.

"The most exciting research has been the development of targeted drugs which have significantly increased survival rates for cancer. The best example for breast cancer is the drug Herceptin," Falkenberg said. Herceptin is an antibody drug that targets specific breast cancer cells that overexpress the protein HER2. Approximately 25 percent of all breast cancer patients benefit from the use of this drug in combination with chemotherapy.

Dr. Falkenberg is a member of the American Society for Radiation Oncology, Medical Association of the State of Alabama, American College of Radiology and the Madison County Medical Society. Currently, she is president of the Alabama Society of Radiation Oncologists.

Dr. Falkenberg is a Huntsville native and lives with her husband Mark and their three children.

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