

# SOUTHWESTERN NEWS

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## UT SOUTHWESTERN GYNECOLOGIC CANCER SPECIALISTS TREAT PARKLAND PATIENTS THROUGH NEW HEREDITARY CANCER CLINIC

DALLAS – Oct. 18, 2001 – Ruth Hunt, a 47-year-old Pleasant Grove woman, hates cancer – with good reason. Her mother died of cancer when Hunt was 15, her sister 6 and her brother just 4.

When Hunt was forced to retire because of disabilities several years ago, she lost her insurance. As she'd grown older, Hunt realized there was a lot of gynecological cancer among women in her family. While nervous about losing access to medical care in general, she was especially concerned about the real possibility of a future cancer diagnosis.

Her anxiety increased when calcium deposits were found in her breasts during a regular check-up at Parkland Health & Hospital System.

Fortunately for her, the Department of Obstetrics and Gynecology at UT Southwestern Medical Center at Dallas had developed a gynecological cancer genetics clinic in conjunction with the medical center's Harold C. Simmons Comprehensive Cancer Center. Recently, it had also begun to serve community patients at Parkland.

She was referred to Dr. John Schorge, assistant professor of obstetrics and gynecology at UT Southwestern and director of the new Hereditary Gynecologic Cancer Program at Parkland. The program is specifically tailored for women at high risk for cancers of the reproductive system.

"I know of no other county hospital that offers the opportunity for assessment, counseling, preventive surgery and medical management to patients at high risk for gynecologic cancer. To my knowledge, this is a first," Schorge said.

Schorge and Annette Patterson, a genetic counselor affiliated with the Nancy B. and Jake L. Hamon Center for Therapeutic Oncology Research at UT Southwestern, saw Hunt together. They interviewed Hunt about her and her family's health history, and she received a thorough medical exam.

Patterson used Hunt's genetic information to generate a diagram, or "pedigree," of

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genetically related cancers within her family. Hunt's own pedigree showed a 43 percent risk of carrying a *BRCA1* or *BRCA2* gene mutation, both associated with breast and ovarian cancer.

Hunt received counseling about her options for early diagnosis and early detection of ovarian cancer, which included ultrasound screenings and pelvic exams. Another option was preventive surgery to remove her ovaries.

Ovarian cancer is the deadliest of the gynecological cancers. Cancer researchers predict that 13,900 women will die from ovarian cancer in the year 2001. Hunt didn't want to be one of the statistics. She had lost her sister to ovarian cancer and now was raising her sister's small children. Hunt did not hesitate; she chose the surgery.

"Those children can't afford to lose another mother," she said.

A frozen section of ovarian tissue taken during surgery confirmed Hunt had cancer in her left ovary. But there was no obvious evidence of further disease, Schorge said.

"I am thrilled that Annette's and my collaboration directly resulted in Mrs. Hunt's getting evaluated promptly, counseled and treated since it turned out that she had already developed very-early-stage ovarian cancer," Schorge said. "Without counseling and intervention, she almost certainly would have progressed to widespread disease before a diagnosis was made. Mrs. Hunt has a much better prognosis and a reasonable chance for a cure for ovarian cancer due to the program's intervention."

Dr. Gary Cunningham, chairman of obstetrics and gynecology at UT Southwestern, lauds the program. "We are determined to provide the best medical care possible to our patients. We believe the new Hereditary Gynecologic Cancer Program shows we are serious." Cunningham holds the Beatrice and Miguel Elias Distinguished Chair in Obstetrics and Gynecology and the Jack A. Pritchard Professorship in Obstetrics and Gynecology.

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