



PETER BAKER

Q+A

meet the physician

Suzanne B. Evans, MD, MPH

Assistant Professor of Therapeutic Radiology

Your clinical practice is on the care of women with breast cancer. How has the radiation treatment changed over the last decade?

We have seen a huge number of advances in radiation therapy for breast cancer. Probably one of the most exciting has been the recognition that women receiving radiation to the breast alone can be treated with hypofractionated radiation treatment. This shortens a 6-7 week course of radiation down to 3-4 weeks, with the same effectiveness in fighting their breast cancer. There are studies to suggest this treatment results in less fatigue and less skin irritation. This is certainly the experience we have seen with our patients at Smilow Cancer Hospital.

Additionally, there are more advances than ever to avoid treating the heart in women with cancer affecting their left breast. Women can be treated with deep inspiration breath hold technique, where the woman holds her breath for about 15-20 seconds at a time during radiation. The lungs fill with air, and then the heart moves away from the breast. This helps lower the amount of heart tissue that is exposed to radiation from breast treatment.

Much of your research focus is on quality and safety standards to improve patient care. How do hospitals like Smilow Cancer Hospital set the standards nationwide?

Smilow has really taken a proactive attitude towards quality and safety. This is evidenced by the Yale Medical Group's Professionalism Charter, which sets the standards for how we treat each other and those we care for. Smilow cultivates a culture of safety, in which all staff members are heard, and we work collaboratively to improve quality. This is also demonstrated through our commitment to incident learning, in which the institution looks at the processes of care that may not have gone smoothly, and seeks to identify how we can improve our procedures to deliver care flawlessly and with high levels of service.

Are the increasing number of choices for radiation therapy making the decisions for treatment more difficult for patients and providers? What factors are considered?

Certainly there are a number of choices to be made regarding radiation. I am involved in a grant with Dr. Shiyi Wang and Dr. Cary Gross here at Yale to create a decision analysis tool for older women diagnosed with breast cancer. Older women (>70 years) with estrogen positive cancers derive a smaller absolute benefit from breast radiation. This tool will help prioritize the needs and values of an individual woman in her decision as to whether receiving radiation is "worth it" to her. This is exactly the sort of shared decision-making that we want in medicine, with special consideration for the values of our patients.