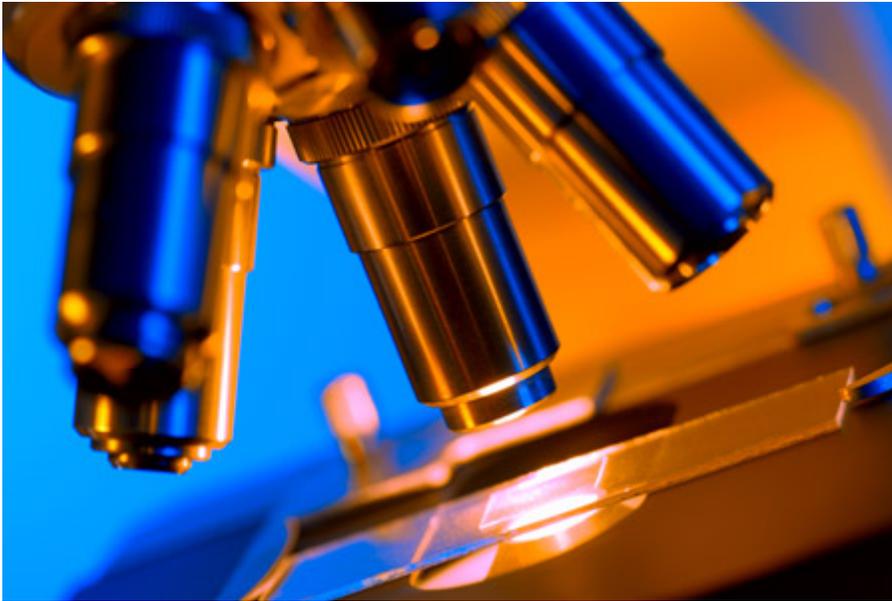


The Doctor Behind the Doctor Behind the Cancer Diagnosis

By Christina Johnson | May 05, 2015



If you or a loved one has battled cancer, you may be familiar with the anxiety of waiting for the diagnosis, that moment when the physician describes the type of cancer, its aggressiveness and stage.

The physician, of course, isn't acting and advising upon his or her expertise alone. The pathologist's report, based upon earlier biopsies or tests, is a primary piece of information

used by medical oncologists, radiation oncologists and surgeons to assess the severity of a patient's medical condition and to recommend treatment options, such as whether surgery alone will suffice or a combination of treatments is advised.

Most patients never meet their pathologists, but their expertise in determining what is normal and abnormal in a blood or tissue sample is crucial to both their diagnosis and ultimate care outcome.

Donna Hansel, MD, PhD, is one of the doctors behind cancer diagnoses. An anatomic pathologist and noted expert in bladder cancer diagnosis and staging, she joined UC San Diego Health in 2013 as chief of the Division of Anatomic Pathology. She has been leading a restructuring and expansion of the division's disease diagnosis and management services in advance of the 2016 opening of the 509,500 square-foot [Jacobs Medical Center](#) – the largest current hospital project in southern California.

That restructuring includes a reorganization of [UC San Diego Health's](#) anatomic pathology services, along subspecialty expert lines. This means that a patient with possible stomach cancer

will have his or her tumor biopsy examined by a pathologist with specialized training in gastrointestinal disease. Similarly, a gynecologic pathologist will analyze a uterine tumor biopsy.



The value of this approach is striking for successfully treating certain diseases, notably urinary bladder cancer, the fourth most common cancer among U.S. men.

“Several studies have shown that bladder cancer diagnoses, made outside of large academic centers, are changed in a significant percentage of cases upon re-review by a sub-specialized urologic pathologist,” Hansel said. “Many times these are major changes, meaning changes in the cancer’s stage, whether or not surgery is needed, or even a cancer vs. non-cancer diagnosis. Several studies at a number of centers have shown there is benefit in having sub-specialists available to review specimens.”

The completion of Jacobs Medical Center will add clinical space, physician expertise and advanced medical equipment and laboratory infrastructure to support this level of highly specialized care in anatomic pathology and develop new diagnostic tests to better gauge treatment options.

Of particular interest is translating the vast amounts of genomic and proteomic information available for cancer into meaningful bioassays (tests) that can be used rapidly in the hospital setting. Such an approach is currently used to identify [BRAF mutations](#) in melanoma.

“We are very interested in taking genomic and proteomic information and re-reviewing cancer specimens to identify which changes are associated with alterations in the visual appearance of cells and tissues under the microscope; how this influences patient outcomes and how we make our diagnoses,” said Hansel. “Together with our faculty colleagues at the [Center for Advanced Laboratory Medicine](#), we have a unique opportunity to expand our knowledge of disease in our discipline.”

“Down the road, we are looking at anatomic pathology services as playing an even more crucial role in identifying which patients are more likely to develop cancer or other diseases and how to initiate the appropriate care earlier,” Hansel added.

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