

## **The Nemaha County Herald – June 5, 2008**

### **Auburn Resident Ruth Gerdes' Medical Journey Included Unique Surgery to Save Her Life; Credits Wonderful Medical Team with Recovery**

*By Tony Johnson*

Editor's Note: This is the first of two stories following the stories of those affected with carcinoid cancer receiving care under the direction of Auburn's Dr. Michael Zaruba and UNMC Surgeon Dr. Jean Botha.

Carcinoid cancer is so rare, that only 1 in 100,000 people will be diagnosed with it each year. A doctor may only see one case of carcinoid cancer in their career, and many times, the cancer goes misdiagnosed or is missed completely.

Carcinoid cancer is defined as small, slow growing tumors found mostly in the gastrointestinal system, but can be in other parts of the body such as the pancreas and the lung.

Since most of these grow very slowly, compared to other cancers, it usually takes many years before they become sizable or cause symptoms.

Because of how slowly the tumors grow, they are mostly resistant to traditional chemotherapy and radiation treatments. These therapies were designed to fight fast growing tumors and cancers, but carcinoid tumors grow so slow, surgery is usually the only good way to fight the cancer.

#### **Unique Surgery to Save Lives**

Just after Christmas in 2006, Auburn resident Ruth Gerdes, a crop insurance agent with Auburn Insurance Agency, was diagnosed with this rare disease.

When told by her oncologist that she was inoperable, Ruth refused to believe that without exploring every possible medical avenue.

A relative, then in his third year as a medical student at the University of Nebraska Medical Center in Omaha, had done organ harvest runs with Dr. Jean Botha, and had seen his skill in the operating room.

That relative got Ruth and her Auburn General Practitioner, Dr. Michael Zaruba, in contact with Botha, who typically has a six to eight week wait for newly referred patients.

Because of the rarity of the disease and the need for immediate treatment, Botha saw her within a few days.

Twenty-two tumors covered most of her liver, and though Ruth was essentially given a death sentence with the earlier news of being inoperable, Botha believed that he could save her life.

The South Africa-trained surgeon had recently read a medical journal which featured a story on French doctors performing a risky surgery that might work on Ruth.

Using the techniques from that surgery, Botha removed 65% of Ruth's tumor-infested liver. Working with Zaruba in Auburn, Botha allowed Ruth's body to recover for a few months, enough time for the liver to grow back.

He then went back in and removed another 70% of the remaining liver. Once again, the liver grew back and today, Ruth has what is basically a new liver, as no part of the essential organ has ever been in contact with a tumor.

Botha, a renowned organ transplant surgeon, became the first doctor in America to perform this type of surgery.

### **One of the Lucky Ones**

Regarding the ordeal, the surgery, and the recovery, Ruth said, "I survived with the help of a wonderful medical team, and a great family.

"I was one of the lucky ones whose diagnosis took only a few days thanks to the diligence of my primary care doctor. Currently I am tumor and symptom free, after being told in January of last year that I was inoperable. Knowledge is power."

This last line is particularly inspiring, because Dr. Zaruba, who has no specialized training in endocrinology, spent many hours researching Ruth's disease.

He learned so much about carcinoid cancer that when speaking with other oncologists around the country, many thought they were speaking to a fellow internal medicine specialist.

Ruth told of one instance when Zaruba was speaking to a doctor at Johns Hopkins in Baltimore, Md., who after speaking with Zaruba, encouraged him to apply for an internal medicine job at the East Coast hospital. Zaruba of course had to explain to the specialist that he was a general physician in a town of 3,500 people.

Those who have spoken to Ruth or Zaruba have a hard time believing that the high level of care Ruth received started in the rural community of Auburn, Nebraska.

### **The Diagnosis**

Ruth Gerdes works at Auburn Insurance Agency as a crop insurance agent. Like many insurance agents in a small town, she knows many of clients personally. They can call her when they have questions and she works to make sure each and every one of them is happy with their service.

Her job does not allow for extended vacations, especially during the busy time of the agricultural season in Nebraska.

Ruth's husband, Myron, had recently turned 50 and she was not far behind him in age, soon to hit the half century mark herself.

Part of their plan as they got older was to begin putting together an estate plan to make sure their children and grandchildren would be taken care of. That plan included getting more life insurance.

Anyone who has obtained life insurance knows that sometimes you have to go through a multitude of tests to show the insurer that you are not sick or have some preexisting condition that makes you ineligible for insurance. In Ruth's case, it was a test she had received two months earlier that changed her life.

When Ruth finally got the call regarding the company's decision, she did not understand what they were asking her.

"Why didn't you get the those liver lesions checked out?" asked the insurance representative.

Ruth had no idea what they were referring to, but it was explained to her that when she had been previously hospitalized for an infection, an MRI scan indicated that she had several lesions on her liver.

The doctor who was assigned to her case at the time did not inform her or her primary care physician, Dr. Zaruba, that there was anything out of the ordinary.

Zaruba immediately ordered a series of abdominal tests and CT scans, but found no answer to the problem. Finally, Zaruba requested the earlier CT scan be checked again and it was then that the word 'tumor' was first mentioned.

Within days, Ruth was under the knife for a bowel resection surgery at St. Elizabeth Regional Medical Center in Lincoln.

The operating doctor, Greg Fitzke, MD, found several tumors in Ruth's liver and took biopsies, however he chose not to remove them because of the possible risk to Ruth's life.

However, the biopsies he took confirmed that Ruth had carcinoid cancer.

While Zaruba and Ruth researched the disease and possible treatments, it was then that an oncologist in Lincoln told her that she was inoperable, but he did offer to begin checking into clinical trials.

"I had already looked at all kinds of treatments through my own research," said Ruth. "I knew that his opinion was out of date and that carcinoid cancer rarely responds to traditional chemotherapy and radiation."

For carcinoid cancer patients, the best route to take is usually surgery, and that is exactly the route Ruth wanted to pursue.

### **Peaceful Confidence**

Dr. Zaruba, a UNMC graduate, wanted to explore the options of surgery as well, and he wanted to focus their search on the liver transplant program at The Nebraska Medical Center.

It was then that Ruth's relatives, cousins Denise Chapek and her son, Karel, the third year medical student at UNMC mentioned earlier in this article, told her about Dr. Botha.

After meeting with Dr. Botha for the first time, Ruth said, "He simply instilled a peaceful confidence in me from the first minute. [He] really 'got' me [and] understood my personality and how to tailor a treatment plan that I could be comfortable with."

Ruth only consented to moving ahead with this never-before-done in America surgery if Dr. Zaruba could stay on as her primary physician.

The relationship they had built over the past few months was something Ruth did not want to lose, especially during this trying time in her life.

Botha consented, having never met the Auburn-based physician, and Ruth called Zaruba immediately to inform him of the new road they would be taking.

Referring to Zaruba, Ruth says, "Talk about strong support; I got it in spades from him. I really believe that Dr. Zaruba's attention to detail, his honesty and willingness to work with Dr. Botha was a gift."

Zaruba's care for his patient, combined with Dr. Botha's openness in working with a primary care physician, was, according to Ruth, "awesome."

### **Under the Knife**

Diagnosed in December, 2006, Ruth was scheduled for her first experimental surgery on Feb. 8, 2007. Dr. Botha removed the left lobe of Ruth's liver and a portion of the right lobe, about 65% of the entire liver.

Four days later, Ruth was back home, doing weekly follow-up visits with Dr. Zaruba, who monitored her blood work. The second stage of the surgery was scheduled for March 17 but a test showed that her liver had not regenerated enough tissue to progress any further.

Dr. Botha rescheduled the surgery for May 17, but had to postpone it due to an emergency liver transplant. The news of her surgery being postponed was deflating, but, according to Ruth, she knew that if it weren't for the liver transplant program at UNMC, she would not have access to a surgeon of Dr. Botha's caliber.

The surgery was reset for May 21, Ruth's 50th birthday, and Dr. Botha removed the remaining affected portion of Ruth's liver and resected a portion of the vena cava, which had also been affected.

The surgery, though very risky, was successful.

"By employing portal vein embolization, we allowed approximately 30% of Ruth's liver that remained after the first operation to grow enough so we were able to go in and remove the portion with the remaining tumors," explained Dr. Botha. "No one in the world had ever done this until just a few years ago."

And of course, no one in America had done this type of surgery until Dr. Botha operated on Ruth.

Six days in intensive care followed, and Dr. Zaruba spent an entire day with her to give her peace of mind.

"Seeing him there," said Ruth, "I knew I was going to make it through this."

### **Top Notch Care in an Ag State**

Though not completely out of the woods, Ruth is, today, tumor free. A little over 18 months after being diagnosed with a rare, progressive type of cancer, Ruth cured.

Back in Auburn, Ruth was told to take it easy, and to make sure she did this, Dr. Zaruba drove by her insurance office and tell her to go home if he saw her car parked out front of the business for too long.

The combined care of a renowned surgeon and a small-town physician can be credited with saving Ruth's life. What is perhaps most extraordinary about this story is not that a life was saved, but that the person affected did not have to uproot her life and move to a bigger city for care.

Many people diagnosed with this type of cancer must go to places like Johns Hopkins in Baltimore or the Mayo Clinic in Rochester, Minn.

Ruth got top-notch care in Nebraska, a state known mostly for its agriculture and university sports teams.

The population in this state is only 1.7 million, and in Auburn, there are only about 3,500 residents. Ruth's life was saved not by highly paid, big-city surgeons in Los Angeles or New York, but by the cooperation and attention to detail of two Nebraska doctors.

**For More Information**

The Caring for Carcinoid Foundation was a vital website for Ruth, as she gained a lot of her information from them. Ruth was also recently asked to join the board of patient advisors of the foundation, which is the leading nonprofit dedicated to discovering a cure for carcinoid cancer.

The Board of Patient Advisors provides the Caring for Carcinoid Foundation with advice about how to support patients and partner in the fight against carcinoid.

All members of the Board of Patient Advisors are carcinoid / NET survivors, dedicated to supporting the carcinoid community and dedicated to achieving CFCF's mission. For more information on this foundation, visit <http://www.caringforcarcinoid.org>. [Close Window](#)