Getting to Know The RCC
Clinical Directors

It was the water.

Lake Erie, with all of its vast, blue, wavy water, is what drew two doctors to the Erie area nearly two decades ago. Both were practicing oncologists who could have their pick of cancer centers or hospitals, but it was the allure of a Great Lake that was the icing on the cake for them.

The result has been a long-lasting relationship between The Regional Cancer Center (RCC) and these two physicians, who help to lead the center's medical staff as its two clinical directors.

Philip H. Symes, MD, came to The RCC in 1992 and has been clinical director of medical oncology and hematology services since 2006. His fellow clinical director, **Conrad J. Stachelek, MD, PhD** arrived at the center a short time later in 1993 and has served as clinical director of radiation oncology since 2003.

Both brought their skills to The RCC nearly 20 years ago based not only on the promising quality of their new workplace, but also on the enticement of that gem of a lake that so many Erieites love.

Dr. Stachelek had been working as a radiation oncologist in Indianapolis for three years before The RCC's founding physician, Dr. Peter Scibetta (whom he had met at a conference a few years earlier) placed a phone call to him one day in 1993.

"He was at the (Erie) Yacht Club looking out over the water," Stachelek said of Scibetta, who told him he should come to Erie and RCC. "He knew I didn't like Indiana terribly much, and he knows I like to sail, so pretty soon I was here with my sail boat."

Dr. Symes was completing a fellowship in Cincinnati when he decided to come to work at RCC as a medical oncologist and hematologist, drawn in part by the water.

"I was familiar with the Great Lakes region," he said.

Growing up, his family would go each summer to his grandfather's cottage on Lake Ontario, near Medina, N.Y. Years later, he met and married his wife, who hails from Chicago, located on Lake Michigan. "I like the outdoors, the summers. (Erie) is a nice sized-community."

"I liked the cancer center and was very impressed," he continued. "The doctors were very competent and easy to work with."

In the years since, RCC and its patients have benefited from the expertise and care these two physicians have brought to Erie. They care for patients daily and, as clinical directors working under the leadership of Executive Medical Director Raymond B. Wynn, MD, FACR, they carry out administrative duties such as overseeing daily operations, schedules and quality assurance; handling any problems; setting policy; performing peer reviews; and representing the center's physicians on RCC's Board of Directors.

In radiation oncology, Dr. Stachelek describes his field as one of precision. He and his medical team can use radiation to treat any type of tumor and can pinpoint the radiation beams to hit a target area as small as ½ to 1 ½ centimeters. That is in comparison to the past when radiation would affect a much larger field on a patient's body. Now, with such precise, localized treatment, a patient can receive higher doses of radiation directly to the tumor with no damage to the surrounding areas.

In contrast, Dr. Symes and his team deal with disease that is more widespread. He and his colleagues are certified in both medical oncology, for treating cancer patients via chemotherapy, and hematology, for treating blood disorders (which include both cancerous, such as leukemia, and non-cancerous diseases, such as hemophilia.) Unlike the precise nature of radiation therapy, chemotherapy targets a patient's entire body, with chemical drugs given intravenously or by pill to treat widespread cancer.

Symes typically sees patients at RCC, and then sees hospitalized cancer patients at RCC's two partner hospital, Saint Vincent Health Center and UPMC Hamot.

Throughout their careers, the doctors have seen their fields advance and success rates increase as technology has developed. Stachelek sees that trend continuing at RCC, as a second state-of-the-art radiation machine is being installed.

"We're going to have the capabilities of almost anyplace you would want to go," he said. "The machines we use for radiation therapy are the best you can get. Plus there are several different techniques we do (that are beneficial). The way information spreads on the Internet, you no longer have to wait months to get medical journals with new information."

But even as new technologies are heralded for their advances in treating cancer, the main focus remains the same: the patients.

“We’re pretty much going to stay the same in what we do – we take care of patients who have cancer,” Symes said. “There is a lot of hype about the glamour of medicine, but what we do every day is very down to earth,” he said.

Both physicians see part of their role as being that of a teacher.

“People often have preconceived notions of what we can do,” Symes said, noting that patients often will see information about new treatments on the Internet or in the media. “Our job is to try to interpret that information for them in a meaningful way.”

That day-to-day business of medicine is a tough one for oncologists, as they witness what their patients must endure. They see patients whose cancers run the gamut from the highly curable to the less so.

Some of the most common scenarios for the medical oncologists to see for chemotherapy are patients with cancers that have spread from one area into another, usually the breast, lung or colon. Other chemotherapy patients have had cancer removed surgically and receive chemotherapy afterwards because it is unknown if all of the cancer was found in surgery.

Chemotherapy patients can be under treatment anywhere from months to years. Someone with difficult and advanced disease, for instance, may receive treatment for less than a year without cure or remission. In other situations, a patient undergoing breast cancer prevention treatment, for example, will be treated for five years, Symes said. The chemotherapy sessions themselves can be long. Treatments can take anywhere from 15 minutes to six hours, depending on the drug, and sometimes treatment can take place five to six days a week. Some patients with complications require hospitalization for weeks at a time. Others simply take an oral medication at home.

Chemotherapy success rates vary depending on the type of cancer. The most curable is testicular cancer, with a success rate well over 90 percent, Symes said, and blood cancers often respond well to chemotherapy. Treatments for other cancers that are widespread throughout the body, however, often have a very low success rate.

In radiation oncology, Stachelek sees patients with many types of cancer, with breast, lung and colon being the most common.

“We see all types of patients,” he said. “There are very few types that wouldn’t receive radiation. For most patients we use a combination of radiation, chemotherapy and surgery. In the past we might have used one or the other, but now, more and more we use all three.”

Radiation therapy can last from five-and-a-half to nine weeks, with treatment sessions taking place five days a week. An appointment typically lasts 20-25 minutes.

Success rates vary from 95 percent for a breast cancer detected early, to less than 10 percent for melanoma, a form of skin cancer, Stachelek said.

The work can take its toll.

“Obviously you’re very glad when you see people do well,” Stachelek said. “But some people come in, and from the beginning, you know you’re not going to see them do well. You try to help them do as well as they can. Some people have unrealistic expectations. You try to keep them stable for as long as you can and make them as comfortable as you can.

“It’s hard sometimes, for instance when you see a woman, 40 years old, and you know she has kids at home,” he said. “It’s not easy to deal with, but you can’t let the patient see that.”

So how do the physicians find balance?

“It gets easier the longer you go,” Symes said. “When you first start, you take things personally. But you learn that it just happens, it’s nobody’s fault if somebody does poorly with treatments.

“It also gets easier if you keep things in perspective,” he said. “You see ideas come and go, and you no longer feel you have to jump on every bandwagon. And emotionally, you have to have other activities to keep your mind off of it.”

Symes is an avid reader and especially enjoys history. He takes 50-mile bike rides and goes fly-fishing in the summer months, and plays tennis indoors in the winter. Raising his children has kept him busy and usually involved weekly skiing sessions as they were growing up. One of his favorite winter interests is making beer, a hobby he has enjoyed since that long-ago fellowship in Cincinnati, where a pharmacist introduced him to it.

“I have gallons of beer in my basement,” he said. “I like to experiment, I like the science… I’ve never had a bad batch.”

Stachelek takes annual ski trips to Vail, Colo., and at one time returned to work in a wheelchair after breaking both legs on one of those trips. He owns five motorcycles and used to race them each year at a track in California. He enjoys tinkering on his bright red 1960 MGA sports car, cooking, listening to music, and collecting old electronics, such as the reel-to-reel audio tape deck on display in his office.

And of course, sailing the waters of Lake Erie.

Getting to Know…

Conrad J. Stachelek, PhD, MD

Position
Clinical Director, Radiation Oncology

Lives inErie

Family
Wife, Janet
Sons, Greg, 26, and Alex, 25

Pets
Two Welsh corgi dogs, Tess and Niles

Hobbies
Sailing, skiing, cooking, motorcycling, working on his1960 MGA sports car, listening to music, and collecting old electronics
Favorites: Sailing and motorcycling in summer, skiing at Vail, Colo., in winter

Philip H. Symes, MD

Position
Clinical Director, Medical Oncology and Hematology Services

Lives in Fairview

Family
Wife, Laura
Daughters, Hilary, 22, and Emily, 17

Pets
Two orange cats, Betty and Judy

Hobbies
Cycling, playing tennis, brewing beer, fly-fishing, skiing, and reading, especially history
Favorites: Cycling in summer, brewing beer in winter