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Jo Ann Hammer put a battle with a rare cancer behind her—thanks to the expertise she found at UVA >>

BY HOLLY FORD
career in resort development kept Jo Ann Hammer on the go most days. She traveled frequently to the West Coast from her home in Greenwood, Va., and assumed her recurrent sinusitis was a result of the constant change of scenery. But when multiple antihistamines failed to alleviate her symptoms and extreme fatigue set in, Hammer sought another opinion.

TEAM VS. TUMOR
An X-ray revealed a blockage in Hammer’s sinuses and a biopsy confirmed her diagnosis: She had a very rare tumor in the nasal cavity. “When I found out the tumor was malignant and that it was beyond my doctor’s expertise, I told him, ‘I have to go to UVA,’” Hammer says. “I was born at UVA and I knew they could provide this kind of complex care.”

In fact, University of Virginia Health System has a dedicated Skull Base Center, led by some of the top surgeons in the country, to “give patients easy access to the multidisciplinary experts required of these complex tumors,” says Paul A. Levine, M.D., chair of the UVA Department of Otolaryngology-Head and Neck Surgery.

Tumors in the skull base, which forms the floor of the cranial cavity and separates the brain and the rest of the face, are difficult to reach. And because of their proximity to the brain, these tumors often affect many bodily functions, so they require a team approach to ensure the best possible result for the patient.

On Hammer’s side: Levine, whose team has some of the world’s best results in craniofacial resections; Mark Shaffrey, M.D., chair of the Department of Neurological Surgery; Paul Read, M.D., medical director of the Department of Radiation Oncology; and many others who helped coordinate her care. “I felt like I had a posse,” Hammer says. “They were all looking out for me.”

OPTIMISM, WITH EXPERT SUPPORT
Some skull base tumors are removed using a less-invasive endonasal (through-the-nose) approach. But in Hammer’s case, Levine recommended a traditional open resection to ensure her malignant tumor was removed completely. To proceed with surgery was, ultimately, Hammer’s choice to make.

“I am an inquisitive, strong woman,” Hammer says. “I need to know what I will face in order to
make a decision.” There were risks to consider: the inability to produce saliva, the loss of smell, and blindness. And then there was the ear-to-ear incision, which gave her pause. But without the surgery, Hammer would likely not survive.

“It’s impossible not to be anxious with this type of surgery,” Shaffrey says. “But Jo Ann is someone who is very realistic; she was comfortable with the fact that this procedure was the best one possible for her and that it was necessary.”

HIGHEST COORDINATION REQUIRED

Together, Levine and Shaffrey successfully removed Hammer’s tumor, but it was by no means a simple procedure. “There is a high level of coordination required for this type of surgery,” Shaffrey says. “And hers was probably at the highest end of complexity.”

After surgery, Hammer experienced short-term memory loss; she lost her olfactory nerve, thus her sense of smell; and still battles chronic sinus infections. These side effects contributed to her questioning her own resiliency.

An MRI in June revealed that she was still cancer-free. “I’ve had a rough journey, but I will still say that I don’t know what I would’ve done if the options hadn’t been given to me,” Hammer says. “I could not have gone anywhere else and had better success or better care than I’ve had at UVA with these particular doctors.”

Easier Access to Complex Care

University of Virginia Health System has been on the leading edge of treatments for skull base conditions for more than 30 years. The UVA Skull Base Center is the recent culmination of years of collaboration among multiple departments, including otolaryngology, neurosurgery, radiation oncology and endocrinology, says Paul A. Levine, M.D., chair of the Department of Otolaryngology–Head and Neck Surgery.

For patients, the creation of this center provides easier access to the many subspecialty experts required to treat these complex conditions. Equipped with some of the most advanced technology available today, including intraoperative MRI (see “A Good Move” on page 56) and Gamma Knife Perfexion™, UVA’s team of skilled physicians and support staff work together to develop a tailored treatment plan for each patient.

Discover More About UVA’s Experts

To learn more about the expertise of the University of Virginia Health System Skull Base Center, go to uvahealth.com/skullbase.