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Fellow of the American College of Surgeons & Diplomate of the American Board of Surgery
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Holy Cross Hospital Bienes Comprehensive Cancer Center, affiliated with MGH

Dr. Rashid has experience in surgical oncology, complex general surgery, hepaticopancreaticobiliary surgery, esophago-gastrointestinal & colorectal surgery, minimally invasive robotic surgery, thyroid/parathyroid/adrenal surgery and multimodality therapy, with over 70 publications, research grants and international collaborations. He was born in Broward County where he serves on the American Cancer Society board. He speaks Spanish, Italian and Latin and is proficient in Arabic.

Website: <https://medicalgroup.holy-cross.com/omar-rashid-md>

Publications: <http://scholar.google.com/citations?user=DYnpu-4AAAAJ&hl=en&oi=ao>

Dateline TV interview on cancer: <https://youtu.be/fCRhTzKA3f4>

Melanoma and Skin Cancers account for one of the most rapid increases in cancer incidence in the United States. We offer patients a multidisciplinary personalized approach to the management of their disease, including access to clinical trials and minimally invasive multimodality perioperative techniques. Dr. Rashid completed an H. Lee Moffitt Comprehensive Cancer Center & Research Institute Complex General Surgical Oncology Fellowship, where he gained expertise in cutaneous surgical oncology and conducted research in the field, producing multiple national and international presentations and publications. When he moved back home to Fort Lauderdale he developed a multidisciplinary Melanoma, Skin Cancer and Sarcoma Clinic at Holy Cross for patients diagnosed with melanoma, squamous cell carcinoma, basal cell carcinoma, dermatofibrosarcoma protuberans, Merkel cell carcinoma, and sarcoma, including Gastrointestinal Stromal Tumors (GIST), to receive timely comprehensive patient centered care from our experts in various specialties, all in one facility, accredited by the American College of Surgeons Commission on Cancer and the American Society of Clinical Oncology Quality Improvement Initiative. We designed this clinic to improve patient outcomes and experience, as well as the experience of their families and caregivers, because we understand how challenging it is to coordinate all the resources needed to treat such a complex disease.

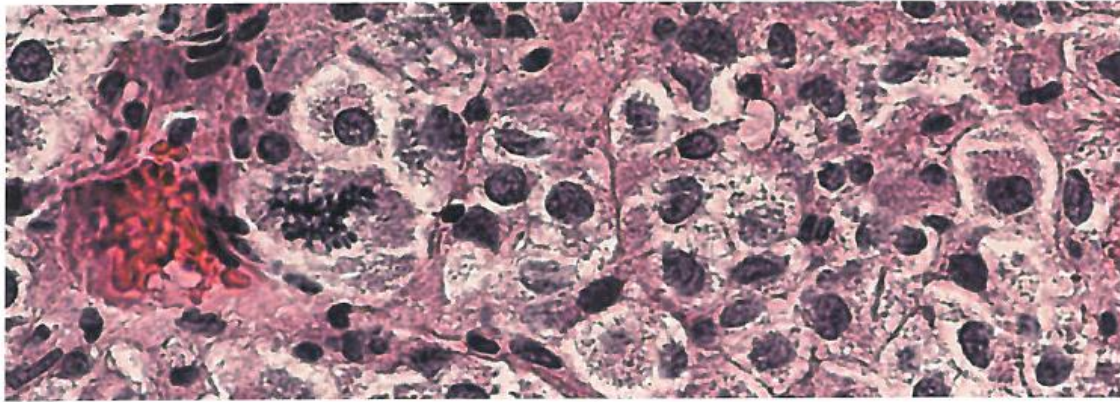
Our team collaborates with medical oncology, complex general surgical oncology, radiation oncology, radiology, pathology, physical therapy and rehabilitation, nutrition and genetic counseling, social work, palliative care, pastoral services, and we also offer clinical trials. We are actively involved in research to provide access to the latest treatments for our patients and we have produced multiple national and international presentations and publications. The collaboration with the MGH Cancer Center provides opportunities for real time second opinions and access to clinical trials for patients, especially complex cases with advanced disease for which the treatment options are rapidly changing. "Our mission is you" in practice for the cutaneous oncology patient translates into multidisciplinary multimodality treatment with access to second opinions and clinical trials in affiliation with Harvard Medical School's oldest and largest teaching hospital in the same community where our patients and their families live.

For more information or to make an appointment with our Melanoma, Skin Cancer and Sarcoma Clinic, please read the following patient testimonial and/or please call 954-267-7700:

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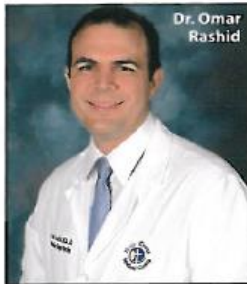
Light reading

Using the 'ABCDE' warning signs of melanoma

By Jana Soeldner Danger

FOR many of us, summer means days at the beach and fun in the sun. But all that sun can also make summer a dangerous time for developing skin cancer.

T.J. Sharpe was 25 when he was diagnosed with Stage 2 melanoma, the most serious kind of skin cancer. After surgery, doctors told him there was a 50 percent chance that it would recur, so he was careful about protecting himself. "I always used sunscreen and wore long-sleeved shirts," he says.



Despite his precautions, he was diagnosed a second time 12 years later. This time when doctors found the malignancy, it had spread to his lungs, spleen, liver and small bowel.

"My oncologist told me he'd be surprised if I was here in two years," Sharpe says.

Not so long ago, that kind of diagnosis would have been an almost certain death sentence. But today, new drugs that boost a patient's immune system to fight the disease are changing that. "Even five years ago, there weren't many options," said Dr. Omar Rashid, complex general surgical oncologist at Holy Cross Hospital. "Now there are options, and I can give people hope."



T.J. Sharpe with his wife, Jennifer, and children Tommy and Josie.

Clinical Trials

Sharpe enrolled in one immunotherapy clinical trial at a major cancer center, but it was unsuccessful. "I was the first person to use that combination of drugs, and the first one to fail," he says.

The husband and father of two small children then found a different trial through the Melanoma International Foundation, an advocacy and support group, that was being conducted at Holy Cross. He enrolled, and this time, the therapy worked.

Now, 4 ½ years later, Sharpe is going strong. His treatments, which will continue indefinitely, cause far fewer side effects than chemotherapy.

"Today, cancer treatments can be individually tailored to malignancies."

NIH Match Study

Today, cancer treatments can be individually tailored to malignancies with specific gene mutations. But with research going on all over the world, finding the best clinical trial for a particular cancer can be challenging.

A National Institute of Health match trial is helping to change that. It pairs different study drugs and drug combinations with the specific molecular abnormalities in a tumor. "By getting people's information into the data bank, we can get them to trials faster and have access to research we don't know about," Dr. Rashid says.

A is for asymmetry. The two sides of a benign mole will usually look alike. The sides of a cancerous mole usually will not match.

B is for borders. A mole with uneven borders is more likely to be cancerous than one with even borders.

C is for color. A normal mole is usually one shade of brown. A malignant mole is often different shades of brown, tan or black, or even red, white or blue. Some melanomas, Dr. Rashid warns, are colorless.

D is for diameter. If a mole is larger than a pencil eraser, it is time to visit the dermatologist.

E is for evolution. The appearance of a benign mole usually stays the same. A mole that changes, however, should be checked.