A Team Approach to Care

Welcome to Stony Brook University Medical Center

A Message from Leadership

Kenneth Kaushansky, MD, MACP
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Chief Nursing Officer Stony Brook University Medical Center

WELCOME to Stony Brook University Medical Center, the only academic medical center on Long Island. We are pleased to bring you our Cancer Care Program’s 2010 annual report, which covers the time period from July 2009 through June 2010, and highlights the program’s many accomplishments during this period.

As one of our leading programs and a center of excellence, cancer care at Stony Brook successfully blends our three core strengths: clinical excellence as exemplified through our pioneering procedures and nationally known physicians; basic and translational research that advances the understanding and practice of medicine; and top-flight medical education, in which we train the next generation of physicians and provide a pipeline of doctors to the surrounding communities.

This report presents an overview of our comprehensive services, showcasing not only our core disease management teams but also all the other departments and people who collectively make our cancer program so extraordinary. Throughout the report we also have focused on achievements of the past year, including research breakthroughs, pioneering diagnostic and surgical procedures, new treatment protocols, and recently acquired state-of-the-art technology. We have also included statistics on the number of new patients and diagnoses for many of the areas.

As in years past, 2010 was marked by innovation, growth, and expansion. Stony Brook’s Cancer Care Program recruited a half-dozen nationally known physicians, was the first on Long Island to offer HIPEC (heated intraperitoneal chemotherapy) on tumors that have spread to the abdominal cavity from primary colorectal cancer, gastric cancer, appendiceal cancer, or mesothelioma.

Stony Brook’s General Clinical Research Center (GCRC), located at the Medical Center, provides investigators with the resources necessary to conduct the clinical research that may translate to new and improved patient care methods.

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Stony Brook University Medical Center

Our Mission
To improve the lives of patients, families, and communities, educate skilled health-care professionals, and conduct research that expands clinical knowledge.

Our Vision
Stony Brook University Medical Center will be:

• A world-class healthcare institution, recognized for excellence in patient care, research, and healthcare education
• The first choice of patients for their care and the care of their families
• An academic medical center that attracts educators and students with the desire and ability to provide and receive the highest quality, innovative education
• One of the top ranked institutions for scientific research and training

Who We Are

A Tertiary Care Center. Stony Brook University Medical Center (SBUMC) is the only tertiary hospital in Suffolk County and the only academic medical center on Long Island. The Hospital treats approximately 30,000 inpatients and 220,000 outpatients, and performs over 19,000 surgical cases annually.

A Regional Resource. As the only Level 1 Trauma Center in Suffolk County, Stony Brook is the regional referral center for trauma. The Hospital is also a regional referral center for stroke and stroke intervention, perinatal care and neonatal
intensive care, burn care, amyotrophic lateral sclerosis (ALS), pediatric and maternal HIV/AIDS, pediatric and adult multiple sclerosis, and comprehensive psychiatric emergency services. In addition, in June 2010, in response to overwhelming community need, we created Stony Brook Long Island Children’s Hospital. Designed to serve all of Long Island, it is the first children’s hospital in Suffolk County. Although Stony Brook Children’s currently exists as a “hospital within a hospital,” future plans include a new facility.

A Leader and an Innovator. Stony Brook consistently embraces the next generation of technology, often being the first on Long Island, the state, or even the country to acquire advanced equipment and technology. Many Stony Brook physicians are leaders in their fields, not only pioneering new techniques and procedures but also serving as consultants and mentors/trainers to area physicians.

Our Priorities

Reaching Out to the Community. Highly committed to improving the health of its community, the Medical Center established and funds the First Responder Program in eastern Long Island, and provides nearly 1,000 education and health-related programs annually. Stony Brook has adopted a patient and family centered care initiative that partners the patient/family unit with the medical team with the goal of better outcomes, improved communication, more informed decision making, greater patient safety, and higher patient satisfaction.

Promoting Education and Research. The Medical Center continues to train medical professionals through the University’s School of Medicine and the Health Sciences Schools—Dental Medicine, Health Technology and Management, Nursing, and Social Welfare. On the research front, Stony Brook physician-scientists participate in clinical trials, national studies, and community-based projects. Approximately 10 percent of Stony Brook’s adult patients (and 85 percent of pediatric patients with cancer) participate in clinical trials, as compared to the two percent national average.

Focusing on Quality. Overall, patient satisfaction and safety scores have steadily increased. Mortality rates have decreased Hospital-wide for the past five years, one of the fastest declines in the nation. The Quality Assessment Review Board and the Patient Safety Council continue to help Stony Brook improve clinical quality, processes, safety, and outcomes.

Awards and Recognition

Stony Brook’s efforts to provide excellent clinical care and an exceptional patient experience has resulted in dozens of awards from local, state, and national organizations. Here is a sampling:

• Achieved a four-star rating for Quality and Accountability by the University HealthSystem Consortium (UHC), which places SBUMC at number 17 in the nation compared to the 102 UHC member academic medical centers.
• Ranked in the top 5 percent nationwide by the Agency for Healthcare Research and Quality Study for the lowest mortality for victims of injury according to the report, “Survival Measurement and Reporting Trial for Trauma.”
• Received a 2009-2010 Women’s Health Excellence Award by an independent rating company for being within the top 1 percent of hospitals nationwide for women’s services.
• Gastroenterology Services was ranked among the top 5 gastroenterology programs in the “2010-11 Best Hospitals” issue of U.S. News & World Report.
• Recipient of the 2009 National Consensus Project Quality in Palliative Care Leadership Award.
• Received an Environmental Excellence Award from Practice Greenhealth.

Visit StonyBrookMedicalCenter.org/AwardsRecognition for a full listing.

SEVERAL years ago, Stony Brook University Medical Center adopted the phrase “Home of the Best Ideas in Medicine” to sum up the essence of what we are about. While the sentiment reflects the Medical Center as a whole, it could easily have been inspired by the cancer program alone.

Not only is our Cancer Care Program founded on the very best ideas in medicine, but in some cases it is the originator of these very ideas that are changing how cancer is diagnosed, treated, and managed. This reflects our overall goal of creating a world-class cancer program. To a patient it may mean many things: good outcomes, comprehensive services, patient-centered care, access to clinical trials, and use of the most state-of-the-art diagnostics, procedures, and protocols—all of which we deliver. But to us, it also means striving to understand the causes of cancer in order to prevent the disease and to develop more effective methods for curing it. It means providing an integrated framework for care and promoting multidisciplinary and translational research, ensuring that results from the research bench are quickly incorporated into more effective therapies.

Yes, we are committed to delivering high quality care to Suffolk County and the surrounding Long Island communities, but we are equally committed to making significant strides to advancing cancer care for all patients.

Physician Recruitment

Stony Brook University Medical Center is recruiting for the following positions in the Cancer Center:

• Medical Oncologist (Tenure Track or Clinical Professor)
• Medical Oncologist (Hospitalist), Fellows in Hematologic Malignancies and Gastrointestinal Malignancies
• Radiation Oncologist (Tenure Track or Clinical Professor)

Visit StonyBrookMedicalCenter.org/PhysicianRecruitment for more information.

Visit StonyBrookMedicalCenter.org for a full listing of all current openings.

A Message from Cancer Program Leadership

Theodore G. Galgic, MD
Professor and Chief, Division of Medical Oncology, Cancer Committee Chair, and Associate Director for Adult Clinical Programs, Stony Brook University Cancer Center

Robert I. Parker, MD
Professor and Chair of Pediatrics for Academic Affairs; Director, Pediatric Hematology/Oncology; and Associate Director for Clinical, Basic, and Pediatric Cancer Programs, Stony Brook University Cancer Center

Rose G. Cardino, RN, MSN
Associate Director of Nursing and Operations, Cancer Services

Michael Hayman, PhD
Professor, Molecular Genetics and Microbiology, and Associate Director for Research, Stony Brook University Cancer Center

Visit StonyBrookMedicalCenter.org for a full listing of current openings.

Visit StonyBrookMedicalCenter.org/PhysicianRecruitment for more information.
Patient Care Support

• The Cancer Care Program continues its focus on Patient and Family Centered Care, a hospital-wide approach where the vital role of the family is encouraged to help ensure the health and well being of all patients—with the goal of creating partnerships among healthcare practitioners, patients, and families to enhance the quality and safety of healthcare. A key component of this is the Partners in Care Advisory Council where members work with the healthcare team to improve patient and family satisfaction; serve as a vital link between the Hospital and community; offer suggestions to Hospital leadership; and serve on committees related to patient care, safety, and satisfaction.

• In efforts to continue to build a culture and commitment to patient safety, Patient Safety Fridays was initiated, in which the Hospital’s leadership team—including close to 200 people from the level of manager on up—joins together every Friday to look at safety and regulatory issues aimed at making improvements. Friday mornings are dedicated to education and tracer activity, while the afternoon is dedicated to unit- and service-based safety and quality activities. When issues have been identified, the team engages in a united effort to rapidly resolve them.

• Our nurses are committed to compassionate and seamless service during all phases of treatment along the cancer care continuum, and beyond. This is particularly evident in Pediatric Hematology/Oncology, and in programs to support children with cancer and their families. Programs include “Children Helping Children,®” which uses school-sponsored activities such as walkathons to raise awareness and funds; “Play It Forward ACTS” (Athletes, Courage, Teamwork and Support) that connects local university and high school athletes with pediatric oncology patients; and the “School Re-Entry Program” that helps cancer patients and their families, classmates, and teachers cope with the challenges of returning to school following cancer diagnosis and treatment. One shining example of the commitment of our oncology nurses is in Debra Giugliano, RN, CPNP, CPON, Pediatric Hematology/Oncology. Debra has been key to all of these programs—in fact, she received the top honor of Long Island’s “Nurse of Excellence” award from the Nassau-Suffolk Hospital Council.

Technology and Treatments

A First-Ever Surgery. Surgical oncologist Kevin Watkins, MD, for the first time anywhere, used irreversible electroporation (IRE), a minimally invasive surgical technique also known as the NanoKnife® to treat pancreatic cancer. IRE uses electrical fields to polarize the cells in the tumors. Benefits include extreme precision, minimal damage to healthy tissue, and faster recovery times. While IRE is currently approved for ablation of soft tissue, and is used to treat lung, liver, and kidney tumors as well, Dr. Watkins hopes to establish protocols to demonstrate the technique’s utility and safety.

Surgical Advances. One of the most recent advances in the surgical treatment of thyroid cancer available to patients treated at SEUMC is minimally invasive video-assisted thyroidectomy, which uses smaller incisions than the traditional thyroidectomy and results in smaller scars and less post-operative pain.

Robot-Assisted Surgery Milestones. Stony Brook’s surgical oncologists are among the very few nationwide performing robotic pancreato-duodenectomy, known as the Whipple procedure, to remove pancreatic tumors and other types of GI tumors. Last year, they performed the region’s first robotic Whipple for treating pancreatic cancer.

Education

On-Site Medical Training. In conjunction with Stony Brook University, we offer residencies in 19 medical specialties, and 26 fellowships, including training of nine medical hematology/oncology fellows and three surgical fellows in the past year.

Continuing Medical Education (CME). Physicians are offered CME through our cancer conference case presentation series. In addition, Stony Brook physicians play a key role in educating area clinicians through published papers.

Research

Leading Scientific Investigation. In conjunction with the clinical programs, the Cancer Program conducts basic and clinical research into the causes, prevention, treatment, and cure for cancer. As an academic medical center, we have the resources to support and advance investigation and study. The School of Medicine and the Department of Preventive Medicine actively participate in research efforts and provides core support.

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Breast Cancer Management Team

OVERVIEW

The only comprehensive academic program of its kind on Long Island, the Breast Care Program treats over 450 new patients with breast cancer annually with the most advanced treatment available. At the Carol M. Baldwin Breast Care Center, located in the Cancer Center outpatient facility, breast imaging specialists perform over 8,000 mammograms and 2,000 sonograms a year. The program makes available a highly specialized genetic counselor for women who may have inheritable breast cancer. Women also have access to a comprehensive lymphedema evaluation and treatment program.

The Breast Care Center has been a pioneer in many ways, including being the first on Long Island to offer digital mammography and being one of only seven centers in the world equipped with a MammoSite® radiation system. This experimental technology, which produces 3D mammogram images ideal for women with dense breasts, is still in the testing stage. Stony Brook’s breast cancer surgeons specialize in breast conservation surgery and were the first on Long Island to offer the less invasive sentinel node biopsy.

Highlights

Groundbreaking Certification. The Breast Care Center was the first in New York State to earn full accreditation by the National Accreditation Program for Breast Centers. During the review, the Center met or exceeded all 27 standards.

Leading-Edge Radiation Treatments. Stony Brook’s breast surgeons and radiation oncologists are using the new MammoSite® radiation system, which can then assist in delivering full lumpectomy radiation in five days instead of the traditional six weeks of external radiation. This can be used with select patients with left-side breast cancer, where minimizing radiation doses to the heart and lungs is critical.

Novel Chemotherapy. Oncologists are using standard and novel chemotherapy regimens—such as laparoscopic colorectal surgery—leading to more effective and only minimally invasive surgical techniques that help surgeons remove disease and spare vital tissue, including endorectal ultrasound, magnifying endoscope, and minimally invasive laparoscopic surgical techniques such as laparoscopic colorectal surgery, the MammoSite® radiation system. Patients with Stage II colon cancer can participate in clinical trials in which either surgery alone or surgery and chemotherapy with 5-FU/leucovorin are used. The research team is participating in a multi-center American College of Surgery Oncology Group (ACOSOG) trial “A Phase II Prospective Randomized Trial Comparing Laparoscopic-assisted Resection Versus Open Resection for Rectal Cancer.”

The study tests the hypothesis that laparoscopic-assisted resection for rectal cancer is not inferior to open resectional resection, based on a composite primary endpoint of oncologic factors that are indicative of a safe and feasible operation under the auspices of the National Cancer Institute. Research team members include: Roberto Bergamaschi, MD, PhD, Team Leader; Joan Kavanagh, Research Administrator; Paula I. Denoya, MD, Tom Gregg, MD, PhD, Colorectal Research Fellow; Patricia Pagliani, PhD, Data Manager; and Lynn Hydo, RN, MBA, FCM, Medical Statistician.

Team Members

Surgery: Brian O’Hea, MD, Team Leader and Director of the Carol M. Baldwin Breast Care Center; Maryn Burk, MD; Patricia Farrelly, MD; Louis Merriam, MD; Christine Ritz, MD

Plastic and Reconstructive Surgery: Duc Buil, MD; Jason Ganz, MD; Same Khan, MD; Mary Zegers, RN

Pathology: Meenakshi Singh, MD; Carmen Tornos, MD

Breast Imaging: Cliff Bernstein, MD; Paul Fischer, MD; Roxanne Palermo, MD

Radiation Oncology: Allen G. Meek, MD, Chief, Division of Radiation Oncology; Tae Park, MD

Medical Hematology/Oncology: Jules Cohen, MD; Andrew Rudelka, MD

Radiology: Meenakshi Singh, MD; Carmen Tornos, MD

Endoanal Ultrasound: Sujit Vaidya, MD

Gastrointestinal Medicine: Jonathan Buzaglo, MD, Team Leader; Steve Carlson, MD

Cardiology: John M. Farrelly, MD

Cardiothoracic Surgery: Brian O’Hea, MD, Team Leader and Director of the Carol M. Baldwin Breast Care Center; Martyn Burk, MD; Patricia Farrelly, MD; Louis Merriam, MD; Christine Ritz, MD

Breast Center Nursing: Trisha Fidel, RN; Lyndette Loock-May, RN; Jannmarie Pietrowksi, RN; Laura Vogeli, RN

Colorectal Oncology Management Team

OVERVIEW

The Colorectal Oncology Disease Management Team evaluates and manages treatment of patients with colon and rectal cancers in early or advanced stage, primary or metastatic, or derived from Crohn’s disease, familial polyposis, ulcerative colitis, and other diseases of the large bowel. It places an emphasis on early screenings, particularly in high risk groups, and adheres to National Quality Forum guidelines for assessment of quality care.

Highlights

Imaging Technology. The team uses powerful imaging technologies that help surgeons remove disease and spare vital tissue, including endorectal ultrasound, magnifying endoscope, and minimally invasive laparoscopic surgical techniques such as laparoscopic colorectal surgery, the MammoSite® radiation system. Patients with Stage II colon cancer can participate in clinical trials in which either surgery alone or surgery and chemotherapy with 5-FU/leucovorin are used. The research team is participating in a multi-center American College of Surgery Oncology Group (ACOSOG) trial “A Phase II Prospective Randomized Trial Comparing Laparoscopic-assisted Resection Versus Open Resection for Rectal Cancer.”

Staging. Patients with rectal cancer undergo staging via endorectal ultrasound and PET/CT scan or endocanal MR imaging. Neo-adjuvant treatment preceding surgery consists of combined chemotherapy and radiation.

Pioneering Approach. The team is using anal sphincter preservation for rectal cancers not invading the sphincter muscles, allowing for resection of the rectal cancer without the need for a permanent colostomy. In addition, TAMS (transanal minimally invasive surgery) facilitates resection of large rectal tumors in select patients who would otherwise require a radical operation. Also, Stony Brook is the only hospital in Suffolk County offering heated intraperitoneal chemotherapy (HIPEC) to kill any remaining cells after resection of advanced cancer.

Team Members

Surgery: Roberto Bergamaschi, MD, PhD, Team Leader and Chief, Division of Colon and Rectal Surgery; William B. Smithy, MD, Colorectal Fellowship Program Director; Marvin L. Corman, MD, Paula I. Denoya, MD, Arnold Leiboff, MD; Brett Rufio, MD; Norman Cruz, NP; Donna Keammer Nowak, RN; Gianfranco Massimino, RN, Nurse Navigator; Patricia Pagliani, PhD, Data Manager; Lynn Hydo, RN, MBA, FCM, Medical Statistician.

Gastrointestinal Medicine: Jonathan Buzaglo, MD, Team Leader; Chris Lascarrés, MD; Satish Nagula, MD; Mary Zegers, RN

Radiology: Seth D. Manes, MD

Surgery: Roberto Bergamaschi, MD, PhD, Team Leader and Chief, Division of Colon and Rectal Surgery; William B. Smithy, MD, Colorectal Fellowship Program Director; Marvin L. Corman, MD, Paula I. Denoya, MD, Arnold Leiboff, MD; Brett Rufio, MD; Norman Cruz, NP; Donna Keammer Nowak, RN; Gianfranco Massimino, RN, Nurse Navigator; Patricia Pagliani, PhD, Data Manager; Lynn Hydo, RN, MBA, FCM, Medical Statistician.

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Pathology: Sui Zee, MD

Radiology: Seth D. Manes, MD

Surgery: Roberto Bergamaschi, MD, PhD, Team Leader and Chief, Division of Colon and Rectal Surgery; William B. Smithy, MD, Colorectal Fellowship Program Director; Marvin L. Corman, MD, Paula I. Denoya, MD, Arnold Leiboff, MD; Brett Rufio, MD; Norman Cruz, NP; Donna Keammer Nowak, RN; Gianfranco Massimino, RN, Nurse Navigator; Patricia Pagliani, PhD, Data Manager; Lynn Hydo, RN, MBA, FCM, Medical Statistician.

Medical Hematology/Oncology: Mairisa Siebel, MD

Enterostomal Therapy: Karen E. Chmiel, RN; Susan Gushebel, RN

Screening and Staging. The team is using anal sphincter preservation for rectal cancers not invading the sphincter muscles, allowing for resection of the rectal cancer without the need for a permanent colostomy. In addition, TAMS (transanal minimally invasive surgery) facilitates resection of large rectal tumors in select patients who would otherwise require a radical operation. Also, Stony Brook is the only hospital in Suffolk County offering heated intraperitoneal chemotherapy (HIPEC) to kill any remaining cells after resection of advanced cancer.
**OVERVIEW**
The Upper Gastrointestinal and General Oncologic Management Team focuses on the diagnosis and management of cancers or potential cancers of the esophagus, stomach, pancreas, bile ducts, small intestine, and liver. The group is dedicated to completing minimally invasive surgery for complex gastrointestinal (GI) tumors. The Gynecologic Oncology Management Team treats cancers of the ovary, uterus (endometrium), cervix, vulva, and vagina, as well as in the peritoneum and fallopian tube. Together, these cancers account for 13.3 percent of the new cancers affecting women annually in the United States. Although substantial strides have been achieved, gynecologic cancers still account for 10 percent of cancer deaths annually in women.

The Division of Gynecologic Oncology, directed by Michael L. Pearl, MD, FACOG, FACS, is the only academic subspecialty gynecology oncology practice in Suffolk County. Board certified in obstetrics and gynecology and in gynecologic oncology, Dr. Pearl is a Fellow of the American College of Obstetricians and Gynecologists and the American College of Surgeons, as well as a member of the Society of Gynecologic Oncologists.

The Division members have three overlapping goals: to provide comprehensive, multidisciplinary care for women with known or suspected gynecologic cancers, as well as for those with complicated gynecologic surgical and selected pre-invasive conditions; to conduct research into the development and treatment of these cancers; and to educate healthcare professionals and the public about gynecologic cancers and pre-cancerous conditions.

In 2009, there were 2,441 office visits and 420 new patients. Because the Division is directly involved with all aspects of patient care, long-term relationships with patients may be established, providing superior continuity of care.

**Highlights**

- **Surgery.** Dr. Pearl performs all surgical procedures, including radical pelvic and exenterative, gastrointestinal, urological, and reconstructive plastic surgery. In 2009, Dr. Pearl performed 292 surgical procedures—186 major and 96 minor. In preparation for surgery, patients and families receive a packet of educational materials. A library of books and videos is also available.

- **Chemotherapy.** The Division of Gynecologic Oncology has extensive expertise in managing intravenous, oral, and intraperitoneal chemotherapy. In 2009, the Division administered 271 chemotherapy cycles. The multidisciplinary team includes physicians, a clinical pharmacist, a physician assistant, and chemotherapy-certified nurses.

- **Radiation.** The Gynecologic Oncology Management Team works closely with the Department of Radiation Oncology to develop treatment plans and place brachytherapy devices.

- **Research.** The members of the Division conduct clinical and basic science research. Dr. Pearl is the principal investigator for the Gynecologic Oncology Group, a national research organization funded by the National Institutes of Health to provide patients with access to cutting-edge therapy. At any given time, approximately 25 chemotherapy trials are available for women with a variety of gynecologic cancers. In 2009, 54 patients were enrolled in Gynecologic Oncology Group protocols.

**Team Members**

**Surgery:**
- Kevin Watkins, MD, Team Leader, Chief of Upper Gastrointestinal and General Oncologic Surgery
- Margaret McNurlan, PhD, Surgery
- Wen-Tien Chen, PhD, Medicine
- Douglas Brand, MD; Jonathan Buscaglia, MD
- Kevin Watkins, MD; Dayna McCauley, PharmD, BCOP; Marlo Dombroff, RPA-C
- Michael Pearl, MD, FACOG, FACS, Team Leader, Chief of Upper Gastrointestinal and General Oncologic Surgery

**Pathology:**
- Andrzej Kudelka, MD, Director, Division of Gynecologic Oncology

**Radiologic Oncology:**
- Bong Kim, MD

**Medical Hematology/Oncology:**
- Roger Keresztes, MD; Marisa Siebel, MD
- Meenakshi Singh, MD; Carmen Tornos, MD
- Seth O. Mankes, MD; Carl Tack, MD
- Douglas E. Gross, MD

**Gastrointestinal Oncology Management Team**

The Upper Gastrointestinal and General Oncologic Management Team focuses on the diagnosis and management of cancers or potential cancers of the esophagus, stomach, pancreas, bile ducts, small intestine, and liver. The group is dedicated to completing minimally invasive surgery for complex gastrointestinal (GI) tumors. Team leader Kevin Watkins, MD, brings years of experience in surgical oncology to the team with a focus on management of liver, biliary, pancreatic, gastrointestinal, and esophageal lesions. The multidisciplinary team involves physicians who provide direct diagnostic and therapeutic care, surgery nurse specialists, and ancillary support staff who ensure that patients achieve the maximum benefit from their therapies.

**Highlights**

- **Diagnostics.** The team strives to provide state-of-the-art diagnostics and works to build programs for the early recognition of tumors and other abnormal conditions of the upper gastrointestinal tract.

- **Staging.** A critical step in the management of upper GI cancers is accurate staging, which allows the team to distinguish patients with operable and inoperable disease. This may be done via endoscopic ultrasonography, computerized tomography (CT) scan, and positron emission tomography (PET) scanning.

- **Surgery.** Surgery is the mainstay of therapy and is curative in 25 percent to 40 percent of highly selected patients who develop resectable metastases in the liver and lung. Improved surgical techniques are utilized by Stony Brook’s experienced surgical specialists.

- **Minimally Invasive Techniques.** The Upper Gastrointestinal and General Oncologic Surgery Group, a growing part of the Division of Surgical Oncology, is expanding the use of minimally invasive surgery for complex GI tumors and other diseases. Led by Philip Bao, MD, from the Division of Surgical Oncology, the group focuses on treatment and management of malignant and benign tumors of the liver, pancreas, esophagus, and stomach using standard, laparoscopic and robotic surgical techniques. For advanced abdominal cancers, the group offers new modalities such as heated intraperitoneal chemotherapy (HIPEC) for carcinomatosis.

- **Palliative Care.** If the disease cannot be eradicated, the team strives to palliate the patient’s symptoms and improve the quality of life. The team tracks the quality of life of cancer survivors to update the approach used. The team works with the Medical Center’s Survivorship and Supportive Care Program.

**Team Members**

**Surgery:**
- Kevin Watkins, MD, Team Leader, Chief of Upper Gastrointestinal and General Oncologic Surgery
- Philip Bao, MD
- Colette Pannejeer, MD
- Barbara Smith, RN, NP
- Patty Zirpoli, RN, Nurse Navigator

**Gastrointestinal Medicine:**
- Douglas Brand, MD
- Jonathan Buscaglia, MD
- Chinti Lassandres, MD
- Ramona Kopiapakse, MD
- Robert Richards, MD
- Isabelle von Althen-Dagum, MD

**Pathology:**
- Galina Botchkina, MD
- Bernard Lane, MD
- Sui Zee, MD

**Radiology:**
- Seth D. Manles, MD
- Carl Tack, MD

**Radiation Oncology:**
- Bong Kim, MD

**Medical Hematology/Oncology:**
- Roger Keresztes, MD
- Marisa Siebel, MD

**Research Collaborators:**
- Douglas Brand, MD; Jonathan Buscaglia, MD
- Kevin Watkins, MD; Dayna McCauley, PharmD, BCOP; Marlo Dombroff, RPA-C
- Sylvia Macco, RN
- Michelle Burke, GOG Data Manager

**Education.** The Division of Gynecologic Oncology provides didactic and clinical education for medical students, residents, physicians, nurses, and physician assistant students in the Hospital and ambulatory settings. By participating in local, regional, national, and international Grand Rounds, the members of the Division provide continuing medical education (CME) for physicians in many specialties. They also provide valuable information to the community on prevention, diagnosis, and management of gynecologic cancers through a range of support groups and lecture series.
**OVERVIEW**

This Disease Management Team is dedicated to the care of cancers in the head and neck region, including malignancies of the thyroid gland; the salivary glands; and the aerodigestive tract, which includes oral cavity, pharynx, larynx, nasal cavity, nasopharynx, and sinuses. It focuses on multidisciplinary team consultation with surgeons, radiation oncologists, medical oncologists, pathologists, and, in the case of thyroid cancer, endocrinologists. Thyroid cancers are highly curable with appropriate staging and treatment. For primary head and neck cancers, the two major goals are controlling the disease and maintaining a good quality of life.

**Highlights**

**Treatment Options.** Patient treatment plans for thyroid cancer can include advanced radiation therapy modalities using external beam, radiosiodine, and Thyrogen®. For early stage head and neck cancer, the teams may utilize single modality treatment, for example surgery, endoscopic laser, or radiation. These have the benefit of shorter hospital stays and good functional outcomes. Later Stage III and some Stage IV cancers are typically treated with chemotherapy and radiation.

**Surgical Advances.** One of the most recent advances in the surgical treatment of thyroid cancer available to our patients is minimally invasive video-assisted thyroidectomy (MIVAT), which uses much smaller incisions than the traditional thyroidectomy and results in smaller scars and less postoperative pain.

**Reconstructive Surgery.** The team provides reconstruction of surgical defects after cancer removal to restore both functionality and aesthetics in the head and neck area.

**Speech Pathology.** Preventative and rehabilitative swallowing therapy services are available to improve quality of life for patients at risk or who present symptoms of dysphagia.

**Team Members.**

**Surgery:** Ghassan Samara, MD, Team Leader; Mark Mazouki, MD; Elliot Regenbogen, MD; David Schoenfeld, MD; Gertty Fortune, RN; Frances Tarella, AP

**Radiology:** Bruce Chemofsky, DO; Robert Matthews, MD; Steven West, DO;

**Pathology:** Alan Heimann, MD

**Oncology:** Edward Valentine, MD; Tamara Weiss, MD

**Medical Hematology/Oncology:** Roger Keresztes, MD; Andrzej Kudlak, MD

**Speech Pathology:** Kathleen McGlinsky, MA, CCC-SLP

**Speakers / Presenters:**

- Edward Valentine, MD; Tamara Weiss, MD
- Roger Keresztes, MD; Andrzej Kudlak, MD
- Theresa Mercado, DC, ASCP, CG
- Anoop Kapoor, MD; Igor Kravets, MD; Harmeet Narula, MD; Steven Weitzman, MD
- Lisa Senzel, MD
- Harold Carlson, MD; Marina Charitou, MD; Marie Gelato, MD;
- Tahmeena Ahmed, MBBS; Dennis Galanakis, MD;
- Gerty Fortune, RN, Transplant Coordinator; Bita Jalilizalali, NP; Josephine Lobrutto, NP; Michelle Stevens, NP; Alena Novakova, Data Manager; Colleen Hayes, Administrator

**OVERVIEW the Leukemia, Lymphoma, and Transplantation Management Team treats blood-related cancers and cancers of the lymphatic system. The modalities that are used include the most current diagnostic testing, chemotherapy, immunotherapy, radiation, new drug development in clinical trials, and stem cell transplantation. Stony Brook’s Blood and Marrow Stem Cell Transplant Program is the only program in Suffolk County that is specifically designed for patients receiving stem cell transplantation, both autologous and allogeneic.**

Team members involved in the transplant process meet weekly to discuss each patient’s treatment plan, as well as the medical and psychosocial issues involved. They work closely together to ensure that each patient’s needs are met and that the complex transplant procedure is carried out seamlessly. Oncology/certified nurses coordinate the Leukemia/Lymphoma Bone Marrow Transplant Services and serve as point persons to provide support for the patient and family during the entire process.

**Highlights**

**New Faculty.** Michael W. Schuster, MD, the former Director of Bone Marrow and Blood Stem Cell Transplantation at New York Presbyterian Hospital, was recruited as the new Director of Bone Marrow and Stem Cell Transplantation and Director of Hematologic Malignancies. Dr. Schuster has been principal investigator for more than 150 clinical trials and has worked extensively in the areas of stem cell transplantation, oncology, new drug development, and the treatment of cancer cachexia. With the recruitment of Dr. Schuster and his team, Stony Brook has made a major commitment to the Bone Marrow and Stem Cell Transplantation program, which includes building a new wing for the program that will greatly expand capacity. In addition, hematologist Yapu Ma, MD, PhD, formerly of the Nevada Cancer Institute, brings his expertise in research in the diagnosis of leukemia and lymphoma as well as the potential to use adult stem cells to treat hemophilia and other diseases. Dr. Ma has received multiple grants from the NIH and will help grow the team’s translational research.

**Stem Cell Transplants.** Stony Brook opened the Blood and Bone Marrow Transplant Unit in 1994 and revamped it in 2004 to allow the Hospital to offer autologous stem cell transplants (in which patients use their own stem cells) and allogeneic transplants (in which patients use stem cells from a matched donor). As a member of the National Marrow Donor Program (NMDP), Stony Brook can now offer patients access to millions of unrelated stem cell donors and umbilical cord blood if a match is found within the family.

**Professional Affiliations.** Stony Brook is a member of the Cancer and Leukemia Group B (CALGB); the NMDP; and the Center for International Bone Marrow Transplant Registry (CIBMTR). CIBMTR maintains and analyzes global stem cell transplant outcome data and supports stem cell transplant clinical trials. The NMDP provides matched donors for allogeneic stem cell transplants.

**Team Members.**

**Medical Hematology/Oncology.** Michael W. Schuster, MD, Director; Bonnie Kiner, MD; Fengruo Lan, MD, PhD; Shambavi Richard, MD; Theodore Gabig, MD, Chief, Division of Hematology/Oncology; Kathleen Noone, RN, Assistant Director of Nursing, Inpatient Cancer Services; Emily Leitch, RN, DO; Elizabeth Schumann, RN; Nirmala Singh, RN, Transplant Coordinator; Bita Jalilizalali, NP; Josephine Lobrutto, NP; Michelle Stevens, NP; Nabil Hajag, PhD, Scientific Director; Marie LeBlanc, Research Assistant; Lisa Chterpukui, RN, Quality Assurance Manager; Marietta Kafia, RN, Data Coordinator; Alena Novakova, Data Manager; Colleen Hayes, Administrator

**Pathology.** Marc Golightly, PhD; Youjun Hu, MD; Yupo Ma, PhD; Frederick Miller, MD

**Blood Bank Services.** Tahmeena Ahmed, MB, BS; Dennis Galanakis, MD; Lisa Senzel, MD

**Cytogenetics.** Theresa Mercado, DC, ASCP Cytogenetics; Ann Leslie Zaslav, PhD

**Radiation Oncology.** Tae Park, MD; Edward Valentine, MD
The Cancer Care Program

A TEAM APPROACH TO CARE

Clinical Trials. Patients can participate in ongoing protocols in every phase of diagnosis and treatment, including national studies through the Eastern Cooperative Oncology Group and the American College of Surgeons Oncology Group. With NIH funding, an in-house study looking at cognitive function in thoracic surgery patients has been developed.

Additional Services. Because the team is dedicated to comprehensive care, it also provides emotional support for patients through telephone support, as well as monthly in-person support groups.

OVERVIEW The Disease Management Team at the Lung Cancer Evaluation Center (LCEC) provides comprehensive programs to diagnose and treat patients with lung cancer. As lung cancer is the leading cause of cancer death in the United States, Stony Brook has invested considerable resources in early detection, risk assessment, and combined modality therapeutic approaches. This provides more accurate staging before surgery and allows promising new advances, such as neoadjuvant chemotherapy prior to resection.

Highlights

State-of-the-Art Technology. This includes radiofrequency ablation and cryoablation, image-guided radiotherapy, PET/CT fusion imaging scanning, interventional bronchoscopy, including endobronchial ultrasound biopsy, stenting, transbronchial needle aspiration for non-surgical diagnosis and staging with on-site pathology, cautery, laser, and brachytherapy. Five-year results for these less invasive modalities have just become available and they are very favorable.

Surgery. Thoracic surgery remains the preferred treatment for curative intent, and procedures performed include pneumonectomy, lobectomy, VATS lobectomy, wedge resection, thoracoscopic, and mediastinoscopy. The program has very favorable five-year results compared to national data.

Low Mortality Rates. The mortality associated with procedures performed at Stony Brook has been consistently lower than the reported national average of three to five percent. The program is participating in the Society of Thoracic Surgeons (STS) national database.

OVERVIEW The Melanoma Management Team is dedicated to the comprehensive management of patients with the deadliest form of skin cancer, melanoma. This includes education, community awareness, screening, and access to clinical trials. Most patients are first evaluated through the Department of Dermatology. In 2009 there were more than 13,000 outpatient visits. Some patients with early melanoma can be managed exclusively through the Department of Dermatology. Those needing lymph-node sampling or skin grafting are evaluated by the Department of Surgical Oncology. More than 90 percent of patients with melanoma are treated with surgery alone. Patients with advanced or recurrent disease have their cases reviewed at the Tumor Board meeting to establish optimum treatment. All patients are entered into a melanoma database, which tracks patient population and outcomes. The average annual incidence of melanoma in Suffolk County is 158 cases per year, which makes Stony Brook the major melanoma treatment center on Long Island.

Highlights

Clinical Trials. The team strives to have clinical trials available to all patients. Some are national (e.g., the Eastern Cooperative Oncology Group), and others are Stony Brook’s own. Currently, Stony Brook has high accrual rates into its psychosocial and tumor profiling studies.

Advanced Treatment. Stony Brook offers isolated limb infusion for recurrent melanoma that is limited to an extremity. In this procedure, the arm or leg with the recurrent melanoma is isolated from the rest of the body by a tight tourniquet. Catheters, which circulate warm chemotherapy, are inserted in the main artery and vein to that extremity. While not a cure, it can control the disease for a period of time.

Tissue Bank. The team established a tissue bank of melanoma specimens. This detailed information will be combined with the clinical database to try to find better indicators of risk of recurrence, and guide treatment decisions. To ensure continuity of care, the team created a patient network database with information on visits and dates of skin examinations and screenings, available to the Melanoma Management Team.

Community Screenings and Outreach. The team held its fifth annual skin screening at the Cancer Center in 2009. Other outreach initiatives by the team of physicians and nurses included high school health education classes and participation in the Medical Center’s Kids Health and Safety Expo.

Team Members

Lung Cancer Management Team

- Surgery: Thomas V. Bilfinger, MD, Team Leader, and Chief, Thoracic Surgery, and Director, Lung Cancer Evaluation Center; Sunday Campolo-Athans, NP; April Plank, NP; Lisa Repper, RN, Nurse Navigator; Maureen Farrell, Administrative Assistant
- Pulmonary Medicine: Igor Chernyavskiy, MD
- Pathology: Philip Kane, MD
- Radiology: William Moore, MD
- Radiation Oncology: Bong Kim, MD
- Medical Hematology/Oncology: Roger Keresztes, MD

Melanoma Management Team

- Surgery: Colette Pameijer, MD, Team Leader; Barbara Smith, NP; Nurse Navigator; Patricia Pugliani, PhD, Research Manager
- Dermatology: Evan Jones, MD, Chair, Department of Dermatology; Peter Klein, MD; Adam Korzenko, MD; Deborah Deierlein, NP
- Pathology: Frederick Miller, MD
- Radiology: Elane Gould, MD
- Radiation Oncology: Edward Valentine, MD
- Medical Hematology/Oncology: Andrzej Kudelska, MD

Sunday Campolo-Athans, NP, and patient looking at cognitive function in thoracic surgery patients has been developed.
Malignant melanoma of the skin is a serious form of skin cancer. The incidence rates of melanoma have been increasing, with incidence among young white women aged 15 to 39 increasing at a rate of 3% per year since 1992, and incidence among white adults ages 65 years and older increasing at a rate of 5.1% for men and 4.1% for women, over the past thirty years according to the American Cancer Society. Estimated new cases in 2010 for melanoma of the skin is 68,130, and estimated deaths occurring from melanoma in 2010 is 8,700. Changes in social habits, such as sun tanning, and changes in the earth’s ozone layer may contribute to this increased incidence. Public awareness of the importance of sun and ultraviolet light protection is increasing through outreach and education efforts. Improvements in methods for detection and diagnosis and in the treatment of melanoma of the skin are ongoing. In the U.S., the incidence rate of melanoma among Caucasians is ten times higher than among African Americans, and higher among men than women, 60% vs. 40%, respectively. The patient population at Stony Brook University Medical Center parallels national data. The age at diagnosis ranges widely, from teens to the ninth decade, with a peak in the sixth decade regionally and nationwide. The majority of people diagnosed with melanoma have early-stage disease. The treatment for most patients with melanoma is surgery. A sentinel lymph node biopsy may be recommended in patients with localized early-stage melanoma who have certain high-risk features in their melanoma. For patients with more advanced stage melanoma, systemic treatment protocols are considered. Radiation therapy may be offered for treatment of advanced stage IV disease; clinical trials are available at SBUMC as well. The Melanoma Disease Management Team has adopted measures for its Cancer Quality Dashboard based on nationally accepted standards of care. Report cards provide transparent performance metrics to administrative leadership and identify opportunities for actions to improve patient care. In 2009, the team tracked performance of melanoma surgical margins of excision compliance with National Comprehensive Cancer Network guidelines, and documented findings in the operative report in the patient record. The findings demonstrated 100% compliance. Survival rates for patients with in situ and Stage I at diagnosis is favorable in the 90% range, with survival declining for advanced stage disease. The overall survival calculated at SBUMC and according to the NCDB nationwide and the NY geographic region for all stages is in the 80% range.
**Neurologic Oncology Management Team**

**OVERVIEW** The Neurologic Oncology Management Team, created to better respond to the needs of patients receiving treatment for tumors involving the central nervous system, brain, and spine, offers interdisciplinary consultation, advanced diagnostic methods, and treatment planning. Highly skilled team physicians, nurse practitioners, and physician assistants provide specialized care to adult and pediatric patients with brain tumors, spinal tumors, and acoustic neuromas. The Neuro-Oncology Center specializes in brain and spinal tumors and tumor embolization. The Skull Base Surgery Center includes specialists in pituitary tumors and skull base tumors.

**Highlights**

**Advanced Imaging.** With the Department of Radiology, the team uses advanced imaging technology for diagnosis including high field MRI, MR angiography, MRI spectroscopy, diffusion with MRI, CT scanners with CT angiography and bloodflow, SPECT, and PET scans.

**Advanced Techniques.** The team’s neurosurgeons use advanced techniques and equipment such as image-guided neuro-navigation, microsurgery, interoperative ultrasound, and awake craniotomy with cortical mapping for surgery near sensitive areas of the brain. They also use minimally invasive techniques such as neuroendoscopy; endovascular neurosurgery, which provides preservative embolization; intraarterial delivery of chemotherapy and intraoperative angiography; minimal-access spinal surgery; and stereotactic radiosurgery.

**Clinical Research.** Because clinical research is a major component of an academic medical center, the Neurologic Oncology Team is actively involved in clinical research projects. One promising project is looking at investigational biologic agents to inhibit growth factors that modify abnormal function of several pathways. This is important because molecular analysis of malignant cells may provide information on the sensitivity of the tumor to a given therapeutic combination, which in turn may help predict response, early relapse, and the side effects of cancer treatment. Built upon its previous positive result of intracarotid chemotherapy for brain tumor, the research team is now investigating its combination with novel agents for further improvement.

**Pediatric Oncology Management Team**

**OVERVIEW** Stony Brook’s Pediatric Oncology Management Team has been at the forefront of using a multidisciplinary approach to treat cancer. With the highest patient satisfaction scores at the Medical Center, it has become a model for other departments, who have seen increases in their scores after adopting the care paradigm. Since the Pediatric Oncology Program began in 1991, the team has treated more than 500 children with malignant tumors. In 2009, the team had 2,000 inpatient visits and 3,600 outpatient visits. In addition, approximately 50 percent of the children in Suffolk County with childhood tumors were treated at Stony Brook; two-thirds of these patients were enrolled in clinical trials and other investigational therapies. Stony Brook’s rate of clinical trial participation is equal to or greater than national statistics, and its disease-specific care rates remain at or above the national benchmarks for major childhood cancers such as acute leukemia, brain tumors, lymphoma, neuroblastoma, Wilms tumors of the kidney, and bone and soft tissue sarcomas.

**Highlights**

**Program Expansion.** This past year, a multidisciplinary team of physicians and nurses, under the leadership of M. Yasar Celiker, MD, was established to oversee the often complex treatment of children with brain tumors. This Pediatric Neuro-Oncology Team includes representatives from pediatric oncology, neurosurgery, radiation oncology, and nursing. The care and ongoing medical needs of all children with brain tumors are discussed in this forum in order to provide optimum coordination and treatment.

**Team Members**

**Neurosurgery:**
- Raphael Davis, MD, Team Leader and Chair, Department of Neurologic Surgery, Neurosurgeon, Co-Director, Institute for Advanced Neurosciences; Michael Egnor, MD, Neurosurgeon and Co-Director, Skull Base Surgery Center; Henry Woo, MD, Cerebrovascular and Endovascular Neurosurgeon, Director, Cerebrovascular and Stroke Center

**Surgery, Otolaryngology, Neurology:**
- Frederick Gutman, MD, and Debbie Russo, RN

**Pathology:**
- Agnieszka Kowalska, MD

**Radiology:**
- David Schessel, MD, PhD

**Radiation Oncology:**
- Tae Park, MD; Edward Valentine, MD

**Oncology:**
- Shenhong Wu, MD, PhD

Robert I. Parker, MD, and patient
OVERVIEW The Urologic Oncology Management Team provides comprehensive care for all genitourinary malignancies, including cancers of the prostate, urinary bladder, adult kidney, and testis. Care ranges from screening at-risk individuals to treating those with advanced disease and providing access to clinical trials for patients with malignant tumors.

In 2009, Stony Brook’s Department of Urology was again ranked among the top 50 in the nation by U.S. News & World Report (August 5, 2009). In 2007, the Hospital became the first in Suffolk County to acquire the da Vinci® S HD+ Surgical System, the most technically advanced robotic system available. Rahuldev S. Bhalla, MD, a nationally recognized robotic surgeon, has developed the robotics program in urology and has performed more than 400 robot-assisted surgeries to date. He continues to investigate new techniques and instrumentation.

Community education also is an important focus of the team. In 2009, the outreach team provided approximately 1,300 men free prostate screenings across Long Island, with a special focus on the high-risk groups in the African American and Hispanic communities.

Highlights

Prostate Cancer Management Options.

As a leader in the management of prostate cancer, Stony Brook offers robot-assisted, open, or laparoscopic surgery; radiation therapy with external beam and/or radiation seed implants; cryotherapy; hormonal therapy; and investigational therapies.

Leading-Edge Treatment for Bladder Cancer.

Bladder cancer treatments include local surgical resection, bladder preservation using chemotherapy and radiation, and placement of chemotherapeutic agents into the bladder. Some patients may be candidates for creation of a new continent bladder made from the intestine that allows full restitution of urinary function. Robot-assisted surgery may also be an option for appropriate candidates who require removal of the bladder (cystectomy). During diagnostic cystoscopic surgeries, the team uses leading-edge optical coherence tomography (OCT) technology to help diagnose and stage bladder cancers earlier.

New Approaches to Kidney Cancer.

For adult kidney cancer treatment, the team provides open and laparoscopic radical nephrectomy and partial nephrectomy. Patients who have kidney insufficiency may have “nephron-sparing” surgery (partial kidney removal) to preserve kidney function.

Quality of Life Initiatives.

The Cytogenetics Laboratory Certification. The Cytogenetic Laboratory is certified by the Children’s Oncology Group for the analysis of chromosomal abnormalities in childhood leukemia. Through this lab, state-of-the-art molecular genetic and chromosomal studies are available to Stony Brook physicians to assist in disease diagnosis and the identification of appropriate treatments.

Laboratory Certification. The Cytogenetic Laboratory is certified by the Children’s Oncology Group for the analysis of chromosomal abnormalities in childhood leukemia. Through this lab, state-of-the-art molecular genetic and chromosomal studies are available to Stony Brook physicians to assist in disease diagnosis and the identification of appropriate treatments.

Team Members

Surgical Oncology:

Colette Pameijer, MD, Team Leader; Philip Bao, MD; Kevin Watkins, MD; Barbara Smith, NP; Claire Smith, RN, Nurse Navigator

Pathology:

Sonny Hwang, MD

Radiology:

Elaine Gould, MD

Radiation Oncology:

Bong Kim, MD

Medical Hematology/Oncology:

Andrzej Kudelka, MD

The Sarcoma Management Team is dedicated to the comprehensive management of patients with these tumors. This includes initial diagnosis, staging, treatment, and follow up care. When patients are referred to the team, their cases are discussed at a multidisciplinary conference and a treatment plan is developed in accordance with NCCN guidelines. Most patients can be treated with limb-sparing or minimally invasive techniques. Other specialists such as plastic or orthopedic surgeons may collaborate to achieve excellent functional outcomes.

Surgical Oncology:

Colette Pameijer, MD, Team Leader; Philip Bao, MD; Kevin Watkins, MD; Barbara Smith, NP; Claire Smith, RN, Nurse Navigator

Pathology:

Sonny Hwang, MD

Radiology:

Elaine Gould, MD

Radiation Oncology:

Bong Kim, MD

Medical Hematology/Oncology:

Andrzej Kudelka, MD

The Urologic Oncology Management Team provides comprehensive care for all genitourinary malignancies, including cancers of the prostate, urinary bladder, adult kidney, and testis. Care ranges from screening at-risk individuals to treating those with advanced disease and providing access to clinical trials for patients with malignant tumors.
Kidney and Renal Pelvis Cancer Site Survey

Kidney cancer develops most often in people over 40. Risk factors that increase a person’s chance of developing the disease and have been associated with research on the onset of kidney cancer are smoking, obesity, high blood pressure, long-term dialysis, gender, Von Hippel-Lindau syndrome, and occupations related to workplace exposure to certain chemicals. Most people with these risk factors do not develop kidney cancer, and most people who do develop the disease have no risk factors. Concerns about risk should be discussed with the person’s physician with appropriate surveillance scheduled.

Cancer that forms in the tissues of the kidneys in adults includes renal cell carcinoma that forms in the lining of the tubules in the kidney that filter the blood and remove waste products, and renal pelvis carcinoma that forms in the center of the kidney where urine collects. In children, kidney cancer includes Wilms’ tumor, which usually develops in young children. Treatment includes surgery and may also include chemotherapy and immunotherapy.

The number of adult kidney cancer patients first seen at Stony Brook University Medical Center (SBUMC) for their initial diagnosis and treatment has increased over the past five years. A site survey of these patients first encountered at SBUMC in 2000-2007 demonstrated a higher onset in the fourth and fifth decade than the national average of the sixth to the seventh decade, indicating that SBUMC clinicians are seeing patients diagnosed at a younger age than the national average. There is a higher incidence among males compared to females both at SBUMC and nationally. More than 50% of patients with kidney and renal pelvis cancer are diagnosed with localized tumors. Tumor spread to each of the other stages/categories of regional tissue, regional lymph nodes, or distant metastatic sites occurs in 12% to 18% of patients.

The primary treatment is most often surgery. Chemotherapy and immunotherapy may have a role in the treatment of individual kidney cancer patients and this is determined by consultation with oncology specialists who evaluate each individual patient in the light of available standard or emerging therapies. Patient outcomes at SBUMC are relatively in line with national statistics. Factors that affect five-year survival include the stage of the disease at diagnosis, treatment modalities utilized, and the patient’s other medical conditions as determined at the time of initial diagnosis and evaluation.

Kidney and Renal Pelvis Cancer: Stage at Diagnosis

<table>
<thead>
<tr>
<th>Stage</th>
<th>SBUMC (n=299)</th>
<th>NCDB USA (n=251,117)</th>
<th>NCDB Region NY, NJ, PA (n=15,381)</th>
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<tbody>
<tr>
<td>0</td>
<td>60%</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
</tr>
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<td>3</td>
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</tr>
<tr>
<td>4</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

5-Year Survival by Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>SBUMC (n=172)</th>
<th>NCDB USA (n=72,075)</th>
<th>NCDB Region NY, NJ, PA (n=11,001)</th>
<th>Diagnosis years 1998-2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>100%</td>
<td>84.1%</td>
<td>86.7%</td>
<td>43.8%</td>
</tr>
<tr>
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<td>74.2%</td>
<td>81.9%</td>
<td>79.2%</td>
<td>55.8%</td>
</tr>
<tr>
<td>2</td>
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<td>93.2%</td>
<td>75.6%</td>
<td>55.6%</td>
</tr>
<tr>
<td>3</td>
<td>61.6%</td>
<td>92.9%</td>
<td>63.1%</td>
<td>8.4%</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All cancers.

National Institute of Environmental Health Sciences (NIEHS). Target tissues for aristolochic acid (AA) are the renal cortex and urothelium of the upper urinary tract (renal pelvis and ureter). In humans, the effects of this nephrotoxin, when ingested orally, are manifested in so-called Balkan endemic nephropathy. Ureters are being used by Dr. Romanov to isolate and culture primary urothelial cells. Functional genomics (microarray and micro RNA) studies on these cultured cells are then performed following treatment of these cultures with AA. These studies have been reported at national and international meetings. Dr. Romanov also is involved in NIEHS PPG research designed to identify genes responsible for susceptibility to AAN. He and Tom Rosenquist, PhD, Department of Pharmacology, have developed a mouse model of AAN that mimics all aspects of the human disease. Using inbred strains of mice, they have identified quantitative trait loci conferring sensitivity to the toxin. This advance has enabled the demarcation of human genes responsible for AAN.

Shenhong Wu, MD, PhD, is currently investigating the optimal and safe use of new agents, including bevacizumab, sorafenib, and sunitinib in kidney cancer, prostate cancer, and other cancers. Dr. Wu’s studies have been published in national journals such as the Journal of the American Medical Association (JAMA), Lancet Oncology, and the Journal of the American Society of Nephrology and reported at major medical conferences.
Essential to the Team
Advancing the Standard of Care Through Specialization, Leading-Edge Techniques, and State-of-the-Art Technology

Surgery

Program Leader: Todd K. Rosengart, MD, Chair, Department of Surgery

OVERVIEW
Surgeons in the Department of Surgery offer the highest degree of specialization and expertise. Recognizing the relationship between volumes and outcomes, each surgeon focuses on a specific area of cancer, which has led to a department composed of highly specialized subspecialists. Surgeons work closely with Medical Hematology and Oncology and Radiation Oncology to provide multimodality approaches to cancer—often collaborating to design and implement new protocols for treatment.

Implementation
The Department has been at the forefront of using minimally invasive surgical techniques, including laparoscopy and robot-assisted surgery. It also has expertise in advanced diagnostic techniques, such as sentinel node biopsy for staging breast cancer and malignant melanoma. Surgeons serve as members and leaders of the Disease Management Teams and Tumor Board conferences. They are partners in over 50 protocols approved by the Medical Center’s Institutional Review Board, including the American College of Surgeons Oncology Group, National Surgical Adjuvant Breast and Bowel Project, Cancer and Leukemia Group B, and National Institutes of Health-funded research on consent for tumor bank tissues. Surgeons are the primary collaborators with pathologists in Stony Brook’s Tumor Tissue Bank, a valuable resource that will help facilitate future cancer biomarker discovery, increase diagnostic accuracy, improve the ability to predict clinical outcomes, and develop treatments that can be tailored for individual patients.

New Initiatives

History-making procedure. The Upper Gastrointestinal and General Oncologic Surgery Group performed a pancreatic procedure using a new minimally invasive surgical technique called irreversible electroporation (IRE) that selectively kills tumor cells. This is the first use anywhere of IRE tumor ablation to treat pancreatic cancer, a typically fast-growing and fatal cancer. From a local disease standpoint, the IRE “cellular surgery” met all expectations. Plans to develop national trials are being made to demonstrate the effectiveness of IRE in pancreatic cancer.

Robot-assisted surgery milestones. Our surgical oncologists are among the few nationwide performing robotic pancreaticoduodenectomy—the “Whipple procedure”—to remove all affected portions of the pancreas, stomach, duodenum, and bile ducts. This approach provides increased surgical precision, less blood loss, shorter hospital stay, and earlier discharge. It may also help patients heal quicker, which may be crucial if undergoing additional treatments.

Laparoscopic-assisted resection. The Department’s colorectal surgeons are participating in a Phase III prospective randomized trial comparing laparoscopic-assisted resection versus open resection for rectal cancer. They also published a study evaluating the responsiveness of surgery patients to simulated laparoscopic surgery. The results have demonstrated improved surgical outcomes and patient satisfaction.

Expanded high-risk screening program. Breast surgeons at the Carol M. Baldwin Breast Care Center expanded surveillance care for women at increased risk of developing breast cancer. This comprehensive screening program offers expert genetic counseling and screenings with the most sophisticated technologies.

Reconstructive surgery advances. The program in breast reconstructive surgery provides the most advanced care. The Department has been reorganized with the appointment of a new director committed to using the latest surgical advances and conducting leading-edge research. The Carol M. Baldwin Foundation for Breast Cancer Research awarded the Department a grant to evaluate minimally invasive imaging techniques that measure blood flow in skin during reconstructive breast surgery following mastectomy. Knowledge gained will help minimize complications with breast reconstruction, enabling more patients to be candidates for immediate reconstruction.

Laparoscopic-assisted resection. The Department’s colorectal surgeons are participating in a Phase III prospective randomized trial comparing laparoscopic-assisted resection versus open resection for rectal cancer. They also published a study evaluating the responsiveness of surgery patients to simulated laparoscopic surgery. The results have demonstrated improved surgical outcomes and patient satisfaction.

Novel approaches. Colorectal surgeons have performed a number of TAMIS (transanal minimally invasive surgery) procedures, which facilitate the resection of large rectal tumors in select patients who would otherwise require a radical operation. Surgeons in the Division of Oncologic Surgery now offer patients expertise in endoscopic, minimally invasive skull base surgery and pediatric head and neck surgery.

Hematology and Oncology

Program Leader: Theodore G. Galgic, MD, Chief, Medical Hematology and Oncology

OVERVIEW
With its comprehensive program in cancer treatment and research, the Division of Medical Hematology and Oncology evaluates and treats a wide range of malignant diseases using chemotherapy, biologic response modifiers, targeted therapies, and other new systemic therapeutics. Led by best-in-field physicians and researchers, the Division includes nurse practitioners, chemotherapy-certified oncology nurses, a Nurse Navigator who is an oncology-trained nurse, and research nurses—most of whom participate in the site-specific Disease Management Teams. The Medical Oncology Inpatient Unit maintains 37 beds, four of which are dedicated for bone marrow transplantation. The outpatient oncology clinic provides chemotherapy and expert oncology nursing, and sees approximately 11,000 patients annually.

Implementation
Specialty programs. The Division oversees a number of specialty programs, including the Blood and Bone Marrow Stem-Cell Transplant Program. With its own specialized unit that maintains state-of-the-art infection control, the program offers services for autologous and allogeneic bone marrow transplantation for leukemia, lymphoma, and multiple myeloma.

Research initiatives. Clinical trials are open for every major cancer site and include treatment for prostate, breast, and colon cancers; glioblastoma multi-forme, and a variety of immune-related cancers, such as acute lymphoblastic leukemia and acute myeloid leukemia. Research includes development of a system for detecting new cancer cell markers for isolating cancer cells circulating in the blood. The Division also collaborates with national research groups and pharmaceutical companies.

Nursing

Program Leaders: Lee Anne Xippolitos, RN, PhD, Chief Nursing Officer, and Rose C. Cardin, RN, MSN, Associate Director of Nursing and Cancer Services

OVERVIEW
Specialty-trained oncology nurses are vital members of the Disease Management Teams, which provide expert care to patients with cancer at Stony Brook University Medical Center. Nurses are committed to compassionate and seamless service during all phases of treatment along the cancer care continuum including outpatient clinics, adult and pediatric inpatient units, nurse navigator services, radiation oncology, consultation and liaison services, clinical trials, and the Blood and Bone Marrow Transplant Unit. The model of practice used is Patient and Family Centered Care, whose core elements—dignity, respect, information sharing, and collaboration and participation—have been integrated into the daily routine of all oncology nurses. The Department’s nurses conduct patient and family rounds and are consistent participants in the Oncology Partners in Care Advisory Board.

Implementation
As patient volume and services expand, the Department has continued to recruit high quality, dedicated nurses with experience in oncology. Many are certified as oncology nurses as well as hold advanced degrees in nursing. Throughout the year, the team focused on those fundamentals of nursing practice which enabled them to spend quality time with each patient. They streamlined services to provide a holistic and healing environment during a patient’s hospitalization. This intensely focused “back to basics” care was successful in helping meet specific targets aimed at improving patient satisfaction scores.

Nursing uses this same model of care at the outpatient cancer center. In addition, oncology nurses have been trained to perform outpatient chemotherapy/biotherapy, minor surgical procedures, and infusion therapy for a diverse patient population. Because outpatient cancer services are centrally located in one place, staff can collaborate with other specialties within the center to ensure that patient needs are met. Of note, the remodeled breast care center nurse navigation program was a key factor in the recent accreditation by the National Accreditation Program for Breast Centers as a nationally accredited breast cancer center—the first in New York State.
Radiation Oncology

Program Leader: Allen G. Meek, MD, Chair and Clinical Director, Radiation Oncology

OVERVIEW Stony Brook’s Department of Radiation Oncology works with staff from the Hospital, the School of Medicine, and the Research Foundation of New York to deliver comprehensive, state-of-the-art cancer care with a focus on delivering highly targeted radiation that limits exposure to normal tissue.

The Department’s innovative approaches to treatment and its ongoing acquisition of advanced technology have made it a regional resource. Members play a key role on the Disease Management Teams. The Department is composed of 9 radiation oncologists, 3 physicists, 3 medical dosimetrists, 13 radiation therapists, 7 nurses and nursing assistants, 2 administrators, and 13 clerical/secretarial staff. In 2009, the Department saw 1,050 consults and delivered 17,564 external beam radiotherapy treatments. In addition, it performed 330 low- and high-dose rate brachytherapy procedures (P2103, 1.125, Sm 153, Sr90, Hr67, Tc99m, vaginal cylinder, MammoSite®), 151 radioiodine ablations for thyroid cancer, 36 radiosurgery procedures, and 82 stereotactic body radiotherapy treatments.

Implementation

A wide range of available procedures. Radiotherapy procedures available include external beam radiotherapy from three linear accelerators (delivered via either three-dimensional conformal or intensity modulated beams); low- and high-dose rate brachytherapy (delivered intraoperatively, orally, intravenously, or surface); total body radiotherapy in preparation for bone marrow transplantation, stereotactic radiosurgery; image-guided radiotherapy; fractionated stereotactic radiotherapy using a linear accelerator with a special BrainLAB micro-multileaf collimator; and ExactTrac® motion detection system. Other treatments include radioimmunoglobulin administration and the MammoSite® radiation system for partial breast radiotherapy.

Equipment upgrades. This year, one of the linear accelerators was upgraded with RapidArc® delivery system with on-board imaging capability (OBI). RapidArc radiotherapy technology is a major advance that improves radiation dose conformity while significantly shortening treatment times. RapidArc delivers treatments two to eight times faster than conventionally delivered dynamic treatments today and with increased precision—a winning combination that enables physicians to improve the standard of care and treat more patients.

Residency and training programs. The Department, in conjunction with the Department of Radiation Oncology, has a two-year residency program in medical physics. Residency training is now a requirement for licensing as a medical physicist.

The Department also trains medical dosimetrists, qualifying them for certification.

Research initiatives. Research focuses on the investigation of molecular events associated with tumor-cell invasion and metastasis, analysis of molecular mechanisms that regulate cell division, and discovery and validation of novel biomarkers for the treatment of metabolic diseases, cardiovascular disease, hematologic malignancies, and other medical disorders.

Diagnostic Radiology

Program Leader: John Ferretti, MD, Interim Chair, Diagnostic Radiology

OVERVIEW Diagnostic imaging plays a critical role in initial cancer diagnosis, treatment planning, and palliative therapies through interventional techniques and cancer monitoring. The Department of Radiology offers state-of-the-art clinical care and recently has expanded to enhance its services. This includes adding healthcare professionals with expertise in thoracic disease, breast imaging, virtual colonoscopy, and body MRI. Radiology faculty attendings are involved with research related to cancer imaging, as well as developing new modalities in breast cancer imaging. Radiologists attend multidisciplinary Tumor Board meetings, where they provide consultation and review images during case presentations.

Implementation

Expanded capabilities. With the recruitment of world-renowned cardiologist Michael Poon, MD, and the installation of the Toshiba 320-slice CT scanner in the Hospital’s Emergency Department (the first in the country to do so), Stony Brook now offers cutting-edge cardiac imaging using CT (computed tomography) and MRI (magnetic resonance imaging) technology. This allows diagnosis of patients who present with chest pain without interventional procedures. The scanner also allows for advanced imaging using significantly lower doses of radiation.

New technology. The Department of Radiology continues to acquire leading-edge equipment, including a PET/CT and communications system for rapid access to digital images at multiple sites for both radiologists and clinicians.

Imaging services have expanded to include coronary calcium scoring, virtual colonoscopy, and breast imaging. The Department has also upgraded its MRI suite with a 1.5 Tesla MRI scanner and has added new technology to its PET/CT scanner, including 3D image reconstruction and 320-slice capabilities.

Program Leaders: Kenneth R. Stroehi, MD, PhD, Chair, Department of Pathology, and Meenakshi Singh, MD, Vice Chair for Anatomic Pathology

OverView The Department of Pathology provides comprehensive reports on cancer specimens that include diagnoses, prognostic information, and biomarker profiles to guide targeted therapy. Cancer management support is provided with specialty tests, including cytogenetic services and molecular tests. The Department performs clinical research, maintains a Tissue Bank, and uses specially designed information systems for standardization in cancer diagnosis. Pathology faculty specializing in the areas of breast, gynecology, digestive, thyroid, genitourinary, lung, melanoma, sarcoma, leukemia, and lymphoma are essential members of the Disease Management Teams.

Implementation

Departmental advances. A highlight includes adopting the use of synoptic protocols for reporting cancer specimens on surgical resections. Applying College of American Pathologists’ guidelines, the Department’s performance exceeded the 90 percent national benchmark in this category and contributed to the successful accreditation of the Carol M. Baldwin Breast Care Center. In 2010, the Anatomic Pathology Division had a flawless performance in the inspection by the College of American Pathologists’ Laboratory Accreditation Program.

New technology. A telecytology service for immediate evaluation of radiology-guided fine needle aspiration services has been recently added.

Research. Ongoing programs include the investigation of molecular events associated with tumor-cell invasion and metastasis, analysis of molecular mechanisms that regulate cell division, and discovery and validation of novel cancer biomarkers. Members of the Department are engaged in regenerative medicine research that will lead to the development of new therapeutic approaches for the treatment of metabolic diseases, cardiovascular disease, hematologic malignancies, and other medical disorders.

Edward Valentine, MD, and Bonnie Julian, RN, with a patient and her husband, with a patient and her husband.
**Clinical Support**

**Key Services Available Before, During, and After Treatment**

### Pain Management

**Program Leaders:** Peter Glass, MB, CNB, FFA (SA); Chair, Department of Anesthesiology; Brian Durkin, DO; Director, Center for Pain Management; Christopher Page, MD, Director; Acute Pain Service; Carole Aqin, MD; Irina Laksutina, MD; Farshid Marahani, MD; Patricia Tsui, PhD; Margaret Fischer, NP; Stacey Hildbrand, NP; Diane Santangelo, NP; Julie Schermarmier, NP

**OVERVIEW** using a multidisciplinary approach, the Pain Management Team works closely with the patient’s oncology physician to address pain management needs on both an inpatient and outpatient basis. The team also helps patients—

**Implementation**

Hospitalized patients can receive oral, intravenous, or central axis (epidural or intrathecal) medications administered through conventional routes or by patient-controlled analgesia (PCA) machines. Outpatients with chronic pain are evaluated and treated at the Center for Pain Management located in the Cancer Center. Staffed by anesthesiologists, nurse practitioners, and a psychologist with expertise in pain management, the Center for Pain Management treats acute, chronic, benign, and cancer-related pain. Modalities include acupuncture, nerve blocks, infusions, intrathecal pumps, and dorsal column stimulators. A dedicated fluoroscopy suite allows the Center to offer fluoroscopy-guided procedures in addition to ultrasound-guided injections.

### Nutrition Services

**Program Leaders:** Joanie Gasparit, RN, MSN, CDON, Assistant Director of Nursing; Lisa L. Richter, MS, RD, CD, Clinical Nutrition Manager; Andrea McLaughlin, MEd, RD, Inpatient Adult Oncology Dietitian; Janice Antino, MS, RD, CNSD, CD-IP Inpatient Pediatrics Oncology Dietitian; Jennifer Flaggibon, MS, RD, CDN, Outpatient Adult/Pediatrics Oncology Dietitian

**OVERVIEW** Nutrition can play a role in cancer prevention, as well as support the patient’s health during treatment and help prevent recurrence. Stony Brook employs registered dietitians, experts in nutrition, to counsel patients and their families on appropriate strategies for eating. They devise an individual nutrition plan based on the patient’s medical and family history. Lifestyle factors, and personal goals. Counseling is available to adult and pediatric patients on an inpatient and outpatient basis. A dedicated full-time oncology dietitian is available at our outpatient Cancer Center.

In 2009, Stony Brook nutritionists served an estimated 750 new patients.

**Implementation**

After assessing the patient, a Stony Brook dietitian provides the patient and/or caregiver with individualized written information and verbal counseling, focusing on foods that help ensure optimal nutrition and that will also be enjoyable. Inpatient meals are provided by a “room service” menu system, overseen by an award-winning executive chef, which allows patients to request meals according to their own schedules and tastes. Outpatient services focus on optimizing nutrition during treatment, as well as offering strategies and clinical options if side effects hinder nourishment. Inpatients and outpatients receive continual monitoring so that eating plans can be modified appropriately. Follow-up care and referral to community resources is part of the service. Nutrition Services also provides community education and support, with a focus on cancer prevention and survivorship.

### Physical Rehabilitation

**Program Leader:** Catherine M. Tappo, PT, MS, CLT-LANA, Director, Physical and Occupational Therapy, and Director, Lymphedema Therapy

**OVERVIEW** The Department of Physical and Occupational Therapy provides both inpatient and outpatient physical rehabilitation for adult and pediatric oncology patients. The primary goal is to improve a patient’s functional capabilities. Therapeutic interventions are tailored to meet the individual needs of each patient. The Department also is involved in community and patient education, where topics include the benefits of exercise, lymphedema awareness, and yoga, and it participates in research, with an emphasis on lymphedema.

### Pharmacy

**Program Leaders:** Joannene Strianse, RPh, MS, Director; Benny Chan, RPh, BCPPhO; John Farrel, RPh; Scott Weisel, RPh

**OVERVIEW** The Pharmacy Department provides chemotherapy compounding and dispensing services to both adult and pediatric inpatients and outpatients. Each area has its own pharmacy, and all are certified USP 797-compliant facilities that meet the most rigorous government requirements for the preparation of sterile compounds. They also employ state-of-the-art equipment and quality control measures that surpass stringent government requirements.

**Implementation** Stony Brook’s pharmacy services are delivered by knowledgeable and experienced licensed pharmacists who make patient safety a top priority. They adhere to strict operating procedures. Only specially trained registered pharmacists compound and dispense antineoplastic medications. Each order undergoes a multiple-check process in which the pharmacist reviews the physician order, recalculates the dosage, performs allergy checks, and identifies potential drugdrug or drug-food interactions. The result: efficient, reliable, and safe pharmacy services.

### Survivorship and Supportive Care Program

**Program Leader:** Lynn Hallarman, MD, Palliative Care Specialist

**OVERVIEW** This Hospital-based program’s mission is to help relieve suffering and improve the quality of life for patients with a life-threatening cancer diagnosis—whether they are receiving disease-modifying treatment, curative treatments, or comfort measures. The program takes a whole-person, interdisciplinary approach to assess and treat cancer-related symptoms including pain, fatigue, low appetite, and symptoms related to chemotherapy or radiation.

**Implementation**

Led by board-certified palliative care expert Lynn Hallarman, MD, the core team includes two full-time nurse practitioners. Team members work closely with the primary treatment team to assist with difficult symptom management, offer emotional support, and help smooth the transition to home and community, as well as assist patients and families with complex medical decisions. Since first introduced in 2007, the program has helped more than 2000 patients and families cope with the physical, emotional, and spiritual symptoms of a life-threatening cancer. In recognition of its ground-breaking work, the Survivorship and Supportive Care Program received the National Consensus Project 2009 Quality in Palliative Care Leadership Award.
**Patient Support and Advocacy**

**Core Services for Delivering Comprehensive Cancer Care**

**Social Work Services**

**Program Leaders:** Susan McCarthy, LMSW, MS, Director of Social Work Services; Jo Ann McCauley, LCSW, Social Work Supervisor; Melvin Jow, LCSW, Social Work Supervisor; Gynecologic Cancer Support Group, Radiation/Oncology Social Worker, Paul Faulkner, LCSW, Social Work Supervisor; Cancer Education Series; Shirley Cahoon, LCSW, Inpatient LIIT Social Worker; Carol M. Baldwin Breast Care Center: Upper GI Cancer Support Group, Cancer Education Series.

**OVERRIDE** As an integral component of Stony Brook’s comprehensive cancer care program, professional social workers are experts in the psychosocial care for patients with cancer and their families. Social workers are available to both inpatients and outpatients. They can assess patient and family need in order to assist with a number of things including: identifying family and patient counseling, coping with a cancer diagnosis, navigating benefit and entitlement programs, providing resources, facilitating support groups, continuum of care planning, and referrals and education, as well as home care, hospice, and long-term planning.

**Implementation**

In addition to their work on the Disease Management Teams and their one-on-one patient care, social workers facilitate a number of active support groups addressing specific cancers. In 2010, 432 patients and/or their families participated in one of Stony Brook’s oncology support groups. This included support groups for prostate cancer, upper GI cancer, gynecological cancer, leukemia and lymphoma, and newly diagnosed breast cancer patients, as well as Gift for Kids and a transitional care for inpatient support group. In addition, the Department co-facilitated breast cancer community education, which reached 282 patients. Another 75 patients attended the Witness Project Breast Cancer Support and Education Program.

**Child Life Program**

**Program Leaders:** Michael Attard, CCLS, and Paiviette Water, MEd, CCLS, Inpatient Child Life Program Specialist; Lauren Shanabay, MS, CCLS, Outpatient and Inpatient Child Life Program Specialist; and Joseph Support RN, MS, PMH CNS, Assistant Director of Nursing, Department of Pediatrics and Child Life Program.

**OVERRIDE** The Child Life Program brings one of the most important elements to children who find themselves in an anxiety-provoking environment: play. Based on the theory that play is fundamental to a child’s growth and development, the Program is available to patients in the Pediatric Hematology/Oncology Division in both the ambulatory and inpatient units. Using a variety of “tools”—including three supervised playrooms filled with games, toys, and arts and crafts—Child Life Specialists work closely with the child, family, and medical team to reduce anxiety and provide the opportunity to engage in everyday childhood activities to help “normalize” the experience and reduce the stress of being in the hospital or at the clinic.

**Implementation**

Child Life Specialists support the patient during invasive or painful procedures using guided imagery, relaxation, and/or distraction techniques. They also provide pre-operative teaching, hospital tours, and medical play to help prepare the child and family for an upcoming treatment. In addition, they collaborate with the medical team and local schools to ease the child’s re-entry to school, promoting sensitivity and acceptance among peers.

**American Cancer Society Support**

The American Cancer Society Suffolk County Office partners with the Stony Brook University Medical Center on a variety of programs that offer support and services to individuals diagnosed with cancer. These include, but are not limited to the “Look Good...Feel Better Program,” “Road to Recovery,” and “Reach to Recovery.” Starting in June 2009, it also partnered with Stony Brook’s on-site Volunteer Patient Navigator Program. In addition, the Pediatric Oncology Department collaborates with and supports the American Cancer Society’s Camp Adventure Program every year on Shelter Island. The American Cancer Society’s Senior Director, Patient and Family Services, Jacqueline I. Wands, is a liaison representative to Stony Brook University Medical Center and regularly attends Cancer Committee meetings. For more than 25 years, the American Cancer Society has been a strong partner of Stony Brook University Medical Center in the areas of patient services, support, and research. To learn about American Cancer Society research support, turn to page 33.
Cancer Liaison Physician

Program Leader: Collette Pamjeje, MD, Surgical Oncologist and Cancer Liaison Physician

OVERVIEW The cancer liaison physician is a liaison at many levels: between the Hospital and the community, between the national standards organizations and the Hospital, and between the Cancer Committee and the various departments at Stony Brook University Medical Center. The liaison collaborates with the Cancer Committee to meet and exceed cancer program standards and improve clinical practices. In particular, the liaison works with the Disease Management Teams to develop best practices, evaluate compliance with adopted guidelines, expand participation in clinical trials, and improve quality of care. The liaison also works with local agencies and the American Cancer Society (ACS) on community outreach and education, as well as participates in peer group meetings to provide direction according to criteria established by the American College of Surgeons Commission on Cancer.

Implementation
In addition to ongoing quality initiatives for the management of Stage III lymph node positive colon cancer and Stage I, II, and III breast cancer, the priority areas for 2010 were quality improvement, educating physicians on changes in cancer staging, increasing participation in clinical trials, and comprehensive cancer control. Highlights include studies on data quality and completeness for breast and colorectal cancer; quality improvement dashboard reviews of National Comprehensive Cancer Network guidelines for patient management; community outreach and education on skin cancer and melanoma; strengthening ACS partnerships; and working with the New York State Consortium toward comprehensive cancer control.

Cancer Helpline

Program Leaders: Teresa Beutel, Director, Healthcare Teleservices; Lise Tischier, RN, Oncology Nurse

OVERVIEW The Cancer Helpline is staffed by specially trained oncology nurses. This confidential helpline is available to callers with questions and concerns about cancer. Questions may include such things as prevention, risk, screening, detection, second opinions, terminology, and current research. The Cancer Helpline also serves as a way to encourage community members to act promptly and seek early detection and intervention. The healthcare professionals manning the line can also help callers with referrals to physicians and provide valuable information about community services.

Implementation
The Cancer Helpline is available at (800) 862-2215, Monday through Friday, between 8:30 am and 6:00 pm EST. Community members also can access the helpline via the Medical Center Web site, which allows individuals to send e-mail questions to the oncology nurse.

Chaplaincy Services

Program Leaders: Chaplain Stephen Unger, Director of Chaplaincy; Chaplain Elizabeth Meehan; Chaplain Madeline Queck

OVERVIEW Chaplaincy services are the clinical professional discipline specializing in the spiritual component of healthcare delivery. At Stony Brook University Medical Center, it is an important part of the comprehensive Body-Mind Spirit model for quality, integrated healthcare. Chaplaincy is valued for many reasons, not the least of which is the relationship between a strengthened spirit and effective cancer treatments. In addition, because a diagnosis of cancer often becomes the catalyst for a spiritual search, having qualified chaplains experienced in cancer care available 24/7 adds another dimension to the healing process. Chaplains can assist patients in strengthening their coping skills, developing hope, and finding meaning during what can be a very intense time in their lives, as well as in the lives of their families.

Implementation
Chaplains visit patients in the Medical Center and oncology clinics. They attend to the spiritual needs of patients and families on an interfaith basis, and accommodate requests for specific faith traditions. Chaplains support staff, participate in interdisciplinary care rounds, aid in ethical and end of life decision making, assist with support groups, and provide bereavement and grief support.

New and Ongoing Studies and Trials

Following are highlights of some of the key research projects at Stony Brook University Medical Center.

Understanding the Molecular Mechanism of Hepatocellular Carcinoma by Focusing on the IQGAP Proteins

Goal. To understand the molecular mechanism of liver cancer development (hepatocellular carcinoma, or HCC). Working with genetically engineered mice, researchers are studying the IQGAP1 (which has been found to be present in increased levels in colon cancer) and IQGAP2 proteins—identifying their function, their physiological role in cancer development, their interaction with each other, and how IQGAP2 may serve as a molecular guard from liver cancer development. Researchers hope to test novel therapies based on modulation of IQGAPs presence in the liver on these genetically engineered mice.

Collaborators. Led by Valentina Schmidt, PhD, Assistant Professor, Division of Hematology, Stony Brook University Medical Center.

The Selenium and Vitamin E Cancer Prevention Trial (SELECT)

Goal. To test novel therapies based on modulation of IQGAPs presence in the liver on these genetically engineered mice.

Collaborators. Led by Iris Granek, MD, Preventive Medicine Chair, the trial is sponsored by the National Cancer Institute (NCI). Centers throughout the United States, Canada, and Puerto Rico participate.

The General Clinical Research Center (GCRC) at Stony Brook University Medical Center has received high scores from the National Center for Research Resources (NCRR) of the National Institutes of Health (NIH). In addition, all major components of the GCRC—which includes leadership, diversity of research initiatives, collaborative efforts, and institutional support—were rated outstanding. The GCRC cited the biostatistical and informational components of the GCRC as “a model of what biostatistics should be.” In addition, the NIH has already funded Stony Brook with a planning grant to prepare and apply for the Clinical and Translational Science Award, which would increase translational research and create an infrastructure to promote accelerated biomedical discovery and application of novel diagnostics and therapeutics.

Basic and Clinical Research
A Commitment to Accelerating Advances in Cancer Care

At Stony Brook University Medical Center, researchers take on the full gamut of cancer research. They ask some of the most basic questions: What causes cancer? How does it spread? Is there a more accurate way to screen? They study populations in order to understand the environmental and genetic components of cancer. They investigate promising diagnostic technology. They help develop novel treatment modalities in the research laboratory. They test the latest therapies in a clinical setting. They participate in multisite studies. They collaborate with national and community-based organizations. They track and catalog results, postulate and revise theories, and spend years evaluating the efficacy of medications, vaccines, and procedures.

They do this for one reason: To advance the understanding and treatment of cancer. As a premier academic medical center, Stony Brook puts the full weight of its resources, facilities, and scientific talent behind this goal. Although all 25 departments in the School of Medicine participate in research, a primary research affiliate at Stony Brook University Medical Center is the Department of Preventive Medicine, which conducts cancer research projects and provides core support to other departments, primarily in biostatistics and epidemiology. The residency program in Preventive Medicine and Public Health receives training support from the American Cancer Society and a federal Health Resources and Services Administration Grant.

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an additional five years. This part of the study investigates genetic and obesity-related factors for disproportionally high rates of prostate cancer in men of African descent.

Collaborators: Led by M. Cristina Leske, MD, MPH, DSc, Department of Preventive Medicine, Collaboration with the National Human Genome Research Institute, the Ministry of Health in Barbados, the University of West Indies, and the Translational Genomic Research Center in Arizona.

The SCOPE (Suffolk County Preventive Endoscopy) Program

Goal: To launch a colorectal screening and education program for low-income adults age 50 or older who have little or no health insurance coverage for regular screenings. Screening colonoscopies are done by Stony Brook gastroenterologists.

Collaborators: The Centers for Disease Control and Prevention awarded Stony Brook—one of only five institutions in the country to receive CDC funding—$2.2 million for the project. Also collaborating are Suffolk County Department of Health Services, the American Cancer Society, the Department of Preventive Medicine, Surgical Oncology and Gastrointestinal Divisions in the Departments of Med icon, as well as the Departments of Pathology and Radiology. Stony Brook researchers included Dorothy S. Lane, MD, MPH, Director; Mary Cavanagh, MD, MPH, Lead Public Health Clinician; and Catherine Messina, PhD, Project Data Manager.

Studying the Mechanisms Behind Tamoxifen-Induced Endometrial Cancer

Goal: To discover the biochemical causal mechanisms in tamoxifen—which is a first-line antiestrogen for the treatment and prevention of breast cancer—associated with increased endometrial cancer, and to develop new and safer antiestrogen agents. This research, conducted by Shanya Subbulti, PhD, Pharmacological Sciences, has identified some genetic and toxic changes associated with tamoxifen-induced endometrial cancer.

Collaborators: The National Institute of Environmental Health Sciences.

Technology to Accurately Diagnose Metastatic Tumor Cells in the Blood

Goal: To develop an integrated technology that can define “metastatic” cancer cell gene expression in the blood, which, in turn, can lead to detection of cancer in its early stage. Currently no technology exists for isolating cancer cells from blood, as they occur at rates of 1 in 100 million. It is being tested for cancers of the ovary, pancreas, colon, prostate, breast, and lung. It may be particularly useful in diagnosing and staging lung cancer, which is difficult to biopsy.

Collaborators: Wen-Tien Chen, PhD, Department of Medicine, works with clinicians at Stony Brook University Cancer Center and the Geneseo Clinical Research Center (GCRC)—both of which provide blood and tissue samples of colon and breast cancers. In addition, as a joint venture with Stony Brook University, Dr. Chen has established a biotechnology company focusing on commercializing cell separation technologies (WTC1) in the form of blood tests for cancer diagnosis.

The National Women’s Health Initiative (WHI) Clinical Center at Stony Brook

The WHI is currently involved in several national, highly influential studies: WHI Clinical Trial and Observational Study. This national study, with follow-up through 2010, has had a profound effect on medical practices following the findings of post-menopausal hormone trials. The clinical trials tested the role of hormone therapy, low-fat diet high in fruit, vegetables, and grains; and calcium and vitamin D supplements on the health of 3,400 post-menopausal women. Major outcomes studied are breast and colorectal cancer, cardiovascular disease, and fractures due to osteoporosis.

Collaborators: Catherine Messina, PhD, Principal Investigator; Dorothy S. Lane, MD, MPH, and Iris Granek, MD, MS, Co-Investigators.

Stony Brook’s Institute of Chemical Biology and Drug Discovery

The Institute has two NCI-funded projects underway. One is on the discovery and development of the new generation taxoids, led by Iwao Ojima, PhD, Stony Brook. Taxoids are delivered to tumors and internalized into tumor cells so that potent anticancer drugs are released into the cytoplasm. The other is on the discovery and development of new inhibitors of epidermal growth factor receptor (EGFR) signaling pathways, led by Richard Lin, MD, and Howard Crawford, PhD, to study new inhibitors to prevent pancreatic cancer.

Collaborators: Dorothy Lane, MD, Department of Preventive Medicine, $850,000 grant through December 2012: Role of GTPase-activating Proteins in Liver Carcinogenesis.

National Institutes of Health Cancer Grants

Many Stony Brook University physicians and scientists conduct research with the support of National Institutes of Health (NIH)-funded grants. This year, Stony Brook’s Institute of Chemical Biology received renewal of the NIH-NCI Training Grant “Cancer Biochemistry and Cell Biology” for another five years. The grant, which has run for 31 years, will bring in more than $2 million to support the training of seven pre-doctoral students and four post-doctoral fellows.

In addition, the following Stony Brook investigators have been recently awarded NIH cancer grants by the NCI:

1. Galina Botchkina, PhD, to study prostate cancer stem cell directed activity of new generation taxoids
2. Richard Lin, MD, and Howard Crawford, PhD, to study new inhibitors to prevent pancreatic cancer
3. Jerome Liau, PhD, to investigate the use of low-dose computed tomography in screening for lung cancer
4. Jennie Williams, PhD, to determine the underlying mechanisms of the racial disparity in the response to chemoprevention in colon cancer

Grant Highlights

Targeted Research Opportunities

Stony Brook has received targeted Research Opportunities (TRO) grants that will advance efforts in translational research in the areas of cancer, human genetics, high-tech imaging, and biomedical engineering and technology development. Funding comes from a coordinated effort by the Office of Scientific Affairs and the Office of the Vice President for Research with the Coulter Foundation, the Carol M. Baldwin Fund, The Ward Melville Heritage Organization, and the Catasusin Fund.

American Cancer Society Funding

American Cancer Society (ACS)-funded researchers have historically been a part of major cancer breakthroughs. One such ACS funding was Stony Brook’s Kenneth Kaushansky, MD, Senior Vice President, Health Sciences, and Dean, School of Medicine, who was supported at the beginning of his career with a $90,500 Junior Faculty Research Award. For more than 25 years, the American Cancer Society has been a strong partner of SUNY Stony Brook in the areas of patient services, support, and research. Since the early 1980s, the American Cancer Society has funded 95 grants totaling $13,670,416 to researchers at SUNY Stony Brook.

The ACS is currently funding three grants at Stony Brook totaling $1,675,000.

Symposia

Cancer Center Symposium

The Cancer Center, along with the Department of Molecular Genetics and Microbiology, held its second symposium April 27, 2010, titled, “Cancer Stem Cells, Differentiation and Metastasis.” Organized by Michael Hayman, PhD, and Howard Crawford, PhD, the symposium was attended by approximately 200 area physicians and scientists. The event featured internationally renowned experts in cancer and cell biology. As a result of the event’s success, future cancer research symposia are planned.
**Examples of Published Research**

Investigators in the Department of Urology, in collaboration with the Department of Medicine, have published research that has expanded the current knowledge base for prostate cancer metastasis and may eventually lead to the development of new treatments for trials in humans. Other investigators in the Department, working with the Department of Surgery, have published research that demonstrates the utility of urine telomerase activity as a screening tool for prostate cancer; with future studies planned to investigate the potential benefit of this as a first-line screening test.

**The Stony Brook Tissue Bank**

Established in 2004 in the Department of Pathology by the Medical Center and the School of Medicine, this facility banks normal, abnormal, and malignant tissue specimens and serums to support the discovery of molecular diagnostics and markers of disease progression. The laboratory is directed by surgical pathologist, Youjun Hu, MD, and assisted by experienced researcher Gayle Lark. Dr. Hu works closely with cancer surgeons to obtain tissue specimens under informed patient consent.

**The Cancer Clinical Trials Office**

Program Leaders: Robert I. Parker, MD, Medical Director for Clinical Trials; Patricia Herrnshof, ND, Administrative Director for Clinical Trials; Research Nurses Patricia Delli Bosco, RN, Kim Lykke, RN, and Gail Martin, RN; Administrative Assistant Lydia Reoven

The overarching goal of the Stony Brook University Cancer Center Clinical Trials Program is to provide patients with the most innovative treatments for cancer. Clinical trials offer patients access to the most promising treatments for many types of cancers, and patients in clinical trials are among the first to receive new treatments before they are commonly available. Patient participation in clinical trials is vital to advancing treatments for specific cancers, as this is the only mechanism by which the effectiveness of new treatments and new drugs can be demonstrated. In fact, all of the most effective standard cancer treatments have come about because of their initial testing in clinical trials.

Because it is widely recognized that patients who participate in clinical trials experience outcomes that are at least as good, and generally better, as those for patients who are not enrolled in trials, Stony Brook patients (who qualify) are given the opportunity to participate in the Clinical Trials Program. All clinical trials conducted at the Stony Brook University Cancer Center are managed by experienced physicians who carry out these treatment trials on patients with regard to maximum safety and comfort. The Cancer Clinical Trials Office assists Stony Brook University Cancer Center investigators in developing and completing scientifically valid clinical trials in an organized, cost-effective, and methodologically sound manner. Major areas of responsibility include protocol activation and coordination, liaison with regulatory agencies (including the Institutional Research Review Board, NIH, FDA and pharmaceutical companies), treatment safety monitoring, data management, and the provision of research nursing support. The physician-investigators of the Stony Brook University Cancer Center are involved in a number of interdisciplinary, multicenter, clinical trials groups including the Eastern Cooperative Oncology Group (ECOG), the Children’s Oncology Group (COG), the American College of Surgeons Oncology Group (ACOSG), the National Surgical Adjuvant Breast and Bowel Project (NSABP), Cancer and Leukemia Group B (CALBG), the Gynecologic Oncology Group (GOG), and the Radiation Therapy Oncology Group (RTOG). The Cancer Center Clinical Trials Office plays a critical role in these activities. In addition, the office coordinates physician-initiated in-house therapeutic trials and phase I, II, and III pharmaceutical-sponsored research trials. Patients receive information about availability of cancer related clinical trials through formal mechanisms that include brochures and pamphlets, Web sites, patient information packets, the patient library, patient support group seminars on clinical trials, research coordinator, and the Nurse Navigators.

**Quality and Standards**

**Working to Meet and Exceed Nationwide Quality Standards**

**Cancer Registry**

Program Leaders: Vencice Kelly, CTR, Director; Margaret Celestino, Follow-Up Secretary; Audrey Hassett, CTR, Philip Lindenmuth, CTR, and Carole Whitehead, CTR, Abstractors

**OVERVIEW The Cancer Registry electronically stores case records on all types of tumors entered into a database. Case ascertainment includes search and analysis of all inpatient, same-day-stay, and emergency room admissions, as well as all ambulatory and clinic encounters and physician practice visits for cancer care. The database contains 46,820 tumor records. Epidemiologic data and annual followup are maintained on 34,577 analytic cases in the active database, referenced as of January 1, 1993, for follow-up and outcome analysis. Data is maintained in accordance with national standards. Security procedures are in place for confidentiality and disaster recovery. Since its inception in 1984, Cancer Registry has played an integral part in the interdisciplinary cancer care teams by collecting relevant information, providing statistical summaries, and disseminating information about cancer program standards to clinical, research, administrative, and education faculty. Staff provides input at cancer conferences and committee meetings, and work to meet the institution’s responsibility for Department of Health mandated cancer reporting standards.**

**Implementation**

Qualified researchers, administrators, and clinicians utilize de-identified cancer registry statistics for research, education, grant writing, administrative planning, cancer quality dashboards, and clinical outcomes measurements. Stony Brook’s participation in the American Cancer Society’s Datalinks Web site and the Commission on Cancer’s National Cancer Data Base annual call for data, as well as other special studies, contributes to the national database to foster research and analysis for advances in health management. The registry participates in providing data on national quality metrics for adenocort breast and colorectal cancer. For collected data to meet specific quality standards, continuous quality assessments are performed via electronically programmed coding edits, by physician advisor review, and by New York State Central Cancer Registry and National Cancer Data Base electronic edit programs for data quality. Physician advisors review 10 percent of analytic cases in the database for accuracy in coding collaborative staging and treatment. The staff participates in the appropriate continuing education and professional association activities. Stony Brook also hosts conferences and workshops, most recently the Long Island Cancer Registrars Association Spring Education Seminar in June 2010. Stony Brook University Medical Center’s annual cancer incidence tables and site specific surveys are posted on its Web site at StonyBrookMedicalCenter.org/CancerRegistry.

**New Cancer Patients at Stony Brook University Medical Center 2000-2009 Trends**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>Patient</td>
<td>2248</td>
<td>2238</td>
<td>2252</td>
<td>2200</td>
<td>2334</td>
<td>2381</td>
<td>2482</td>
<td>2618</td>
<td>2738</td>
<td>2863</td>
</tr>
<tr>
<td>Year-to-year change [-0.4%]</td>
<td>[-0.6%]</td>
<td>[-2.3%]</td>
<td>[+6.1%]</td>
<td>[+2.0%]</td>
<td>[+4.2%]</td>
<td>[+5.5%]</td>
<td>[+4.5%]</td>
<td>[+4.5%]</td>
<td>[+4.5%]</td>
<td>[+4.5%]</td>
</tr>
</tbody>
</table>

Source: Stony Brook University Medical Center Cancer Registry data base all accessors.
The Cancer Care Program is an integral part of patient management at Stony Brook University Medical Center. Tumor Board meetings are held each week at Stony Brook University Medical Center in 2009 and 2010. Physicians representing diagnostic radiology, pathology, surgery, and medical oncology participated in ongoing facility-wide conferences. Other participants included representatives from pulmonary medicine, dentistry, nursing, pain management, social work, pharmacy, nutrition, physical therapy, speech and hearing, cancer registry, and clinical trials research. In addition, faculty, residents, interns, fellows, and students in all specialties attended and participated in discussion relevant to clinical education. Tumor Board case clinical presentation series offers AMA Category 1 CME credits to eligible attendees.

Implementation
Multidisciplinary departmental and site-focused Tumor Board meetings foster a work environment that encourages the creation, assessment, and redesign of processes and systems, with each staff member of the Cancer Services team playing a role.

Implementation
Because cancer program standards demand that patients receive care and outcomes comparable to national standards, Stony Brook University Medical Center developed a Cancer Services Dashboard and Cancer Services Balanced Scorecard. Using input from the Cancer Committee, the Cancer Leadership Group, the site-focused Disease Management Teams, and other cancer centers, such as the National Comprehensive Cancer Network, College of American Pathologists, and Commission on Cancer, and select benchmarks for quality monitoring.

Program Leaders: William Greene, MD, Chief Quality Officer; Marc Shapiro, MD, Assistant Chief Quality Officer; and Christine Northam-Schuhmacher, RN, BSN, MS, Quality Management Practitioner

Overview
The Cancer Services Quality Management Program works to ensure the delivery of safe, effective, efficient, and accessible patient care. The program fosters a work environment that encourages the creation, assessment, and redesign of processes and systems, with each staff member of the Cancer Services team playing a role.

Implementation
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Overview
A key component of the Cancer Care Program and integral to patient management at Stony Brook University Medical Center, Tumor Board meetings provide a valued forum for the exchange of information, consultation, and collaboration. Cases are presented for diagnostic assessment of prognostic indicators, clinical and pathologic staging, consultation, review of treatment guidelines and clinical research protocols, treatment planning, re-treatment and review of outcomes, and educational purposes during all phases of care. Clinical staging, molecular markers, existing prognostication methods, and nationally recognized patient management guidelines and clinical trials are referenced in treatment planning and outcomes assessment.

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**The Cancer Committee**

The Cancer Committee is the designated multidisciplinary body for the administrative oversight, development, and review of cancer care services at Stony Brook University Medical Center. The Committee communicates directly with the Medical Center’s medical board, and its activities and recommendations directly impact programs. Members include physician representatives from the medical, surgical, diagnostic, and clinical areas along with representatives from supporting services involved with the care of patients with cancer. Its composition must include board-certified physicians from surgery, medical oncology, radiation oncology, diagnostic radiology, and pathology, along with a cancer liaison physician, clinical research manager, pain control/palliative care specialist, and representatives from Medical Center administration, nursing, social services, cancer registry, and quality assurance.

In 2010, a permanent member representing the American Cancer Society joined, and representation from the medical oncology community physician continued. Committees and work groups meet on Cancer Leadership, Cancer Quality Service, Tumor Board and Cancer Conferences, and Community Outreach and External Relations. Cancer Center Grand Rounds were initiated for CME on the fifth Tuesdays in 2010, which includes March 31, June 29, August 31, and November 30.

The Committee is charged with providing leadership to plan, initiate, stimulate, and assess the institution’s cancer-related activities, in accordance with the Commission on Cancer requirements for cancer program accreditation. Under the leadership of the Cancer Committee, Stony Brook’s Breast Care Center program was awarded national accreditation. During the same period, the Medical Center’s overall cancer care program received continued accreditation from the American College of Surgeons Commission on Cancer as a Teaching Hospital Approved Cancer Program, with full commendation on all standards, as well as the organization’s Outstanding Achievement Award.

- **Physician Members**
  - Theodore G. Gagel, MD, Hematology/Oncology, Committee Chair
  - Howard L. Adler, MD, Urologic Surgery
  - Roberto Bergamaschi, MD, Colorectal Surgery
  - William Greene, MD, Clinical Affairs
  - Lynn Hallarman, MD, Survivorship and Supportive Care
  - Susan McCarthy, LMSW, Social Work
  - Kathleen Noone, RN, Radiation Oncology and Supportive Care
  - Jennifer Fitzgibbon, RD, Oncology Nutrition
  - Rose C. Cardin, RN, Cancer Services
  - Michael W. Schuster, MD, Leukemia, Lymphoma, and Transplant Medicine
  - C. David Smith, MD, Medical Oncology
  - Cynthia Norheim-Schnurmecher, Quality Management
  - Rose C. Cardin, RN, Cancer Services Administration
  - Jennifer Flattigton, RD, Oncology Nutrition

- **Non-Physician Members**
  - Colette Pameijer, MD, Surgery, ACOS Liaison
  - Robert I. Parker, MD, Pediatric Oncology
  - Joseph M. Pappas, MD, Medical Oncology, Committee Chair
  - Michael W. Schuster, MD, Leukemia, Lymphoma, and Transplant Medicine
  - C. David Smith, MD, Medical Oncology
  - Cynthia Norheim-Schnurmecher, Quality Management
  - Rose C. Cardin, RN, Cancer Services Administration
  - Jennifer Flattigton, RD, Oncology Nutrition

**Patient Safety**

Stony Brook has continued to build a culture and commitment to patient safety. One initiative is “Patient Safety Fridays,” in which the Hospital’s leadership team— including close to 200 people from the level of manager on up—joins together every Friday to look at safety and regulatory issues aimed at making improvements. Friday mornings are dedicated to education and tracer activity, while the afternoon is devoted to unit and service-based safety and quality activities. When issues have been identified, the team engages in a united effort to rapidly resolve them.
Investing in the Best Ideas in Medicine

Supporting the Healthcare Needs of Long Islanders

Private support is essential to our progress, and we are fortunate to have many individuals and groups supporting our research efforts. This year, Stony Brook University Medical Center was the proud recipient of a $25,000 breast cancer research grant from Manhaset Women’s Coalition Against Breast Cancer (MWCABC). MWCABC is an all-volunteer, non-profit charitable organization founded in 1997 to unite women in the fight against breast cancer, as well as to create awareness, provide support, services, and fund research. The generosity of the MWCABC will enable Dr. Emily Chen to pursue her project, Cancer Stem Cells and Breast Cancer, which looks to provide a better understanding of the characteristics of stem-like breast cancer cells and their role in breast cancer metastasis.

“Concerned Women of the Grove” is a grassroots Fire Island community that gathers each year to raise funds to find treatments and cures for breast cancer research. The 15th Annual “Concerned Women of the Grove” fundraiser to support breast cancer research and services was held at August 6, 2011 at Cherry Grove.

Philanthropy is the platform for progress and essential to the fulfillment of our vision to achieve NCI designation and provide world-class cancer care. Investment in faculty recruitment, capital projects, and technology are needed. Choosing to invest in Stony Brook University’s Cancer Center will make a lasting impact on the lives of many for years to come. For information on how you can help Stony Brook University Medical Center and the Long Islanders we serve, please call Stony Brook Advancement at (631) 444-2899 or visit the Web site StonyBrookMedicalCenter.org/giving.

Bibliography


Cancer Prevention and Early Detection Facts and Figures, 2010, American Cancer Society, Atlanta, GA.


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