

Patient Commutes 3,000 Miles for Treatment at Institute

As CEO of a global software corporation — and a former college quarterback — Garry Chayefsky* is used to calling the plays. So when the type-A executive learned he had base-of-tongue cancer, he was determined to find himself the most advanced cancer care. Exhaustive Internet research and extensive networking yielded one name again and again: The Institute for Head and Neck and Thyroid Cancer at Beth Israel Medical Center (BIMC) in New York City, an acclaimed cancer facility 3,000 miles from his Seattle, Washington home.

“People come from very long distances — Italy, Greece, England, Israel, Mexico — to seek care from us for these very specialized problems,” acknowledges Mr. Chayefsky’s radiation oncologist, **Louis B. Harrison, MD**, clinical director, Continuum Cancer Centers of New York (CCCNY), chairman, Radiation Oncology, BIMC and St. Luke’s-Roosevelt Hospitals, and co-director of The Institute.

Poor Functional Outcomes With Traditional Treatment

Each year 39,000 Americans are diagnosed with head and neck

cancer — over 7,000 with cancer of the tongue, an organ that plays a crucial role in speech and swallowing. Base-of-tongue malignancies are typically managed with partial glossectomy and post-op radiation — an option that often provides good disease control, but horrendous functional outcomes.

Given Mr. Chayefsky’s very public career, “the goals of treating him,” says Dr. Harrison, “were both to cure him and to leave him with the best possible quality of life and function.”



Multimodality Care Challenges Specialists and Patients

Treatment would require the coordinat-

ed efforts of many medical specialists — and a huge personal commitment from Mr. Chayefsky himself. “We tell patients,” says **Stewart B. Fleishman, MD**, director, Cancer Supportive Services, CCCNY, “we’re going to put you through a very rigorous, multimodality treatment. At the end, you should be able to swallow, eat and talk — but it’s going to be a long haul.”

Pathologic Experts Directly Impact Patient Care

Mr. Chayefsky’s long haul began behind the scenes in The Institute’s onsite pathology labs, where **Bruce Wenig, MD**, chairman, Department of Pathology and Laboratory Medicine, CCCNY, and his colleagues scrutinize “thousands of head and neck cases,” says Dr. Wenig. The respected pathologic expert noticed that Mr. Chayefsky had a basaloid tumor, “a more aggressive type than ‘conventional’ squamous cell—notorious for being multifocal,” explains Dr. Wenig. This fact would “forewarn the clinician to look in other locations as well as the base of tongue,” says Dr. Wenig.

Since Mr. Chayefsky’s tissue slides were prepared in Seattle, they required reevaluation, performed by **Jean-Marc Cohen MD**, attending physician, Department of Pathology, BMIC. As a surgical pathologist, Dr. Cohen is able to “examine the patient, perform a biopsy, make stains, look under a microscope and determine,” says Dr. Cohen, “on the spot, what the diagnosis is.” In Mr. Chayefsky’s case, the reviewed slides confirmed diagnosis of a T3 base-of-tongue squamous cell carcinoma with spread to lymph nodes.

* Patient’s name and identifying features changed to preserve anonymity.

Tumor Board Guarantees Non-Territorial Treatment Planning

Within days Mr. Chayefsky's case was presented to The Institute's Tumor Board of 30 oncologic specialists, researchers and support service experts. At this meeting, cases may "get 10 different opinions — synthesized down to one final opinion about which is the best way to go," says **Mark S. Persky MD**, chairman, Department of Otolaryngology-Head and Neck Surgery, BIMC, Mr. Chayefsky's surgeon, and the associate director of CCCNY and co-director of The Institute.

The Tumor Board agreed that Mr. Chayefsky's treatment plan would include "concomitant chemotherapy and radiation therapy with brachytherapy and potential neck dissection," says Elise Carper, RN, MA, Radiation Oncology Practice Nurse, CCCNY, who oversaw Mr. Chayefsky's case and helped coordinate multimodality care. "Referrals were made," notes Ms. Carper, "to medical oncology, dentistry and gastroenterology" for percutaneous endoscopic gastrostomy (PEG) placement.

Oncologic Dental and Nutritional Care Anticipates Post-Therapeutic Needs

At The Institute, "we try to pre-empt problems," says **Joshua D. Verona, DDS**, attending dentist, Department of Otolaryngology - Head and Neck Surgery, BIMC, "by checking patients' oral condition before treatment starts" since radiation-associated side effects frequently delay post-op dental work for many months. After examining Mr. Chayefsky, Dr. Verona "reviewed an entire protocol of dental hygiene and jaw exercises," which, says Dr. Verona, would help relax radiation-tightened muscles.

Soon after, Mr. Chayefsky was admitted to BIMC for the PEG placement he would need to "maintain weight throughout treatment," says **David Seres, MD**, nutrition support physician, CCCNY. Dr. Seres urges "all patients who undergo radiation and chemotherapy from the palate down to have feeding tubes for the duration of their treatment."

Mr. Chayefsky was also fitted with a venous access device to facilitate the chemotherapeutic portion of his combined concomitant chemotherapy and radiation therapy — therapy shown to boost survival rates by 7%, according to a recent study. The agent, cisplatin, would "make radiation more effective by sensitizing the tumor cells," says **Bruce Culliney, MD**, medical director, Chemotherapy Infusion Suite, BIMC, as well as "kill cancer cells directly, for both local control and decreased risk of recurrence in the future." Chayefsky's treatment, recovery and rehabilitation.

Before simultaneous chemotherapy and radiation began, the Cancer Supportive Services team convened a "ducks-in-a-row-meeting" — as Dr. Fleishman dubs it. Attended by all involved medical personnel, the meeting would address special concerns and contingency plans for Mr. Chayefsky's treatment, recovery and rehabilitation.

Aggressive Symptom Management

A pioneering palliative care expert, Dr. Fleishman advocates "very active, aggressive symptom management in tandem with curative treatment — not just at end-of-life. We know that by day-10 of radiation therapy, patients will have throat pain, mouth pain, too much mucous — and they'll start to get mouth infections." In addition to providing daily oral hygiene care "we start patients on liquid pain medication because they can't swallow tablets," says Dr. Fleishman. When more pain relief is needed, "we'll switch to a patch," he says.

Locate a phone number the easy way



To find a phone number or for more information about a Continuum Cancer Centers physician or service, you only need ONE NUMBER:
(212) 844-6027.

A staff member is available to assist you at this number from 8 am to 5 pm, Monday through Friday.

Therapy “Rehearsal” and Integrative Medicine Ease Patient Anxiety

Mr. Chayefsky and the treatment team next ran a “rehearsal” of the radiation therapy session. The highly targeted stereotactic treatment required Mr. Chayefsky to be immobilized with a stiff mesh mask covering his face. “He had some anxiety,” recalls **Diane Serra, RN, MS**, Integrative Medicine Practice Nurse, CCCNY, who used “breathing and relaxation techniques,” she says, to help Mr. Chayefsky through each session. Ms. Serra also uses “biofeedback and guided imagery,” she explains, “to help patients create a space where they can feel comfortable during therapy.”

For the utmost precision, “we obtain a PET/CT scan,” explains **Roy Holliday, MD**, director of radiology, BIMC, “with the patient in the exact same position in which they will undergo radiation therapy. The PET/CT lets us fuse both functional and anatomical information to optimize the radiation dose to the volume of the tumor” and spare healthy tissue.

With the Institute’s state-of-the-art equipment “we can exactly localize areas of hypermetabolic activity,” explains his colleague, **Azita S. Khorsandi, MD**, attending physician, Department of Radiology, BIMC, who notes that The Institute is “the only imaging center in the northeast where a specialized head and neck radiologist — in cooperation with a nuclear medicine specialist — reads the examination.”

Managing Care for the Whole Patient

Over the next six weeks, Mr. Chayefsky’s concomitant chemotherapy and radiation therapy would take a huge physical toll and also involve “a big paradigm shift for him,” says Dr. Fleishman. “The unexpected challenge with someone who’s used to being in charge—used to ordering systems and people around—is they have a tougher time with treatment.”

With concomitant chemotherapy and radiation therapy complete, Mr. Chayefsky returned to Seattle for four weeks rest — remaining in close contact with The Institute’s physicians and Supportive Services team through “many, many phone calls,” recalls Dr. Fleishman, “and a lot of Blackberrying.”

When Mr. Chayefsky returned to The Institute for the last leg of his therapy — neck dissection to check lymph nodes and brachytherapy — his treatment team was thrilled to learn he had “had a complete response to the radiation and chemotherapy,” says Dr. Harrison.

During the four-hour surgical dissection, Dr. Persky thoroughly examined Mr. Chayefsky, confirmed he was tumor-free, removed the questionable lymph nodes from his patient’s neck and submitted them to the pathology department for microscopic evaluation. Dr. Harrison then implanted Mr. Chayefsky’s brachytherapy catheters.

The Institute’s pathology department rushed results back to the OR: all nodes were negative for malignancy.

After a few days rest, Dr. Harrison placed irradiated seeds in Mr. Chayefsky’s brachytherapy catheters for final localized treatment to the tumor site. Supportive Services once more stepped in to make Mr. Chayefsky as comfortable as possible — in addition to brachytherapy catheters, his post-op recovery involved dual neck incisions, a tracheostomy and PEG.

Successful Finish to a “Long Haul”

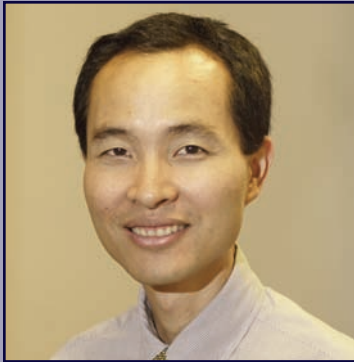
As of this writing, after brachytherapy, Garry Chayefsky has returned to Seattle. While he needed support to transition back to eating by mouth, maintaining weight and managing therapy’s side effects, Mr. Chayefsky gradually felt better and after about five weeks began eating and shortly after that he was back to his normal self — free of cancer, able to swallow, speak — and call the plays again.

Maxillofacial Team Offers Hope to Patients When “Treatment is not an Option”

“I’m sorry, surgical treatment is not an option.” Even today, oral cancer patients will hear those words at some of the best oncologic facilities in the country. While curative surgery can resect their maxillary and mandibular tumors, afterwards “there is no solution for how to put these patients back into an accessible form to carry on their lives,” explains **Mark L. Urken, MD, FACS**, chief, Department of Otolaryngology-Head and Neck Surgery, BIMC, co-director, The Institute for Head and Neck and Thyroid Cancer, BIMC.

Meet Our Physicians

In each issue of the Cancer News Update two physicians from the Continuum Cancer Centers of New York are profiled.



Kenneth Hu, MD

Co-Director, The Institute for Head and Neck and Thyroid Cancer; Co-Director, Head and Neck Cancer Molecular Biology Research Laboratory, Continuum Cancer Centers of New York (CCCNY); Director, Radiation Oncology, New York Eye and Ear Infirmary; Attending physician, Department of Radiation Oncology, Beth

Israel Medical Center and St. Luke's-Roosevelt Hospital Center

Dr. Hu is a radiation oncologist with special expertise in head and neck brachytherapy and intraoperative radiation therapy (IORT). A graduate of Harvard Medical School-MIT, Dr. Hu completed a radiation oncology residency at Memorial Sloan-Kettering and fellowship training in brachytherapy/stereotactic radiosurgery at BIMC before coming on staff in 1999.

Dr. Hu's busy radiation oncology practice draws patients from the greater tri-state area and includes community-based work in New York's Chinatown. He also partners with regional oncologists to provide advanced radiation treatment to geographically distant patients. A physician-researcher, Dr. Hu directs translational studies and conducts clinical trials that examine a variety of molecular strategies to refine and improve radiation and chemotherapies.

"To deliver optimal treatment for head and neck cancer patients, multidisciplinary treatment expertise with excellent supportive care is crucial. Very few centers in the US have such factors in place which enable the design of treatment approaches tailored to a particular patient's cancer. The combination of The Institute's high patient volume and wonderfully collaborative environment promotes high quality care and innovative clinical research," says Dr. Hu.

The Institute's vertically integrated head and neck care is also "crucial," according to Dr. Hu. "Multidisciplinary head and neck cancer care must be coordinated like a ballet," he says. All cross-disciplinary specialists need to "work closely and troubleshoot so that problems are anticipated and averted," remarks Dr. Hu, adding, "Having such expertise in one health care system makes it that much more convenient for the patient and referring physicians."

The Institute's cross-disciplinary team—including **Daniel Buchbinder, DMD, MD**, chief, Division of Oral and Maxillofacial Surgery, Department of Otolaryngology-Head and Neck Surgery, BIMC, **Adam Jacobson, MD**, Department of Otolaryngology - Head and Neck Surgery, BIMC, and **Devin J. Okay, DDS**, director, Prosthodontics and Maxillofacial Surgery, Department of Otolaryngology - Head and Neck Surgery, BIMC – can "offer surgical options," says Dr. Urken, "to patients who would otherwise not be candidates for treatment."

Pioneering Partners in Sensate Free Flap Surgery

Drs. Urken and Buchbinder began their cross-disciplinary collaboration in 1987, back when "it wasn't common," notes Dr. Buchbinder, "for an otolaryngologist and an oral maxillofacial surgeon to work together." The partners' synergy led in 1989 to the creation of sensate free flap surgery, a completely novel curative and reconstructive approach to some of the most intractable maxillary and mandibular cancers.

"We saw three major areas of need," explains Dr. Urken. "One was delivery of vascularized bone to replace the missing section of the jaw. Second was contouring for appropriate occlusal relationship. And third was fixation of the bone for a stable healing environment. Using microvascular surgery we were able to attach nerves and restore sensation to the tissue."

Unparalleled Reconstructive Expertise

Now widely emulated, the groundbreaking procedure revolutionized jaw reconstructive surgery and created almost miraculous new possibilities for “untreatable” patients. Since then, the partners have cared for more than 10,000 patients, performed over 1,500 free flap surgeries and collaborated on 450 upper and lower jaw reconstructions. With a 98%-99% success rate, they are inarguably the most experienced maxillomandibular reconstructive team in the world.

Driven to “push the envelope beyond what current practice has established,” says Dr. Urken, the team’s “next evolutionary step was functional dentition,” for edentulous patients. “The opportunity to capitalize on the marriage of healthy bone, appropriate jaw relationship and dental implants,” he says, “was something we dreamed of.”

Next-Generation Maxillofacial Reconstruction

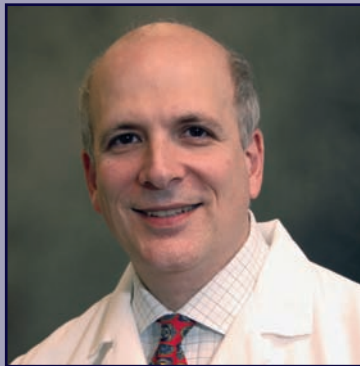
The dream became reality in 1994 when Dr. Okay, one of a very “few people trained in maxillofacial prosthetics,” says Dr. Buchbinder, joined the partners. Dr. Okay expertly crafts extraordinarily life-like dentition and prosthetic eyes, noses and ears “used in conjunction with implantology,” explains Dr. Okay, “so that they essentially become bone-anchored.”

DID YOU KNOW?

The American College of Surgeons, Commission on Cancer, has granted Continuum Cancer Centers of New York a full 3-year accreditation, with commendation.

Meet Our Physicians

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Daniel Buchbinder, DMD, MD

Chief, Division of Oral and Maxillofacial Surgery, Department of Otolaryngology-Head and Neck Surgery, BIMC; the Institute for Head and Neck and Thyroid Cancer at BIMC

Before coming onboard at BIMC, Dr. Buchbinder served as Chair of Dental Medicine and Division Chief of Oral and Maxillofacial Surgery at Mount Sinai

Medical Center, New York City. He holds a medical degree from Mount Sinai School of Medicine and a doctorate in dental medicine from the University of Montreal, Canada. Dr. Buchbinder served his residency in oral and maxillofacial surgery at Mt. Sinai and completed an internship in dentistry at Montreal’s Sir Mortimer B. Davis Jewish General Hospital.

Acclaimed for his collaborative work with BIMC’s Head and Neck and Maxillofacial surgical team (see Maxillofacial Team Offers Hope to Patients When “Treatment is not an Option,” page 4) Dr. Buchbinder also maintains a busy trauma and congenital deformity maxillofacial practice.

At BIMC, “I think we really have an advantage,” notes Dr. Buchbinder, “in being able to offer a variety of options, including osteotomy and distraction osteogenesis” to correct jaw and facial disfigurement.

An osteotomical innovator, Dr. Buchbinder pioneered use of resorbable fixations — tiny screws and plates that safely biodegrade and often eliminate need for additional surgeries.

Distraction osteogenesis offers options to patients outside “the anatomical envelope of osteotomy,” explains Dr. Buchbinder. Using a device called a distracter, Dr. Buchbinder slowly moves and stretches surgically created fractures to create a soft tissue envelope that encourages bone regeneration.

Along with his surgical practice, Dr. Buchbinder juggles clinical research, fellowship training and a packed international guest lecture schedule. His fluency in five languages supports Dr. Buchbinder’s patient-care philosophy. “We really want to try and educate not only our patients but their families,” he says, adding, “We look at treatment as a partnership—not only for the short time that we treat patients in the hospital. This is a long-term relationship.”

The three-man team has since introduced streamlined procedures that deliver unprecedented functional and cosmetic outcomes. Today, in a single 14-16 hour surgery, the partners resect, reconstruct, revascularize and place dental implants—full permanent dentition is affixed very soon after surgery.

“Osteointegration takes about four months,” remarks Dr. Okay, “but the clock is already ticking at the time of the surgery.” Traditionally, equivalent treatment requires multiple operations over several years’ time.

Vertically Integrated Care

While all team members are acclaimed specialists in their own disciplines — Dr. Urken is a sought-after head and neck and thyroid surgeon, Dr. Buchbinder maintains a busy trauma and congenital deformity reconstruction practice, and Dr. Okay manages private dental and prosthodontic services — collaborative work remains central to the partners.

The surgeons work in adjacent suites at The Institute’s customized facility in the Phillips Ambulatory Care Center where they can conveniently “review all information together, come to a collective decision and, as a unified team, present our plan to the patient,” says Dr. Urken. Supported by The Institute’s 30 multidisciplinary head and neck specialists, the maxillofacial team is “able to implement treatment under one-roof,” says Dr. Urken, “from beginning to end.”

Patient-Driven Innovation

As the team looks to the future, they increasingly utilize novel max-

illofacial and prosthetic technology to refine treatment planning — and improve outcomes. “A lot of tumors present on one side of the face,” explains Dr. Okay. “Using advanced digital technology we can get information about the other side of the face or jaw and use this for reconstruction.”

“To look back,” says Dr. Urken, “and see how little we could do for patients with immensely devastating problems — and now to be able to restore them to an extremely high quality of life...it’s very gratifying.”

Overcoming “Town-Gown” Syndrome

“Town-gown” syndrome — the tension between prestigious, university-affiliated medical centers and community-based facilities: “It’s just an arrogant attitude,” sighs **Louis Harrison, MD**, clinical director, Continuum Cancer Centers of New York (CCCNY), chairman, Radiation Oncology, BIMC and St. Lukes-Roosevelt Hospitals. “And,” he adds emphatically, “it doesn’t reflect the reality of the situation.”

Today the strained relationship between urban and community physicians is being “changed by a group of doctors who realize that the patient really benefits from cooperation” rather than competition, says **Mark S. Persky, MD**, chairman, Department of Otolaryngology-Head and Neck Surgery, BIMC, co-director, The Institute for Head and Neck and Thyroid Cancer and Associate Director, Continuum Cancer Centers of New York. Physicians from BIMC and Glens Falls

Hospital, Glens Falls, New York, are working closely together to coordinate state-of-the-art care for upstate New York patients with complicated oral cancers.

Patient care begins 150 miles north of New York City at Glens Falls Hospital, “a moderately large community-based cancer center,” says **Lance I. Hellman, MD**, radiation oncologist at Glens Falls Hospital. “Because we’re the only provider in the region, we really get a tremendous range of pathology — which includes a fairly active head and neck service.”

“While we handle the majority of cases up here,” he says, “any cancer involving the tongue, I’ll refer to Lou Harrison.” Dr. Harrison is a radiation oncologic expert who pioneered combined concomitant chemotherapy and radiation therapy and brachytherapy treatment for tongue cancer. For refractory laryngeal cancer, advanced parotid malignancies, “or for any advanced procedures that local doctors have even the slightest hesitation taking,” says Dr. Hellman, “I’ll refer exclusively to Dr. Persky,” an acclaimed head and neck surgeon.



Fourteen Years of “Unbelievable” Success

Glens Falls Hospital’s “success rate with base-of-tongue or oral tongue cancer is really unrivalled,” says Dr. Hellman, thanks, he believes, to collaborative care with Drs. Persky and Harrison. “These are cancers,” stresses Dr. Hellman, “that are supposed to have 10% - 15% cure rates and I don’t think we’ve lost one a year,” in the 14 years that the physicians have shared care. “The success rate has been unbelievable.”

Isn’t it difficult to manage long distance care? “It’s really not,” replies Dr. Hellman. “Between fax, email and telephone, coordination has been really easy.” At Glens Falls, “we do a full work up locally — PET and CT scans and biopsy,” he says, and then patients book an appointment at BIMC.

The patient travels to BIMC for examination and diagnostic review, and physicians from both facilities discuss findings and reach consensus on a treatment plan. A tongue cancer patient, for example, would return to Glens Falls for first-phase care that includes consultations with an oral surgeon, gastroenterologist and nutritionist, followed by combined chemotherapy and intensity modulated radiation therapy (IMRT).

After concomitant chemotherapy and radiation therapy, Dr. Hellman’s office schedules a neck dissection at BIMC, “done by Dr. Persky at the same time that Dr. Harrison does the brachytherapy implants,” explains Dr. Hellman. “The patients stay down there 2-5 days, then they are right back to us” for the remainder of care.

All parties agree that the highly successful treatment they share would be impossible without tremendous “mutual respect that makes everyone confident,” says Dr. Harrison. “I couldn’t function the way I do with them if I didn’t truly believe in the quality of their care. They’re really good doctors.” During the entire therapeutic process “there’s constant feedback,” says Dr. Persky, “constant sharing of information on a timely basis.”

Unprecedented Concentration of Expertise

The specialists at BIMC “offer unique skills you’d have a hard time finding anyplace else,” according to Dr. Hellman. “Mark Persky is one of the finest physicians I’ve met in any field — a true gentleman with unbelievable head and neck expertise. Dr. Harrison was the head of brachytherapy at Sloan-Kettering” before coming to BIMC, notes Dr. Hellman. “And Dr. Roy Holliday,” director of BIMC’s Department of Head and Neck Radiology, “knows more about head and neck anatomy and radiology than anybody anyone’s ever met.”

“If there’s another program like this anywhere in the Northeast,” says Dr. Hellman, “I’m unaware of it. It’s a level of service I’ve never seen anywhere else.”

This coordination of patient care has resulted in collaboration most recently with another group in the Danbury, Connecticut area.

Patient Advocate Who Walks the Walk

“The thing is, I get it,” says **Jennifer Banko**, patient advocate at The Institute for Head and Neck and Thyroid Cancer, BIMC. “I’ve been through every emotion, every torment, every torture these patients experience.”

A member of the support staff for The Institute’s head and neck and maxillofacial team, Ms. Banko educates, advises and guides patients through the medical maze of oncologic treatment, rehabilitation and support services at BIMC. But her experience with cancer is not vicarious. She has dealt with the disease firsthand. Twice.

Equal parts social service coordinator, health care expert, concierge and motivational coach, Ms. Banko exudes an upbeat energy, optimism and humor that belie her own personal ordeals. In 1999, her husband and the father of their two preschool sons — a young, non-smoking “marathon biker and health food nut,” she says — was diagnosed with advanced oral cancer.

Three years later, after resection, free flap reconstructive surgery, four additional operations and radiation therapy, Ms. Banko’s husband died. Fourteen months later Ms. Banko was diagnosed with ovarian cancer. (Successfully treated, she has been cancer-free since 2004.).

“I really do have,” she says with certainty, “an absolutely intimate understanding of what our patients go through.”

Integrative Medicine Practitioner Helps Patients Help Themselves

Fear. Panic. Claustrophobia. Patients with oral cancer experience such high anxiety while undergoing radiation therapy — their faces immobilized under a rigid mesh mask to precisely focus therapeutic beams — that treatment is sometimes delayed or cancelled altogether. But not at The Institute for Head and Neck and Thyroid Cancer at Beth Israel Medical Center, thanks to the relaxation and “self-regulation” techniques taught by **Diane Serra, RN, MS**, Integrative Medicine Practice Nurse, BIMC.

By guiding patients through abdominal breathing, guided imagery, progressive relaxation and other calming practices, patients learn to reduce anxiety, pain, and therapy-associated side effects and “maintain some level of self-empowerment,” as they cope with their illness, says Ms. Serra, who has specialized in holistic practice for the last 12 years of her three-decade nursing career.

“Most patients — most people,” explains Ms. Serra, “don’t know how to relax. I teach patients how to become aware of their breath and help them shift breathing from their upper chest where they’re tapped into their sympathetic nervous system — the fight or flight response — to diaphragmatic breathing that helps them slow down their nervous response.” Ms. Serra also uses biofeedback, Therapeutic Touch, Reiki, and acupressure in her practice.

In addition to educating patients in these holistic healing modalities, “I teach spouses how to work with their family member,” she says. The wife of one oral cancer patient, recalls Ms. Serra, was delighted to find that acupressure eased her husband’s therapy-associated nausea and incessant hiccups. After that, “her husband,” says Ms. Serra, “wanted me to teach the whole staff acupressure. ‘This is great,’ he said. ‘And it works!’”

Unconditional 24/7 Patient Support

Patients usually arrive in Ms. Banko’s office within minutes of first hearing their diagnosis and treatment plan. Almost universally, they are in a state of shocked incomprehension. “I’ve had people say, ‘I can’t hear a word you’re saying,’” she recalls. “I introduce myself and give them my card.” Patients are often so overwhelmed “they don’t know what they want or need,” she says. “I tell them they can call me day or night if they need support in any way.”

Ms. Banko provides patients with disease- and treatment-specific information — pamphlets, brochures, books, Websites—and referrals to BIMC services, including nutritional counseling, integrative medicine, pain and palliative care, support groups, psychotherapy and social work. She provides logistical help, driving directions, advice on insurance issues — even hotel and restaurant reservations.

What many patients appreciate most, however, is Ms. Banko’s willingness to share her own experience

and her singular perspectives. “Our doctors have the highest level of expertise,” she explains. “And they are passionate about what they do. The nursing staff is unbelievably skilled. These people love their patients. But the doctors and nurses have never experienced this. I have. I get it — and I help them ‘get it,’ too.”



Help Promote the Website for Continuum Cancer Centers of New York – Tell your patients to visit www.Cancer.WeHealNY.org

The Continuum Cancer Centers of New York's Website provides information on all of the Center's programs, special services and physicians.

Our disease-specific sections help patients understand their diagnosis and treatment options, and learn how our specialized programs focus on the best possible outcomes while maintaining their quality of life.

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Welcome

The Department of Otolaryngology - Head and Neck Surgery at Beth Israel Medical Center (BIMC) in New York City. We promote the most up-to-date methods of diagnosing, treating and rehabilitating patients with diseases of the head and neck.

Whether you are looking for advanced head and neck cancer care... minimally invasive skull-base surgery... or innovative sinusitis treatment, you'll find the state-of-the art services you need at the Department of Otolaryngology - Head and Neck Surgery at Beth Israel Medical Center (BIMC).

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A 100-year tradition of surgical innovation

An essential program of Beth Israel Medical Center for over a century, BIMC's Department of Otolaryngology came to national prominence in the 1960s under the leadership of the late Dr. Max L. Som. An acclaimed head and neck expert, Dr. Som's surgical innovations ushered in a new era of head and neck cancer care that emphasizes both cure and quality of life.

Today, Beth Israel physicians and researchers continue to pioneer surgical techniques and medical therapies that advance the field of otolaryngology.

Superb Otolaryngology care and much more

At BIMC, otolaryngology-pronounced oh-toe-lair-in-goll-oh-jee-is more than ear, nose and throat (ENT) care. Our board-certified, specialty-trained physicians offer a range of services, including:

- **Head and neck surgery:** Our surgeons are internationally recognized for their innovation in head and neck and thyroid cancer treatment.
- **General otolaryngology** for obstructive sleep apnea, hoarseness, speech and swallowing problems, infections and injuries to the head and neck.
- **Rhinology and endoscopic sinus and skull base surgery** using the latest minimally invasive techniques to treat sinusitis and disorders of the nose, sinuses and skull-base,

The Institute for Head and Neck and Thyroid Cancer Service Directory

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