

Cancer Quarterly

NEWS UPDATE
Information from
Continuum Cancer Centers of New York

State of the Service Line: Highlighting Three Years of Unified Excellence

PART TWO

In its last issue, the Cancer Quarterly News Update took a look at the many achievements of Continuum Cancer Centers of New York since its inception three years ago. This issue further explores the success of this multidisciplinary service.

With the integration of the individual cancer programs into a service line, a stronger and more comprehensive treatment program is being built. Much of this success is due to the emphasis on a multidisciplinary, multi-institutional approach.

This integration gives patients access to the latest advances. From breast cancer to lung cancer to skull base tumors, Continuum Cancer Centers of New York (CCCNY) are committed to utilizing state-of-the-art approaches to cancer care—and being at the forefront of developing new treatments.

Surgery

One successful example of this integration can be found in the surgical program, which is using the latest computer technology to foster communication between the institutions. With the help of a \$1 million gift from the Saul and Marguerite Berger Foundation for the development of surgical oncology across CCCNY, unified database management systems for breast, thoracic, and colorectal cancers were implemented.

“Our databases allow us to keep long- and short-term records on our patients,” says **Warren E. Enker, MD**, Director, Surgical Oncology and Associate Director, CCCNY; and Vice

Chairman, Department of Surgery, Beth Israel Medical Center (BIMC).

With the unified databases, all health care providers contribute to one pool of information, and the same questions are asked about each patient. A physician, nurse practitioner, or other health care professional enters the data on a hand-held computer while seeing the patient, then downloads it into the main database.

“When you accumulate thousands of records of patients who have had surgery for specific stages and types of cancer and you know the outcomes, the information serves as a foundation for reporting academically,” Dr. Enker explains. “This is very important, because you can’t recruit top-notch people without showing them that there is a solid foundation for reporting clinical research.” He adds that all information is confidentially maintained and compliant with all Health Insurance Portability and Accountability Act (HIPAA) guidelines.

At Long Island College Hospital (LICH), a pioneer in bloodless surgery, they have incorporated bloodless techniques into the cancer program.

“Bloodless surgery is where we got much of our recognition, and now we

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NY Eye & Ear Infirmary

perform a lot of major cancer work under the bloodless program,” says **Antonio Alfonso, MD**, Chairman, Department of Surgery, LICH. “Many patients get referred to us from other institutions.”

“When summarizing the strengths of LICH in terms of cancer, it’s worth noting that the chairs of the major clinical departments are all oncologists. That was never planned—it basically just happened—but it means we are naturally in tune and concerned with cancer.”

Pathology

Pathologists also play an integral role in the multidisciplinary process.

“Although we work behind the scenes and typically have limited direct patient contact, pathologists must often determine if a growth represents a malignancy,” says **Bruce M. Wenig, MD**, Chairman, Department of Pathology and Laboratory Medicine; Co-director, Institute for Head and Neck Cancer; and Associate Director, CCCNY. “The pathologist’s diagnosis is one piece of a complex puzzle that is integrated with the clinical information and radiologic findings. In concert with the surgical and radiation oncology teams, it represents a true multidisciplinary effort in the diagnosis and treatment of the cancer patient.”

Disease-Specific Programs

Disease-specific programs at CCCNY use a multidisciplinary approach to provide the best cancer care.

Head and Neck Cancer

“It wasn’t too long ago that surgeons and radiation oncologists had territorial interests,” says **Roy B. Sessions, MD**, Associate Director, CCCNY; Co-Director, Institute for Head and Neck Cancer; and Chairman,

Otolaryngology, BIMC. “When building the head and neck cancer program, Dr. Louis Harrison and I felt that the integration and synergy between disciplines was fundamental to head and neck cancer management.”

Head and neck physicians hold weekly tumor boards that allow members of the various disciplines to share ideas, examine cases, and dis-

cuss individualized treatment plans for each patient.

“Our goal has been to build a truly integrated multidisciplinary head and neck team, in which the treatment strategies were planned in advance with discussion from all the groups,” Dr. Sessions says.

The head and neck service also features an integrated research program for both clinical research and molecular science.

“Our faculty members work together on clinical research, and we have regular research meetings where we are all brought up to date. It has led to some really first-rate ongoing clinical research,” Dr. Sessions says. “We also have a molecular laboratory that is shared by Beth Israel and the New York Eye and Ear Infirmary (NYEEI), which is producing top-notch scientific achievements.”

Head and neck cancer treatment benefits greatly from the new techniques and technologies that have been developed in recent years.

“The head and neck are filled with organs that are vital to the essence of everyday life, such as vision and speech,” says **Louis B. Harrison, MD**, Clinical Director, CCCNY; Co-Director, Institute for Head and Neck Cancer; and Chairman, Radiation Oncology, BIMC and St. Luke’s and Roosevelt Hospitals (SLRH). “When cancer invades these areas, certain treatments can jeopardize their functions. It’s imperative for us to have great respect for the organs, and to try to treat the cancer without destroying the function.”

The radiation program for head and neck cancer utilizes all modern technological advances, including brachytherapy, three-dimensional conformal external beam radiation

New York Community Trust Cancer Research Program Receives Funding

The New York Community Trust (NYCT) recently gave \$250,000 to a Continuum hospitals program that aims to provide access to the best health care for underserved New Yorkers.

Now in its fourth year and totaling over \$1 million, this unique grant allows Continuum hospitals to offer underserved people who have cancer the opportunity to benefit from participation in therapeutic cancer research studies. The grant supports personnel for psychosocial assessment and care, research nursing, social work, clergy, nutrition and psychiatry—as well as a safety net fund for out-of-pocket expenses associated with being in a clinical trial.

“We are particularly grateful to the many people who have made important contributions to the NYCT Cancer Research Program during its three-year history,” says **Ronald H. Blum, MD**, Director, Cancer Centers and Programs, BIMC and SLRH. “Without the NYCT funding, we would not have the resources to support the research infrastructure, the Cancer Supportive Services Program health care professionals, and the vital safety net funds.” ■

therapy, and intensity modulated radiation therapy. Beth Israel is also one of the few hospitals in the country to offer intraoperative radiation therapy.

“For tumors that have the possibility of extending microscopically beyond what is being resected, we can give high doses of localized radiation while the patient is undergoing the operation,” explains **Mark Persky, MD**, Co-Director, Institute for Head and Neck Cancer; Vice Chairman, Otolaryngology, BIMC; and Associate Director, CCCNY. “One of the advantages of this is that we are able to give local tissue a high dose of radiation in a way that doesn’t affect the other tissues.”

Stereotactic radiation, a more complex and sophisticated version of three-dimensional conformal external beam radiation, has also helped tremendously with head and neck cancer treatment. It can be used to treat both malignant and benign tumors in the brain, including meningiomas, pituitary adenomas, and arteriovenous malformations.

Stereotactic radiosurgery, in which a large dose of radiation is delivered to an isolated area, is used to treat selected brain tumors. Stereotactic radiotherapy involves smaller doses of radiation given each day over a period of time, and it can be used to treat head and neck cancers of the nasopharynx, sinuses and skull base, as well as brain tumors.

“Stereotactic techniques allow us to deliver highly precise and accurate doses of radiation while sparing surrounding healthy tissues,” says **Paul Gliedman, MD**, Director, Radiation Oncology, SLRH; and Attending Physician, Radiation Oncology, BIMC. “As a physician, it is very gratifying to utilize cutting-edge

Meet Our Physicians

As a new feature, the Cancer Quarterly News Update will profile two physicians from Continuum Cancer Centers of New York in each issue.

Munir V. Ghesani, MD

Munir V. Ghesani, MD, serves as an Assistant Attending Physician, Department of Radiology, SLRH and BIMC and as the Director of PET (Positron Emission Tomography) at Columbus Circle Imaging.

“The majority of my work is with cancer imaging, particularly with head and neck cancer, lung cancer, lymphoma, colorectal cancer, esophageal cancer and breast cancer,” Dr. Ghesani says.

“PET is used in the initial staging of the cancer to define the extent of disease, or it can be used to monitor the response to treatments such as chemotherapy, hormonal therapy, or radiation therapy.”

A graduate of Gujarat University NHL Medical College in India, Dr. Ghesani did his internship at Vadilal Sarabhai Hospital in India. He completed a Diagnostic Radiology residency at the K.M. School of Postgraduate Medicine & Research in India, an Internal Medicine residency at the Jersey City Medical Center, and a Nuclear Medicine residency at SLRH. He was also a fellow in Nuclear Medicine at SLRH and is board certified in Nuclear Medicine and Internal Medicine.

“My colleagues at Continuum Cancer Centers are competent, caring, considerate, knowledgeable, and a pleasure to work with. I truly enjoy my interaction with them,” Dr. Ghesani says. “The multimodality conferences, which are held to determine the best possible management scheme for cancer patients, are educational and clinically valuable. These conferences help improve the patient outcome by optimally utilizing the standard diagnostic and therapeutic modalities and introducing new, better approaches.”



Bernard Kabakow, MD

Bernard Kabakow, MD—a medical oncologist with a private practice in Manhattan; Emeritus Chief of Oncology, BIMC; and a voluntary attending physician at BIMC and NYEEL—has a long association with Continuum hospitals. He started as a research associate at BIMC in 1958 and initiated the medical oncology program there. In 1965, Dr. Kabakow became an attending physician at BIMC and two years later, he became an attending physician at NYEEL, where he is currently director of medicine.

“I refer patients to Continuum Cancer Centers of New York for infusion chemotherapy and radiation therapy, and often for consultations with the cancer specialists there,” says Dr. Kabakow.

Dr. Kabakow graduated cum laude from University of Vermont College of Medicine. He completed his internship in Internal Medicine at Mt. Sinai Hospital and served as a Medical Resident at Kings County Hospital Center, Mt. Sinai Hospital, and Montefiore Hospital. He was also a fellow of the National Foundation at Montefiore Hospital.

Dr. Kabakow is board certified in Internal Medicine and in the Medical Oncology sub-specialty. He currently serves as a Clinical Professor of Medicine at Albert Einstein College of Medicine, and is also the author of more than 45 articles in peer-review medical journals.

“For those who get radiation therapy, Continuum Cancer Centers has the best facility in New York City. For those who require infusional chemotherapy, it offers a superb chemotherapy suite,” Dr. Kabakow says. “The staff are excellent people, and that’s one of the reasons I refer my patients to Continuum Cancer Centers of New York.” ■

technology and directly observe the benefits for patients. Patients tolerate treatment easier with fewer side effects—such as hair loss—which are associated with conventional radiation therapy.”

Greater sophistication in reconstructive techniques also helps provide better form and function after surgery.

“We’re seeing better cosmetic results and better postoperative function after cancer surgery,” Dr. Persky says. “This has been a major improvement in the past decade or so.”

Gady Har-El, MD, Vice Chairman, Department of Otolaryngology,

LICH, also stresses the importance of maintaining form and function during head and neck cancer treatment, noting that LICH’s head and neck surgeons and reconstructive specialists work together on all applicable cases.

“With head and neck surgery, every incision we make is for all to see, so we have to be careful with that. Whatever we do, surgery or no surgery, we always look at the issues of quality of life and preservation and reconstruction of function,” he says. “For example, we have been very active in performing surgical resections for sinus and skull-base

tumors, using techniques that do not require external facial incisions. This can be very beneficial for preserving a patient’s self image.”

Continuum hospitals have also been investigating many new drugs and biological compounds that have the potential to maximize cure while preserving organ function.

“Combining chemotherapy and radiation for head and neck cancer treatment has given us greater opportunities for organ preservation,” says **Bruce E. Culliney, MD**, Attending Physician, Department of Medicine, and Medical Director, Chemotherapy Infusion Suite, BIMC. “In addition, novel strategies that utilize concurrent chemotherapy and adjuvant chemotherapy are improving the chances of survival for patients with more advanced, unresectable disease.”

In recent years, significant advances have been made in the area of skull-base surgery—and Continuum hospitals offer state-of-the-art treatment by physicians who are leaders in the field of skull-base surgery.

“The advances in the technical endeavors in skull-base surgery have been huge,” Dr. Sessions says. “We are doing things now that we never dreamed of doing 15 years ago. It’s really dramatic.”

During treatment, a team comprised of a head and neck cranial base surgeon, a neurosurgeon and a reconstructive surgeon work together to remove the cancer and get the patient back to normal form and function.

“We are not only getting the tumor out, but we bring the patient back to a normal level of appearance and function. Now we can leave the patient looking almost the same after surgery as they did before,” says

Survivors Day Celebrations at Continuum Cancer Centers of New York

Celebrate!



Despite inclement weather, the spirits of more than 600 people who attended the 2003 Cancer Survivors Day Celebrations were high. Families and friends joined the staff and volunteers at both Brooklyn and Manhattan locations of Continuum Cancer Centers of New York for the annual celebration.

Festivities at the Othmer Cancer Center at Long Island College Hospital featured, appropriately enough, a distinctly Brooklyn theme: “A Day at Coney Island.” The Othmer Conference Center sported a boardwalk, a stall to create “seaside art,” face painters, a palm reader, and of course, Nathan’s hot dogs.

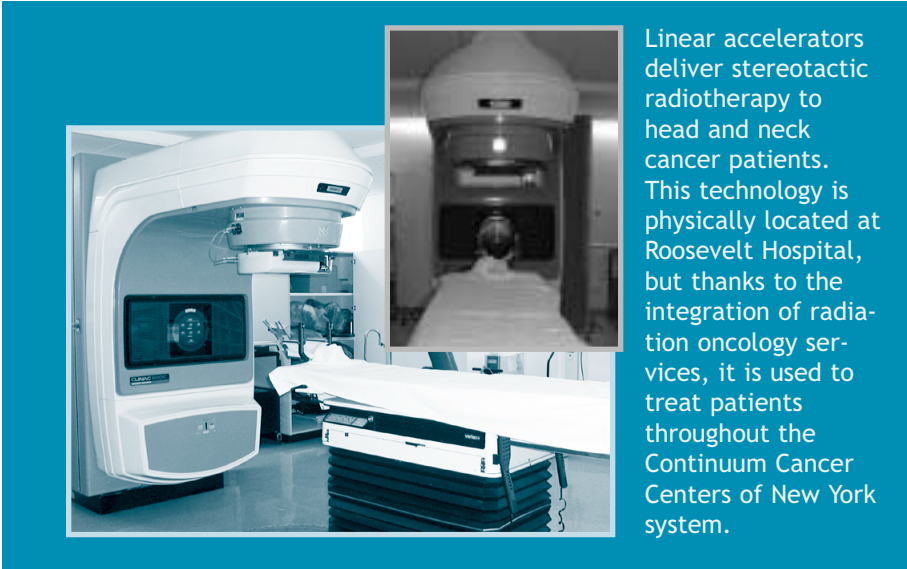
The annual “March of the Survivors,” which opened the day’s festivities, was led by the County Tyrone Pipe Band.

Beth Israel’s Phillips Ambulatory Care Center was the host for this year’s Manhattan celebration. Guests were treated to first-class

entertainment provided by a jazz singer and an opera singer, both of whom are breast cancer survivors.

“Our Survivors Day celebrations honor the courage of our patients,” said **Stewart Fleishman, MD**, Director of Cancer Support Services at Continuum Cancer Centers of New York. “As we help each patient fight and survive cancer, we learn new things that someday may help us treat the disease more effectively and perhaps even prevent cancer.”

“Cancer doesn’t happen in a vacuum, and you don’t become a survivor by yourself. I have many people to thank for being alive today,” said one cancer survivor, who also expressed gratitude to the people he described as the real heroes of his story: “the hospital staff who enable us all to become survivors.” ■



Linear accelerators deliver stereotactic radiotherapy to head and neck cancer patients. This technology is physically located at Roosevelt Hospital, but thanks to the integration of radiation oncology services, it is used to treat patients throughout the Continuum Cancer Centers of New York system.

Peter Costantino, MD, Co-Director, Center for Cranial Base Surgery, Department of Otolaryngology, SLRH. “And now, when we prepare the site for reconstruction, we have greater access to the base of the skull where tumors can spread. This gives us an increased level of assurance that we’ve gotten the areas of cancer out—which means a better outcome for the patient.”

In Brooklyn, LICH offers the latest advances and top specialists for the treatment of a variety of cancers—from gastrointestinal to head and neck. They also specialize in the treatment of thyroid cancer, particularly radiation-induced cancer.

“We started our interest in this a long time ago. We treat members of the Russian community who were within a close radius of Chernobyl and, as such, we have a high volume of thyroid cancer in our patient population,” says Dr. Alfonso.

Thoracic Cancer

Conferences provide education and training to care providers and function as a consultation resource for treatment planning. “By discussing our patients at the teleconferences, we can get advice from each other

even if we’re not at one site,” explains **Cliff Connery, MD**, Chief, Division of Thoracic Surgery, SLRH and BIMC. “We develop a cohesive treatment plan right at the outset of the patient’s presentation.”

Another important benefit of the cancer service line as a whole, and conferences in particular, is that the physicians are able to draw on the talents of people from all over the Continuum system.

“If the physicians decide that a patient should be treated at Beth Israel in its intraoperative radiation suite, we’ll use the technology available to us there. If a patient has a disease process wherein robotic assisted surgery could be of benefit, we will refer the patient to our St. Luke’s site where the thoracic robotic program is concentrated,” Dr. Connery notes. “We’re able to draw on our tremendous resources in order to provide our patients with the best care.”

Thoracic surgery also functions as a unified group across the Continuum hospital sites, with standardized treatment protocols, a variety of clinical trials, and multidisciplinary teleconferences attended by specialists from other fields such as radiation

oncology and medical oncology. For several of their procedures, the thoracic surgeons at Continuum hospitals are utilizing robotic surgery—in which a device with a camera and tiny arms allows surgeons to perform through small incisions.

“It allows us to do things that thoracoscopically are very difficult to do,” says **Robert C. Ashton, Jr., MD, FACS, FCCP**, Attending Physician, Department of Surgery, BIMC and SLRH; and Director, Minimally Invasive & Robotic Thoracic Surgery, SLRH.

“The robot may help reduce stress on the patient—and help them recover with less pain.”

The robot’s instruments are small and the movements at the end work like normal wrist movements, so that the physicians can do any type of surgery or stitching. Offering 3-D visualization and up to 12x magnification, this device has revolutionized the treatment for cancers such as esophageal cancer.

“One of the best uses of the robot is for an esophagectomy—removing the esophagus when cancer is present,” Dr. Ashton says. “The robot allows us to get a wide resection and lymph nodes in a minimally invasive approach, where normally we would have to perform more extensive surgery.”

While still rare, esophageal cancer is the fastest-growing cancer today, and early diagnosis and accurate staging is key.

“Younger, healthier people are getting this disease. There is no good screening test, but we’re working closely with GI physicians to encourage people with a long history of acid reflux disease to get an endoscopy,” says **Karen McGinnis, MD**, Assistant Chief, Thoracic

On October 15, breast surgeons at Continuum Cancer Centers of New York performed **mammary ductoscopy with intraductal biopsy** during a live Internet broadcast. The procedure involves the placement of a tiny catheter into the milk duct, through which the surgeon inserts a tiny (0.7 mm) fiberoptic endoscope (with a camera at the end of it), enabling the physician to visualize on a video monitor the breast ducts 60 times their actual size.

Susan K. Boolbol, MD, Attending Physician, BIMC, explains, “With ductoscopy, we can actually see the inside of the milk ducts and biopsy any abnormalities seen at that time. This information may affect follow-up and treatment.”


Sheldon Feldman, MD, Chief, Louis Venet, MD, Comprehensive Breast Service at BIMC says, “Ductoscopy allows us to obtain real-time information about changes in the milk ducts. This incredibly exciting new technology

Surgery; and Attending Physician, Department of Surgery, BIMC. “Most patients are diagnosed in the late stages of disease, and their chance of surviving is 10 to 15 percent. With the new treatments, we’re seeing a 30 to 50 percent survival rate. We would like to see it even higher, but it is an improvement from before.”

Medical oncology for lung cancer is also on the leading edge of many exciting developments—especially with medications that are more specifically targeted to tumor growth rather than to normal cells.

“We were involved in the development of Iressa, a targeted biological therapy for the treatment of advanced, non-small cell lung cancer,” says **Stephen Malamud, MD**, Attending Physician, Division of Medical Oncology, BIMC. “We were

Mammary Ductoscopy LIVE on the Internet



Nipple Aspiration

- Topical anesthetic is applied to the nipple
- Aspirator is centered directly over the nipple.
- Gentle suction draws NAF droplets to the surface.



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allows us to access the source of most breast cancer. Intraductal evaluation has the potential to revolutionize the diagnosis and treatment of breast disease.”

If any abnormality is visualized or atypical cells are found, an intraductal biopsy of lesions found inside the milk ducts can be performed from within the duct itself, possibly eliminating the need for

surgical intervention.

During the Webcast, Dr. Feldman conducted the procedure and Dr. Boolbol acted as the moderator. Viewers are able to see both the procedure and a slide presentation that further describes intraductal evaluation.

To view an archive of the Webcast, go to: www.or-live.com/bethisrael/1144. ■

also involved in a clinical trial of a new monoclonal antibody targeted to interfere with the blood vessel formation that is a prerequisite for tumor development and growth. This antibody may provide a major addition to chemotherapy.”

Breast Cancer

In addition to providing the latest in breast conservation surgery, Continuum hospitals now offer the MammoSite Radiation Therapy System, an FDA-approved radiation therapy delivery mechanism that can shorten the course of treatment from several weeks to several days.

The MammoSite device—an applicator with a balloon at the tip of a catheter—is inserted into the cavity created by a lumpectomy. Brachytherapy is then delivered using tiny radioactive pellets. This

technique targets areas around the lumpectomy cavity where the tumor is most likely to recur.

“Brachytherapy minimizes radiation exposure to healthy tissue,” says **Manjeet Chadha, MD**, Associate Chairman, Radiation Oncology, BIMC, who, for many years, has used multiple catheter brachytherapy for treating patients with breast cancer. She notes that the MammoSite technique uses a single catheter, greatly simplifying the brachytherapy delivery. “This new applicator presents another treatment option for women with breast cancer.”

The minimally invasive MammoSite approach offers a shortened treatment time and makes it easier for more women with early-stage breast cancer to consider the choice of lumpectomy. The treatment is administered twice a day for five

days and patients go home at the end of each day.

“MammoSite gets the radiation in right after lumpectomy, then the patient can move on to chemotherapy,” says **Alison Estabrook, MD**, Chief, Comprehensive Breast Service, SLRH. “Radiation therapy is never delayed, because it now can be fit in before chemotherapy with no wait period.”

In addition, breast surgeons at Continuum hospitals continue to provide patients with ductal lavage, an FDA-approved technique to assess the risk of breast cancer in people who have had breast cancer or are at high risk. This technique involves collecting cells inside the milk ducts, where most breast cancers begin, to find abnormal, risk-elevating changes.

A protocol has been launched in which patients who are undergoing breast cancer surgery can have ductal lavage performed on the other breast while anesthetized for their surgery.

“Since we know that women with breast cancer in one breast are at much higher risk for developing cancer in the other breast, this will help detect otherwise unsuspected precancerous cells in approximately 25 percent of patients,” says **Sheldon Feldman, MD**, Chief, Louis Venet, MD, Comprehensive Breast Service, BIMC. “This information can help optimize subsequent treatment and follow-up protocols.”

Dr. Feldman adds that they are now also performing mammary ductoscopy both in the office with topical anesthesia and during surgery. This technique allows the physicians to identify precisely the area in the breast where atypical cells may be originating.

Gastrointestinal Cancer

In the area of colorectal cancer, CCCNY offer two significant advances to patients: extensive laparoscopic colorectal surgery, and TME (total mesorectal excision) and autonomic nerve preservation in the treatment of rectal cancer.

“TME helps preserve the sphincter and keep the urinary and sexual functions intact,” Dr. Enker says. “We’re one of the few centers in the United States where this major advance is practiced on a routine basis.”

Dr. Enker also plans to broaden surgical oncology’s clinical research activity. In 2003, Continuum Cancer Centers were one of 30 major centers nationwide involved in the testing of a drug that coats the bowel and prevents the narcotics used during and after surgery from binding to the bowel. This drug may help prevent postoperative ileus, an impairment of gastrointestinal motility that may cause nausea, vomiting and pain, delaying discharge.

“In our trial, we found that this drug may help speed up recovery by two days,” Dr. Enker says. “The opportunity to be involved in clinical research benefits our patients and broadens our depth and expertise.”

Continuum hospitals also offer leading-edge treatments for people with liver metastasis, primary liver cancer, and cancers of the bile duct, gall bladder and pancreas.

“These diagnoses are often difficult to make and require sophisticated imaging such as CT, ultrasounds, PET scan, and ERCP (endoscopic retrograde cholangiopancreatography), all of which we offer at our hospitals,” says **Ronald Chamberlain, MD**, Chief, Division of Hepatobiliary and Pancreatic Surgery, BIMC.

Most tumors of this type are only cured by complete surgical removal and radical surgical resection. The division’s physicians are board certified and trained in the latest techniques, such as radio frequency ablation of liver tumors and intra-arterial chemotherapy.

“Most notably, our multidisciplinary service sees a variety of patients with all stages of disease, and our goal is to offer all patients the appropriate treatment. It may mean facilitating an immediate physician referral or connecting patients to pain and palliative care services, which can help them get symptom control if we can no longer offer a cure,” Dr. Chamberlain says. “Having worked with the team of experts at Continuum Cancer Centers of New York, I think you’ll find no better care than what our patients receive.”

Peter Kozuch, MD, an attending physician at SLRH, also points to the importance of research for bringing patients state-of-the-art treatment options.

“Patients should ideally seek care from physicians who do not just administer current standard-of-care therapy, but who are also well trained and active clinical investigators. That way, they may have access to these potentially important new drugs or therapies,” Dr. Kozuch notes. “And that is the mission of the Gastrointestinal Oncology program at Continuum Cancer Centers. We’ve assembled a team of surgeons, medical oncologists and radiation oncologists who have dedicated their careers to improving treatments for patients with cancers of the esophagus, pancreas, liver, stomach, colon and rectum.”

Currently, the departments of hematology and oncology are recruiting

patients with metastatic pancreatic cancer for a clinical trial involving a novel combination chemotherapy regimen—and Continuum Cancer Centers is the only medical facility in New York City offering this trial. In addition, patients with relapsed metastatic colorectal cancer are potentially eligible for treatment with promising new drugs.

“Patients are encouraged to seek participation in clinical trials, which for many represent the ideal standard of care,” Dr. Kozuch says.

Gynecological Cancer

David Gal, MD, Chairman, Department of OB/GYN; and Director, Gynecological Oncology, Long Island College Hospital (LICH), also credits the multidisciplinary and multi-institutional approach with helping to make LICH a center of excellence for gynecological cancer care.

“We participate with our BI and SLRH colleagues on gynecological cancers by having a tumor board and discussing the cases together. We also collaborate with other disciplines such as radiation oncology, medical oncology and surgical oncology in regards to co-managing patients that require multidisciplinary activities,” Dr. Gal said. “We are developing institutional protocols for various gynecological cancers, and in the future, we look forward to developing a fellowship within all three hospitals.”

Service Line Administrative Structure

Over the past three years, Continuum Cancer Centers has also focused on organizing an administrative infrastructure that supports the integrated clinical programs. For example, two key services—the cancer registries and

the research program—each have integrated administrative management.

“It’s vital for the clinical leadership to have administrative partners who see the vision of the larger program,” says **Susan Gold**, Executive Director, CCCNY. “The service line approach has enabled us to strike just the right administrative balance, incorporating the individual institution’s goals with the integrated programmatic vision of CCCNY. This was achieved by assigning administrators to each institution who are a part of and sensitive to the needs and nuances of the specific center,” says Ms. Gold. “Simultaneously, they are a part of the strategic planning and goals of the integrated, multi-site programs which embody CCCNY.”

Ms. Gold notes that it also helps the patient that the process is consistent no matter where they receive treatment throughout the program.

“It’s important that patients have similar experiences as they move through the system,” she says. “Patients will find that the clinical care, administrative policies and procedures, and the access to clinical trials are all the same. This standardizes the experience for the patient.”

The Focus Is Always on the Patient

The main focus of the cancer service line is to bring the highest quality

care to each patient.

“Integrating the programs has allowed us see where our talents and resources are for each particular disease. The service line allows us to send the patient to the best resources in the system for their particular needs,” says Dr. Harrison.

Adds **Gail Donovan**, Executive Vice President and Chief Operating Officer, Continuum Health Partners. “The integration of these talented people and excellent programs offers all of our cancer patients greater access to the top resources and the finest care—no matter where they go within Continuum Cancer Centers.”

Offering patients the best care possible goes beyond clinical trials and the latest advances.

“We offer the things that are most important to patients: personalized, compassionate care that is very responsive—and that really goes a long way in improving patient outcomes,” Dr. Connery says. “Our patients always have someone they can talk to so they know they are not just a number in the system. Patients leave here telling us that they felt their needs were met and surpassed. We are very proud of that.” ■



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.