

Cancer Quarterly

NEWS UPDATE

Information and events from
 Continuum Cancer Centers of New York

Leading the Way in Breast Cancer Care

Multidisciplinary. State-of-the-Art. Community Outreach. Quality of Life.

In recent years, these terms have been used more and more in the field of cancer treatment. Continuum Cancer Centers of New York has been a leader in turning these concepts into reality with our high-quality cancer care. And our Breast Programs are no exception.

"Our breast cancer services are really a working model of the philosophies of the Cancer Centers," says Louis B. Harrison, MD, Clinical Director, Continuum Cancer Centers of New York. "The way we work together, our concern for quality of life, our dedication to research and advancing treatments all represent the mission of Continuum Cancer Centers of New York."



Manjeet Chadha, MD

sequencing of multi-modality therapy for the patient is determined," says Manjeet Chadha, MD, Associate Chairman, Charles and Bernice Blitman

Department of Radiation Oncology, Beth Israel Medical Center. "Our established team approach puts our patients at an advantage."

Adds Dr. Estabrook, "In the old days, the patient had to make an appointment to see a medical oncologist and radiation oncologist separately. This put a lot of stress on her, especially because she had a lot of questions at that point. The surgeons could give her ballpark answers, but not exact answers. Our current method is much more convenient and less stressful for the patient."

Leaders in State-of-the-Art Cancer Care

The physicians at Continuum are on the leading edge of breast cancer treatments—and active in clinical trials designed to discover new standards of care.

For surgery, one of the biggest advances in recent years has been the **sentinel node biopsy**. Rather than staging breast cancer by removing the underarm lymph nodes, surgeons can

Sharing Strengths in a Multidisciplinary Setting

Since treating cancer requires a vast array of talent, it makes sense that the breast cancer professionals, including surgeons, radiation oncologists and medical oncologists, work together. That's why Continuum's Breast Programs encourage a close working relationship among all disciplines.

Perhaps the best example of this network is the weekly breast conference, which is attended by members of all disciplines involved in the treatment of patients who have breast cancer.

"We all meet to talk about patients and their treatments," explains Alison Estabrook, MD, Chief, Division of Breast Surgery, St. Luke's-Roosevelt Hospital Center; Director,



Alison Estabrook, MD

Comprehensive Breast Center; Associate Director, Continuum Cancer Centers of New York. "We share ideas. The conference is an opportunity to

discuss complex cases and the medical literature related to them. Our discussions expand each other's ideas about the best treatments for our patients."

In addition to the weekly conference, there are many other ways the breast cancer experts work together on a day-to-day basis. For example, radiation oncologists, medical oncologists and surgeons see the patients together for their first post-op appointment.

"Right at the time of initial diagnosis, discussion between the various oncology disciplines occurs and the best

now inject a low-level radioactive tracer into the breast. The tracer leads surgeons to the sentinel node—the first lymph node to receive drainage from a cancer-containing area of the breast—which is then removed and tested to see if the cancer has spread to the lymph node system.

“This way, we only have to take out one node instead of 10,” Dr. Estabrook explains. “Sentinel node biopsy limits arm swelling and requires no general anesthesia, so it’s an ambulatory procedure. The pathology report is much more accurate, because the examination is focused on one node.”



Antonio Alfonso, MD

Antonio E. Alfonso, MD, Chairman, Department of Surgery, Long Island College Hospital, points out that advances like the sentinel node biopsy have

been made even more effective by the early detection of breast cancer.

“The latest real advance in the treatment of breast cancer consists of heightened patient awareness resulting from intensive public education that has led to the earlier detection of small non-palpable and highly curable cancers,” Dr. Alfonso says. “This allows, on many occasions, one-step surgical treatment consisting of breast conservation lumpectomy combined with sentinel node biopsy, which has largely obviated the cosmetic deformity associated with standard modified radical mastectomies.” He adds, “It has elevated the quality of life of the patient following the effective eradication of the cancer.”

In addition, breast surgeons at Continuum are among the first to offer patients **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. The technique allows physicians to

find early abnormal, risk-elevating changes in the breast by collecting cells inside the milk ducts, where most breast cancers begin.

“Ductal lavage provides real-time information about whether cells in the milk ducts are starting to turn malignant,” says Sheldon Feldman, MD, Chief, Louis Venet, MD, Comprehensive Breast Service at Beth Israel Medical Center. “This allows appropriate treatments to be instituted promptly, which can reverse the process and potentially prevent breast cancer from developing. Ductal lavage has the potential to greatly reduce the need for more radical treatments.”

Continuum’s radiation oncologists are also employing the latest treatment advances, while continually exploring ways to help deliver homogenous doses to the breast and spare as much normal tissue as possible.



Marvin Rotman, MD

“Advances in radiation oncology in recent years were done to improve quality of life without sacrificing control or lessening survival,” says Marvin Rotman, MD, Chairman, Department of Radiation Oncology, Long Island College Hospital. “Now we focus on ways to reduce radiation—like high energy beams that can limit doses to tissues around the tumor bed, causing less trouble with the lungs and heart.” **Three-dimensional conformal external beam radiation therapy** and **intensity-modulated radiation therapy (IMRT)** are two such state-of-the-art procedures that ensure accurate and effective delivery of radiation. For breast cancer patients, another radiation therapy technique offered at Continuum hospitals is **brachytherapy**, in which radiation therapy is delivered by implanting radioactive seeds directly in the tumor or tumor bed. Treatment with

brachytherapy alone is completed in five to seven days, as compared to the six weeks of daily external beam therapy. “We are among the few centers in the country that offer this treatment to our patients,” says Dr. Chadha.

Medical oncology at Continuum is involved with the **STAR (study of Tamoxifen and Raloxifene)** trial, a breast cancer prevention study that looks at Tamoxifen and Raloxifene in the treatment of healthy women who are at high risk for breast cancer.



Ellen G. Gold, MD

“In addition to STAR, we are also participating in various clinical trials that use novel approaches such as vaccines as well as standard chemotherapy,” says Ellen

G. Gold, MD, Attending Physician, Division of Medical Oncology, Beth Israel Medical Center. “These trials are going well and new trials are coming up.”

The breast programs are also utilizing **Herceptin**, a new drug used to treat some women with advanced breast cancer. Herceptin targets a receptor called HER2 that is overexpressed in some women with breast cancer. It has shown great promise in increasing patient survival time.

Reaching Out to the Community

The Continuum Breast Programs’ dedication to treating cancer doesn’t stop at the hospital door. The staff is also committed to reaching out to women who are at risk for breast cancer. For example, the Family Risk Program—a clinical surveillance and education program—was created to better serve people who are at increased risk for developing cancer.

“The benefit of this program is that we can tailor our patients’ medical care better because we know their risk,” Dr. Estabrook says. “A patient can get

Continuum Cancer Centers of New York are delighted to welcome **Susan K. Boolbol, MD**, Breast Surgeon, Louis Venet, MD, Comprehensive Breast Service, BIMC. Dr. Boolbol did her general surgery training at NewYork-Presbyterian, and she recently completed her fellowship in breast surgery at Memorial Sloan-Kettering Cancer Center. Prior to entering medical training, Dr. Boolbol had a solid career in business. Dr. Boolbol's clinical area of interest is sentinel lymph node biopsy.

genetic counseling and receive genetic testing if it is indicated. If a patient has the breast cancer gene, we explore all available options. This may include tight surveillance with mammography and breast MRI, and screening breast ultrasounds every six months, or prophylactic mastectomy." At LICH, breast educators go out to women in schools, workplaces, and churches to "talk about breast cancer diagnosis and treatment," Dr. Rotman says.

The Breast Programs also reach out to the community through a series of lectures on everything from the side effects of breast cancer treatment to complementary therapies.

Dedicated to the Patient's Quality of Life

The Breast Programs' focus on quality of life can be seen in everything from their support groups to their multidisciplinary organization.

"We have organized the Comprehensive Breast Center with our patients' quality of life in mind," Dr. Estabrook says. "For example, a patient with a breast abnormality comes to see the surgeon. We have mammographers and pathologists who are available to do procedures that very day. We can often get a diagnosis that day or the next day. The reduction in waiting time reduces a patient's stress level."

Adds Dr. Gold, "In addition to the medical, surgical and radiation oncol-

ogists, and nurses, our patients have access to the Cancer Supportive Services staff, who focus on emotional needs, as well as members of the Department of Pain Medicine and Palliative Care. We all work closely to ensure that the medical, social and emotional needs of our patients are met."

There are many other ways the Continuum team is focusing on quality of life. For example, physicians are exploring ways to reduce the skin reactions and anemia that are often a hazard of radiation and chemotherapy.

"Our nurse practitioners in Radiation Oncology work with the medical industry to develop special skin care products for breast cancer patients. In an attempt to minimize radiation-related skin reactions, our patients are given specific skin care instructions from the start of therapy," says Dr. Chadha.

"We're also looking into protocols to work on correcting hemoglobin prior to and during the weeks of radiation therapy. As anemia has been associated with symptoms of fatigue, any correction in anemia may improve patients' quality of life by minimizing fatigue."

In addition, the breast services offer a wide variety of programs—including support groups, a library staffed by a breast cancer survivor, and classes in yoga, aquatherapy, Reiki, meditation, and more—all of which "are important to the patients' care and their recovery," Dr. Gold says.

At LICH, Dr. Rotman cites the Breast Health Navigator Program (see Cancer Quarterly, Summer 2001) as a prime example of the focus on quality of life.

"This program has a fantastic system for taking the hand of the cancer patient from one day to the next," he says. "From diagnostic testing to surgery to radiation, the patient is guided through the entire process."

Adds Dr. Alfonso, "The patient is helped very effectively so that her psychological, social and rehabilitative requirements as a whole person are

completely taken into account—and her needs through this difficult time are team supported."

For more information, please contact:

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**The Othmer Cancer Center at
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339 Hicks St.
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FOCUS ON

Clinical Studies

Study: ECOG 2898 Phase III Randomized Trial of Interferon alfa 2b Alone Versus Interferon alfa 2 b Plus Thalidomide in Patients with Previously Untreated Metastatic or Unresectable Renal Cell Carcinoma

Participants: Patients with metastatic renal cell cancer with any subtype of histology are eligible. The study was initiated in October 2000, and more than 100 patients have enrolled. Anticipated accrual is 216 patients.

Purpose: The objectives of the study are to evaluate the effectiveness of a combination of interferon with thalidomide versus interferon alone with regard to progression-free survival at 24 weeks. The secondary end points are the toxicity profile of the combination, as well as the impact on quality of life. An additional component of the study is a laboratory evaluation of levels of angiogenic factors in the serum of treated patients.

History: Thalidomide has been shown to affect tumor vessel production, as well as to cause objective responses in patients with renal cell cancer. The combination with interferon is anticipated to prolong time to progression.

For further information, please contact: Yelena Novik, MD (212) 844-8097.

Study: A Phase I Study of ZD1839 in Combination with Radiation and Chemotherapy in Locally Advanced Squamous Cell Carcinoma of the Head and Neck

Participants: For the radiation and ZD1839 arm, patients with T1-2 N1 (stage III) head and neck squamous cell carcinomas of the oropharynx, oral cavity, larynx and hypopharynx are eligible. For the radiation, cisplatin and ZD1839 arm, patients with any stage III or IV head and neck squamous cell carcinomas of the oropharynx, oral cavity, larynx and hypopharynx are eligible.

Purpose: This NCI-CTEP (Cancer Therapeutics Evaluation Program)-sponsored phase I study is the first to examine the toxicities and potential therapeutic benefits of delivering the orally administered investigational agent ZD1839 / "IressaTM" concurrently with radiation or radiation and cisplatin in the management of locally advanced head and neck squamous cell carcinomas (HNSCC).

History: The drug Iressa is a daily administered, specific enzyme inhibitor of the epidermal growth factor receptor. This receptor has been characterized to be overexpressed and clinically important in HNSCC mediating both radiation and chemotherapy resistance and biologic aggressiveness in HNSCC. Inhibiting this receptor is likely to be of significant therapeutic benefit.

For further information, please contact: Harry Quon, MD (212) 523-7165 or (212) 844-8030.

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Continuum Health Partners, Inc.



Pathology Services

AT CONTINUUM CANCER CENTERS OF NEW YORK

Interview with Bruce M. Wenig, MD



Dr. Wenig recently joined the Department of Pathology as Vice Chairman, Anatomic Pathology, and was appointed Co-director, Institute for Head and

Neck Cancer and Associate Director, Continuum Cancer Centers of New York.

Dr. Wenig's clinical interests relate to diseases of the head and neck, and endocrine organ system, which includes the thyroid gland, the parathyroid glands, the adrenal gland and the pancreas (exocrine and endocrine).

What is your role at Continuum Cancer Centers of New York?

There's a concerted effort across multiple specialties to work closely together to evaluate, diagnose, and treat patients with cancer, an initiative I hope to facilitate. Up until now, a pathology presence has been dedicated to each specific site, but not as a liaison to the Cancer Centers, which is my role.

I will serve as an intermediary between the cancer specialists who see the patients, to facilitate their work, and to enhance the services of Continuum Cancer Centers of New York.

What does our pathology department offer to patients?

We're a full-service department, offering the latest diagnostic and therapeutic markers. In particular, immunohistochemistry for solid tumors helps us identify markers on cancers. There are prognostic markers for breast cancer like HER2/neu that are done almost daily. There are hematologic evaluations that include flow cytometry and genetic markers in determining leukemias and lymphomas.

One of the staples of pathology is to do intraoperative consultations, otherwise known as frozen section diagnosis. When a patient is in surgery, a little piece of their tissue is sent to the pathology lab, and we immediately freeze, cut and stain it, to determine the presence of cancer and whether the margins are free of cancer so that the tumor is being completely excised.

Each division of Continuum has experts in various fields of pathology. For example, at St. Luke's-Roosevelt, there are experts in breast pathology; at the Singer Division, there are experts in neuropathology; while at the Petrie Division, there are experts in colon and head and neck pathology. At Phillips Ambulatory Care Center, we have an expert in fine needle aspiration biopsy, which is a rapid means of diagnosing a mass lesion by sticking a needle in and pulling out cells. As opposed to the normal process of tissue sectioning and processing, a diagnosis by fine needle aspiration biopsy is possible within a matter of minutes.

So across our system, we offer expertise in virtually every organ system that requires an expert consultative opinion. Site-specific pathologists will evaluate specimens and, if necessary, will be able to share it with a specialist across the Continuum system.

Describe some of the recent advances in pathology.

One of the things we hope to get involved in is genetic evaluation of cancers. Genetic evaluation of cancer can create a situation by which a given malignant tumor can be matched against known genetic libraries of similar type cancers with established characteristics (e.g., biologic behavior or therapeutic response).

In addition, our department is looking to provide telepathology, which is an adaptation of the video conferencing concept.

I could be sitting at Beth Israel and project an image or slides to pathologists at St. Luke's-Roosevelt or Long Island College Hospital, and in real time, my colleagues located at a remote site can examine it and render an opinion.

What are some other changes you'd like to see happen?

We are making strides in becoming more unified—not only in terms of reporting, but in conferencing, sharing cases, and interacting on both the clinical and research sides. I would like to see that continue. We also hope to facilitate more of the clinical research that is of interest to the specialists at the Cancer Centers, as well as to ourselves.

One of the biggest issues for the pathology department is computer software. In the next year, we're going to upgrade our computer system and link it across the Continuum hospitals. One of the benefits that this will offer is rapid communication between institutions. So if the patient's biopsy is at St. Luke's and they come to Beth Israel for surgery, the information will be accessible through the computer system.

We're also focusing on the standardization of the protocols by which cancers of different organ systems get reported. Our new computer system and the determination to have a single way of reporting cancers will facilitate what pathology offers for Continuum Cancer Centers, so that all breast cancers will be evaluated and reported in a similar manner, all head and neck cancers, all prostate cancers, etc. This will facilitate what each of us does. We'll all be talking the same language from a single report.

For more information, please contact Bruce M. Wenig, MD (212) 420-4061.

Announcing...

Susan K. Boolbol, MD, Breast Surgeon, Department of Surgery, BIMC, was a co-author of "Sentinel Lymph Node Biopsy: an American Perspective" in *The Breast*, 2001.

Elise Carper, ANP, AOCN, Director of Nursing, Radiation Oncology, BIMC and SLRHC, was chosen to be a participant in the Oncology Nursing Society's Advanced Practice Leadership Group and attended a November retreat in Palm Beach, FL.

Manjeet Chadha, MD, Associate Chairman, Radiation Oncology, BIMC, has been invited to join the Admissions Committee of the Albert Einstein College of Medicine. Dr. Chadha was also nominated to the Executive Committee of The Metropolitan Gynecological Cancer Society. She presented on "Carcinoma of the Endometrium" at the annual meeting of the American Society of Therapeutic Radiology and Oncology (ASTRO) in San Francisco in November.

Ronald Chamberlain, MD, Chief, Hepatobiliary and Pancreatic Surgery, Department of Surgery, BIMC, co-authored "The Pancreas Revisited I- Diagnosis, Chronic Pancreatitis," in *Surgical Clinics of North America*, April 2001. He also co-authored "The Pancreas Revisited II-Benign and Malignant Tumors-An Interdisciplinary Approach," in *Surgical Clinics of North America*, June 2001. Dr. Chamberlain presented "Liver Resection: The American Way" at the International Symposium on Colorectal Liver Metastases in Frankfurt, Germany, July 2001.

Sou-Tung Chiu-Tsao, PhD, Director of Medical Physics, Radiation Oncology, BIMC and SLRHC, was invited to make a presentation on the topic of "Experimental Methods in Brachytherapy Source Characterization" at a Medical Applications Subcommittee workshop of the Council on Ionizing Radiation Measurements and Standards (CIRMS). The program was held at the National Institute of Standards and Technology (NIST) in Gaithersburg, MD on October 29. Dr. Chiu-Tsao also made an oral presentation on the topic of "Feasibility and Cost-Effectiveness of Quality Assurance Checks for Sources Used in Intravascular Brachytherapy" during the ASTRO meeting in San Francisco.

Andrew Evans, MD, Attending Physician, Radiation Oncology, SLRHC and BIMC, **Peter Kozuch, MD**, Attending Physician, Hematology-Oncology, SLRHC, and **Magdalena Petryk, MD**, Attending Physician, Hematology-Oncology, SLRHC, were the authors of two publications that appeared in the June 2001 volume of *Surgical Clinics of North America*: "Treatment of Metastatic Pancreatic Adenocarcinoma: A Comprehensive Review" and "Therapy of Regionally Unresectable Pancreatic Cancer."

Sheldon Feldman, MD, Chief, Louis Venet, MD, Comprehensive Breast Service, BIMC, was elected a member of the Society of Surgical Oncology and the American Society of Clinical Oncology. He is the principal investigator for NSABP B32 Sentinel Lymph Node Breast Cancer Study, and for the Epidermal Growth Factor and Bone Marrow Micrometastases in Breast Cancer study. In addition, Dr. Feldman was the speaker at "Making Strides Against Breast Cancer" for American Cancer Society in Central Valley, NY.

Stewart Fleishman, MD, Director, Cancer Supportive Services, BIMC and SLRHC, has been recognized with three appointments: Liaison Physician to the American College of Surgeons Commission on Cancer, Planning Committee and Invited Speaker for National Cancer Institute's State of the Science Conference on Symptom

Management, and Vice Chair of the Quality of Life Subcommittee of the Cancer and Leukemia Group B.

Maria Gillego, ANP, OCN, Nurse Practitioner, Radiation Oncology, BIMC, along with **Lauren Shaiova, MD**, Attending Physician, Department of Pain Medicine and Palliative Care, BIMC, gave a presentation on "Multidisciplinary Management of Cancer Pain in the Radiation Oncology Setting" at the ASTRO conference.

Michael Grossbard, MD, Chief, Hematology-Oncology, SLRHC and BIMC, received a \$15,000 grant from Amgen to support the Hematology-Oncology fellowship program at SLR. **Miguel Araneo, MD**, fellow, Hematology-Oncology, SLRHC, is the recipient of this fellowship award. Dr. Grossbard also received an award for outstanding service from Cancer Care.

Louis Harrison, MD, Chairman, Radiation Oncology, BIMC and SLRHC, and Clinical Director, Continuum Cancer Centers of New York, presented on "Anemia and Its Implications in Radiation Oncology" at New York Medical College on October 18. Dr. Harrison also presented a refresher course on "Management of Cancers of the Oral Cavity and Oropharynx" at the American Society for Therapeutic Radiology and Oncology (ASTRO) in San Francisco, November 2-8. Just before the start of the ASTRO meeting, he was the Co-Chair for a satellite symposium entitled "Evolving Approaches to Improve Outcomes and Minimize Toxicities in Radiation Therapy;" he also participated in an ASTRO panel entitled "Coronary Artery Radiation Therapy."

Kenneth Hu, MD, Attending Physician, Radiation Oncology, BIMC and SLRHC, was recently appointed Vice President of the New York Roentgen Society. Dr. Hu and Elise Carper, ANP, AOCN gave an oral presentation at the November ASTRO meeting on "Strategies to Minimize the Toxicities of Head and Neck Irradiation."

Bernard Kabakow, MD, FACP, Emeritus Chief of Oncology, BIMC and Clinical Professor of Medicine at the Albert Einstein College of Medicine, was Visiting Professor at the Post-Graduate Medical School of Minsk University in June 2001, where he delivered a series of four lectures on colon cancer.

Harry Quon, MD, Attending Physician, Radiation Oncology, SLRHC and BIMC, was awarded a travel grant by the European Society for Therapeutic Radiology to attend its annual meeting in Lisbon, Portugal.

Sharon Rosenbaum Smith, MD, Attending Physician, Comprehensive Breast Center, SLRHC, was a co-author of "Methylene Blue as an Alternative to Isosulfan Blue for Sentinel Lymph Node Localization" in *The Breast Journal*, 2001; "Is This Mass a Phyllodes Tumor or Breast Cancer?" in *Primary Care in Cancer*, 2001; "Screening for Breast Cancer" in *Current Surgical Therapy*, 7th Edition.

Paul Tartter, MD, Chief, St. Luke's Breast Clinic and Attending Physician, Comprehensive Breast Center, SLRHC, was a co-author of "The Consequence of Undertreating Breast Cancer in the Elderly" in the *Journal of the American College of Surgeons*, 2001; "The Significance of Malignancies Incidental to Microcalcifications in Breast Needle Localization Biopsy Specimens" in the *American Journal of Surgeons*, 2001. He co-authored, along with Dr. Estabrook and Dr. Rosenbaum Smith, an abstract entitled "Contralateral Prophylactic Mastectomy at the Time of Mastectomy for Unilateral Breast Cancer," which was accepted for presentation at the Third Annual Lynn Sage Breast Cancer Symposium.

SPOTLIGHT ON DEVELOPMENT

Continuum Cancer Centers of New York received a \$1 million grant from the **Sol and Margaret Berger Foundation** to name the Berger Surgical Oncology Program. This leadership gift was made by the Berger family in honor of **Warren Enker, MD**. The Berger Surgical Oncology Program will integrate services across Continuum to provide the finest surgical care to patients and to advance technological developments.

A \$1 million gift from **The Simons Foundation** naming The Simons Breast Cancer Detection Program at the St. Luke's Division. This program will offer mammograms, follow-up care and educational outreach for medically underserved women. A dedication ceremony was held on November 5.

The Tenth Annual Breast Service Luncheon was held on May 23 at the Waldorf-Astoria. Chaired by Nancy Hébert, wife of Trustee Daniel Hébert, the event was attended by nearly 500 guests and raised \$430,000 in support of breast cancer programs at Beth Israel and St. Luke's-Roosevelt. Those in attendance enjoyed a fashion presentation by Celine and a keynote speech by **Sheldon Feldman, MD**.

A grant of \$29,500 from the **Frances L. and Edwin L. Cummings Memorial Fund** and a commitment of \$7,500 from the St. Luke's-Roosevelt Hospital Center Associate Trustees to provide a Patient Advocate/Navigator at the St. Luke's Comprehensive Breast Service. The Patient Advocate/Navigator guides patients through the healthcare process and helps overcome the barriers to care faced by disadvantaged women living in the surrounding communities of the St. Luke's Division.

Additional gifts to cancer programs include a \$12,000 grant from the Sidney, Milton and Leoma Simon Foundation for breast cancer programs in honor of **Morton Davidson, MD**; a \$10,000 grant from the Diller-Von Furstenberg Family Foundation for radiation oncology in honor of **Louis B. Harrison, MD**; a \$10,000 gift from Dorothy and Lawrence Kryger to surgical oncology in celebration of their son and daughter-in-law's 25th wedding anniversary and in honor of **Warren Enker, MD**; and a \$4,000 grant from the Edith T. Shapiro and Harris Shapiro Fund of the New York Community Trust for St. Luke's-Roosevelt Cancer Lifeline to provide carfare to and from chemotherapy sessions and surgery for uninsured and underinsured women at St. Luke's Comprehensive Breast Service.

The Othmer Cancer Center at Long Island College Hospital received a \$50,000 grant from the **Healthcare Association of New York State** to fund the Breast Health Navigator program. This is the third year that the Othmer Cancer Center has received this grant. In addition, the Othmer Cancer Center held its Second Annual Luncheon to raise funds for its breast wellness program. More than \$47,000 was pledged.