

Revolutionizing Head and Neck Cancer Care



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While head and neck cancer is less common than other malignancies—about 30,000 cases of head and neck cancer are diagnosed annually, compared to over 180,000 cases of breast cancer and 150,000 cases of colorectal cancer—their impact on a patient's quality of life can be staggering.

In the past, treatment for head and neck cancer often resulted in the removal of important organs, such as the tongue or the larynx. Thanks to recent advances and innovations,

however, many patients are now able to avoid these debilitating losses.

“The concept of organ and function preservation—treating cancer successfully without losing function—is very important at Continuum Cancer Centers of New York,” says **Louis B. Harrison, MD**, Clinical Director, Continuum Cancer Centers of New York; Co-Director, Institute for Head and Neck Cancer; and Chairman, Radiation Oncology, Beth Israel Medical Center (BIMC) and St. Luke's-Roosevelt Hospital Center (SLRHC). “Taking care of cancer of the tongue without losing the tongue or taking care of cancer near the eye without losing the eye—these are significant quality-of-life issues.”

Much of this increased success is due to the emphasis on a multidisciplinary approach.

“Head and neck cancer does not fall into the realm of one particular specialty. Therefore, the team approach translates into the best cure and the best quality of life,” says **Mark Persky, MD**, Co-Director, Institute for Head and Neck Cancer, Vice Chairman, Otolaryngology, BIMC and Associate Director, Continuum Cancer Centers of New York.

Over the years, advances in radiation oncology and medical oncology have allowed these disciplines to play a larger role in the treatment of head and neck cancer, making radical surgery less necessary and helping to preserve function in many cases.

“There is a continuing movement away from the older philosophy of ‘more is always better’ with regard to radical surgery,” says **Roy B. Sessions, MD**, Associate Director, Continuum Cancer Centers of New York; Co-Director, Institute for Head and Neck Cancer; and Chairman, Otolaryngology, BIMC. “The whole focus on modern cancer treatment is the integration of disciplines and modalities of treatment, so that strategies are tailored well in advance rather than as just an afterthought following surgery.”

For most head and neck cancer, the standard treatments are radiation therapy and surgery, alone or in combination. The radiation program for head and neck cancer at Continuum Cancer Centers of New York utilizes all modern technological advances in radiation oncology, including three-dimensional conformal

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external beam radiation therapy, stereotactic radiation, brachytherapy, and intraoperative radiation therapy. An upgraded intensity modulated radiation therapy (IMRT) capability is nearly completed.

Chemotherapy is often used, either in treating advanced disease or as part of new treatment strategies that combine chemotherapy with radiation.

Radiology and pathology are also essential components of the multidisciplinary team when it comes to diagnosis and treatment planning.

“The role of imaging in head and neck cancer is different than in lung or breast cancer because the examining physician usually knows that a tumor is present,” says **Roy Holliday, MD**, Director of Radiology, the New York Eye and Ear Infirmary (NYEEI). “For

head and neck cancer, imaging involves staging and mapping the disease, rather than detecting it. Our goal is to complement the physical exam, not replace it.”

Surgical pathologists also play an important role in the determination of numerous factors, including whether the lesion is malignant, what type of cancer it is and how invasive it is.

“Although surgical pathologists do not directly interact with the head and neck cancer patient, their conclusions directly impact the patient’s therapy, prognosis, and quality of life,” says **Bruce M. Wenig, MD**, Associate Director, Continuum Cancer Centers of New York; Co-Director, Institute for Head and Neck Cancer, BIMC; and Vice Chairman, Anatomic Pathology, BIMC.

To keep the multidisciplinary approach working smoothly, weekly tumor boards are held so that members of the various disciplines can share ideas, examine cases, and discuss individualized treatment plans for each patient.

“The goal of the tumor board is to minimize the morbidity of treatment, optimize post-treatment rehabilitation, and ultimately provide the best possible chance for cure,” says **Daniel B. Kuriloff, MD**, Associate Director, Otolaryngology and Head and Neck Surgery; and Director, Thyroid Clinic, SLRHC.

Long Island College Hospital also has a regular tumor board for head and neck cancer that meets every two weeks.

“We discuss all our cases with the medical oncologists, radiation oncologists, pathologists, and surgeons. In addition, a radiologist who specializes in head and neck cancer is a regular participant,” says **Gady Har-El, MD**, Vice Chairman, Otolaryngology, Long Island College Hospital (LICH).

Looking to the Future



Continuum Cancer Centers of New York are at the forefront of researching new possibilities for the treatment of head and neck cancer.

Physicians are now exploring the use of Iressa in treating head and neck cancer. Heavily studied for use in lung cancer, Iressa is a targeted molecular therapeutic agent. It targets a selected receptor found to be overexpressed in a significant portion of head and neck cancer.

Another research project involves investigating molecular changes by taking a small number of cells, amplifying the entire DNA, and looking at changes throughout the genome.

“The hope is we can identify chromosomal changes that reflect the response to treatment and tailor therapy based on molecular characteristics of the tumor,” says **Stimson Schantz, MD**, Chief, Head and Neck Surgery, NYEEI.

Another study looks at native cellular fluorescence—shining light on tissues and seeing how they absorb and emit light.

“Tissues in various stages of health will, we believe, absorb and emit light uniquely,” Dr. Schantz says. “If so, we can use it as a screening tool and see precancerous tissue earlier.”

State-of-the-Art Treatments for Head and Neck Cancer

Head and neck cancer refers to a group of cancer that affect a wide variety of sites in the head and neck area, including the skin, face, eyes, ears, nose, lips, oral tongue, floor of the mouth, gums, cheek, retro molar area, hard and soft palate, base of the tongue, tonsils, pharyngeal walls, larynx, hypopharynx, cervical esophagus, nasopharynx, nasal cavity, paranasal sinuses, base of the skull, thyroid and parathyroid glands, major and minor salivary glands, and all other soft tissues and bones of the head and neck region.

“Since speech, swallowing, taste, smell, vision, facial expression, and appearance can all or independently be impacted, the challenges facing the clinician and the patient are daunting,” Dr. Kuriloff says.

Continuum Cancer Centers offer many innovative therapies for meeting these challenges. For example, our physicians have pioneered intraoperative radiation therapy—in which a single high dose of radiation is delivered during surgery to an area from which a tumor has just been removed—for selected patients who have advanced disease in their neck. Unlike external beam radiation, this technique allows the delivery of radiation directly to the tumor bed without having to first treat through layers of normal tissue. During surgery, the normal tissue is shielded or moved away. External beam radiation may be added later, but at lower doses and with a shorter treatment time.

“Intraoperative radiation fits in nicely with our philosophy of integrating new technology that utilizes radiation in a smarter way while simultaneously improving a patient’s quality of life,” says **Kenneth Hu, MD**, Attending Physician, Radiation Oncology, BIMC and SLRHC, and Director of Radiation Oncology Programs, NYEEL.

The physicians at Continuum Cancer Centers have also been involved in developing multidisciplinary strategies to deal with cancer of the larynx and hypopharynx. These treatment modalities use external beam radiation alone or in combination with chemotherapy to treat early stage disease, and they may include neck surgery in more advanced cases.

“We are one of the leading medical centers to use a combination of chemotherapy and radiation therapy to avoid laryngectomy. This leads to enormous benefits in terms of function and quality of life, yet maintains cure rates that are equivalent to radical surgery,” Dr. Harrison says.

An advanced unresectable head and neck protocol is also available for patients who can’t have surgery because tumors are too big or because they require removal of the larynx. This innovative combination treatment involves giving the patient a small dose of chemotherapy just before each fraction of accelerated radiation therapy.

“Combining chemotherapy and radiation in such a manner maximizes the effectiveness of both modalities,” says Dr. Hu. “In addition, since the total dose of chemotherapy is about half of what is normally given, the patient is spared the toxicities of standard chemotherapy.”

Chemotherapy’s role in the treatment of head and neck cancer has continued to evolve. “The addition of chemotherapy to radiation has also allowed for organ preservation,” says **Bruce E. Culliney, MD**, Attending Physician, Department of Medicine, and Medical Director, Chemotherapy Infusion Suite, BIMC. “In patients with more advanced, unresectable disease, we are incorporating novel strategies that utilize concurrent chemotherapy and adjuvant chemotherapy to improve survival.”

Continuum Cancer Center physicians are also pioneers in developing

Continuum Cancer Centers of New York’s Research Office is pleased to announce the recent opening of clinical trials for patients with a variety of cancer diagnoses.

Colorectal Cancer: ECOG/CTSU 3200, a phase III trial of Bevacizumab, Oxaliplatin, 5-FU, and Leucovorin vs. Oxaliplatin, 5-FU and Leucovorin vs. Bevacizumab. This national study gives patients the opportunity to have access to an important new cytotoxic drug, Oxaliplatin, and/or a monoclonal antibody targeted to vascular endothelial growth factor (VEG-F), Bevacizumab. *Co-principal Investigators:* Peter Kozuch, MD and Stephen Malamud, MD

Pancreatic Cancer: For patients with locally advanced pancreatic cancer, a phase I/II study is testing a novel treatment of combination chemotherapy with concomitant split course external beam radiation therapy. For patients with more advanced pancreatic cancer, a phase III study is investigating Gemcitabine +/- OSI-774 (Tarceva™), a new oral epidermal growth factor receptor tyrosine kinase inhibitor. *Co-principal Investigators:* Peter Kozuch, MD and Stephen Malamud, MD

Lung Cancer: For patients with operable lung cancer, a national phase III study comparing surgery alone to surgery with preoperative chemotherapy. *Co-principal Investigators:* Cliff Connery, MD and Karen McGinnis, MD

Quality of Life: Two studies are investigating approaches to improve the quality of life for patients receiving chemotherapy:

- 1) A placebo-controlled study of dexmethylphenidate hydrochloride (d-MPH) in the treatment of fatigue and neurobehavioral impairment related to chemotherapy. *Principal Investigator:* Stewart Fleishman, MD
- 2) A study to develop a screening tool for functional capacity for patients receiving chemotherapy and darbepoetin alfa (NESP). *Principal Investigator:* Stephen Malamud, MD

For more information, please contact the Research Office at (212) 844-6286.

treatments for cancer of the base of the tongue. These approaches utilize external beam radiation therapy, brachytherapy, selected neck surgery, and selective use of chemotherapy—all geared to maximize cure rates as well as to preserve the tongue.

“Cancer in that area, treated surgically, is very debilitating with respect to swallowing and speech,” Dr. Harrison explains. “Our treatment strategies have proven to be highly effective. We have a greater than 80 percent cure rate, with maintenance of the tongue in the overwhelming majority of patients.”

For patients with advanced disease of the oral tongue, a unique protocol is available in which high doses of chemotherapy are directly targeted to the tumor in combination with external beam radiation. The standard treatment for this disease has been surgery followed by radiation therapy, which for these tumors will frequently result in the loss of the tongue and possibly the larynx.

“Our protocol was started to improve the prognosis of the disease, which still remains poor even with the standard treatment,” says **Douglas Frank, MD**, Attending Physician, Otolaryngology, BIMC.

If adequate tumor shrinkage is achieved, the patient then gets a boost of radiation therapy via an implant. If a portion of tumor remains, it will be removed through surgery, but it will be a less invasive, organ-preserving procedure.

“For patients who don’t respond or have a lot of tumor remaining, they go on to get the surgery and radiation that they would have gotten anyway, but at least the opportunity to preserve the organ was explored,” Dr. Frank explains.

With recent advances in skull-base operations, locations that were previously considered inaccessible are now operable.

“In the field of skull-base surgery, probably the greatest advance is the

ability to resect areas which had previously been considered unresectable, such as the areas that relate to the carotid artery as it enters the skull,” says **Peter Costantino, MD**, Co-Director, Center for Cranial Base Surgery, Department of Otolaryngology, SLRHC.

The head and neck team at LICH also specializes in treating cancer at difficult areas such as the skull base.

“For cancer of the sinuses and the skull base, we use endoscopic techniques that remove cancer without using external facial incisions,” Dr. Har-El says.

“The results of surgery on skull-base tumors have improved dramatically over the past 10 to 15 years,” says Dr. Persky. “Combined otolaryngologic and neurosurgical approaches have increased access to these tumors, resulting in more successful resection.” Improved reconstruction and rehabilitation now result in better postoperative appearance and function.

State-of-the-Art Infusion Suite Open at Roosevelt Hospital



The 11th floor of Roosevelt Hospital is the new home of the Hematology-Oncology Infusion Suite, featuring:

- 17 stations in three suites, including a special, extended-length-of-stay area
- Clinical trials office and clinical research coordinator
- Reclining chairs, and side chairs for visitors
- Landscape windows for a cheerful environment
- Televisions at each chair
- Dedicated pharmacy, fully equipped with Laminar Flow Hoods
- 10 fully appointed exam rooms

The infusion suite is staffed by expert medical oncologists, an oncology nurse practitioner and dedicated oncology nurses, pharmacists, a social worker, a clinical research coordinator and other staff—all working together to ensure that our patients receive superb medical care in a supportive environment.

For patient referrals, please call (212) 523-5419.

Additionally, in tumors with many blood vessels, the physicians at the Center for Endovascular Surgery at BIMC Singer Division, led by **Alejandro Berenstein, MD**, work to define the blood flow to tumors and the brain. “They can then embolize these tumors preoperatively, with a resulting decrease in operative blood loss and less need for transfusions,” says Dr. Persky.

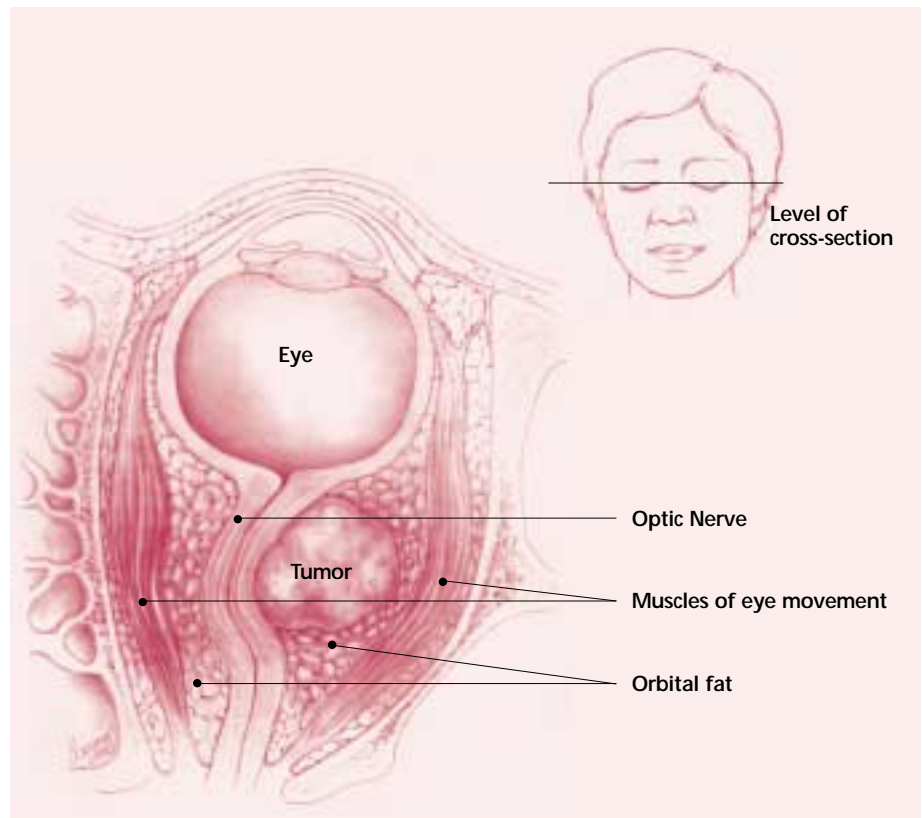
Dr. Sessions, Dr. Costantino, Dr. Har-El and Dr. Persky point to the importance of collaborations between neurology, otolaryngology, and head and neck surgery for the current success of skull-based treatments.

“With both a multidisciplinary approach and the advancement of the microvascular team in reconstructing major defects, we are able to accomplish a lot more technically at the base of the skull,” Dr. Sessions notes.

Indeed, advanced reconstructive techniques—from nerve grafting to facial reanimation procedures to tissue transfers—have greatly improved the ability of physicians to restore form and function following all types of head and neck cancer treatment.

For example, cheek cancer patients could lose the roof of their mouths or the floor of their eyesockets. St. Luke’s-Roosevelt is one of the few places that does primary reconstruction of these defects, using local tissues, titanium and other biological materials.

“Now we can leave the patient looking almost the same after surgery as they did before,” Dr. Costantino explains. “Also, in the process of preparing the site for reconstruction, we have greater access to the base of skull where tumors



can spread, leading to a stronger level of confidence that we’ve gotten the areas of the cancer out.”

Plastic surgeons specializing in head and neck reconstruction work closely with head and neck surgeons and radiation oncologists to develop surgical treatment plans. “Refinements in microsurgical and craniofacial techniques enable the plastic surgeon to reconstruct patients with even the most advanced types of tumors,” says **Mark L. Smith, MD**, Director, Continuum Craniofacial and Cleft Palate Center; Chief, Pediatric Plastic Surgery, BIMC and Associate Chief, Plastic Surgery, BIMC.

These and other innovative treatments—along with the multidisciplinary approach by world-renowned experts—put Continuum Cancer Centers of New York on the leading edge of head and neck cancer care.

“The goals of treatment for patients with head and neck cancers are both cancer cure and maintenance of quality of life and function. The only way to achieve these goals is by using innovative therapies delivered by a multidisciplinary team of experts,” Dr. Harrison concludes. “There are few programs in the country, if not the world, with the equivalent level of multidisciplinary expertise in head and neck surgery, radiation oncology, medical oncology, pathology, radiology, nursing care, and support services.”

Focusing on the Eye

Since the treatment of eye tumors may interfere with or cause complete loss of vision, Continuum Cancer Centers of New York are dedicated to developing and utilizing treatments that will preserve vision whenever possible.

Survivors Day Celebrations at Continuum Cancer Centers of New York

On Sunday, June 2, Continuum Cancer Centers of New York celebrated National Cancer Survivors Day 2002. As in past years, there were two celebrations: in Brooklyn, the event was held at the Othmer Cancer Center at Long Island College Hospital; the Manhattan event took place in the atrium of Beth Israel's Phillips Ambulatory Care Center.

"Come Aboard the S.S. Survivor" was the theme of the celebration at LICH, which was attended by more than 400 people, including 200 cancer survivors. The Avram Conference Center was transformed into a cruise ship, fea-

turing international cuisine, a spa, a jewelry boutique, face painting for children and entertainment by County Tyrone Pipe Band. Brooklyn Borough President **Marty Markowitz** was on hand to congratulate survivors, their families and staff.

The Roseann O'Donnell Boutique Fashion Show was a highlight of the Manhattan celebration at BIMC's Phillips Ambulatory Care Center. Preceded by a special luncheon for patients and their guests, the fashion show was made up of more than 20 cancer survivors modeling fashions from the boutique and other specialty retailers.



(above) Sailing Into the Future—"Captain" **Roland Brigando**, a Hodgkin's disease survivor, and **Vanessa Melendez**, a survivor of lymphoblastic leukemia, share "Survivors of the Year" honors at the Brooklyn Survivors Day event at LICH.



(above) Patients, staff and volunteers enjoy the Roseann O'Donnell Boutique Fashion Show at Survivors Day 2002 at BIMC PACC.

Continuum
Cancer Centers

Continuum Cancer Centers of New York

(212) 844-6027

**One Phone Number for Continuum
Cancer Centers of New York**

A single phone number has been created to provide access to Continuum Cancer Centers of New York's physicians, facilities and services. Call (212) 844-6027 from 8 am to 5 pm, Monday through Friday, and knowledgeable staff will answer and assist you. Messages left after hours will be returned the next business morning.



Study: Concurrent Fractionated Carboplatin With Delayed Concomitant Boost Radiation For Organ Preservation Of Stage III And IV Head And Neck Cancer

Participants: Patients with cancers involving the larynx, hypopharynx or oropharynx for which surgical treatment would require larynx removal.

Purpose: Chemoradiation is an alternative therapy to treat the cancer without having to sacrifice the larynx. The approach has been shown in large randomized studies to offer high rates of larynx preservation without compromising patient survival. The optimal chemoradiation treatment program that offers the best chance for cure, preserves high levels of organ function (swallowing and speech) and avoids excessive treatment-related toxicity remains to be defined.

Rationale: Traditionally, chemotherapy with multiple drugs has been given at high doses two or three times during a conventional course of radiation. Although shown to be effective in controlling cancer in many cases,

severe toxicity can occur, which may prevent patients from completing treatment or cause long-term side effects (difficulty eating or speaking). This study investigates whether small daily doses of a single chemotherapy agent just prior to each radiation treatment of an accelerated radiation program can decrease side effects, improve cancer cure rates and maintain organ function. The program attempts to avoid the toxicities of high doses of chemotherapy such as nausea, bone marrow suppression, kidney damage or hearing impairment. In addition, by delivering daily doses of chemotherapy within one hour prior to each radiation treatment, the radiosensitizing effect can be maximized. The concept has been tested in several European studies with promising outcomes.

For further information, please contact Dr. Kenneth Hu at (212) 844-2022.

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

Participants: Head and neck cancer patients.

Purpose: The first multicenter, National Cancer Institute-approved trial testing whether a promising targeted biologic therapy can be integrated with radiation and/or chemotherapy to improve outcomes for head and neck cancer patients.

Rationale: ZD1839 (Iressa) is a small molecule oral drug that targets the epidermal growth factor receptor (EGFR), which is commonly expressed in head and neck tumors. Preliminary studies have shown that ZD1839 can decrease tumor growth as well as enhance the effectiveness of radiation to kill cancer cells. The drug has shown some benefit in patients with advanced lung cancer. Patients in this study will be treated

with ZD1839 in combination with radiation therapy alone or with radiation and concurrent, weekly chemotherapy. Those with extensive involvement of lymph nodes may proceed to neck surgery. After radiation therapy, chemotherapy and surgery are completed, patients remain on the drug for up to two years. The aim of prolonging treatment is to prevent secondary cancer from developing in the aerodigestive tract, as well as metastatic disease from the original tumor.

For further information, please contact Dr. Kenneth Hu at (212) 844-2022.

SPOTLIGHT ON DEVELOPMENT

The annual **Breast Service Luncheon** was held on May 16 at the Waldorf-Astoria. Chaired by Nancy Hebert, wife of Trustee Daniel Hebert, the event was attended by nearly 500 guests. Net proceeds of \$507,000 will support breast cancer services at BIMC and SLRHC. **Marilyn Simons** was the honoree, and all guests enjoyed a fashion presentation by Cynthia Rowley. New York State's First Lady, Libby Pataki, was the keynote speaker.

Shirley Chu Orsak gave \$54,864 to support the After Radiation Care Program (ARC) in honor of her physician, **Louis B. Harrison, MD**. ARC is a new program within the **Charles and Bernice Blitman Department of Radiation Oncology** at BIMC that will provide patients undergoing radiation therapy with increased medical and psychosocial services. The goal is to improve patients' rehabilitation by enhancing quality of life during and following cancer treatment. ARC exemplifies the commitment of Continuum Cancer Centers of New York to providing comprehensive medical and psychosocial services to our patients in a supportive and caring environment.

Morty & Gloria Wolosoff Foundation gave \$35,000 toward a digital mammographer in honor of **Beall Rogers, MD** at SLRHC.

ESP Das Educational Foundation, Inc. gave \$25,000 in honor of Dr. Louis Harrison to support radiation oncology.

Schnurmacher Foundations made a \$25,000 pledge payment toward their gift to the Cancer Supportive Services program, which reaches out to patients at diagnosis and continues to offer support during treatment and follow-up care.

The Donna Bain Wiggins Trust of the New York Community Trust recently made a grant of \$13,380 to help support the research of **Louis Cleveland, PhD**, Principal Investigator in the Laboratory of Molecular Pathogenesis at the St. Luke's-Roosevelt Institute of Health Sciences. Dr. Cleveland, who also receives NIH funding, is developing a robotic microarray system that is expected to be of great value in the study of genetic factors that control proliferation of malignant cells.

American Cancer Society has directed a \$12,000 grant to support the training of a master's level social work student in clinical oncology. We are pleased to be able to continue to offer this important training program.

The Sidney, Milton & Leoma Simon Foundation gave \$11,000 for breast cancer research at BIMC's Louis Venet, MD, and Robert and Helen Appel Comprehensive Breast Services, in honor of Morton Davidson, MD.

The Millman Family gave \$5,200 in honor of **Stewart B. Fleishman, MD**, for Cancer Centers' summer internships for college undergraduate

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This collaborative effort involves the team at the New York Eye and Ear Infirmary—one of the oldest and most respected specialty hospitals in the country. Treatment of eye tumors often requires complex surgical and radiation therapy techniques. Very few centers in the country have the experience and technology in this highly specialized area to deal with these tumors.

Continuum Cancer Centers offer advanced therapies for eyelid tumor removal based on frozen section evaluation. “At the same time, reconstructive eyelid procedures are performed, which are very effective,” says **Robert C. Della Rocca, MD, FACS**, Director of Ophthalmology, SLRHC and Chief, Ophthalmic Plastic, Reconstructive and Orbital Surgery, NYEEL. “Tumors that lie behind the eye may be a threat to vision,” says **Elizabeth A. Maher, MD**, Associate Director, Ophthalmic Plastic, Reconstructive and Orbital Surgery, NYEEL.

The team approach to treatment, which includes the medical oncology and radiation oncology departments, is well established at Continuum Cancer

Centers of New York. “At times, resection of tumors of the orbit is completed with the team of neurosurgery, and head and neck or skull base surgery,” says Dr. Della Rocca.

With advanced surgical techniques and the use of microscopic surgery, the team can be more precise in removing tumors behind the eye, which threaten vision in the most atraumatic manner. Reconstruction of the orbit bones and tissue is completed after tumor removal.

“For tumors within the eye, surgery, radiation and chemotherapy are used to treat both pediatric and adult intraocular tumors,” says **Paul T. Finger, MD**, Director, Ocular Tumor Service, NYEEL.

“We use various special treatments to optimize delivery of radiation to the eye,” says Dr. Hu. “We also use stereotactic radiation surgery to treat eye tumors in a very focused, precise way; just a few millimeters of normal tissue are affected.”

A regular Eye Tumor Board—one of only a few in the country—is held to

discuss the management of these complex cases. A group of ophthalmologists, radiation oncologists, medical oncologists, head and neck surgeons, orbital pathologists, head and neck radiologists, and others are involved in this process.

“We are fortunate to have the most comprehensive—and the busiest—service in the country regarding the treatment of eye tumors,” Dr. Della Rocca says. “The NYEEI Department of Pathology, under the direction of **Steven A. McCormick, MD**, and the radiation oncology and medical oncology departments of St. Luke’s-Roosevelt and Beth Israel, provide an excellent team effort to treat these complicated problems.”

For more information, please call:

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Peter Costantino, MD	(212) 523-7791
Bruce Culliney, MD	(212) 844-8287
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Paul Finger, MD	(212) 832-8170
Douglas Frank, MD	(212) 844-6228
Gady Har-El, MD	(718) 780-1498
Louis Harrison, MD	(212) 844-8087
Roy Holliday, MD	(212) 979-4397
Kenneth Hu, MD	(212) 844-2022
Daniel Kuriloff, MD	(212) 523-7791
Elizabeth Maher, MD	(212) 979-4575
Steven McCormick, MD	(212) 979-4156
Mark Persky, MD	(212) 844-8648
Stimson Schantz, MD	(212) 979-4535
Roy Sessions, MD	(212) 844-8366
Mark Smith, MD	(212) 844-8784
Bruce Wenig, MD	(212) 420-4061

SPOTLIGHT ON DEVELOPMENT

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students. The 10-week program, aimed at encouraging young people to pursue a career in the health sciences, gives students the opportunity to work with experienced medical professionals on cancer research studies and supportive services for patients. Said one participant, “My mind and heart have been opened by interning at the Cancer Centers, talking to patients and visiting them in the chemotherapy suite.”

Perez Ehrich has directed a gift of \$5,000 in memory of brother, Terry Ehrich, to support the cancer research fund in honor of **Ronald Blum, MD**.

Robert Pittman gave \$5,000 in honor of **Harris Nagler, MD**, to support free prostate cancer screenings.

Announcing...

Beth Israel's Cancer Center and the Othmer Cancer Center at LICH have been reaccredited by the American College of Surgeons Commission on Cancer. Only one in four hospitals that treat cancer receive this special approval. This designation recognizes the quality of comprehensive cancer care available at a facility and offers a commitment that patients will have access to all of the various medical specialists who are involved in the diagnosis and treatment of cancer.

Approval by the Commission on Cancer is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer. To meet the standards necessary for Commission approval, each cancer program, and the organization that controls it, must undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an on-site review every three years.



Dr. Marvin Rotman is the Recipient of ASTRO's Gold Medal.

Marvin Rotman, MD,
Chairman, Department of
Radiation Oncology, LICH,

was selected as the recipient of the 2002 Gold Medal of the American Society for Therapeutic Radiology and Oncology (ASTRO). The Gold Medal, ASTRO's highest honor, is bestowed on revered radiation oncologists, biologists and physicists in recognition of distinguished accomplishments and contributions in the field of radiation oncology. Dr. Rotman will receive the award at ASTRO's 44th Annual Meeting in New Orleans, LA in October.

Ronald Blum, MD, Director, Cancer Centers and Programs, BIMC and SLRHC, was one of 75 clinical scientists from around the world invited to participate in the "Soft Tissue Sarcoma State of the Science Meeting: Building on Molecular and Clinical Progress" in June. The goal of the meeting was to discuss the current state of the science and to set the NCI priorities for future translational and clinical research for soft tissue sarcomas.

Manjeet Chadha, MD, Associate Chairman, Charles and Bernice Blitman Department of Radiation Oncology, BIMC, serves on the American Society of Breast Disease Consensus

Committee and Program Committee. The American Society of Breast Disease advocates a multidisciplinary team approach to breast health management, and to breast disease prevention, early detection, treatment and research.

Stewart Fleishman, MD, Director, Cancer Supportive Services, Continuum Cancer Centers of New York, was a speaker at the NIH-NCI "State of the Science" Conference in July, which examines "Symptom Clusters" of Pain, Depression and Fatigue in cancer. The goal of the conference is to set policy and a national research agenda. Along with being a member of the Planning Committee, Dr. Fleishman presented Continuum Cancer Center of New York's Cancer Supportive Services program in the "treatment" section as a model program for consideration.

Loralee Fulton, MS, RN, OCN, Clinical Director, Othmer Cancer Center, LICH, was a presenter at the American Cancer Society Conference, "Talking/Listening/Sharing: The Cancer Experience," at Brooklyn Hospital Center in May. The conference was a dialogue among health care professionals, patients and their loved ones. Ms. Fulton's presentation was "The Nurse's Role in Fostering the Communication Process."

David Gal, MD, Chairman, Department of OB/Gyn, LICH, was elected president of the New York

Gynecological Society for 2002-03. Dr. Gal has been a member of the Society's council for over five years, serving in a variety of board positions.

Michael Grossbard, MD, Chief, Hematology-Oncology, BIMC and SLRHC and Associate Director, Continuum Cancer Centers of New York is the author of "Malignant Lymphomas," a book about Non-Hodgkin's Lymphoma and Hodgkin's disease, published by BC Decker Inc. He is also an author of "Rituximab and CHOP induction therapy for newly diagnosed mantle-cell lymphoma: molecular complete responses are not predictive of progression-free survival" in *Journal of Clinical Oncology*, 2002; "A phase II study of the immunotoxin N901-blocked ricin in small-cell lung cancer" in *Clinical Lung Cancer* 2002; and "Dose-adjusted EPOCH chemotherapy for untreated large B-cell lymphomas: A pharmacodynamic approach with high efficacy" in *Blood*, 2002.

Gady Har-El, MD, Vice Chairman, Department of Otolaryngology, LICH, is President-Elect of the New York Head and Neck Society and will assume responsibilities as President in July 2003. Dr. Har-El is currently serving as Secretary of the New York Head and Neck Society, which is the second-largest head and neck oncology organization in North America.

Louis B. Harrison, MD, Chairman, Radiation Oncology, BIMC and SLRHC, and Clinical Director, Continuum Cancer Centers of New York, was a nominee for President of the American Society for Therapeutic Radiology and Oncology. Dr. Harrison was also named to the Editorial Board of the journal *Brachytherapy*.

Kenneth Hu, MD, Attending Physician, Radiation Oncology, BIMC and SLRHC, was appointed Director of Radiation Oncology Programs at the New York Eye and Ear Infirmary. This new position, established by Continuum Cancer Centers of New York and NYEEI, will allow Dr. Hu to continue to develop innovative programs in collaboration with the specialists at NYEEI.

Peter Kozuch, MD, Attending Physician, Hematology-Oncology, SLRHC, is the guest editor of "Hematology/Oncology Clinics of

North America-Pancreatic Cancer," published by W.B. Saunders Co., February 2002.

The **Othmer Cancer Center at LICH** hosted four hospitals in New York State in June: Benedictine Hospital in Kingston, Crouse Hospital in Syracuse, Thompson Health System in the Finger Lakes Region, and St. John's Riverside Hospital in Yonkers. These institutions came to observe and learn about the Breast Health Navigator (BHN) Program, which is funded through a grant from the Healthcare Association of New York State (HANYS). The tour focused on the day-to-day activities of the BHN and provided a model for these institutions to establish their own BHN program.

Bert M. Petersen, Jr., MD, Attending Physician, Department of Surgery, BIMC and SLRHC, was selected as one of "America's Top Surgeons" by the Consumers Research Council of America.

Carolyn D. Runowicz, MD, Vice Chairman, Department of Obstetrics and Gynecology, SLRHC, and Director of Gynecologic Oncology Research for the Women's Health Service Line, presented "Gynecologic Cancer Prevention, Detection and Treatments in 2002" at the American College of Obstetricians and Gynecologists (ACOG) Annual Clinical Meeting in Los Angeles, CA in May.

Daniel Shasha, MD, Attending Physician, Radiation Oncology, BIMC and SLRHC, was CME Course Director for the 11th International Brachytherapy Conference in Santa Fe, NM in June. He also chaired the Head and Neck Cancer session at the meeting.

Revathy Sundaram, MD, Pediatric Oncologist, LICH, was the recipient of the 2002 Outstanding Teacher Award at the combined LICH/BIMC Pediatric Residency Training Program Graduation in June.

Recent media highlights include:

Ronald Blum, MD was interviewed by the Associated Press regarding antiangiogenesis as a cancer treatment. He was also interviewed by CBS Newspath regarding gene-based immunotherapy for advanced melanoma, and by WNBC-TV to comment on the NCI study showing the doubling of cancer cases in the next 50 years.

Manjeet Chadha, MD did an in-studio interview at WABC-TV on Mother's Day, talking about the latest treatments for breast cancer.

Frank DiPillo, MD, Chairman, Department of Medicine, LICH, and Associate Director, Continuum Cancer Centers of New York, spoke about Hodgkin's disease on "Inside Edition," a nationally syndicated program.

Alison Estabrook, MD, Chief, Division of Breast Surgery, SLRHC, Director, Comprehensive Breast Center, and Associate Director, Continuum Cancer Centers of New York; **Paul Gliedman, MD**, Director, Radiation Oncology, SLRHC and Attending Physician, Radiation Oncology, BIMC; **Mark Sultan, MD**, Chief, Division of Plastic and Reconstructive Surgery, BIMC, and Attending Physician, Department of Plastic Surgery, SLRHC and NYEEL; and **Carolyn Runowicz, MD** were noted in an article entitled, "The Best Doctors for Women—Coast to Coast" in Ladies Home Journal.

Louis Harrison, MD was interviewed by WNYW-TV regarding treatment for throat cancer.

Peter Kozuch, MD was interviewed by CBS Newspath regarding the G-FLIP pancreatic cancer study. In addition, Dr. Kozuch was interviewed by WNBC-TV regarding the same study. Both Dr. Kozuch and **Warren Enker, MD**, Director, Surgical Oncology BIMC and SLRHC, Vice Chairman, Department of Surgery and Chief, Colorectal Surgery BIMC, and Associate Director,

Continuum Cancer Centers of New York, were interviewed by several media outlets about the importance of colonoscopy as a result of President Bush's procedure in June.

Bert M. Petersen, Jr., MD was quoted in "Why You Still Need Mammograms" in Prevention Magazine. Dr. Petersen was also interviewed by CNN regarding whether or not there is an increased risk of developing breast cancer from the use of oral contraceptives.

Carolyn Runowicz, MD was interviewed for a story, "Research Links Weight Gain in Pregnancy to Cancer Risk" in the Asian Wall Street Journal.

Joseph Wagner, MD, Attending Physician, Urologic Oncology, BIMC, was interviewed for articles in the Daily News and Urology Times to discuss the latest prostate cancer treatment options, as well as the 2002 Prostate Screening.

The following physicians affiliated with Continuum Cancer Centers of New York were chosen as "The Best Doctors in New York" by *New York Magazine*:

A. Bernard Ackerman, MD (SLRHC), **Antonio Alfonso, MD** (LICH), **Joseph T. Chambers, MD** (SLRHC), **Robert Della Rocca, MD** (SLRHC and NYEEL), **Warren E. Enker, MD** (BIMC), **Alison Estabrook, MD** (SLRHC), **Sheldon M. Feldman, MD** (BIMC), **Eugene Flamm, MD** (BIMC), **Stewart Fleishman, MD** (BIMC and SLRHC), **Spiro Gallousis, MD** (LICH), **Michael L. Grossbard, MD** (BIMC and SLRHC), **Gady Har-El, MD** (LICH), **Louis B. Harrison, MD** (BIMC and SLRHC), **Mark Persky, MD** (BIMC), **Bert M. Petersen, Jr., MD** (BIMC), **Salvatore Presti, MD** (LICH), **Richard M. Rosenfeld, MD** (LICH), **Carolyn Runowicz, MD** (SLRHC), **Stephen D. Schaefer, MD** (NYEEL), **Chandranath Sen, MD** (SLRHC), **Mark Sultan, MD** (BIMC), **Paul Tartter, MD** (SLRHC), **Francisca Velcek, MD** (LICH), **James M. Vogel, MD** (BIMC), **Ralph Zalusky, MD** (BIMC)