

At the Forefront of Lung Cancer Care

Lung cancer is the leading cause of cancer deaths, with over 1,300,000 worldwide and 160,000 deaths in the United States estimated this year. Deaths from lung cancer in men account for more than the next four causes of cancer deaths combined. In women, lung cancer accounts for more deaths than breast and ovarian cancer combined.

The specialists in the Lung Cancer Program at Continuum Cancer Centers of New York are on the leading edge of developments that will help improve these grim statistics.

“Lung cancer has always been a dreadful disease because patients will not have symptoms until the disease is advanced,” says **Cliff Connery, MD**, Chief, Division of Thoracic Surgery, St. Luke’s-Roosevelt Hospital Center and Beth Israel Medical Center. “However, this is an exciting time because of new trends on all fronts.”

Locate a phone number the easy way

With an organization as large and comprehensive as Continuum Cancer Centers of New York, there are times when simply locating a phone number can be a complex task. Now there is ONE NUMBER to call to find a phone number for or more information about a Continuum Cancer Centers physician or service: **(212) 844-6027**.

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

Some of these trends include technological advances that allow surgeons to diagnose and treat lung cancer with less invasive approaches. For a selected group, minimally invasive surgery can be performed to remove a large portion of the lung.

“Video-assisted thoracic surgical techniques give us excellent visualization and the ability to perform procedures through small incisions,” says Dr. Connery. “Because of these techniques, we can obtain tissue for diagnosis easier than before and get the treatment process under way faster. This is critically important in lung cancer treatment, because the cancer has a fast time course.” Patients are also able to go home earlier and achieve a faster recovery.

PET (Positron Emission Tomography) imaging is also used to detect lung cancer, as it has an accuracy of 85 percent in the mediastinal staging of lung cancer. “When used as an initial workup, PET showed disease outside the chest in 30 percent of lung cancer patients,” says **Munir Ghesani, MD**, Assistant Attending Physician, Department of Radiology, St. Luke’s-Roosevelt Hospital Center and Director of PET at Columbus Circle Imaging. “In one study, PET changed the management in 41 percent of patients who had been deemed curable by surgery.”

Advances in pain management and critical care management that reduce the risk of complications have made surgery an option for patients for whom surgery would have been impossible in the past.

“The important thing to emphasize, even from a surgical perspective, is that the

Early Lung Program



Historically, the overall survival rate for lung cancer has been 13 percent—but when lung cancer is detected early, the

cure rate rises to nearly 70 percent. That’s why the hospitals of Continuum Health Partners launched the Marilyn and James Simons Early Lung Program.

The program screens high-risk patients—smokers, ex-smokers, those with a family history of lung cancer, or those with environmental risk factors—using the Helical Chest CT scan that can detect cancer nodules, some of which are undetectable in conventional chest X-rays.

“Since lung cancer can only be cured by early detection, we’re taking what we’ve learned from mammography programs and applying it to lung cancer screening,” says **Lee Sider, MD**, Vice Chairman, Department of Radiology, Beth Israel Medical Center, who is in charge of administration of the program at the various Continuum sites.

Just as mammography was developed to diagnose breast cancer at the earliest stage possible, this low-dose scan is the best way

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Smoking Cessation Programs



“Preventing lung cancer is the key to conquering this dreaded disease,” says **Peter R. Smith, MD**, Chief, Division of Pulmonary Medicine, Long Island College Hospital. “It means helping people to stop smoking and convincing children and teens to not start.” At LICH, a multidisciplinary team provides smoking cessation, education and support for both inpatients and outpatients. In addition, pharmacological aids such as nicotine patches or ZYBAN may be prescribed in conjunction with individualized cessation plans.

At St. Luke’s-Roosevelt, the Margarita Camche Smoking Cessation Program is based on a model developed at the Mayo Clinic. Many of its participants are patients with serious pulmonary or cardiovascular disease, or cancer; the smoking cessation treatment is carefully integrated into their medical care. Intensive psychological support, nicotine replacement, bupropion, and behavioral modification techniques are utilized.

Just like the programs offered at its sister institutions, the STOP Nicotine Dependence Treatment Program at Beth Israel is based on methods that are proven to help people change their dependence on tobacco. Techniques include reducing “smoking triggers” and substituting healthier activities, such as deep breathing, exercising, relaxing and drinking water. Nicotine replacement, ZYBAN or other non-nicotine medications may also be part of the program.

For more information about the smoking cessation program at Long Island College Hospital, please call The Asthma Center at LICH: (718) 780-1215.

For more information about the Margarita Camche Smoking Cessation Program at St. Luke’s-Roosevelt, please call: (212) 523-5471.

For more information about the STOP Nicotine Dependence Treatment Program at Beth Israel, please call: (212) 844-STOP (7867).

Continuum Cancer Centers of New York is pleased to announce that effective March 19, 2002, **Susan K. Boolbol, MD**, Breast Surgeon, Louis Venet, MD, Comprehensive Breast Service, BIMC, will see patients on Tuesdays from 9 am to 12 noon at the DOCS office in Hartsdale. The office is located at 141 South Central Ave., Suite 1001, Hartsdale, NY 10530. For more information or to schedule an appointment with Dr. Boolbol, please call (914) 683-5056.

best lung cancer treatment is interdisciplinary. Some of the surgical advances are dependent on the fact that we’ve made simultaneous advances in other areas,” notes Dr. Connery.

For example, the surgeons and radiation oncologists of Continuum Cancer Centers of New York combine their skills to perform the advanced technique of intraoperative radiation therapy. This procedure uses a special technique and a specially designed operating room to deliver a single high dose of radiation during surgery to an area from which a tumor has just been removed. Continuum hospitals are among the few institutions in the country that offer this form of therapy.

Continuum Cancer Centers’ radiation oncologists are also leaders in other advanced techniques used to treat lung cancer, including three-dimensional conformal external beam radiation—which allows the physician to concentrate the radiation to the region of the cancer—and brachytherapy, in which radioactive seeds are implanted directly into the tumor or tumor bed.

“Radioactive seed implants are well tolerated with excellent results, especially for the patient whose lung function is compromised and who cannot withstand surgery,” says **Juliana Pisch, MD**, Attending Physician, Radiation Oncology, Beth Israel and St. Luke’s-Roosevelt. “One of our unique benefits is that we’re one of the few places that has the expertise and capability to perform brachytherapy for lung cancer.”

By using a state-of-the-art high dose remote afterloader, endobronchial tumors can also be treated. The technology provides fast relief of bronchus obstruction and atelectasis of lung, helps restore

ventilation, stops hemoptysis and moderates cough.

There are also many exciting endeavors occurring in the area of medical oncology for lung cancer, especially in the use of medications that are more specifically targeted to tumor growth than normal cells.

“In the last year, at least two advances in the use of targeted biological therapy have come forward in the treatment of advanced, non-small cell lung cancer,” says **Stephen Malamud, MD**, Attending Physician, Division of Medical Oncology, Beth Israel Medical Center. “We were involved in the development of Iressa, which is one of the new drugs.”

The other—a new monoclonal antibody targeted to interfere with the blood vessel formation that is a prerequisite for tumor development and growth—is currently a part of a clinical trial at Continuum Cancer Centers of New York (see “Focus on Clinical Studies,” appearing on insert.)

“Patients are often subject to relapse when chemotherapy ends,” Dr. Malamud says. “This antibody may provide a major addition to chemotherapy and a means to control the disease after the end of chemotherapy for advanced, non-small cell lung cancers.”

Also underway is a preoperative chemotherapy protocol to discover if chemotherapy before surgery can help improve survival rates for certain patients with small cell lung cancer.

According to **Ambrish P. Mathur, MD, PC, FRCS (C), FACS**, Cardiac, Thoracic and Vascular Surgeon, Long Island College Hospital, “The majority of lung cancer cases could be prevented simply by avoiding tobacco exposure. Until we find a cure for lung cancer, prevention and early detection are our best tools to bring about long-term survival.”

Education about smoking-related illnesses and techniques to assist in “kicking the habit” are priorities at Continuum hospitals. Smoking cessation programs focusing on both the physical and behavioral aspects of nicotine addiction are offered at Beth Israel, St. Luke’s-Roosevelt and Long Island College Hospital (see box on this page).

In addition, Continuum hospitals offer an early screening for high-risk patients,

using a low-dose spiral CT to check for lung spots before any symptoms appear. This test is a part of the Marilyn and James Simons Early Lung Program (see box on cover page). While studies are still being done on the benefits of this procedure, many results have been excellent.

"The issue is, can these results be reproduced?" says **Ronald Blum, MD**, Director, Cancer Centers and Programs, Beth Israel and St. Luke's-Roosevelt. "But it may be one of the most exciting things to come along in the treatment of lung cancer."

Working Together Toward a Cure

The professionals in the Lung Cancer Program are committed to the interdisciplinary approach. "At our weekly thoracic oncology conference, every patient is discussed and treatment decisions are made," Dr. Pisch says. "Surgeons, pulmonologists, medical oncologists and radiation oncologists all offer valuable opinions and active discussion."

Adds Dr. Connery, "The conference gives physicians a comprehensive opinion without having to send the patient to many different offices."

Using this multidisciplinary approach, an individualized treatment plan for each patient is developed. The treatment plan involves many people, from primary care physicians to nutritionists to social workers to pain medicine specialists.

"What we've learned over the years is that, except in early-stage lung cancers, there is no universally successful therapeutic area in curing lung cancer," Dr. Malamud says. "Because of that knowledge, all of our therapeutic areas are strongly integrated. We don't make treatment recommendations unless all the modalities are part of the discussion process."

For more information, please contact:

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Stephen Malamud, MD (212) 844-8280
Ambrish Mathur, MD (718) 438-8600
Juliana Pisch, MD (212) 420-2996

Cancer Services Sign On to the Internet

There's no doubt that the Internet has changed how people get their health care information. Unfortunately, the knowledge and advice on the Web is not always accurate, reliable, or helpful, which means that expert sites are always in demand.

With that in mind, Continuum Cancer Centers of New York recently launched Web pages on the areas of Radiation Oncology and Cancer Symptoms. These easy-to-follow and informative pages are both located on WeHealNewYork.org, the Web site of Continuum Health Partners.

"We started these pages in order to educate people about what we were doing—the providers as well as the patients and their care partners," says **Ronald Blum, MD**, Director, Cancer Centers and Programs, Beth Israel and St. Luke's-Roosevelt. "We chose the Web for three main reasons: One, we can make changes and additions anytime. Two, it's accessible to anybody with a computer. Three, at the Karpas Cancer Library, we have Masters' level health educators who can help patients with their Internet searches."

Located at <http://cancer.wehealnewyork.org/radonc>, the radiation oncology pages provide readers with information on the departments' medical staff, supportive services, advanced technology and tech-

Continuum's Women's Health Service Line and Continuum Cancer Centers of New York are delighted to welcome **Carolyn D. Runowicz, MD**, Vice Chairman, Department of Obstetrics and Gynecology, St. Luke's-Roosevelt Hospital Center, and Director of Gynecologic Oncology Research for the Women's Health Service Line. Dr. Runowicz's interests include the surgical treatment of gynecologic malignancies and innovative clinical trials in the treatment of gynecologic cancers, specifically ovarian cancer.

Dr. Runowicz was recently selected as a leading doctor in the treatment of women's cancers by *Good Housekeeping*, *New York Magazine*, *Redbook* and *American Health Magazine*. She has authored three books for the general public: "The Menopause Book," "To Be Alive: A Woman's Guide to a Full Life After Cancer," and "Women and Cancer - A Thorough and Compassionate Resource for Patients and Their Families."

Before joining SLRHC, Dr. Runowicz served as director of Gynecologic Oncology at Montefiore Medical Center and the Albert Einstein College of Medicine. She is a past president of the Society of Gynecologic Oncologists and is currently on the national board of the American Cancer Society.

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Radiation Oncology Web Site:
<http://cancer.wehealnewyork.org/radonc>

Early Lung Program (continued from p.1)

to detect the early development of lung cancer and greatly increase the chances for a cure.

Offered at various sites throughout the Continuum system, the procedure is painless and takes less than 20 minutes. Afterward, a specially trained radiologist will provide the results to the physician and the patient, and indicate whether any follow-up is necessary.

"The patient is entered into the database and we make sure the appropriate follow-up is done," Dr. Sider explains. "Both the patient and the physician are notified, and we try to make sure the patient comes back for checkups. We send certified letters to our patients notifying them when it's time for a checkup."

Dr. Ronald Blum says that one pivotal study on this type of screening found that 80 percent of the lung cancer patients were surgically approachable, compared with the traditional methods of diagnosing lung cancer, in which 80 percent of lung cancer patients were beyond hope of a surgical cure.

While studies on this procedure still need to be done to see if it can properly differentiate cancerous and non-cancerous nodules in the lung, "this represents a potentially huge shift in our approach to lung cancer," Dr. Blum says. "We want to get the word out about this potential, and study a number of people and compare our results."

For more information about the Marilyn and James Simons Early Lung Program or to schedule an appointment, please call (212) 590-2999.

Cancer Services Sign On to the Internet (continued from p.3)

niques, and quality-of-life issues. It also currently offers disease-specific information in three areas: breast, head and neck, and colorectal cancers.

"In the near future, the site will feature information on prostate, gynecologic, and lung cancers. By the time we're done, the site will encompass the entire department," explains **Louis B. Harrison, MD**, Clinical Director, Continuum Cancer Centers of New York. "The purpose is to introduce the Department of Radiation Oncology—the things we do, our faculty, our facilities—to the people who browse the Web. Particularly in areas such as stereotactic radiosurgery and intraoperative radiation therapy, we want people to know about our centers of excellence."

The Cancer Symptoms pages, located at <http://cancer.wehealnewyork.org/symptoms>, cover everything from symptom-specific services to cancer staging.

"One of the features of the cancer service line is our focus on symptom management and integrating it into our care of patients at *all* stages of their disease," says **Stewart**

B. Fleishman, MD, Director, Cancer Supportive Services, Continuum Cancer Centers of New York. "Symptom management is total care. We want to emphasize communication and empower patients to know about their cancer experience—including what to expect, what kinds of questions to ask, and how to ask them. We provide our patients with tools to be proactive."

The Cancer Symptoms pages offer information about Continuum Cancer Centers of New York's programs, physicians, and other health care professionals. The pages also help patients understand their diagnosis and treatment choices, and anticipate what their experience will be like. Basic instructions on making appointments and getting more information on health care services is also included. In addition, the Web site is a forum to introduce Continuum Cancer Centers' specialized programs that focus on quality of life. The pages even feature links to other sites for more specific cancer information.

"So far the feedback from the providers and the patients has been excellent," Dr. Blum reports. "Now we just need to get the word out so more people will use it."



Cancer Symptoms Web Site:
<http://cancer.wehealnewyork.org/symptoms>

Study: A Randomized Phase III trial Surgery Alone or Surgery Plus Preoperative Paclitaxel/Carboplatin in Clinical Stage IB, II, and selected IIIA Non-Small Cell Lung Cancer (NSCLC)

Participants: Patients with primarily operable NSCLC with any subtype are eligible. Patients must be evaluated prior to definitive surgery and never have received any treatment for the malignancy. Approximately 600 patients are expected to participate nationwide.

Purpose: The major objective of this trial is to assess whether preoperative chemotherapy with paclitaxel and carboplatin for 3 cycles improves survival compared to surgery alone in previously untreated patients with clinical stage IB, II and selected IIIA NSCLC. Additionally, data will be gathered regarding the response rate of the tumors to this chemotherapy program, as well as the impact of the preoperative therapy on the morbidity/mortality of the subsequent surgery.

History: Clinically staged NSCLC (Stages I-IIIa) continues to have a low survival rate when treated with surgery alone and is consistently reported between 9 and 40 percent at five years. Postoperative chemotherapy has made

little impact on these figures. Preoperative chemotherapy has been considered an attractive alternative, since it may provide for better patient compliance. Improved compliance is based on the fact that the patients are not feeling weakened postoperatively, and preoperative therapy may yield better complete resection rates, less morbidity, and reduction of distant metastatic progression.

At Beth Israel Petrie Division, Karen McGinnis, MD is the principal surgical investigator and Stephen Malamud, MD is the principal medical oncologist. At St. Luke's-Roosevelt, Cliff Connery, MD is the principal surgical investigator and Peter Kozuch, MD is the principal medical oncologist.

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Dr. Karen McGinnis at (212) 844-6154
Dr. Stephen Malamud at (212) 844-8280
Dr. Cliff Connery at (212) 523-7475
Dr. Peter Kozuch at (212) 523-6769*

Study: A Randomized Phase II/III Trial of Paclitaxel/Carboplatin With or Without Bevacizumab (Anti-VEGF MoAB) in Patients with Advanced Non-Squamous NSCLC.

Participants: Patients with advanced (Stage IIIB with a pleural effusion or stage IV) non-small cell lung cancer are sought for this trial. Patients cannot have the squamous cell subtype of NSCLC. Patients must not have evidence of brain metastases or a history of any bleeding disorder. Patients must never have received any prior chemotherapy.

Purpose: The objectives of this trial include the determination of toxicity, survival, response rate and response duration of chemotherapy with a nationally standard chemotherapy program with or without the addition of the monoclonal antibody Bevacizumab (Anti-VEGF). Additionally, several biologic parameters including pretreatment levels of serum VEGF and other markers of angiogenic stimulation will be evaluated as potential predictors of response or resistance to chemotherapy alone or the combination program.

History: It has been known for some time that tumor growth and metastatic spread were dependent on the proliferation of new blood vessels to promote growth and hematogenous spread. Recently, monoclonal antibodies have become available that specifically target factors known to be involved in this angiogenic process. Investigators have reported early results of improved outcome for patients with advanced disease when compared historically with patients treated with chemotherapy-alone programs. This trial is designed to reaffirm that experience and provide a new specific biologically targeted therapy to the treatment modalities available in NSCLC.

*For further information, please contact:
Dr. Stephen Malamud at (212) 844-8280
Dr. Peter Kozuch at (212) 523-6769.*

James and Marilyn Simons have pledged \$500,000 to the Breast Cancer Detection Program at the St. Luke's Division in honor of **Alison Estabrook, MD** and **Martin Feuer, MD**. This most recent gift continues their outstanding support of mammograms, follow-up care and educational outreach for medically underserved women.

A grant of \$325,000 from **New York Community Trust** provides ongoing support for a special project to increase the number of underserved New Yorkers with cancer who participate in clinical trials at Continuum Cancer Centers of New York. Now in its second year, this initiative educates health care professionals and the community and provides supportive services for patients enrolled in research trials and their families.

In addition to the \$50,000 awarded to the Othmer Cancer Center at Long Island College Hospital from the **Healthcare Association of New York State (HANYS)** to fund the Breast Health Navigator program, HANYS has given an additional \$50,000 to fund the Breast Care Provider program. The Breast Care Provider complements the Breast Health Navigator, and follows patients through post-surgical rehabilitation and home care.

A \$225,000 gift from **Novartis Pharmaceutical Corporation** will establish a multidisciplinary program for patients who are at high risk for bone metastases or who have been diagnosed with bone metastases. The program will encompass diagnosis, treatment, research and supportive services and will serve as a national prototype.

The **Ambrose Monell Foundation** continued its longstanding support of St. Luke's-Roosevelt Hospital Center with a \$200,000 gift that will be allocated to the Division of Medical Oncology, directed by **Michael Grossbard, MD**. These funds are being used, in part, to underwrite the construction of a new, comprehensive infusion suite.

The **Avon Breast Care Fund** made a grant of \$80,770 to support our outreach program to increase breast cancer awareness among underserved women in the Continuum Cancer Centers of New York community.

Additional gifts to cancer programs include \$25,000 from the **Tebil Foundation** and \$10,000 from **Bernard Kahn** for the **Barbara Weisman Fund** at Beth Israel's Singer Division; \$25,000 from the **Rose and Robert Edelman Foundation** for hematology/oncology; \$15,000 from **Amgen, Inc.**, to the hematology/oncology fellowship program; \$13,020 from the **Donna Bain Wiggins Trust** of the New York Community Trust for the Donna Bain Wiggins Cancer Research Fund; \$12,000 from **American Cancer Society** for a social work internship and \$10,000 from **Dorothy and Lawrence Kryger** in honor of **Warren Enker, MD**.

Announcing...

Hassan Aziz, MD, Attending Physician, Department of Radiation Oncology, LICH, and **Marvin Rotman, MD**, Chairman, Department of Radiation Oncology, LICH, along with **Ciril Godec, MD**, Chairman, Department of Urology, LICH, were among the co-authors of "Prostate Cancer: External Beam Radiation Therapy," which was published in the eMedicine Journal. The text is available online at: www.emedicine.com/med/topic3213.htm

Manjeet Chadha, MD, Associate Chairman, Radiation Oncology, BIMC, was nominated to the board of directors of the American Society of Breast Disease.

Sou-Tung Chiu-Tsao, PhD, Director of Medical Physics, Radiation Oncology, BIMC and SLRHC, and researchers in Radiation Oncology won two Best Abstract Awards (second and third places) at the Cardiovascular Revascularization Therapy meeting, February 2002. One abstract (second place), by senior authors **Neil Patel** and **Harry Quon, MD**, described a collaborative study with Washington Hospital Center, Washington, DC and the National Cancer Institute, Bethesda, MD. The study was a retrospective 3D treatment planning evaluation of intravascular brachytherapy cases, and the correlation between excessive intimal doses and late thrombosis complications. The other abstract (third place) by **Tamara Duckworth**, et al, described modeling of dose enhancement to endothelium due to the presence of stent.

Continuum Cancer Centers of New York was awarded a \$5,000 grant for winning first place in the Large Hospital Team Competition in The Greater NYC Affiliate of the **Susan G. Komen Breast Cancer Foundation's** Race for the Cure 2001. Although the 2001 Race for the Cure was cancelled, Komen Greater New York City honored its commitment to give awards to first- and second-place winners.

Warren E. Enker, MD, Director, Surgical Oncology, BIMC and Associate Director, Continuum Cancer Centers of New York, presented "The role of TME in the management of rectal cancer" to the New York Cancer Society in October 2001. He also presented "Pelvic Lymphadenectomy vs. TME in the management of rectal cancer" at the symposium on the Surgical Management of Rectal Cancer, sponsored by the Japanese Society of Coloproctology in Tokyo, Japan, October 2001. Dr. Enker was a Visiting Professor of Surgical Oncology at the Harvard Medical School and the Massachusetts General Hospital and presented "TME in the management of rectal cancer: Intra-Operative Radiation Therapy for locally advanced or recurrent rectal cancers," November 2001. Dr. Enker was a co-author of "Autonomic nerve-preserving total mesorectal excision" in *Surgical Clinics of North America*, 2002.

Michael Grossbard, MD, Chief, Hematology-Oncology, SLRHC and BIMC, edited "Malignant Lymphomas," which was published in November 2001. The chapter, "Late complications after treatment of Hodgkins disease" was written by **Paul Gliedman, MD**, Director, Radiation Oncology, SLRHC, and **Harry Quon, MD**, Attending Physician, Radiation Oncology, SLRHC and BIMC.

Gady Har-El, MD, Vice Chairman, Department of Otolaryngology, LICH, wrote a monograph on "Update on Facial Nerve Disorders," Chapter 26 of *Parotid Cancer and the Facial Nerve*, published by the American Academy of Otolaryngology-Head and Neck Surgery Foundation. He was also among the co-authors of "Quality of life after greater auricular nerve sacrifice during parotidectomy" in *Archives of Otolaryngology Head and Neck Surgery*. Dr. Har-El and **Maresh Bhaya, MD**, Resident, Department of Otolaryngology, LICH, wrote "Intraoperative fabrication of palatal prosthesis for maxillary resection" in *Archives of Otolaryngology Head and Neck Surgery*. Dr. Har-El and **Krishnamurthi Sundaram, MD**, Attending Physician, Department of Otolaryngology, LICH, wrote "Powered instrumentation for transcervical removal of gigantic intrathoracic thyroid" in *Head and Neck*.

In addition, **Dr. Har-El** presented "Indications, modifications and controversies of regional lymphatic dissection" at the Fourteenth Annual Cherry Blossom Conference of the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) in Arlington, VA. He presented "Neck dissection prior to radiation therapy for squamous cell carcinoma of tongue base" at the Annual Meeting of the Eastern Section of the American Laryngological, Rhinological and Otological Society (The Trilogical Society) in Toronto. At the Annual Meeting of the AAO-HNSF in Denver, CO, he presented "Endoscopic surgical techniques in skull base surgery," as well as a miniseminar on "Impact of technology in otolaryngology—is more really better?" as part of the Committee on Skull Base Surgery. Dr. Har-El also presented "New uses of acellular dermal grafts in head and neck reconstruction surgery at the Annual Meeting of The Trilogical Society in Palm Desert, CA.

Louis B. Harrison, MD, Chairman, Radiation Oncology BIMC and SLRHC, and Clinical Director, Continuum Cancer Centers of New York, was Guest Editor for Seminars in Radiation Oncology. The January 2002 issue, entitled "Advances in Brachytherapy," includes contributions from **Dr. Manjeet Chadha** and **Dr. Warren Enker**. In addition, **Kenneth Hu, MD**, Attending Physician, Radiation Oncology, BIMC and SLRHC, **Dr. Louis Harrison** and **Dr. Warren Enker** wrote "High-dose-rate intraoperative irradiation (HDR-IORT): Current status and future directions" in *Seminars in Radiation Oncology*, 2002.

Kevin M. Holcomb, MD, Attending, Division of Gynecologic Oncology, BIMC and SLRHC, was the lead author of "Cone biopsy and pathologic findings at radical hysterectomy in stage I cervical carcinoma" in *Obstetrics and Gynecology*, November 2001; and "Cobalt versus linear accelerator in the treatment of locally advanced cervical carcinoma: a comparison of survival and recurrence patterns" in *European Journal of Gynecologic Oncology*, 2001.

Staff members affiliated with the **Othmer Cancer Center at LICH** were among the co-authors of "Quality of life with functional pharyngeal preservation in advanced carcinomas of the base of the tongue complex (BTC) using an integrated trimodality approach" in the *American Journal of Clinical*

Oncology, 2001. Those staff members are: **Kevin Albuquerque, MD**, Resident, Department of Radiation Oncology, **Dr. Hassan Aziz**, **Frank DiPillo, MD**, Medical Director, and Associate Director, Continuum Cancer Centers of New York, **Loralee Fulton, RN, MS, OCN**, Clinical Director, **Dr. Gady Har-El**, **Dr. Marvin Rotman**, **Alan Schulsinger, MD**, Attending Physician, Department of Radiation Oncology, and **Dr. Krishnamurthi Sundaram**.

Dr. Marvin Rotman and **Dr. Alan Schulsinger** were among the co-authors of "Bladder Cancer: Radiotherapy and Chemotherapy" in the *Atlas of Genitourinary Oncology*. Dr. Rotman was also a co-author of "Reirradiation with concurrent hydroxyurea and 5-fluorouracil in patients with squamous cell cancer of the head and neck" in the *International Journal of Radiation Oncology Biology Physics*.

Samir Shah, MD, Attending Physician, Department of Otolaryngology, LICH, and **Dr. Gady Har-El** were among the co-authors of "Short- and long-term quality of life after neck dissection" in *Head and Neck*.

Daniel Shasha, MD, Attending Physician, Radiation Oncology, BIMC and SLRHC, and **Dr. Louis Harrison** co-authored the manuscript "Anemia treatment and the radiation oncologist: optimizing patient outcomes," published in *Oncology*, November 2001.

Allen Shih, PhD, Chief Physicist, Radiation Oncology, BIMC, has been appointed to the Computer Committee of the American Association of Physicists in Medicine.

Paul Tartter, MD, Chief, St. Luke's Breast Clinic and Attending Physician, Comprehensive Breast Center, SLRHC, was a co-author of "The value of prognostic factors for breast cancer patients" in the *International Journal of Surgical Investigation*, 2001. He co-authored, along with **Alison Estabrook, MD**, Chief, Division of Breast Surgery, SLRHC, Director, Comprehensive Breast Center, SLRHC, and Associate Director, Continuum Cancer Centers of New York, "Mammographic appearance of nonpalpable breast cancer reflects pathologic characteristics," in *Annals of Surgery*, 2002. They also were co-authors of "Relationships of clinical and pathologic response to neoadjuvant chemotherapy and outcome of locally advanced breast cancer" in the *Journal of American College of Surgeons*, currently on press.

Cindy Turkeltaub, CSW, Coordinator of Social Work Services, Cancer Supportive Services, BIMC, contributed to "Teleconferencing: Overcoming Barriers to Support Group Participation," which was a presentation delivered at the NEFESH Conference in Baltimore in December 2001. NEFESH is an international network of Orthodox Jewish mental health providers.