

Cancer Quarterly

NEWS UPDATE

Information and events from
Continuum Cancer Centers of New York



Interview with Louis B. Harrison, MD

Dr. Harrison, the clinical director of Continuum Cancer Centers of New York, discusses the cancer service line that was launched a year ago.

Let's start by talking about the concept of the service line.

The concept is to take individual cancer programs in each of the Continuum hospitals and integrate them as much as possible. When these individual programs exist in a vacuum, they are not nearly as strong or as comprehensive—nor do they offer as many treatment options—as when you put them together. We already have a large number of talented people and great programs. The more we integrate them, the greater the opportunities for patients to get whatever they need at Continuum.

How will patients benefit from this?

Think of a patient with cancer and the array of talent that's necessary to take care of that patient. It requires many people with many specific skills. And we have that. Having the whole system at our disposal allows us to call upon a greater number of clinicians in order to help each and every patient.

Integrating the programs allows us to look at our system and see where our resources are for each disease. Then we can make sure that any patient that comes into Continuum really gets the best that Continuum has to offer, rather than just what happens to exist in the hospital they enter.

Let's say a patient who was seen at Roosevelt is discussed at the combined breast conference and has a problem that requires breast brachytherapy, which we do at Beth Israel. That patient, then, comes from Roosevelt to Beth Israel. Pediatric brain tumor patients would get their surgery and chemotherapy at the Singer division, but would go to Roosevelt for radiotherapy because we have a pediatric and stereotactic radiotherapy center there. The service line allows the patient to be directed to the best resources in the system for their particular needs.

Within each system there should also be a seamless integration of all the disciplines. For example, breast cancer patients at LICH are supported by the Navigator system, which helps physicians and patients through the care process (see related article).

Describe how the focus on quality of life has helped patients.

It used to be that doctors tried to cure cancer at any cost. That might have meant losing your leg, your larynx, your eye as a result—really life-chang-

We are pleased to launch the premiere issue of the Cancer Quarterly News Update. The goals of this publication are to provide the Continuum Health Partners community with the latest information about Continuum Cancer Centers of New York, to report on new and different ways in which we are delivering high-quality cancer care, and to share our many success stories.

ing, disabling events. One of our overwhelmingly important principles is to develop strategies that cure cancer, but maintain quality of life. Total Mesorectal Excision with Autonomic Nerve Preservation, also known as TME with ANP (see story on page 2), is the perfect example. Another one is in head and neck cancer, where we've developed techniques for treating cancers of the tongue and larynx with combinations of radiation, brachytherapy, special surgical techniques and sometimes chemotherapy that allow for preservation of organ function as well as cancer cure.

There are many more examples of this at Continuum. That's a very important reason why cancer patients come to us. Patients want to be cured, but they want us to save their lives, and not ruin their quality of life.

What are your goals for the future?

My vision for the future really relates to all cancer patients anywhere in

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Beth Israel

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Manhattan Campus for
the Albert Einstein College
of Medicine

**St. Luke's
Roosevelt**

University Hospital of
Columbia University College
of Physicians & Surgeons

**Long Island
College Hospital**

Primary Clinical Teaching
Affiliate of SUNY—
Health Science Center
at Brooklyn

**NY Eye & Ear
Infirmary**

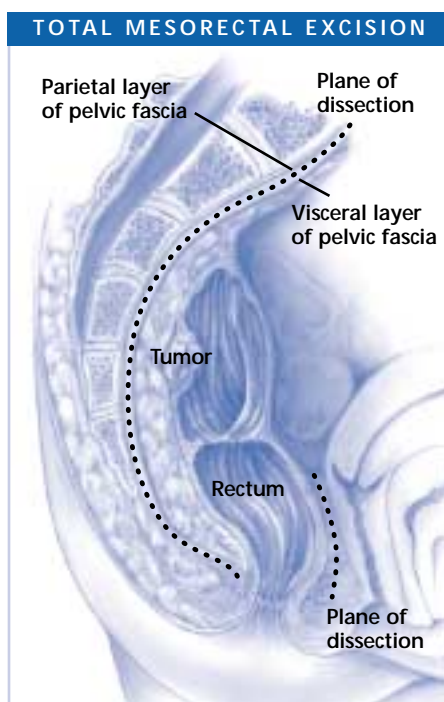
Affiliated Teaching
Hospital of New York
Medical College

Continuum getting the highest quality of care no matter where they go. And for us to bring the resources—not only in cancer treatment, but in pain management, palliative care and cancer supportive services—to all the cancer patients in Continuum.

We want to expand our base of clinical research protocols so we can use the large number of patients in the system as a vehicle for research. Another one of our goals is to do research and develop new strategies that become standards of care and contribute to the cancer field as a whole.

What would you like Continuum employees to know?

People should know that we have absolutely world-class specialists and world-class programs in cancer. If a member of my family or I had cancer, I can't think of a better place to come for care than Continuum. That's the ultimate test of success—to be so good and so state-of-the-art that this is where we or our loved ones come for treatment. For the overwhelming majority of cancers, I believe that Continuum is a superb choice.



TME: A Revolution in Rectal Cancer Treatment

In recent years, cancer surgery has witnessed an increased focus on preserving function and quality of life. The development of total mesorectal excision (TME) and autonomic nerve preservation in the treatment of rectal cancer offers an excellent example of this philosophy.

Since the introduction of TME-based operations two decades ago, patients undergoing the procedure have experienced a much greater survival rate, significantly lower rates of local recurrence, and higher rates of both sphincter preservation and the preservation of sexual and urinary functions than with conventional procedures (see chart).

The numbers are astounding and represent a truly dramatic turnaround in the treatment of rectal cancer.

Two physicians from opposite sides of the Atlantic were instrumental in TME's development: Mr. R.J. Heald, a surgeon in Great Britain and Warren E. Enker, MD, the chief of Surgical Oncology and the associate director of Continuum Cancer Centers of New York, and associate chairman of the Department of Surgery at Beth Israel Medical Center.

The most recent results from a long-term study by Dr. Enker and his col-

leagues demonstrate the benefits of TME. The study reports 544 rectal cancer patients who have undergone TME from October 1979 through December 1998 with a minimum two-year follow-up. The recent results found that the cancer-related 5-year survival is 73.5 percent for the 537 of 544 patients with known follow-up, while the 5-year local recurrence rate is 5.2 percent. The national rate of recurrence is 30 percent.

“Now you walk out of surgery with a good prognosis, an intact sphincter, intact urinary and sexual functions, a good body image and a good outlook,” Dr. Enker explains. “whereas in the past, you suddenly became an old person with a colostomy and a very bad prognosis.”

Preservation of Quality of Life

In the early part of the century, surgeons treating rectal cancer took out the surrounding tissues, blood vessels and lymph nodes and left the patient impotent and with a colostomy. Eventually, sphincter-preserving operations were perfected, but the operation was still done bluntly without direct vision, and surgeons often left behind cancerous lymph nodes.

“In 1972, I started to pay a lot of attention to the surgery for rectal cancer. In essence, I was taught to take out lymph nodes along the side of the pelvis, and I was seeing a lot of people

RESULTS OF CONVENTIONAL VS. TME TECHNIQUES

	Conventional Procedure	TME Procedure
Local Recurrence	30%-40%	5%-8%
5-Year Survival Rate	45%	74%
Sphincter Preservation	45%	>90%
Preservation of Sexual and Urinary Function	15%-50%	65%-85%

with damage to their nerves for urinary and sexual function,” Dr. Enker recalls. “That prompted me to ask the question, ‘Are there effective anatomic ways to remove rectal cancer that don’t damage normal function?’ I went back to the books and looked at the anatomy of the nerves.”

Noting that the rectum and mesorectum were encased by a thin membrane (the visceral layer of the pelvic fasciae), while the muscles, blood vessels and nerves for sexual function were covered by their own separate layer (the parietal layer), Dr. Enker made an important discovery.

“What I found was you could dissect between those two planes in a space that allowed you to take out the affected part of the rectum as an intact structure, while leaving intact the autonomic nerves that control sexual and urinary function,” he explains. Also, mobilizing the rectum completely allows for the preservation of the unaffected part of the rectum.

Dr. Enker and his team also perform the operation under direct vision, using sharp dissection instead of blindly cutting with blunt dissection. Over the last 10 years, the operation has been widely adopted as the gold standard for rectal cancer. Current studies are being done to see what additional value radiation and chemotherapy have in combination with this operation.

“I’ve been very lucky to be involved in developing this operation,” Dr. Enker says. “How many people in medicine have a chance to contribute to the literature in addition to their practice? I consider myself to have been in a very fortunate position.”

For further information, please contact: Warren Enker, MD (212) 420-3960.

FOCUS ON

Clinical Studies

USE OF RhuMAG VEGF IN THE TREATMENT OF METASTATIC COLORECTAL CANCER

Study: Use of RhuMAG VEGF in the treatment of metastatic colorectal cancer.

Participants: Patients with previously untreated metastatic colorectal cancer. The study is currently seeking participants.

Purpose: Vascular Endothelial Growth Factor (VEGF) plays an important role in abnormal blood vessel formation. It is present in many normal tissues, but is also produced in excess by most solid cancers. RhuMAB VEGF (Bevacizumab) is an antibody directed against the VEGF.

The purpose of this study is to determine whether RhuMAB VEGF is safe and beneficial when given in combination with standard chemotherapy (5-fluorouracil/leucovorin or 5-fluorouracil/leucovorin and irinotecan [CPT-11]).

History: This phase III randomized, active-controlled trial started in September 2000 and will last about 18 months. Approximately 900 patients will be treated at up to 150 cancer centers across the United States.

For further information, please contact: Peter Kozuch, MD (212) 523-6769.

USE OF CARBOPLATIN CHEMOTHERAPY COMBINED WITH RADIATION IN THE TREATMENT OF HEAD AND NECK CANCERS

Study: Use of carboplatin chemotherapy combined with radiation in the treatment of certain head and neck cancers.

Participants: Patients with head and neck cancers which are unresectable (unable to be surgically removed) as well as Stage III/IV resectable cancers of the larynx, hypopharynx, and oropharynx. The study is currently seeking participants.

Purpose: Carboplatin chemotherapy has been used to treat many types of cancers, but this study is examining a new way of delivering it. In this dose esca-

tion study, patients will be given low doses of carboplatin prior to each radiation treatment. The researchers hope this will maximally sensitize the tumor to radiation and thereby make the radiation treatment more effective.

History: This approach has been utilized with some success in European studies. Continuum’s phase I/II study began in the fall of 2000 and will last at least two-and-a-half years, during which time an expected 50-100 patients will be treated.

For further information, please contact: Kenneth Hu, MD (212) 844-2022.

Announcing...

Ronald Blum, MD, director of the Cancer Center at Beth Israel and St. Luke's-Roosevelt, is the outgoing chair of the Continuing Medical Education (CME) Committee and the incoming vice chair of the Education Committee for ASCO, the American Society of Clinical Oncology. He will serve as the vice chair for two years and then become the chair of the Education Committee.

Elise Carper, RN, director of Nursing in Radiation Oncology, gave an address on "Larynx Preservation Treatment for Advanced Head and Neck Cancer" at the national meeting of the Oncology Nursing Society.

Manjeet Chadha, MD, associate chairman of Radiation Oncology, has an ASCO (American Society of Clinical Oncology) abstract on "Pathologic Features Predicting the Risk of Metastasis to the Non-Sentinel Lymph Nodes in Patients with Early Stage Breast Cancer" that was accepted as a poster.

Alison Estabrook, MD, director of the Comprehensive Breast Center, recently presented "Current Treatment of Invasive Breast Cancer-Sentinel Node" at the Westchester Oncology Associates and North East Radiology in Chappaqua, NY; "Care of the Breast Cancer Survivor and Women at High Risk for Breast Cancer" at Surgical Grand Rounds at St. Vincent's Hospital; "Sentinel Node Biopsy" at the 25th Annual Meeting of The American Society of Breast Disease, for which she was also the co-organizer.

Warren Enker, MD, associate director of Continuum Cancer Centers of New York, presented "The Role of Surgery in the Combined Efforts of Surgery and IORT for Recurrent and Locally Advanced Rectal Cancer" at the Second International Conference of the International Society of Intraoperative Radiation Therapy in Boston, October 2000. He also presented "A Decade of Progress: Laparoscopic Colorectal Surgery Workshop and Consensus Conference" at Mt. Sinai School of Medicine in New York, April 2001. In addition, Dr. Enker was the guest editor of the April/May 2000 issue of *Seminars in Surgical Oncology*.

Sheldon Feldman, MD, chief of Breast Services at Beth Israel, presented a lecture at the Surgical Symposium of the Upstate New York Chapter of the American College of Surgeons—"Current Status Sentinel Node Biopsy in Breast Cancer." He was the visiting professor at Mary Imogene Basset Hospital in Cooperstown, NY—"Breast Cancer Update." Dr. Feldman also presented "Status Sentinel Node Biopsy for Breast Cancer" to SHARE (Self-help for women with breast and ovarian cancer) and was the keynote speaker for the breast luncheon.

In Spring 2001, Lippincott Williams & Wilkins will begin publishing a quarterly series called "Head and Neck Cancer Updates," under the editorship of **Dr. Louis Harrison, Roy Sessions, MD**, associate director of Continuum Cancer Centers of New York, and **Waun Ki Hong, MD**, of M.D. Anderson Cancer Center. The same editors are preparing the second edition of their award-winning textbook *Head and Neck Cancer: A Multidisciplinary Approach*, which will be published by Lippincott in 2002.

Dr. Louis Harrison was visiting professor at Harvard Medical School - Massachusetts General Hospital on April 5. He presented "Management of Cancer of the Base of Tongue."

Kenneth Hu, MD, attending in the Department of Radiation Oncology, recently gave a lecture entitled "Prostate Cancer—Screening, Diagnosis and Treatment" at the Chinatown Health Clinic.

Yelena Novik, MD, attending medical oncologist, is a co-principal investigator on the ECOG 2898, which is a prospective randomized trial comparing interferon alfa 2b alone to a combination of interferon with thalidomide in the management of advanced renal cell cancer.

Bert Petersen, MD, director of the Family Risk Program, has been the recipient of several distinguished awards for his work in educating minority women about the importance of early detection and prevention of breast cancer. These awards include the National Black Initiative on Cancer "Unsung Hero Award," the WNBA and the National Alliance of Breast Cancer Organization's "Breast Health Hero Award" and the Network Journal's "40 Under 40 Achievement Award."

Julianna Pisch, MD, attending in the Department of Radiation Oncology, was director of the Beth Israel CME course "Lung Cancer in the 21st Century: New Developments in the Diagnosis and Treatment of Lung Cancer." In March, Dr. Pisch was a speaker at the Hungarian Pulmonary Institute. She presented an overview of recent trends in the treatment of small cell lung cancer.

Sharon M. Rosenbaum Smith, MD, director, St. Luke's Breast Clinic, presented the following lectures: Screening for Breast Cancer, Kingsbay YM/YWHA in Brooklyn; Sentinel Lymph Node Biopsy, Grand Rounds, Department of Surgery, St. Luke's Division; Breast Cancer Screening/Breast Health Workshop. Grace Methodist Church; Update on Breast Disease, Resident Conference, Department of Obstetrics and Gynecology, Roosevelt Division; Sentinel Lymph Node Biopsy, Grand Rounds, Department of Medical Oncology,

Roosevelt Division; Breast Cancer in the Elderly, Grand Rounds, Department of Geriatric Medicine, St. Luke's Division. In addition, she runs a monthly breast conference for general surgery residents.

Daniel Shasha, MD, attending radiation oncologist and **Joseph Wagner, MD**, attending in the Department of Urology, gave an ASCO presentation on "Multidisciplinary Consultation: A Model for Medical Decision-Making for Localized Prostate Cancer Treatment." Their program of informed decision-making is a model of success in this area.

The **Louis Venet, MD Annual Lecture** was held at Beth Israel's Petrie Division on April 20, 2001. The presentation, "The Role of Imaging in Breast Conservation," was given by **D. David Dershaw, MD**, director of Breast Imaging at Memorial Sloan-Kettering Cancer Center.

On March 19, a dedication ceremony was held to celebrate two gifts of \$1 million each from Marilyn and James Simons in honor of **Martin M. Feuer, MD**, and **Dr. Alison Estabrook** for the Marilyn and James Simons Early Lung Program and the Breast Cancer Detection Program.

Recent gifts in honor of our physicians include \$100,000 from Dorothy and Lawrence Kryger in honor of **Dr. Warren Enker**, to support the Intraoperative Radiation Program; \$50,000 from the **Schnurmacher Foundations** in honor of **Stewart Fleishman, MD**, for the Supportive Services Program; \$25,000 from Mr. and Mrs. E.S.P. Das in honor of **Dr. Louis Harrison**, to support radiation oncology services; and \$10,000 from James Baldwin in honor of **Dr. Roy Sessions**.

Notable grants from private foundations include a pledge payment of \$175,000 from the **New York Community Trust** toward their grant of \$350,000 to help us improve access to clinical research trials for underserved New York City patients, and a grant of \$50,000 from **The Ira DeCamp Foundation** to launch the After Radiation Care Program.

Beth Israel Honorary Trustee **Sidney Kriser** gave \$122,125 for general support of cancer programs in memory of his brother David, who served for many years as a Beth Israel trustee and was a generous benefactor of cancer programs at Beth Israel during his lifetime. **The Estate of Louis Bell** gave \$75,000 in support of hematology oncology.

The Hematology-Oncology program at St. Luke's-Roosevelt Hospital Center received an unrestricted grant of \$47,000 from **Immunex** to promote fellow/junior faculty career development.

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the Albert Einstein College
of Medicine

**St. Luke's
Roosevelt**

University Hospital of
Columbia University College
of Physicians & Surgeons

**Long Island
College Hospital**

Primary Clinical Teaching
Affiliate of SUNY—
Health Science Center
at Brooklyn

**NY Eye & Ear
Infirmary**

Affiliated Teaching
Hospital of New York
Medical College

The Othmer Cancer Center

AT LONG ISLAND COLLEGE HOSPITAL

Navigating the World of Breast Cancer

After receiving suspicious mammography results in 1997, Lila* spent the next three years canceling numerous appointments for diagnostic and treatment procedures at Long Island College Hospital. It turned out that a combination of fear and a lack of child care were keeping the 47-year-old woman from getting this much-needed health care. That's when LICH's Breast Health Navigator Program entered the picture.

"We did everything we could to pinpoint why she wasn't coming in and worked with her to identify the resources that were available to solve the issues and the perceived barriers to care," says Shirley Burns, LPN, LICH's breast health navigator. "We found a baby-sitter for her. Our home care supervisor visited her at home, and our clinic nurse offered assistance. What it really came down to is that she was afraid. It wasn't until we gave her the names and numbers of cancer survivors—and she talked to them—that she would come in for treatment."

The Breast Health Navigator Program was implemented in early 2000, but already success stories like this one are accumulating. The program was designed to assist women in accessing recommended breast cancer screening services, diagnostics, and treatment—and to help them "navigate" through the clinical and supportive services.

"The breast health navigator helps the women deal with all the complexities of breast cancer treatment and gives them access to the necessary information and services," explains Fran Cartwright, RN, PhDc, clinical director of LICH's Othmer Cancer Center. "Whether it's introducing patients to other cancer survivors or find-

ing baby-sitting services, the navigator is making the journey easier for the patients and their families."

As one of 10 sites taking part in the Healthcare Association of New York State's Breast Cancer Demonstration Project, LICH based its navigator program on one developed by Harold Freeman, MD, at Harlem Hospital, but tailored the program to meet the needs of its neighborhood.

The program's objectives include:

- **Identifying** cultural and institutional factors (medical and non-medical) that act as barriers to service;
- **Linking** women with institutional, community, and national breast cancer screening and early detection resources;
- **Targeting** breast health education to include community organizations that act as a gathering place for low-income women, and women who underutilize recommended breast cancer screening and early detection services.

"No patient should go through the cancer diagnosis alone," said Carole Facciponti, administrator of the Othmer Cancer Center. "It is our responsibility to ensure that all patients and their family members have access to the necessary supportive services. While LICH continues to ensure that these resources are available for all of our patients with a cancer diagnosis, it is the breast health navigator who ensures that these individuals are aware of the services and can access them."

Breaking Down the Barriers to Care

LICH spent the first several months examining its procedures and identifying the barriers that kept women from getting the appropriate care. For example, phone issues and hours of operation were hindering communication between the clinic and

the mammography department. The result was that the staff was often unable to schedule the patients' mammogram appointments at the time of their medical visit, and the patients then put off calling the mammography department themselves or didn't call at all. In addition, there were often delays in getting mammography results to the referring physicians.

To solve these problems, a more efficient scheduling system was developed, which has proven successful. The navigator now reminds patients of their mammogram appointments and delivers mammography results to the clinic on the day of the patient's follow-up visit.

Further treatment obstacles include child care, language barriers, and cultural and socioeconomic fears. To address these issues, LICH developed algorithms—step-by-step problem-solving procedures—to ensure that all available resources are being used to overcome these barriers.

The above examples are only a few of the many issues that the Breast Health Navigator Program is addressing, but facts and figures demonstrate the program's success. For example, 99 percent of all clinic patients now have follow-up appointments scheduled prior to leaving the hospital—before the program, only 25 percent had these visits scheduled. In addition, more patients are using institutional and community resources such as the breast cancer support group, which has seen an increase of clinic patients who are referred by the navigator.

"Our interdisciplinary team has worked hard identifying the areas that need to be addressed and implementing the necessary changes to improve patient care and enhance the quality of our services," Cartwright says. "In the course of just one year, we've seen unbelievable changes in this institution."

*Not her real name