THE CANCER CENTER Verosletter

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A higher level of cancer care. Right here in Queens.



CANCER CENTER

Affiliate: Weill Medical College of Cornell University

THE ROLE OF ADVANCED ENDOSCOPY IN THE MANAGEMENT OF CANCER PATIENTS

By Kaumudi Somnay, M.D. Director of Endoscopic Research, Division of Gastroenterology, Department of Medicine.

Advanced endoscopic instruments and techniques can be used to detect and diagnose cancers that would normally be undetected using other diagnostic tools. The diagnosis and treatment of the following recent patients seen at NYHO demonstrates how beneficial these techniques can be.

A 42-year-old healthy female with complaints of abdominal discomfort but no weight loss and good appetite presented as a patient. Her physical exam was unremarkable. The patient underwent an endoscopy that showed a smooth mass versus an extrinsic compression at the greater curvature of the stomach. There was no evidence of the mass on a CT scan of the abdomen.

An endoscopic ultrasound (EUS) was performed as an outpatient procedure for diagnostic purposes. This technique involves an endoscopy with a radial echoendoscope that has an ultrasound transducer at its tip. It provides a 360 degree circular ultrasound scan of the organs perpendicular to the long axis of the endoscope. Imaging through the stomach of the patient revealed that there was a 4 cm heterogenous lesion arising from the deep layer (muscularis propria) of the stomach. The heterogenous areas in the lesion suggested areas of necrosis. A tissue diagnosis was required for definitive management so a fine needle aspiration (FNA) biopsy was performed through the wall of the stomach under endoscopic ultrasound guidance using the Linear Echoendoscope during the same outpatient visit. This provided material revealing spindle and epitheloid cells suggesting a diagnosis of a gastrointestinal stromal tumor or GIST.

GIST is now being increasingly diagnosed at earlier stages. These tumors can range from small indolent tumors curable with surgery to aggressive metastatic cancers. They typically arise in the stomach, but can also be found in the

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THE ROLE OF ADVANCED ENDOSCOPY IN THE MANAGEMENT OF CANCER PATIENTS

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small intestine, colon, esophagus and omentum. The diagnosis of GIST is best accomplished by use of EUS and biopsy. CT and PET scans are used to evaluate locally advanced or metastatic disease. Several variables are assessed to indicate that lesions are malignant rather than benign. These include a size greater than 5 cm, presence of heterogenous or hypoechoic areas evident by EUS (as seen on this patient), mucosal invasion and mitosis on FNA cytology. The primary treatment of GIST is surgical resection. The main goal is to remove all gross disease found, because this appears to improve patient outcome. Imatinib mesylate (Gleevac) is used for controlling malignant metastastic disease.

EUS also helps distinguish other lesions that can mimic or present as tumors. This was demonstrated in a case involving an otherwise very healthy 80-year-old Italian male with abdominal pain, weight loss and anemia. Endoscopy revealed nodular lesions in the fundus of the stomach, also with an indentation on the stomach wall suggesting an extrinsic compression. A CT of the abdomen when viewed with the radiologist showed small lymphoid areas compressing the stomach. Lymphoma was considered as the working diagnosis but tissue was needed before treatment. An EUS was done that revealed 2 lesions in the gastrohepatic ligament measuring 2 cm each. EUS guided FNA was performed for biopsy. Also, to increase the yield of the biopsy a Trucut core needle biopsy was performed using endoscopic ultrasound. This core biopsy material was also submitted to microbiology that on culture showed acid-fast bacilli! These were identified as Mycobacterium TB, which in retrospect fit with patient's past history of pleuritis. Much to everyone's relief the patient did not

have a tumor and has been responding well on an anti-TB regimen.

EUS is useful in staging of tumors to provide optimal treatment. A 75-year-old lady with multiple medical problems presented with cholestatic liver function tests. The endoscopy revealed that she had a tumor of the ampulla. Staging by EUS revealed the tumor to be superficial to the second layer of the duodenum. An endoscopic retrograde cholangiopancreatogram (ERCP) was performed with endoscopic resection of the tumor (snare papillectomy) and stenting of the pancreatic and bile ducts to prevent complications of duct obstruction. The patient went home the same day and was very relieved to know that she did not need surgery, which may not have even been possible because of her heart condition (severe coronary artery disease).

Tumors arising from the major duodenal papilla account for 5% of GI neoplasms. Of a wide variety of benign papillary tumors, adenoma is the most common. These are clinically important because of their symptom presentation resulting from duct obstruction and premalignant potential. Adenoma of the major duodenal papilla can be excised either surgically or locally during ERCP. EUS helps stage and distinguish adenoma that are superficial and amenable to endoscopic therapy versus those that have invaded into deeper tissues and require surgical resection.

EUS also helps in the diagnosis and staging of pancreatico-biliary tumors. A 67-year-old lady presented to NYHQ with non-specific symptoms of epigastric discomfort. She had an abdominal CT scan that was unremarkable. When this was reviewed with the radiologist, there was some suggestion of enlarged head of the pancreas. She underwent an EUS of the pancreas that revealed a

small 1.8 x 1.3 cm mass in the neck of the pancreas. FNA and cytology revealed adenocarcinoma and the patient was referred to surgery. Usually pancreatic cancer is picked up in the later stages when these tumors are widespread, making them unresectable. At this point, treatment is of little benefit. EUS has provided us with the means to diagnose these tumors when they are small and in early stages so that patients can benefit from curative surgical resection.

Cancers of the rectum can be accurately staged by EUS. This is important because patients diagnosed to have loco-regional spread by EUS can benefit from pre-operative chemoradiation due to recent advances in chemotherapy. This has been shown to shrink tumors, thereby optimizing the likelihood of the adequate resection at surgery.

For more information about these techniques please call Dr. Somnay at 718-670-2452 to make an appointment.

Kaumudi Somnay, M.D.

Kaumudi Somnay, M.D. is the Director of Endoscopic Research and the Associate Fellowship Program Director in the Department of Medicine at New York Hospital Queens (NYHQ). She is Board Certified in Internal Medicine and in Gastroenterology.

Dr. Somnay completed an Advanced Therapeutic Fellowship in Endoscopy at the Brigham and Women's Hospital and Harvard Medical School. She also was a Clinical and Research Fellow in the Gastroenterology Division of Brigham and Women's Hospital. After this she joined the faculty at Johns Hopkins University School of Medicine in Baltimore where she served as Assistant Professor of Medicine. Most recently she served as Director of Endoscopy at the State University of

New York Downstate Medical Center. Her training includes an Internship and Residency in Internal Medicine at SUNY Downstate Medical Center. Dr. Somnay received her medical degree at the University of Bombay in India.

Dr. Somnay has extensive research experience and has been an author of numerous medical publications.

She has been a member of several professional Societies including the American Association for Cancer Research (AACR), the American Society for Gastrointestinal Endoscopy (ASGE), the American College of Gastroenterology (ACG), the American Gastroenterology Association (AGA) and the American College of Physicians (ACP).



KAUMUDI SOMNAY, M.D.

SPEAKER AT NYHQ THIRD ANNUAL LUNG CANCER SYMPOSIUM FEATURED IN NEW YORK TIMES FRONT PAGE ARTICLE

At the recent Third Annual Lung Cancer Symposium at NYHQ one of the speakers was Dr. Claudia I. Henschke. Dr. Henschke was featured in a front page *New York Times* article on Oct. 31 which dealt with the issue of taking CT scans for the purpose of lung cancer screening. The article discussed a study of Dr. Henschke's which was published in the

New England Journal of Medicine the week before. The study supported the efficacy of using CT scans to screen for lung cancer. Dr. Henschke made the case that evidence in the study indicated that such screening would have a significant impact on lung cancer survival rates.

Palliative Care: A Hopeful Quest

By Simon D. Fink, M.D. Chairman, Ethics Committee; Director, Surgical Oncology

Margaret M. Cawley, M.S.N., R.N. Oncology Clinical Nurse Specialist

THE RELATIONSHIP OF PALLIATIVE AND HOSPICE CARE

The World Health Organization issued its "Technical Report Series 804, Cancer Pain Relief and Palliative Care" in 1990. In this report, palliative care is defined as "the active total care of patients whose disease is not responsive to curative therapy. Control of pain, and other symptoms, as well as the patients psychological, social and spiritual symptoms is paramount. The goal of palliative care is the achievement of the best quality of life for patients and their families".

Palliative care extends across the trajectory of a patient's illness as well as across various settings, such as hospitals, nursing care facilities, and home care programs.

Palliative care evolved as a modality from the traditional hospice perspective in response to the increased use of technology, the impact of an aging population, the changing profile of death and the increasing awareness of the multiple factors affecting the quality of life of patients and their families living thru prolonged periods with a progressive debilitating progressive disease.

Hospice is a program of care that provides end of life services, supporting the patient through the dying process and the surviving family through bereavement. It is a program that provides comprehensive palliative/medical and supportive care in a variety of settings (home, nursing facility, hospitals).

The precepts of palliative care are as follows:

- An infrastructure that supports the philosophy that promotes the practice of palliative care.
- A model of palliative care requires an environment that supports innovation, research, education and dissemination of the best practices of care.
- The use of an interdisciplinary team (IDT) is the key to addressing the many needs of the patients and families. The common denominator is the presence of physicians and nurses with different specialties, but the team should also draw on the expertise of psychologists, pharmacists, clergy, social workers, and family members to provide the multidimensional aspects of care.
- The IDT must possess expertise in symptom management, disease progression, meeting the psychosocial and spiritual aspects of the patient/family and in the education of the staff and family.
- Palliative care is appropriate at any stage of the patient's disease.
- The introduction of palliative care early in the course of an illness makes it possible for patients, families, and professionals to adapt to goals accordingly.
- Requires the development of guidelines, and ongoing evaluation of outcome measures.
- Relies on appropriate financing which includes the development of methods of reimbursement.

THE NEW YORK HOSPITAL QUEENS (NYHQ) PALLIATIVE CARE PLANNING INITIATIVE

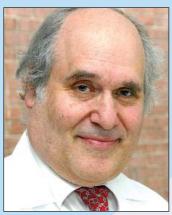
Under the leadership of Doctor Simon Fink, Chairman of the Ethics Committee and Mary Godfrey, Vice President of Professional Services and Strategic Planning, an interdisciplinary planning committee is in the process of being established at NYHQ.

Preliminary subgroups dealing with pain/symptom management, psychosocial services, finance, pastoral care, nutrition and social services will be identified and healthcare professionals with expertise in these specialties will be identified and recruited to participate in this initiative. Small groups will implement assignments and then report intermittently to a central committee.

Issues that will be explored include data collection, existing programs, systems and need assessments that need to be done. An institutional survey assessing goals, community assessments and objectives as they relate to the NYHQ mission will be explored.

If anyone is interested and wishes to participate in this initiative, or has any ideas please contact us.

Additional information on Palliative Care can be found at the web site "www.capc.org"



SIMON D. FINK, M.D.

SIMON D. FINK, M.D.

Simon D. Fink, M.D. has been the Director of Surgical Oncology at New York Hospital Queens (NYHQ) since 1989, and has been an Attending Staff Surgeon at NYHQ since 1975. He is also the Chairman of the NYHQ Ethics Committee and Co-Chairman of the New York Presbyterian Healthcare System Ethics Committee. He is Board Certified in Surgery and in Surgical Critical Care.

Dr. Fink completed his internship and residency in Surgery at New York University Medical Center, where he also served as Chief Resident. He received his medical degree from the New York University School of Medicine, and was an undergraduate at Case Western Reserve University.

Having donated his kidney to his wife, he has a special interest in ethics

and transplantation. Dr. Fink conducts a monthly Biomedical and Institutional Ethics Lecture for Medical and Surgical Residents. He has organized and chaired numerous seminars related to ethics and medicine. He also writes a column each month in NYHQ's Employee Newsletter, Insight, in which he responds to questions related to ethical issues in the treatment of patients.

Dr. Fink is a member of several professional organizations, including the American College of Surgeons, the New York Cancer Society and the Queens County and New York State Medical Societies. He has also published articles and presented at medical conferences.

2006 Oncology Trials at NYHQ Lang Research Center

BEHAVIOR, ESTROGEN METABOLISM AND BREAST CANCER RISK: A MOLECULAR EPIDEMIOLOGIC STUDY

Karen Karsif, M.D. Breast Center Department of Surgery NYHQ

TREATMENT PATTERNS AND OUTCOMES OF ELDERLY BREAST CENTER PATIENTS AGE 75 OR OLDER

Akkamma Ravi, M.D.

Department of Radiation Oncology
NYHO

INCREASING BREAST CANCER
SURVEILLANCE AMONG AFRICAN
AMERICAN WOMEN
Susan Lee, M.D.
Breast Center
Department of Surgery
NYHQ

MULTICENTER PHASE III RANDOMIZED
TRIAL COMPARING DOCETAXEL IN
COMBINATION W/ DOXORUBICIN &
CYCLOPHOSPHAMIDE (TAC) V
DOXORUBICIN & CYCLOPHOSPHAMIDE
FOLLOWED BY DOCETAXEL AS ADJUVANT
TREATMENT OF OPERABLE BREAST
CA NEGATIVE PATIENTS WITH
POSITIVE LYMPH NODE

Barry Kaplan, M.D. Division of Medical Oncology Department of Medicine NYHQ QUALITY OF LIFE IN PROSTATE
CARCINOMA PATIENTS FOLLOWING
EXTERNAL RADIOTHERAPY OR EXTERNAL
RADIOTHERAPY AND BRACHYTHERAPY:
A RETROSPECTIVE COMPARATIVE STUDY

Brij Sood, M.D.

Department of Radiation Oncology
NYHQ

2006 Abstracts Presented by the Department of Radiation Oncology at Lang Research Day at NYHQ

Sood, B.M., Ferrari, S., Sotillo, M., Keegan, L., McKeon, K., Cruz, J. and Nori, D.:

QUALITY OF LIFE FOLLOWING
RADIOTHERAPY IN PATIENTS WITH
PROSTATE CARCINOMA.

New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Poli, J., Hayes, M.K., Nori, A., Trichter, S., Sabbas, A. and Nori, D.: A DOSIMETRIC COMPARISON OF 3D CONFORMAL AND MAMMOSITE PARTIAL BREAST RADIATION.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Grossman, R.Z., Kulidzhanov, F.G., Sabbas, A.M., Vieira, J. and Nori, D.: A UNIQUE APPLICATION OF SURFACE MOLD BRACHYTHERAPY IN THE TREATMENT OF ANGIOSARCOMA.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Dube, N., Drotman, M., Rosenblatt, R., Nori, D. and Hayes, M.K.:

Does MammoSite APBI

AFFECT THE READABILITY

POST TREATMENT MAMMOGRAMS?

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Kan, C.C., Ravi, S., Ravi, A., Li, G. and Nori, D.: Effect of PDMP on HUMAN GLIOBLASTOMA/ASTROCYTOMA U87 MG CANCER CELLS.

Poster presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006 Sood, B.M., Sotillo, M., Ferrari, S. and Nori, D.:

Effectiveness and impact on quality of life in patients with head and neck cancer treated with Ethyol (Amifostine), normal tissue protectant against radiation.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Singh, R., Sherr, D. and Nori, D.: INCIDENCE OF INFECTIONS WITH GLIASITE BALLOON BRACHYTHERAPY FOR TREATMENT OF BRAIN TUMORS.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Sawhney, A.G., Hayes, M.K., Swistel, A., Hoda, S. and Nori, D.: MAMMOSITE CATHETER HDR BRACHYTHERAPY FOR PATIENTS WHO REFUSE MASTECTOMY FOR LOCALIZED BREAST CANCER AFTER PRIOR RADIATION.

> Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Reddy, N., Sartin, W., Maiorano, S., Modena, J., Mazur, A., Osian, A., Sood, B.M., Ravi, A. and Nori, D.: Optimum bladder volume for the application of BAT system during image-guided intensity-modulated radiation therapy (IG-IMRT) of prostate.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006 Sood, B.M., Ferrari, S., Sotillo, M., Keegan, L., McKeon, K., Cruz, J. and Nori, D.:

QUALITY OF LIFE FOLLOWING
RADIOTHERAPY IN PATIENTS WITH
PROSTATE CARCINOMA.

Poster Presentation at New York Hospital Queens, Lang Research Day, New Findings, Future Directions, 2006.

Kuritzky, N., Mehta, R., Sherr, D.L. and Nori, D.:
RATE OF PSA DECLINE
FOR PROSTATE CANCER PATIENTS
TREATED WITH 81 GY VS. 75.6 GY OF
EXTERNAL BEAM RADIATION.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

Sood, B.M., Mazur, A., Sampath, S., Reddy, N.M.S., Osian, A., and Nori, D.: Role of emerging technologies intensity modulated radiotherapy (IMRT) in head and neck cancer to reduce therapy-related toxicity.

Poster Presentation at New York Hospital Queens Lang Research Day New Findings, Future Directions, 2006

RECENT EVENTS

The Cancer Center presented the **Third Annual Lung Cancer Symposium** on November 7, 2006 at the NYHQ Theresa and Eugene M. Lang Center For Research and Education.

The Program Chairmen were **Paul C. Lee, M.D.**, FACS, FCCP, Assistant Professor of Cardiothoracic Surgery, Weill Medical College of Cornell University; Director, Thoracic Surgery, NYHQ, **Stephen R. Karbowitz, M.D.**, FCCP, Clinical Assistant Professor, Weill Medical College of Cornell University; Director, Division of Pulmonary Medicine, NYHQ and **Dattatreyudu Nori, M.D.**, FACR, Professor and Chairman, Department of Radiation Oncology, Weill Medical College of Cornell University, NYPH; Director, Cancer Center, NYHQ.

The "Current Status in CT Screening for Lung Cancer" was discussed by Claudia I. Henschke, M.D., PhD, Professor of Radiology, Weill Medical College of Cornell University; Chief, Division of Chest Imaging; Chief, Division of Health Care Policy and Technology Assessment, NYPH/Weill Cornell Medical Center.

"PET/CT in Lung Cancer" was discussed by Stanley J. Goldsmith, M.D., Professor of Radiology and Medicine, Weill Medical College of Cornell University; Director, Nuclear Medicine, NYPH/Weill Medical Center.

"Lung Cancer Pathology" was reviewed by **William Travis, M.D.**, Professor of Pathology, Weill Medical College of Cornell University; Attending Pathologist, Memorial Sloan-Kettering Cancer Center.

Paul C. Lee, M.D discussed "Advances in Surgical Staging and Management of Early Stage Non-Small Cell Lung Cancer".

Barry Kaplan, M.D., PhD, Clinical Associate Professor of Medicine, Weill Medical College of Cornell University; Director, Division of Medical Oncology, NYHO discussed "Adjuvant Chemotherapy for Resectable Lung Cancer and Advances in Targeted Therapies".

Dattatreyudu Nori, M.D. discussed "Sterotactic Radiation and Intraoperative Brachytherapy Techniques in the Treatment of Non-Small-Cell Lung Cancer".

"Frontiers in Lung Cancer Research" was reviewed by David K. Jin, M.D., PhD; Head, Laboratory of Translational Research, Lehman Brothers Lung Cancer Research Center, Department of Cardiothoracic Surgery; Assistant Professor of Medicine, Division of Hematology-Medical Oncology, Department of Medicine, NYPH/Weill Cornell Medical Center.

Seymour Cohen, M.D. and Michael Goldsmith, M.D., Attending Medical Oncologists, NYHQ, moderated the Breast Cancer Sessions on the 24th Annual Chemotherapy Foundation Symposium held between Nov. 8 and 11 in New York.

PICTURED LEFT TO RIGHT: STEPHEN R. KARBOWITZ, M.D., BARRY KAPLAN, M.D., DATTATREYUDU NORI, M.D., DAVID K. JIN, M.D. AND PAUL C. LEE, M.D.



CANCER CENTER CLINICAL PROGRAM LEADERSHIP

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Dattatreyudu Nori,	670-1501
M.D., F.A.C.R., F.A.C.R.O.	
Breast Center Karen Karsif, M.D.	670-1185
Susan Lee, M.D.	0/0-1103
Colorectal Surgery	
Howard Tiszenkel, M.D.	445-0220
GASTROINTESTINAL, MEDICAL	113-0440
Roger Mendis, M.D.	670-2559
GASTROINTESTINAL, SURGICAL	070-4337
Kenneth Rifkind, M.D.	445-0220
GYNECOLOGIC ONCOLOGY	113-0440
Marie Welshinger, M.D.	670-1170
Manolis Tsatsas, M.D.	0/0 11/0
HEAD AND NECK ONCOLOGY	
Jerry Huo, M.D.	670-0006
MEDICAL ONCOLOGY	
Barry Kaplan, M.D., Ph.D.	460-2300
Neurosurgery	
Mitchell Levine, M.D.	670-1572
PULMONARY MEDICINE	0,010,4
Stephen Karbowitz, M.D.	670-1405
RADIATION ONCOLOGY	0,01.00
Dattatreyudu Nori, M.D.	670-1501
RADIOLOGY	0,01001
William Wolff, M.D.	670-1594
Surgical Oncology	0,010,1
Simon Fink, M.D.	670-1120
SURGICAL PATHOLOGY	
Michael Warhol, M.D.	670-1141
Stanley Kerpel, D.D.S. (Oral Pathology)	
THORACIC SURGERY	
Paul Lee, M.D.	670-2707
UROLOGY	
Albert Tarasuk, M.D.	353-3710
GENETIC COUNSELING	
Brenda Zak	670-2110
Nutrition	
Jack Pasquale, M.D.	465-0041
Mary Grace Sucholet, R.D.	670-2550
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Peter Silverberg, M.D.	670-1080
Vikas Varma, M.D.	460-1111
Margaret Cawley, R.N.	670-1422
SOCIAL SERVICE	(70.1200
Marlene Smike	670-1300
CANCER RESEARCH	270 0101
Engracio Cortes, M.D. Brij M. Sood, M.D.	279-9101 670-1501
Chu-Cheng Kan, Ph.D.	670-1301
ADMINISTRATION	
Maureen Buglino, R.N., M.P.H.	670-1981
Vice President, Ambulatory Services	
Tom Deutsch, M.P.H., M.B.A.,	670-1501
Administrative Director	(50.4250
Vijaya Malladi, C.T.R., Manager	670-1379

PATIENT SUPPORT GROUPS

The American Cancer Society sponsors a "Man-to-Man" program for **prostate** cancer patients, which is held on the second Wednesday of every month from 6 p.m. to 7:30 p.m.

The American Cancer Society sponsors a "Look Good-Feel Better" program for female cancer patients undergoing Chemotherapy and Radiation Therapy on the second Monday of every month from 5:30 p.m. to 6:30 p.m.

The above two programs are held in the Anerena M. Anextis Conference Room in the Department of Radiation Oncology at NYHQ. To register, please call 1-800-ACS-2345.

Margaret Cawley, M.S., R.N., A.N.P., A.O.C.N. conducts a program for "Newly Diagnosed Women with Breast Cancer" at Dr. Tu Tu Aung's office located at 200-20 44th Ave. in Bayside on the first Thursday of each month. Pre-registration is required at 718-279-9456. Also in Dr. Aung's office, there is a support group for "Women with Newly Diagnosed Ovarian Cancer" on the first Tuesday of every month. Pre-registration at the same number is required.

Tumor Boards/ Patient Care Conferences

The **Department of Radiation Oncology** has **New Patient Conferences** every Tuesday morning at 8 am.

Breast Tumor Board is held on the second and fourth Wednesday of every month from 12 to 1. Lunch is served. Some upcoming dates are Jan. 10 and Jan. 24.

Thoracic Tumor Board is on the third Wednesday of every month from 9 am to 10 am. An upcoming date is Jan. 17.

Gyn Tumor Board is held on the first Wednesday of every month from 8 am to 9 am. An upcoming date is Jan. 3.

General Tumor Board is held every Tuesday from 4 to 5.

There is one Continuing Medical Education (CME) credit awarded per each Tumor Board meeting attended.

All the above noted professional educational programs are held in the Anerena M. Anextis Conference Room in the Department of Radiation Oncology. Refreshments are served.



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Member

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