

THE CANCER CENTER *Newsletter*

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New York Hospital Queens (NYHQ)

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DIVERSITY OF DISEASE FROM OUR DIVERSE POPULATION

By Barry H. Kaplan, M.D., Ph.D.
Director, Medical Oncology, NYHQ

We all know that Queens is a melting pot and that people from all over the world wind up at New York Hospital Queens and its physicians' offices and clinics. What this means is that our experience in treating patients is unlike any other and that we have to be aware of what the varied population we serve can bring us.

For example, an elderly man was admitted to NYHQ with a high calcium, skin nodules and increased lymphocytes. Workup revealed a fairly rare T-cell lymphoma related to human T-cell lymphotropic virus 1 (HTLV-1). The problem was that the virus and its complications are found in individuals from the West Indies and southern Japan, and our patient was not from either of these areas. An investigation initiated by the family revealed that the patient is a Mashadi Jew. The Mashadi are a community of Jews dating back over two hundred and fifty years to the city of Mashad in northeast Persia. There are about four thousand members of this small community in this area mainly in Great Neck and, it turns out, there have been reports previously of members who carry the virus and develop the associated lymphoma. It is thought that the disease started in Africa and spread from there to the West Indies and Japan via overland trade routes which included a stopover in Persia.

This case is just one example of how serving the varied populations living in our area leads us to treat a whole spectrum of disease unmatched anywhere. There are other malignancies related to viruses prevalent in certain communities found in Queens. There is a substantial incidence of nasopharyngeal cancer in Chinese individuals especially from southern China. Clearly, given the large number of Chinese in Flushing we see a large number of patients with nasopharyngeal cancer in our medical center. Epstein-Barr virus has

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Barry H. Kaplan, M.D. Ph.D.

Barry H. Kaplan, M.D., Ph.D. is the Director of Medical Oncology/Hematology at New York Hospital Queens and also the President of Queens Medical Associates, the largest Hematology-Oncology practice in Queens. He is Board Certified in both

BARRY H. KAPLAN, M.D., PH.D.

Medical Oncology and Hematology and is a Clinical Associate Professor of Medicine at Weill Medical College of Cornell University. Before coming to NYHQ, Dr. Kaplan was the Director of the Division of Medical Oncology at the Albert Einstein College of Medicine in the Bronx.

Dr. Kaplan received his undergraduate degree from New York University and his Medical Degree from the Johns Hopkins School of Medicine. He also received a Ph.D. in Physiological Chemistry from Johns Hopkins. Dr. Kaplan was an intern in Medicine at Johns Hopkins Hospital, and a Fellow in the Department of Physiological Chemistry at the Johns Hopkins School of Medicine. He also was a Research Associate at the

National Heart Institute. He completed his residency training at the Bronx Municipal Hospital Center.

While at Albert Einstein, Dr. Kaplan was the institution's Principal Investigator for the Eastern Cooperative Oncology Group (ECOG). He was also a member of ECOG's Executive Committee and Chairman of the Head and Neck Committee. He is a member of several professional organizations, including the American Association for Cancer Research, the American Society for Clinical Oncology, the American Society of Hematology and the American Association for the Advancement of Science.

Dr. Kaplan is a frequent presenter at medical conferences and has written numerous published materials relating to cancer.

WHAT NYHQ'S ACCREDITATION WITH COMMENDATION BY THE COMMISSION ON CANCER MEANS

New York Hospital Queens is accredited with commendation by the Commission on Cancer (COC) of the American College of Surgeons. Only 1400 programs have received accreditation in the United States, representing about 25% of all hospitals. NYHQ received not only accreditation, but accreditation with commendation, meaning that it has not only met the COC standards, but has done an outstanding job in meeting them.

The COC is a multidisciplinary group representing all specialties in the treatment of cancer. It was established in 1922 to ensure quality, multidisciplinary and comprehensive cancer care delivery. The COC collects standardized high quality data from COC approved organizations to measure cancer care quality.

As stated in the 2004 standards of the COC, "Approval by the COC is granted only to those facilities that that have

voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with COC standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with the COC standards."

The COC conducts surveys to ensure compliance with 36 standards that it has established. The standards ensure that an organization has the elements in place to assess the quality of its care and to continuously improve to provide the highest quality. As a result of the COC survey a facility can be found to be noncompliant and not get approval, or to be compliant and receive approval. Those organizations that are outstanding in meeting the standards receive approval with commendation.

The 36 standards set by the COC cover all aspects of cancer care delivery including the following:

1. Requiring that guidelines for patient management and treatment currently required by the COC are followed.
2. Requiring that a significant number of cases are reviewed and discussed by an interdisciplinary group of physicians, and that 90% of these cases be discussed prospectively.
3. Requiring the ongoing analysis of the overall quality of care provided.
4. Requiring that information abstracted from medical records for data submission to the COC and government organizations is abstracted by a trained Certified Tumor Registrar (CTR).
5. Requiring that prevention or early detection programs are provided.
6. Requiring that there is follow-up on what happened after treatment of a significant number of patients.
7. Requiring that there is continuous monitoring of data collection and reporting to ensure that it is done accurately.

LAWRENCE S. SCHECHTER, M.D.

Lawrence S. Schechter, M.D. is the Director of the Division of Nuclear Medicine and is an Attending Radiologist at New York Hospital of Queens. He is also a radiologist at Main Street Radiology. He is board certified in both Diagnostic Radiology and Nuclear Medicine.

He received his MD degree from New York Medical College where he also

completed his residency in Diagnostic Radiology.

Dr. Schechter is a member of the Society of Nuclear Medicine, the New York Roentgen Society, the American College of Radiology and the Radiological Society of North America.

He has authored or co-authored 15 articles and has contributed to several medical textbooks.



Lawrence S. Schechter, M.D.

PET SCANNING

By Lawrence S. Schechter, M.D., *Director, Nuclear Medicine, NYHQ*

Positron Emission Tomography (PET) imaging using fluorine 18 fluorodeoxyglucose (FDG) has become a widely used application for the molecular imaging of cancer and its advantages over conventional imaging have been clearly demonstrated.

FDG-PET targets the enzymatic and cellular processes involved in metabolic activity which is consistently greater in tumors than in normal tissue.

18F-FDG is an analogue of glucose and is ideal for demonstrating the increased glycolytic rate that has been shown to be present in malignancies. The PET scanner is designed to detect and localize the positrons emitted by 18F-FDG. This physiologic information, when combined with anatomic information provided by conventional cross-sectional techniques (CT and MRI) allows for highly accurate tumor detection and staging.

FDG-PET has been shown to be a very sensitive diagnostic tool for evaluating colon, breast, esophageal, head and neck, thyroid, cervical and non-small

cell lung cancers, as well as in lymphoma and melanoma. It is also very accurate in determining whether a solitary pulmonary nodule is benign or malignant. All of these uses of FDG-PET have been approved for reimbursement by Medicare and most private insurers.

One of FDG-PET's advantages over conventional imaging is that, in most cases, it can distinguish tumor from scar tissue, benign lesions and from the residual fibrotic mass often present following cancer treatment.

In addition, FDG-PET has been demonstrated to be useful in managing patients with cancer in that changes in metabolic activity can be used to evaluate the effectiveness of radiation therapy and chemotherapy.

To date, at Main Street Radiology we have performed more than 3000 FDG-PET studies and our experience thus far concurs with that of the published literature, indicating that we now have a highly accurate new procedure for use in evaluating patients with malignant disease.

TUMOR BOARDS/ PATIENT CARE CONFERENCES

The **Department of Radiation Oncology** has **New Patient Conference** every Tuesday morning at 8 a.m.

Breast Tumor Board is held on the second and fourth Wednesday of every month from 12 p.m. to 1 p.m. Lunch is served. Some upcoming dates are July 12th and July 26th.

Thoracic Tumor Board is on the third Wednesday of every month from 9 a.m. to 10 a.m. An upcoming date is July 19th.

Gyn Tumor Board is held on the first Wednesday of every month from 8 a.m. to 9 a.m. An upcoming date is July 5th.

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

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.

NEW STAFF

Vikas Varma, M.D. has joined the staff at NYHQ. Dr. Varma is a specialist in Pain Management. He is a Diplomate of the American Board of Pain Medicine and Pain Management, a Diplomate of

the American Board of Neurology and a Diplomate of the American Board of ElectroDiagnostic Medicine. Dr. Varma can be reached at 718-460-1111.

Donna Dellarosa, O.T.R., C.H.T. in the Rehabilitation Department is certi-

fied in manual lymphatic drainage. She is able to assist many cancer patients who have problems with lymphedema after their surgery or radiation treatment. She can be contacted at 917-617-4865.

RECENT EVENTS

The Cancer Center, as part of the Medical Oncology Lecture Series, held a program at Café on the Green on March 15, 2006. The subject was “**Ovarian Cancer Update**”. The guest speaker was **Robert F. Ozols, M.D.**, Professor of Medicine, Temple University; Senior Vice President, Medical Science, Fox Chase Cancer Center; Medical Director, Hospital of the Fox Chase Cancer Center.

The Cancer Center, as part of the Medical Oncology Lecture Series, held a program at Café on the Green on May 24, 2006. The subject was “**Renal Cancer Update**” The speaker was **Janice P. Dutcher, M.D.**, Associate Director for Clinical Affairs, Comprehensive Cancer Center and Director of Oncology Apheresis, Our Lady of Mercy Medical Center.

Brij M. Sood, M.D., Attending Radiation Oncologist and Associate Professor of Radiology at Cornell was a speaker at Dental Grand Rounds in March. The topic was “**Recent Advances in the Diagnosis and Management, of Head and Neck Cancer and Management of Complications**”.

Paul C. Lee, M.D., Director, Thoracic Surgery, NYHQ and Assistant Professor of Cardiothoracic Surgery at Weill Medical College of Cornell University, is the NYHQ site principle investigator for a phase two, multicenter study sponsored by GlaxoSmithKline to evaluate the safety and efficacy of Pazopanib, which is an oral angiogenesis inhibitor, as a pre-surgical therapy in stage I resectable Non-Small Cell Lung Cancer. NYHQ is one of the three sites for this study in NYC.

Albert Min, M.D. from Beth Israel Medical Center spoke at the Department of Medicine Grand Rounds on May 11 on Hepatitis B.

Susan Lee, M.D. Attending Physician at the Breast Center, recently lectured a Pathophysiology course on Benign and Malignant Breast Disease at Tufts Medical School. She also was a guest speaker for the April Grand Rounds at NYU Downtown Hospital for the Department of Ob/Gyn on the “Management of Breast Mass”.

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.

CANCER CENTER CLINICAL PROGRAM LEADERSHIP

DIRECTOR Dattatreyyudu Nori, M.D., F.A.C.R., F.A.C.R.O.	670-1501
BREAST CENTER Karen Karsif, M.D. Susan Lee, M.D.	670-1185
COLORECTAL SURGERY Howard Tiszenkel, M.D.	445-0220
GASTROINTESTINAL, MEDICAL Roger Mendis, M.D.	670-2559
GASTROINTESTINAL, SURGICAL Kenneth Rifkind, M.D.	445-0220
GYNCOLOGIC ONCOLOGY Marie Welshinger, M.D. Manolis Tsatsas, M.D.	670-1170
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 Stephen Karbowitz, M.D.	670-1405
RADIATION ONCOLOGY Dattatreyyudu Nori, M.D.	670-1501
RADIOLOGY William Wolff, M.D.	670-1594
SURGICAL ONCOLOGY Simon Fink, M.D.	670-1120
SURGICAL PATHOLOGY Daisy Saw, M.D. Stanley Kerpel, D.D.S. (<i>Oral Pathology</i>)	670-1141 670-1520
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. Mary Grace Sucholet, R.D.	465-0041 670-2550
PAIN MANAGEMENT Peter Silverberg, M.D. Vikas Varma, M.D. Margaret Cawley, R.N.	670-1080 670-1422
SOCIAL SERVICE Marlene Smike	670-1300
CANCER RESEARCH Engracio Cortes, M.D. Brij M. Sood, M.D. Chu-Cheng Kan, Ph.D.	279-9101 670-1501 670-1724
ADMINISTRATION Maureen Buglino, R.N., M.P.H. <i>Vice President, Ambulatory Services</i> Tom Deutsch, M.P.H., M.B.A., <i>Administrative Director</i> Vijaya Malladi, C.T.R., <i>Manager</i>	670-1981 670-1501 670-1379

DIVERSITY OF DISEASE FROM OUR DIVERSE POPULATION

continued

been implicated in this disease but why this ubiquitous virus results in this cancer in this population has never been explained. Other endemic areas in northern Africa and the far north share a diet of salt-cured fish and meat. Perhaps the diet interacts in some way with the virus.

While not a malignancy, Kaposi's Sarcoma is often treated by medical oncologists and radiotherapists. The disease is really a viral infection caused by Herpes-virus-8. It occurs in three populations: immunocompromised patients like those with AIDS or renal transplant; elderly Mediterranean and Eastern European populations; and in a young population from West Africa. We have seen variations of the disease in all three of these populations and it is manifested very differently in each of them. Immunocompromised patients with Kaposi's Sarcoma have a very aggressive course with rapid widespread disease which can be, although rarely is, fatal. Treatment of AIDS or withdrawal of immunosuppressive therapy will eliminate the Kaposi's Sarcoma in these patients. It is unclear what causes the other forms of Kaposi's but it is very indolent and easily managed frequently for decades in the African and European forms.

There is a very high incidence of Hepatitis B and Hepatitis C in the Asian and Russian populations served by NYHQ. As a consequence, there are a large number of patients with hepatoma diagnosed in our hospital. Last year the tumor registry recorded twenty-two cases of hepatoma. A hospital our size would normally have five or fewer. The disease is associated with any chronic inflammatory process

in the liver and is difficult to manage. There is a high mortality rate and we are pursuing the possibility of participating in research studies of this disease.

Finally, an example of a virally related cancer we see more commonly than other cancer centers elsewhere is cancer of the cervix related to papilloma virus. This disease is endemic in many parts of the world and is one of the most common cancers in women in the Indian and Mexican populations. Thus, as we see patients from these areas, we see cancers of the cervix in substantial numbers.

Occasionally, an individual from the Indian subcontinent will appear with a horrible cancer of the oral cavity resulting from the chewing of Betel nuts, a habit common in the Indian subcontinent and parts of the Far East. It is not clear if the Betel nut is the problem because the chewers use leaves containing carcinogens to enclose the Betel nut. While most cancers of the head and neck are alcohol and tobacco related, the Betel nut cancer is specifically limited to the oral cavity, and the resulting cancer is very aggressive and responds poorly to treatment.

The incidence of cancer of the stomach has been declining in this country for decades. The Far East and Latin America, however, are endemic areas for this disease. There is a clear environmental etiology. Studies have shown that the high incidence of gastric cancer in Japanese individuals disappears in the Japanese who immigrate to this country and adopt an American diet and lifestyle. Colon cancer becomes the major gastrointestinal cancer as it is in native-born Americans. We have a

disproportionate number of gastric and gastro esophageal cancers in our practice and at NYHQ because of our large Hispanic and Asian populations. There were sixty-six gastric cancers and sixteen esophageal cancers last year at NYHQ. We already have developed our own chemotherapy for these conditions.

As a hematologist, I have to be alert to the differences in the population we serve. One of the most interesting cases I have seen involved a woman who was repeatedly hospitalized for cramping, abdominal pain and weight loss. She would be treated with fluids, improve and be discharged only to return again a few weeks later. The clue to the diagnosis came when one of my partners recognized that the patient had stippled red blood cells. The patient was from Afghanistan and had brought some of her pots with her. She had lead poisoning from cooking in these pots and was treated successfully with chelating agents.

The other large group of patients with special population needs that we see as hematologists are the large number of individuals with abnormal hemoglobins. Alpha and beta-thalassemias, sickle cell anemia and its variants, and rare hemoglobinopathies are common in the Far Eastern, Indian and black populations we serve. We recently had an unfortunate case of hydrops fetalis, a fatal disease in utero almost never seen except in people from Asia, such as the ones we serve.

My experience at NYHQ has been immeasurably enriched by my exposure to the unusual cases we see, but even moreso from learning so much about the many different kinds of people we serve at our hospital.

SAVE THE DATES, UPCOMING SYMPOSIA

The Cancer Center will be holding the Third Annual NYHQ Lung Cancer Symposium on Current **Directions in Screening and Management of Early Stage Lung Cancer** on November 7, 2006 at the Theresa and Eugene M. Lang Center for Research and Education at NYHQ. Topics will include CT Screening for Lung Cancer, PET/CT in Lung Cancer, Lung Cancer Pathology, Advances in Surgical Staging and Management of early Non-Small Cell Lung Cancer, Adjuvant Chemotherapy for Resectable Lung Cancer and Advances in Targeted Therapies, Stereotactic Radiation and Intraoperative Brachytherapy Techniques in the treatment of Non-Small Cell Lung Cancer and Frontiers in Lung Cancer Research. Speakers will include NYHQ staff as well as other nationally known experts.

The Cancer Center will be conducting a symposium on **Nutrition and Cancer** on Dec. 5, 2006 at the Theresa and Eugene M. Lang Center for Research and Education at NYHQ. Topics will include cancer prevention, nutritional needs of patients undergoing cancer treatment, reducing the likelihood of recurring cancer through appropriate nutrition and nutrition for the dying patient. Speakers will include NYHQ staff as well as other nationally known experts.

NYHQ FIRST IN QUEENS WITH CESIUM-131 FOR PROSTATE CANCER

Dattatreya Nori, M.D., Director of the Cancer Center and Professor and Chairman, Radiation Oncology at NYHQ and New York -Presbyterian, Weill Medical College of Cornell University is now doing a new radiation therapy treatment for prostate cancer patients at NYHQ. This brachytherapy treatment, done jointly with the patient's urologist, involves the use of the radioisotope Cesium - 131. This treatment is not yet available in most hospitals in the region.

Instead of using other radioisotopes in the implantation of radioactive seeds into a tumor site, for appropriate patients, Cesium - 131 can be used. It is now available to low risk/early stage prostate cancer patients. Cesium - 131 has several advantages over Iodine - 125 and Palladium - 103, which have been the most commonly used radioisotopes up until now. It has a higher energy, shorter half-life and uses a lower total dose of radiation. A shorter half-life means faster dose delivery, that cancer cells have less opportunity to repopulate, and less protracted radiation to normal healthy tissues. A stronger energy means that fewer radioactive seeds are required. This reduces the risk of urinary reactions following implantation.

Cesium -131 has a half-life of about 10 days, compared to a half-life of 17 days and 60 days for Palladium -103 and Iodine -125 respectively. The energy emitted by Cesium - 131 is 29 KeV as compared to 28 KeV and 21 KeV for Iodine - 125 and Palladium - 103.

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