

# THE CANCER CENTER *Newsletter*

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New York Hospital Queens (NYHQ)

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## A UNIQUE SPECIALTY AT NYHQ: ORAL AND MAXILLOFACIAL PATHOLOGY

By Stanley M. Kerpel, D.D.S.

*Associate Director, Section of Oral Pathology  
Department of Dental Medicine*

Approximately 25 years ago, Burton Wasserman, D.D.S., Chairman of Dentistry, at what was then known as Booth Memorial Medical Center, had the foresight to establish the Section of Oral Pathology, joining it with the Department of Dentistry. Complementing an already well-established and respected program, this component brought a new dimension to the training of residents and members of the medical and dental communities. Known for its outstanding residency training program and large oral biopsy service, the Department of Dentistry was able to enhance overall patient care by evaluating patients not only with oral premalignant lesions and oral cancers, but also those who suffered from oncology related problems of the mouth and associated structures. For a quarter of a century now, New York Hospital Queens has had a specialty that very few hospitals in the country have direct access to.

The practice of oral and maxillofacial pathology is one of the several recognized specialties of the American Dental Association. It deals with both microscopic evaluation of tissue submitted from the oral cavity and the clinical evaluation of diseases and tumors from the maxillofacial complex. This specialty is unique for two reasons. First, there are very few professionals trained in this discipline. Second, these specialists not only perform microscopic evaluation of oral tissue biopsies, but they also have been trained to clinically assess oral diseases, whether they are primary or secondary in nature. Of the approximately fifteen oral pathology training programs in the country, the one here at NYHQ is the largest and longest running. In addition, its biopsy service is also the largest in the country—dealing with a referral base of over 1,000 health practitioners, primarily in the New York Metropolitan area.

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# THE IMPACT OF IMPAC ON THE BREAST CENTER OF NEW YORK HOSPITAL QUEENS

By Susan H. Lee, M.D.  
*Attending Physician, Breast Center, NYHQ*

The patient population served by the Breast Center of New York Hospital Queens is unique in that it is composed of a myriad of different cultures. Queens is the most ethnically diverse community in the United States. According to the 2000 US Census, 46.1% of the population of Queens was born outside the United States. 53.6% speak a language other than English at home and 27.8% consider themselves to speak English less than “very well.” The largest representations of ethnic groups in our patient population are: Afro-American, Hispanic, Chinese, Korean, Arabic, Russian and Greek.

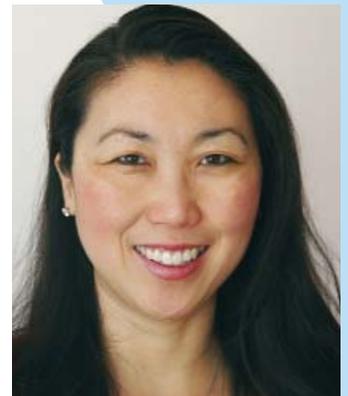
The Breast Center of New York Hospital Queens continues to be the largest provider of breast services in Queens in its role as a center for the diagnosis, evaluation and treatment of women with breast disease. Since the opening of the Breast Center in October 1999, the number of patients seen has increased dramatically and the number of patients treated for breast cancer has also increased. In 2005 there were 322 patients treated for breast cancer.

With the support of The Theresa & Eugene M. Lang Center for Research & Education and the cooperation of the NYHQ Cancer Center Cancer Registry, the Breast Center will soon establish its own Breast Cancer Database in collaboration with IMPAC Medical Systems, Inc. IMPAC provides information technology for oncology care and the NYHQ Cancer Center currently employs IMPAC’s system for its Cancer Registry. NYHQ will be a Beta site for IMPAC’s new Précis-Central software, which will integrate information from the Cancer Registry with additional data to create an oncology specific database. In the future, databases for malignancies of other systems, such as colon/rectal cancer, gynecologic cancer and thoracic cancer could also be established.

The importance of a database cannot be over emphasized. It will allow for easier evaluation of outcome analysis, which will assist in implementing changes that may improve patient care. Patient information will be configured in a manner that will also allow easier accessibility for research purposes. The diversity of NYHQ Breast Center’s patient population provides a unique resource for epidemiologic studies on breast cancer and the availability of the database will allow this research to be conducted in a more efficient and organized manner.

In 2007, the American College of Surgeons will be accrediting breast centers and ranking them in three different categories based upon how comprehensive the services offered are. One of the factors that will determine the ranking is the presence of a database system.

The establishment of a database system reflects the commitment of the Breast Center at NYHQ to improve the quality of clinical care and education through research.



## SUSAN H. LEE, M.D.

Susan H. Lee is an attending physician in the Department of Surgery at New York Hospital Queens. She is a full time physician at the NYHQ Breast Center, which is directed by Dr. Karen Karsif. Dr. Lee completed a Fellowship in Breast Disease/Surgery as a Susan G. Komen Fellow at The Breast Health Center of the Brown University School of Medicine. She trained for two years in general surgery and completed a residency in Obstetrics and Gynecology at the Mayo Graduate School of Medicine. She received her medical degree from the University of Illinois College of Medicine and her Bachelor of Science degree from the University of Illinois.

Dr. Lee is Board Certified in Obstetrics and Gynecology and is a fellow of both the American College of Surgeons and the American College of Obstetrics and Gynecology. She is an Assistant Professor of Surgery in Clinical Obstetrics and Gynecology at Weill Medical College of Cornell University.

Dr. Lee is a member of numerous organizations and committees involved in the diagnosis and treatment of breast cancer. These include the Society of Surgical Oncology, New York Metropolitan Breast Cancer Group, New York Hospital Queens Institutional Review Board, the Healthcare Association of New York State’s Breast Center Demonstration Project Advisory Board, the American College of Surgeons Oncology Group Special Populations Committee and the American Cancer Society Korean Division Advisory Board. She is also the NYHQ Liaison Physician to the Commission on Cancer of the American College of Surgeons.

Dr. Lee has been involved in several clinical research projects and has published numerous articles and has spoken widely on the subject of Breast Cancer.

Dr. Lee is conversant in Korean.

# BREAST MRI SCREENING GUIDELINES FROM THE AMERICAN CANCER SOCIETY

Recently, the American Cancer Society released new guidelines recommending breast MRI screening for healthy women who are at high risk for breast cancer. Screening breast MRI is now recommended for women with a strong family history of breast or ovarian cancer, women with a 20% or greater lifetime risk of cancer and women who were treated for Hodgkin's disease.

Women are at a 35% or greater risk of breast cancer if they, their mother, sister or daughter tested positive for genetic mutation BRCA1, BRCA2, TP53 or PTEN. Women are also considered at high risk if they come from a family in which cancer is common, especially in their close relatives; even if no genetic mutation is identified.

Also released during March 2007, in the *New England Journal of Medicine*, was a study involving almost 1,000 women with newly diagnosed breast cancer. In this study 3% of the patients had MRI-detected breast cancer in the contralateral breast which was clinically and mammographically occult.

At this time, there is insufficient evidence to recommend for or against MRI breast screening in women with a personal history of breast cancer,

carcinoma in situ (DCIS), atypical hyperplasia (ADH) and extremely dense breasts on mammography. Literature suggests a 4-5 fold increased risk of invasive breast cancer in patients with ADH, compared to a 6-10 fold increased risk in patients with LCIS. It is, however, unclear in this data as to what percentage of patients with ADH were also carriers of BRCA 1 or 2. In several studies, women with the most breast density on mammography were found to have a 4-6 fold increased risk of breast cancer compared to women with the least dense breast. In addition, it has been shown that malignant tumors are more likely to arise in the areas of the greatest mammographic density.

## *New Guidelines from the American Cancer Society*

### **ANNUAL MRI SCREENING**

*(based on evidence)*

- BRCA mutation
- First degree relative of BRCA carrier, but untested
- Lifetime risk approximately 20-25% or greater, as defined by BRCAPRO or other models that is largely dependent on family history

### **ANNUAL MRI SCREENING**

*(based on expert consensus opinion)*

- History of radiation to the chest

### **INSUFFICIENT EVIDENCE TO RECOMMEND FOR OR AGAINST MRI SCREENING**

- Lifetime risk 15-20% AS DEFINED BY THE BRCAPRO or other models that are largely dependent on family history
- Lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH)
- Atypical ductal hyperplasia (ADH)
- Heterogeneous or extremely dense breast on mammography
- Women with a personal history of breast cancer, including ductal carcinoma in situ (DCIS)

### **RECOMMEND AGAINST MRI SCREENING**

*(based on expert consensus opinion)*

- Women at less than 15% lifetime risk

This article is taken from the Main Street Radiology Spring II 2007 Monthly Newsletter. For more information please call NYHQ at (718) 670-1616, or Main Street Radiology at (718) 428-1500.



## NEW LINEAR ACCELERATOR WITH IMAGE GUIDED RADIATION THERAPY (IGRT) COMING TO RADIATION ONCOLOGY

The Department of Radiation Oncology will soon be putting into operation a new Elekta Synergy S linear accelerator with image guided radiation therapy (IGRT) and Respiratory Gating. IGRT allows for images to be taken just before treatment and the making of last second adjustments to the treatment just before radiation is administered. Respiratory gating allows the administration and targeting of the radiation beam to be synchronized with the patient's breathing. Both IGRT and Respiratory Gating will allow for the aiming of the radiation beam with more precision. As a result, a higher, more effective radiation dose can be delivered to the tumor because there is less need to worry about the effect of radiation on surrounding healthy tissue.

## RECENT EVENTS

As part of the **NYHQ Medical Oncology Lecture Series, Ghassan K. Abou – Alfa**, M.D., Assistant Professor, Weill Medical College of Cornell University and Assistant Attending, Memorial Sloan-Kettering Cancer Center, discussed “Advances in Hepatocellular Carcinoma” on March 28, at Caffe on the Green.

Several staff members from the **Department of Radiation Oncology at NYHQ** were involved in developing an abstract on “Influence of Volumes of Prostate, Rectum and Bladder on Treatment Planning CT-Day on Interfraction Motion of Prostate During BAT Image- Guided IMRT” which has been accepted for the General Poster Discussion Session at the 49<sup>th</sup> Annual Meeting of the American Association of Physicists in Medicine to be held July 22 in Minneapolis. They are: **Nandanuri Reddy**, Ph.D., Senior Medical Physicist; **Dattatreiyudu Nori**, M.D., Chairman, Radiation Oncology and Professor, Weill Medical College of Cornell University; **William Sartin**, Radiation Therapy Technologist (RTT); **Samuel Maiorano**, Assistant Chief RTT; **Jennifer Modena**, Chief RTT; **Andrzej Mazur**, Ph.D., Physicist; **Adrian Osian**, Director, Physics; **Brij Sood**, M.D., Attending and Associate Professor, Weill Medical College of Cornell University; **Akkamma Ravi**, M.D., Attending and Assistant Professor, Weill Medical College of Cornell University; and **Sheshadri Sampath**, Ph.D., Physicist.

**Paul Freedman**, D.D.S., Director, Section of Oral Pathology at NYHQ, presented a lecture entitled “Oral Cancer and Premalignant Lesions” to the Eastchester Dental Society on March 6, 2007.

**Stanley Kerpel**, D.D.S., Associate Director, Section of Oral Pathology at NYHQ, presented a course entitled “Tobacco and other chemicals and their effects on the oral mucosa and their relationship to oral premalignant lesions and oral cancer” to the Ninth District Dental Society on April 26, 2007.

**Renee Reich**, Attending, Section of Oral Pathology at NYHQ, presented a lecture entitled “Oral Cancer and Dysplastic lesions of the Oral Cavity” to the Oral Surgery residents at the NewYork-Presbyterian Hospital, Weill Medical College of Cornell University on March 30, 2007.

**Paul C. Lee**, M.D., Director, Thoracic Surgery, NYHQ and Assistant Professor of Cardiothoracic Surgery, Weill Medical College of Cornell University was a presenter on “Antigen-specific CD8+ cell responses in patients with esophageal carcinoma” and on “Surgical resection normalizes the hemangiogenic profile in patients with non-small cell lung cancer” at the 87th Annual Meeting of The American Association for Thoracic Surgery, Washington, DC in May, 2007. Dr. Lee also presented on “Multifocal neoplasia in T1 esophageal carcinoma: Implications for endoscopic treatment” at the same conference. He also was a presenter of a poster on the “Impact of pulmonary function test in VATS-assisted lung resections: Community hospital experience” at the American Thoracic Society in San Francisco in May, 2007. Dr. Lee was an invited lecturer for the “Lung cancer screening – where do we stand in 2007 1st Annual Cancer Teaching Day”, co-sponsored by Saint Francis Hospital, the Dutchess County Medical Society, and the American Cancer Society in Poughkeepsie, New York in May 2007. He spoke on “Common problems in common malignancies.” Dr. Lee’s paper on “Risk factors for occult mediastinal metastases in clinical stage I non-small cell lung cancer” was accepted for publication in the Annals of Thoracic Surgery 2007.

## CANCER CENTER CLINICAL PROGRAM LEADERSHIP

<b>DIRECTOR</b> Dattatreiyudu Nori, M.D., F.A.C.R., F.A.C.R.O.	670-1501
<b>BREAST CENTER</b> Karen Karsif, M.D. Susan Lee, M.D.	670-1185
<b>COLORECTAL SURGERY</b> Howard Tiszenkel, M.D.	445-0220
<b>GASTROINTESTINAL, MEDICAL</b> Roger Mendis, M.D.	670-2559
<b>GASTROINTESTINAL, SURGICAL</b> Kenneth Rifkind, M.D.	445-0220
<b>GYNECOLOGIC ONCOLOGY</b> Marie Welshinger, M.D. Manolis Tsatsas, M.D.	670-1170
<b>HEAD AND NECK ONCOLOGY</b> Jerry Huo, M.D.	670-0006
<b>MEDICAL ONCOLOGY</b> Barry Kaplan, M.D., Ph.D.	460-2300
<b>NEUROSURGERY</b> Jaime Nieto, M.D.	670-1837
<b>PULMONARY MEDICINE</b> Stephen Karbowitz, M.D.	670-1405
<b>RADIATION ONCOLOGY</b> Dattatreiyudu Nori, M.D.	670-1501
<b>RADIOLOGY</b> William Wolff, M.D.	670-1594
<b>SURGICAL ONCOLOGY</b> Simon Fink, M.D.	670-1120
<b>SURGICAL PATHOLOGY</b> Michael Warhol, M.D. Stanley Kerpel, D.D.S. ( <i>Oral Pathology</i> )	670-1141 670-1520
<b>THORACIC SURGERY</b> Paul Lee, M.D.	670-2707
<b>UROLOGY</b> Albert Tarasuk, M.D.	353-3710
<b>GENETIC COUNSELING</b> Brenda Zak	670-2110
<b>NUTRITION</b> Jack Pasquale, M.D. Mary Grace Sucholet, R.D.	465-0041 670-2550
<b>PAIN MANAGEMENT</b> Peter Silverberg, M.D. Vikas Varma, M.D. Margaret Cawley, R.N.	670-1080 460-1111 670-1422
<b>SOCIAL SERVICE</b> Marlene Smike	670-1300
<b>CANCER RESEARCH</b> Engracio Cortes, M.D. Brij M. Sood, M.D. Chu-Cheng Kan, Ph.D.	279-9101 670-1501 670-1724
<b>ADMINISTRATION</b> 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

# A UNIQUE SPECIALTY AT NYHQ: ORAL AND MAXILLOFACIAL PATHOLOGY

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Members of the oral pathology team, Drs. Paul Freedman, Renee Reich and myself are all certified as Diplomates of the American Board of Oral and Maxillofacial Pathology and are very involved in our specialty. We publish and lecture extensively, and provide valuable services to patients and their doctors. Collectively, we have published over one hundred papers and chapters in textbooks. We have held positions on the national level, served as editors of professional journals, and conducted numerous courses to educate our peers. Our program serves as a center for other residents to visit, giving them the opportunity to augment their clinical awareness and histological understanding of diseases affecting the head and neck area.

Our research in oncology has involved identification of previously unidentified salivary gland tumors, the presence of human papillomavirus (HPV) infection in oral premalignant lesions, and various clinical pathologic

reports of different types of oral malignancies. Our group was the first to recognize that there were cellular changes visible on light microscopy in HPV infected premalignant lesions in the oral cavity that allowed them to be easily identified. We also reported on the follow-up of patients with dysplastic lesions, tracking their progression to more severe premalignant lesions or oral cancer. As a result of the wealth of cases in our biopsy service archives, numerous reports of different types of tumors affecting the oral cavity have emanated from this section at NYHQ.

Residents and attendings are also active in seeing both outpatients and those that are hospitalized. They are frequently called upon by various practices for consultative opinions regarding patients who suffer from different types of opportunistic infections related to their disease or treatment. The intimate relationship between the Section of Oral Pathology, the laboratory and the physicians at NYHQ, allows for diag-

nostic tests to be performed and processed with little delay, facilitating the proper treatment of oral conditions and therefore avoiding complications or interruptions in patients' primary therapeutic regimens.

Our division is also actively involved in the hospital tumor board and leads monthly head and neck conferences. There has always been a strong interface between oral pathology and radiation oncology, especially for the treatment of head and neck tumors and establishing preventative steps in reducing complications, such as osteoradionecrosis and soft tissue inflammation.

The opportunity for our service to be onsite at the hospital has been mutually beneficial. It affords our residents the opportunity to function along side their medical colleagues while providing the medical residents with an appreciation of this unique specialty. This translates into highly specialized care, which is readily available to the hospital and the community.



*STANLEY M. KERPEL, D.D.S.*

## STANLEY M. KERPEL, D.D.S.

Doctor Stanley Kerpel is the Associate Director of the Section of Oral Pathology in the Department of Dental Medicine at NYHQ and Associate Director of Oral Pathology Laboratory, Inc. In the past he has held attending positions in several New York City hospitals as a teacher and consultant in oral pathology. He presently serves on the editorial board of the New York State Dental Journal and has been a member of the Oncology Committee at NYHQ for over twenty years.

Dr. Kerpel received his B.S. degree from the State University of New York at Albany and his D.D.S. from the New York University College of Dentistry.

He did a General Practice Residency at Long Island Jewish – Hillside Medical Center and an Oral Pathology Residency at the Mary Immaculate Hospital Division of The Catholic Medical Center of Brooklyn and Queens.

Dr. Kerpel has authored or coauthored numerous professional publications. He is a Diplomate of the American Board of Oral and Maxillofacial Pathology, a fellow of the American Academy of Oral and Maxillofacial Pathology and a fellow of the American Academy of General Dentistry.

## TUMOR BOARDS/PATIENT CARE CONFERENCES

The Department of Radiation Oncology has **New Patient Conferences** 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 11 and July 25.

**Thoracic Tumor Board** is on the third Wednesday of every month from 9 a.m. to 10 a.m. An upcoming date is July 18.

**Gyn Tumor Board** is held on the first Wednesday of every month from 8 a.m. to 9 a.m. An upcoming date is August 1.

**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.

## 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.



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