A FACILITY TRANSFORMED
When the Dickstein Cancer Treatment Center opened its doors nearly 20 years ago, it heralded a new era in cancer care in Westchester County, serving as the only freestanding building dedicated to cancer treatment at that time. This year, another era began when the White Plains Hospital Center for Cancer Care opened, increasing the space for outpatient cancer care to 70,000 square feet, providing patients with access to multiple cancer specialists all under one roof.

A visit to the center feels like entering a serene hotel, with special areas specifically designed for comfort and respite. In the lobby, you will find:

- Warm tones and soft, innovative lighting
- Private areas for work, rest, or meeting with family members and friends
- A grab-and-go café featuring healthy foods and snacks
- A glass façade that permits natural light to flow into the center

**Enhanced Treatment Space:** The new facility includes the Dickstein Cancer Treatment Center, which features the Lowenthal Infusion Pavilion on floors two and three and the radiation treatment center on the lower level. A total of 34 infusion bays now include personal televisions and allow for individual control of light, sound, and temperature. There are communal areas in the infusion suites for patients who prefer to socialize during their treatment, as well as individual areas for those who desire a more private setting. Electrical outlets and USB ports for charging mobile devices abound throughout the center, enabling patients and visitors to stay connected with the rest of their lives during their time with us.
More Room for More Physicians: A new six-story Physician Oncology Pavilion was constructed and seamlessly attached to the original Dickstein Center, enabling patients to see their physicians under the same roof where they receive chemotherapy and/or radiation therapy. The building includes dedicated space for visiting Montefiore doctors when they see patients at White Plains Hospital.

Beyond Cancer Treatment: White Plains Hospital understands the toll cancer treatment can take on patients and their family members and provides services to ease their journey. The Center for Cancer Care includes space for integrated therapies such as acupuncture, massage, yoga, and healing touch, as well as amenities like a medical library, meditation rooms, a gift shop, a separate room for wig fitting, and valet parking. For those seeking genetic counseling, financial guidance, nutrition counseling, social work support, pain management, or palliative care—it’s all here, in one comfortable and convenient location.

The expansion builds upon an outstanding 20-year foundation of success with our cancer program and helps us reach the next level in patient-centric, exceptional care—all for the benefit of the patients we serve.
OUTCOMES

SUCCESS OF LUNG CANCER AND BREAST CANCER SCREENING PROGRAMS

The White Plains Hospital Cancer Program has a long history of recognition for excellence, having been repeatedly accredited by the American College of Surgeons’ Commission on Cancer (CoC) over the past two decades. The Cancer Program is also a repeated recipient of the CoC Outstanding Achievement Award, and in 2012 and 2015 received accreditation as a National Breast Center by the National Accreditation Program for Breast Centers. Additionally, in 2015, the Hospital received designation as a Lung Screening Center of Excellence by the American College of Radiology for people at increased risk of lung cancer.

PROGRAM DESCRIPTION: COMMUNITY BREAST CANCER SCREENING—OUTREACH PROGRAMS

In 2016, White Plains Hospital provided free breast cancer screening through two outreach programs: one at Refuge of Hope in New Rochelle, and another at the annual Neighborhood Health Fair at the Thomas H. Slater Center in White Plains. The two events were made possible by a grant from the Breast Cancer Alliance.

The White Plains Hospital Cancer Program chose to put a breast screening program in place based on three factors:

1. The screening rates for our area were dropping.
2. A recent change in guidelines led to much confusion on who and when to start screening.
3. NYS initiatives to bring patient navigation to each NAPBC breast center to work with at least 800 women annually and increase overall screening by 10 percent.

The effectiveness of the program was measured with the numbers that turned out for both events and the close follow-up the patients with results have had.

In addition, patient navigation has shown through the evidence that it decreases barriers to care for the uninsured and underinsured population.

<table>
<thead>
<tr>
<th></th>
<th>Refuge of Hope Church</th>
<th>Slater Center Health Fair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women offered screening mammograms</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Number of mammograms completed</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Number of women called back for additional evaluation</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Number of breast cancers detected</td>
<td>0</td>
<td>0*</td>
</tr>
</tbody>
</table>

*one patient in close follow-up
PROGRAM DESCRIPTION: LUNG CANCER SCREENING

People who are at least 50 years of age, have smoked for 20 pack-years, and are either currently smoking or have stopped smoking within the last 20 years may undergo low-dose CT scanning to screen for lung nodules. Patients whose scans show the presence of a suspicious lesion are referred for additional evaluation and treatment, if needed. The outcomes thus far, as of October 2016, are:

**AVERAGE PACK YEARS**

38

**AVERAGE AGE**

61

197 (48%) Current Smokers

214 (52%) Former Smokers

**Total number of patients screened since program’s inception**

413

70 Number of significant findings

10 Number of cancers detected

9 Patients who received White Plains Hospital intervention

**LUNG CANCER SCREENING RESULTS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Scans</th>
<th>Total Initial Screened</th>
<th>Total Follow-Ups</th>
<th>Significant Findings</th>
<th>On Initial Scan</th>
<th>On Follow-Up Scan</th>
<th>Total Cancers Detected</th>
<th>On Initial Scan</th>
<th>On Follow-Up Scan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>221</td>
<td>119</td>
<td>102</td>
<td>14</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2016</td>
<td>240</td>
<td>63</td>
<td>177</td>
<td>19</td>
<td>4</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
CANCER PROGRAM PRACTICE PROFILE REPORTS (CP3R) PROVIDE FEEDBACK TO COMMISSION ON CANCER (CoC)-ACCREDITED CANCER PROGRAMS TO:

- Improve the quality of data across several disease sites.
- Foster preemptive awareness of the importance of charting and coding accuracy.
- Improve clinical management and coordination of patient care in the multidisciplinary setting.
- Below you will find a comparison of colon and breast measures with other CoC-accredited centers nationally.
- If the measure is in blue, it exceeds the expected measure for quality. If it is gray, there is an area of improvement, and if no color, it falls within the average of all other CoC-accredited centers nationally.

<table>
<thead>
<tr>
<th>SELECT MEASURES</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)</td>
<td>BCSRT</td>
</tr>
<tr>
<td>Tamoxifen or third-generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability)</td>
<td>HT</td>
</tr>
<tr>
<td>Radiation therapy is recommended or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (Accountability)</td>
<td>MASTRT</td>
</tr>
<tr>
<td>Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)</td>
<td>nBx</td>
</tr>
<tr>
<td>Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer (Surveillance)</td>
<td>BCS</td>
</tr>
<tr>
<td>Combination chemotherapy is recommended or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cNO, or stage IB – III hormone receptor negative breast cancer (Accountability)</td>
<td>MAC</td>
</tr>
<tr>
<td>Systemic chemotherapy is administered within four months to day preoperatively or day of surgery to six months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)</td>
<td>LCT</td>
</tr>
<tr>
<td>Surely is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)</td>
<td>LNoSurg</td>
</tr>
<tr>
<td>At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IIA, IB, IIA, and IIB resected NSCLC (Surveillance)</td>
<td>10RLN</td>
</tr>
</tbody>
</table>

Interpreting this report: Calculation of the difference between your cancer program’s reported EPR and the reported EPR for all CoC-accredited cancer programs. Highlighted differences are shown for quality improvement and accountability measures only. A positive number highlighted blue indicates that your EPR is higher than the national average (lower 95 percent confidence interval above the mean). A negative number highlighted gray indicates your EPR is lower than that in all CoC-accredited cancer programs (upper 95 percent confidence interval below the mean). Non-highlighted cells indicate no difference or surveillance measures. Please review the information in the Review tab for the comparison EPR and confidence intervals. Check your Case List for your program’s individual case information to ensure that the EPRs are accurate.
Zuzana’s Story

Zuzana Malinova, 57, of Valhalla, faced the challenge of her life when she was diagnosed with stage 3 breast cancer in June 2015. She met that challenge head on, armed with optimism, positive thinking, and the close-knit collaboration by a team of cancer treatment experts at the White Plains Hospital Center for Cancer Care.

The diagnosis was a surprise following a bruise to Zuzana’s left breast resulting in a hematoma that just didn’t go away. There were no clues or symptoms suggesting breast cancer and no family history. The persistent hematoma triggered a visit to Zuzana’s physician who recommended further testing. Then she received the news so many women fear: Zuzana’s right breast showed no abnormality, but the result of a biopsy in her left breast was positive for malignancy.

Zuzana visited Sara Sadan, MD, Chief of Hematology and Oncology and Director, Breast and Women’s Medical Oncology at White Plains Hospital. The memory of that meeting and the overwhelming calm and reassurance that Dr. Sadan projected are indelibly etched in
Zuzana’s mind. From that point on, she knew she was in great hands with Dr. Sadan and would be for life.

“Zuzana is a remarkably positive person, a real fighter. At our first meeting, she told me that getting well was the only outcome she would accept, regardless of what it would take to get there,” Dr. Sadan said.

After a CT (computed tomography) scan and MRI (magnetic resonance imaging) to determine the size (10 cm) and characteristics of Zuzana’s tumor, she and Dr. Sadan met with Mark Gordon, MD, Chairman of the Cancer Committee and Surgical Director of the Cancer Program at White Plains Hospital, and Randy Stevens, MD, Director of Radiation Oncology. Her case was presented and discussed multiple times in the White Plains Hospital breast-dedicated tumor board.

Dedicated teams of cancer specialists combine their expertise and personal experience to tailor the most appropriate approach to treatment for each individual patient. Drs. Sadan, Gordon, and Stevens agreed that to treat Zuzana’s cancer, a multidisciplinary course of therapy would be the most promising. Zuzana started her treatment with several months of chemotherapy to shrink the large tumor, followed by surgery to remove her left breast and then radiation.

Ever the optimist, Zuzana believes the “body and mind work miraculously together,” and through that connection, “everything can be solved.” She took up meditation and began to connect with her body, and she is confident this played an invaluable role in her healing and recovery.

In July 2016, exactly one year to the date of her first chemo treatment and with the tumor now much smaller, Dr. Gordon performed a radical mastectomy on Zuzana’s left breast. She recovered quickly from the surgery, and since then, the outcome has been favorable. Her prognosis is good.

Zuzana continues to see her physicians regularly for ongoing treatment and follow-up. While she hopes that her amazing team at the Center for Cancer Care will remain in her life for many years to come, she maintains a positive outlook that her cancer will not.
RAISING THE RATE OF SCREENING FOR A PREVENTABLE CANCER

In July 2016, White Plains Hospital received the CEO Cancer Gold Standard™ accreditation for a second consecutive year. The award recognizes the Hospital’s ongoing effort to reduce cancer risks by cultivating the health and wellness of its employees and their families.

Through a collaboration with the American Cancer Society (ACS), the Hospital is embarking on an effort to have 80 percent of adults age 50 and older screened for colorectal cancer by 2018, starting with our own employees. According to the ACS, despite the evidence supporting the effectiveness of colorectal cancer screening for removing precancerous lesions and finding cancers early, and the availability of a variety of
EXPANDING OUR EXPERTISE
The new Physician Oncology Pavilion in the Center for Cancer Care fills the need for space to accommodate the growing ranks of cancer care specialists at White Plains Hospital, including:

Preya Ananthakrishnan, MD, came to the Hospital in February 2016 to practice breast surgery. Dr. Ananthakrishnan has a special interest in oncoplastic surgery, which features special attention to cosmetic outcome during surgery to remove breast cancer.

Sean Kwon, MD, joined the Hospital staff in July 2016. Dr. Kwon is a skilled and highly experienced thoracic surgeon with extensive expertise in minimally invasive video-assisted thoracic surgery and robotic thoracic surgery.

EDUCATING OUR SPECIALISTS
White Plains Hospital and Montefiore have joined forces to cosponsor continuing medical education (CME) programs for cancer care professionals. Four CME programs took place in 2015 and five in 2016, including those focused on breast care and genetics. Six are planned for 2017, including two highlighting advances in immunotherapy and the treatment of genitourinary cancers. All CME programs have been well attended and bring together Montefiore and White Plains Hospital physicians to strengthen the integration of cancer care services.

screening tests, only 59 percent of the U.S. population age 50 and older seeks the recommended testing.

Eligible Hospital employees will be asked to complete a survey about whether or not they have been screened, and if not, determine what the barriers to screening might be. The results of the survey will be used to tailor a program to raise colorectal cancer screening rates for staff members, connecting them with those services at White Plains Hospital and with community physicians who provide that care. The initiative is part of the Hospital’s participation in a larger program to have 80 percent of eligible Westchester County residents screened for colorectal cancer by 2018.
THE BENEFITS OF PARTNERSHIP

White Plains Hospital’s partnership with Montefiore and the Montefiore Einstein Center for Cancer Care enables us to offer the most advanced and technologically sophisticated treatments and research, right here in the heart of Westchester. Patients have even more options for interdisciplinary and comprehensive cancer care.

As a result of the White Plains Hospital-Montefiore partnership, which was solidified in early 2015, people being treated for cancer at White Plains Hospital now have more opportunities than ever before to enroll in cancer clinical trials. These studies are vital for advancing cancer care and developing new, more effective treatments. The Hospital collaborates with physicians in the broader Westchester community to promote access to clinical trials. In addition to the Hospital’s two dozen trials, patients in Westchester have access to more than 500 clinical trials now underway at the Montefiore Einstein Center for Cancer Care.

Through this partnership, patients will also be able to receive specialized cancer treatments available at Montefiore. An example is bone marrow transplantation, which requires special facilities and support. Patients can receive the transplant at Montefiore and their pre- and post-transplant care at White Plains Hospital, seamlessly coordinated.

For a list of cancer clinical trials, visit www.clinicaltrials.gov.
**ACTIVE CLINICAL TRIALS**

**BLADDER:**
NRG-GU001: Randomized Phase II Trial of Postoperative Adjuvant IMRT Following Cystectomy For pT3/pT4 Urothelial Bladder Cancer (J. Vainshtein)

**BREAST:**
A011104: Effect of Preoperative Breast MRI on Surgical Outcomes, Costs and Quality of Life of Women with Breast Cancer

A011106: ALTERNate approaches for clinical stage II or III Estrogen Receptor positive breast cancer NeoAdjuvant TrEatment (ALTERNATE) in postmenopausal women: a phase III study (ALTERNATE) (S. Sadan)

A011401: Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer (R. Stevens)

E1211: A Cohort Study to Evaluate Genetic Predictors for Aromatase Inhibitor Musculoskeletal Symptoms (K. Green)

E2112: A Randomized Phase III Trial of Endocrine Therapy Plus Entinostat/Placebo in Postmenopausal Patients with Hormone Receptor-Positive Advanced Breast Cancer (K. Green)

NRG-BR002: Phase IIR/III Trial of Standard of Care Therapy with or without Stereotactic Body Radiotherapy (SBRT) and/or Surgical Ablation for Newly Oligometastatic Breast Cancer (J. Vainshtein)

NRG-BR003: A Randomized Phase III Trial of Adjuvant Therapy Comparing Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel with or without Carboplatin for Node-Positive or High-Risk Node-Negative Triple-Negative Invasive Breast Cancer (K. Green)

NSABP-B55: A Randomised, Double-Blind, Parallel Group, Placebo-Controlled Multi-Centre Phase III Study to Assess the Efficacy and Safety of Olaparib Versus Placebo as Adjuvant Treatment in Patients with Germline BRCA1/2 Mutations and High Risk HER2 Negative Primary Breast Cancer Who Have Completed Definitive Local Treatment and Neadjuvant or Adjuvant Chemotherapy (D. Costin)

S1207: Phase III Randomized, Placebo-Controlled Clinical Trial Evaluating the Use of Adjuvant Endocrine Therapy +/- One Year of Everolimus in Patients with High-Risk Hormone Receptor-Positive and HER2/NEU Negative Breast Cancer (K. Green)

S1416: Phase II Randomized Placebo-Controlled Trial of Cisplatin with or without ABT-888 (Veliparib) in Metastatic Triple-Negative Breast Cancer and/or BRCA Mutation-Associated Breast Cancer (K. Green)

**CONCORDANCE / BASIC RESEARCH:**
Foundation Medicine ctDNA: Study of Concordance Between Circulating Tumor DNA Assay and Foundation One Tissue Analysis For Genomic Alterations (D. Costin)

**HEAD & NECK:**
NRG-HN002: A Randomized Phase II Trial for Patients with p16 Positive, Non-Smoking Associated, Locoregionally Advanced Oropharyngeal Cancer (J. Vainshtein)

**LIVER:**
MK-3475-KN240: A Phase III Study of Pembrolizumab (MK-3475) vs. Best Supportive Care as Second-Line Therapy in Subjects with Previously Systemically Treated Advanced Hepatocellular Carcinoma (KEYNOTE 240) (D. Costin)

**LUNG:**
A081105: Randomized Double Blind Placebo Controlled Study of Erlotinib or Placebo in Patients with Completely Resected Epidermal Growth Factor Receptor (EGFR) Mutant Non-Small Cell Lung Cancer (NSCLC) (J. Raff)

A151216: Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST) (J. Raff)
LUNG (CONTINUED):
CA209-370 CHECKMATE: A Master Protocol of Phase 1/2 Studies of Nivolumab in Advanced NSCLC
Using Nivolumab as Maintenance after Induction Chemotherapy or as First-line Treatment Alone or in Combination with Standard of Care Therapies (D. Costin)
E4512: A Phase III Double-Blind Trial for Surgically Resected Early Stage Non-Small Cell Lung Cancer: Crizotinib versus Placebo for Patients with Tumors Harboring the Anaplastic Lymphoma Kinase (ALK) Fusion Protein (J. Raff)
EA5142: A Randomized Phase III Study of Nivolumab After Surgical Resection and Adjuvant Chemotherapy in Non-Small Cell Lung Cancers (ANVIL) (J. Raff)
IELCAP: White Plains Hospital Lung Cancer Screening Program (C. Chin)
Lung Biopsy: Next Generation DNA Sequencing of Malignant Tumors Obtained by Lung Biopsy: A Prospective Clinical Registry (D. Costin)
MELANOMA:
E3612: A Randomized Phase II Trial of Ipilimumab With or Without Bevacizumab in Patients with Unresectable Stage III or Stage IV Melanoma (D. Costin)
MULTIPLE MYELOMA:
E3A06: Randomized Phase III Trial of Lenalidomide Versus Observation Alone in Patients with Asymptomatic High-Risk Smoldering Multiple Myeloma (J. Raff)
NEWLY DIAGNOSED / QUALITY OF LIFE:
DEALS-EPS: Dietary Education and Livestrong Exercise Program Study (D. Costin)
OVARIAN:
GOG-0281: A Randomized Phase II/III Study to Assess the Efficacy of Trametinib (GSK 1120212) in Patients with Recurrent or Progressive Low-Grade Serous Ovarian Cancer or Peritoneal Cancer
NRG-GY004: A Phase III study comparing single-agent olaparib or the combination of cediranib and olaparib to standard platinum-based chemotherapy in women with recurrent platinum-sensitive ovarian, fallopian tube, or primary peritoneal cancer (D. Costin)
NRG-GY005: A Randomized Phase II/III study of the combination of Cediranib and Olaparib compared to Cediranib or Olaparib alone, or Standard of care chemotherapy in women with recurrent platinum-resistant or -refractory ovarian, fallopian tube, or primary peritoneal cancer (COCOS) (D. Costin)
PANCREATIC:
PCEDP: Early Detection for Pancreatic Adenocarcinoma in Patients at Elevated Risk (J. Raff)
PROSTATE:
PCORI: Development of Practice Outcome Measures to Account for Individual Differences and Temporal Changes in Quality of Life Appraisal
S1216: A Phase III Randomized Trial Comparing Androgen Deprivation Therapy + TAK-700 with Androgen Deprivation Therapy + Bicalutamide in Patients with Newly Diagnosed Metastatic Hormone Sensitive Prostate Cancer (D. Costin)
SARCOMA:
A091304: A Phase I/Randomized Phase II Study of MLN0128 vs. Pazopanib in Patients with Locally Advanced/Unresectable and/or Metastatic Sarcoma
SOLID TUMORS AND LYMPHOMAS:
EAY131: Molecular Analysis for Therapy Choice (MATCH) (J. Monroe)
SUPPORTIVE CARE:
Rocktape: A Randomized Placebo Control Trial for Pain Management in Cancer Patients Using Best Supportive Care for Pain Management With or Without Rocktape (D. Costin)
Tommie Copper: Pilot Evaluation of Tommie Copper Material and Its Impact on Pain Control (D. Costin)
CANCER COMMITTEE MEMBERSHIP, 2016

Susan Fox
President & CEO

Mark Gordon, MD
Chair, Cancer Committee and
Surgical Director, Cancer Program

Lillian Antonelli-Twal, CTR

Victoria Assumma, LCSW-R,
ACSW
Oncology Social Worker

Doaa Ayoubi, RPh
Pharmacy

Connie Bordenga, MD, MS
Health Systems Manager, American
Cancer Society

Nicole Boxer, CGC, MS
Oncology Genetics Counselor

Danielle Calvano, PA-C
Clinical Breast Navigator

Kristine Cappo, RN, BSN, OCN
Nurse Manager, Infusion Center

Eugene Cauvin, DNP
Pain and Palliative Care

Cynthia Chin, MD
Director, Women’s Cancer Program
Services

Dan Costin, MD
Co-Medical Director, Cancer
Program

Suzanne Cottle, RN
Hospice and Palliative Care of
Westchester

Mark Fialk, MD
Co-Medical Director, Cancer
Program

Dawn French
Vice President, Marketing and
Community Relations

Caren Greenstein, MD
Director, Breast Imaging

Lawrence Grotnick, MD
Psychiatry

Joseph Guarracino
CFO and Senior Vice President

Laura Himmelstein, LMSW
Care Giver Support Coordinator

Una Hopkins, DNP
Administrative Director, Cancer
Program

Stefanie Keating, DNP
NP Coordinator, Infusion Center

Seth Lerner, MD
Director, Prostate Program

Br. Richard Lorino
Director, Pastoral Care Services, Chaplain

Julie Meade
Executive Director, Cancer
Support Team

Friedhilde H. Milburn
WestFair Rides

Howard Mizrachi, MD
Pathology

Julie Monroe, MD
Hematology/Oncology and Cancer
Liaison Physician

Susan O’Boyle
Vice President, Quality

Josephine Onyeugbo
Director, HIM

Michael Palumbo, MD
Executive Vice President and
Medical Director

Karen Pechman, MD
Director, Physical Medicine & Rehabilitation

Sara Price, CTR
Chair, GI Cancer Conference

Sara Sadan, MD
Chief, Hematology Oncology;
Director Women’s Oncology

Mary Beth Schmidt, MA
Oncology Chaplain

Jill Schulmann, MS
Director of Operations, Center for Cancer Care

Christine Speck, LCSW
Gilda’s Club

Randy Stevens, MD
Director, Radiation Oncology

Sigrid Stieger, RN, OCN
Nurse Manager, Inpatient Oncology Unit

Kaare Weber, MD
Director, Surgery

Todd Weiser, MD
Director, Thoracic Surgery

Sharon Werth, LCSW
Oncology Social Worker

Catherine Wynkoop
WestFair Rides

Diana Zondorak, PhD
Research Coordinator