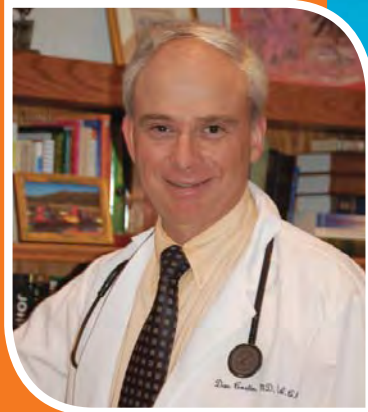


The Cancer Program and Dickstein Cancer Treatment Center at White Plains Hospital



2010/2011
ANNUAL REPORT



A Comprehensive Approach to
Exceptional Cancer Care

MISSION STATEMENT

The Cancer Program at White Plains Hospital is dedicated to providing comprehensive, compassionate and coordinated

care in a patient-centered environment. The program seeks to exceed national standards as the premier provider of cancer care services within the region, from diagnosis through treatment and with ongoing support and educational services along the full continuum of care. Through the Hospital's established excellence in clinical skill, advanced technology and support resources, patients are assured that their needs will always be the highest priority. Caring for the surrounding community through advocating for prevention, screening and early detection is an ongoing and essential part of the program's service mission.



A Message from

The Cancer Program's Leadership

Jon B. Schandler

President and
Chief Executive Officer
White Plains Hospital

Dan Costin, MD, FACP

Co-Medical Director
Cancer Program

Mark A. Fialk MD, FACP

Co-Medical Director
Cancer Program

Mark Gordon, MD, FACS

Chairman
Cancer Committee
Surgical Director
Cancer Program

Comprehensive *and* Exceptional.

The cancer care at White Plains Hospital offers patients access to top oncological professionals and cutting edge technology, all in an environment uniquely conducive to prompt treatment and recovery.

ACCESSIBILITY IS KEY:

When a patient makes an initial call to the Cancer Center, our immediate response sets the process of treatment and recovery in motion. Our exceptionally skilled and dedicated physicians work early, and late, going the extra mile to make patients their paramount priority.

CONSIDER A FEW OF OUR RECENT ACCOMPLISHMENTS:

- Randy Stevens, MD, Director of Radiation Oncology at White Plains Hospital, was honored by the American Cancer Society for her exceptional dedication to patient care.
- Under the direction of colorectal surgeon Kimberly Yee, MD, White Plains joined a select group of hospitals in the U.S. that provides Transanal Endoscopic Microsurgery (TEM), the first-of-its-kind minimally invasive procedure to be offered between Westchester and Albany to remove rectal polyps and early stage rectal cancers.
- The Hospital's Clinical Laboratory and Respiratory Therapy Blood Gas Laboratory were both awarded accreditation by the College of American Pathologists.

We are proud of these achievements, knowing that the pursuit of excellence is an essential element in the fight against cancer, and every breakthrough we make inspires us to even greater success.

Extraordinary resources, exceptional care, outstanding delivery of services by a team of dedicated doctors, nurses and other skilled professionals – all in a convenient community cancer center. Comprehensive and exceptional cancer care, right where you need it.



Innovation Collaboration Compassion



The elements of excellence are firmly in place at White Plains Hospital, where every doctor, nurse and staff member in the Cancer Program is committed to providing comprehensive and exceptional care, every day. Meticulously coordinated and seamlessly delivered, our standards for care are unparalleled, and our results speak for themselves.

This is how we do it:

EXPERT MEDICAL TEAM

The highest standard of care begins with the finest medical specialists, and our staff reflects our quest for the best. Board-certified, fellowship trained hematologist/oncologists, radiation oncologists, pathologists, radiologists and surgical oncologists who publish in respected medical journals and present their significant findings at national medical conferences; oncology-certified nurses; phlebotomists; social workers and other members of the healthcare team – all with the highest level of training available choose to work at White Plains Hospital. Patients at the Cancer Program are cared for by an all-star team of professionals from the finest medical schools and nursing programs in the country – the best and the brightest in the field.

The nurses of the Dickstein Cancer Treatment Center have aligned with the Hospital's Nursing Division in their Magnet journey towards excellence to advanced nursing practice.



STATE-OF-THE-ART FACILITIES

Outstanding. That is how the American College of Surgeons Commission on Cancer describes the Cancer program at White Plains Hospital. Since 1993, the Cancer program has maintained continuous approval by the Commission on Cancer and in 2006 and 2009, achieved commendation status leading to the coveted Outstanding Achievement award. With 80% of all newly diagnosed cancer patients being treated at Commission on Cancer accredited programs, this rigorous accreditation process gives us an excellent model for comprehensive and multidisciplinary cancer care.

The Dickstein Cancer Treatment Center, the only freestanding cancer treatment center in Westchester, is home to the Lowenthal Infusion Center, Radiation Oncology Services, Cancer Genetics Screening, Patient Navigation, Clinical Research and an array of cancer-directed complementary care programs. The services offered at the Dickstein Cancer Treatment Center are key components in helping us fulfill our mission to provide compassionate, individualized and seamlessly coordinated care in a patient-centered environment.

CLINICAL PATIENT NAVIGATION

At White Plains Hospital, we believe patients should never have to face a cancer diagnosis alone. Patient navigation services, introduced in 2011, are now available for all of our breast cancer patients, offering a personal and expert guide through diagnosis and treatment. Our certified navigator, Danielle Gagner, RPA-C, guides each patient from the first suspicious test result through the complex cancer care process to ensure a timely diagnosis and the most effective treatment plan.

The Delivery of Comprehensive, Exceptional Cancer Care Requires an Unwavering Commitment to Excellence.

ACCESS TO CLINICAL TRIALS

The Cancer Program is committed to providing our patients with direct access to clinical trials, giving them every opportunity to benefit from promising new therapies and the most advanced research protocols available.

CANCER RISK MANAGEMENT AND SUPPORT

We fight cancer even before it occurs through our Cancer Genetics Program and extensive community outreach. White Plains Hospital has a long history of dedication to the community, and we make it a priority to educate the public about cancer prevention, individual cancer risk, and the benefits of early detection through routine screening and support programs for family members and loved ones.

PALLIATIVE CARE SERVICES

The goal of palliative care is to alleviate suffering and help patients be as comfortable as possible. Optimal quality of life for patients and peace of mind for families coping with the symptoms and stresses of serious illness is ensured by the expertise of Raj Buddhavarapu, MD, newly appointed Director of Geriatric and Palliative Care Medicine at White Plains Hospital. Dr. Buddhavarapu, who is triple board-certified in palliative, internal and geriatric medicine, is available for consultations and management of pain symptoms for patients experiencing pain or discomfort, at any stage of disease.

Comprehensive, Exceptional Diagnosis, Treatment and Thorough Follow-up

What a difference a doctor makes. Patients in the White Plains Hospital Cancer Program go from diagnosis to treatment in 13 to 18 days, compared with a national average of four-to-six weeks. It's a statistic we're particularly proud of, and we believe it's a testament to the excellence of our doctors, the hard work and dedication of our nurses and healthcare professionals, and the sophisticated technology we employ every single day.

RADIOLOGY

State-of-the-art equipment and a highly qualified staff make all the difference. At White Plains Hospital, the Radiology Department is available 24 hours a day, seven days a week, performing complex diagnostic radiologic, nuclear medicine and interventional procedures. Our world-class team of board-certified radiologists uses advanced testing protocols to ensure the most precise results.

Positron Emission Mammography (PEM) is available at White Plains Hospital for the most exact assessments of disease. PEM is especially advanced and uses a high-resolution dedicated breast PET (positron emission tomography) imaging system. Breast PEM is utilized for pre-surgical planning and staging for breast cancer treatment in monitoring treatment response, and as an equivocal exam following a thorough diagnostic workup.

Patients facing a breast cancer diagnosis have several location options in the community for mammography and other imaging tests. The Hospital provides specialized diagnostic imaging at its Breast Imaging Center at the main hospital campus, and at its Women's Imaging Center at Rye Brook.

Our team of breast imaging specialists: Susan Beatty, MD; Tone Lindgren, MD; Rosalyn Kutcher, MD; and Marjorie Rosenblatt, MD are all exceptional board-certified radiologists who regularly perform interventional procedures including ultrasound and stereotactic biopsies.

Patients in the White Plains Hospital Cancer Program go from diagnosis to treatment in 13 to 18 days, compared with a national average of four-to-six weeks.





A Highly Qualified
Team Working
to Develop Each
Patient's Personalized
Treatment Plan.
That's Exceptional.

Nuclear Medicine is also utilized with radioactive material tracers to diagnose and treat diseases including cancer. The diagnostic and therapeutic nuclear exams at White Plains Hospital include lymphoscintigraphy – pictures of the lymphatic system – as well as monoclonal antibody and peptide imaging to detect certain cancers, and targeted radionuclide therapy to destroy cancer cells, and traditional PET scans that detect and monitor many types of cancer.

The Interventional Radiology Department offers minimally invasive cancer-directed procedures including image-guided biopsies to obtain samples for testing without affecting adjacent structures, chemoembolization, tumor ablation and the relief of obstructions caused by cancer.

RADIATION ONCOLOGY

Radiation Oncology at White Plains Hospital is housed within the Dickstein Cancer Treatment Center on the hospital's main campus. With the support of Varian Oncology Systems, we became the first facility in Westchester and Fairfield counties to offer RapidArc™ intensity-modulated radiation therapy (IMRT). This form of non-radioactive radiation therapy employs state-of-the-art linear accelerators, or linacs, and computers to precisely shape beams of high-powered photons (x-rays). RapidArc thus increases safety by decreasing the dose to normal tissues surrounding a tumor while permitting the delivery of high doses to eradicate that tumor. In addition to using RapidArc to shape photon beams, our linacs employ advanced technologies to precisely aim the beams into a tumor deep within the body. This use of image-guided radiation therapy (IGRT) further improves the safety and efficacy of treatment. We will complete an upgrade to the latest versions of all computerized technologies in Radiation Oncology by early 2012.

For over a decade, the medical community has praised our radiation oncologists, Randy Stevens, MD and Henry Lee, MD, PhD, for their tireless efforts to coordinate comprehensive oncologic care with doctors throughout the region. They work directly with their surgical colleagues in the operating room to optimize oncologic surgical procedures. Drs. Stevens and Lee speak daily with medical oncology colleagues to coordinate therapies so that the benefits of chemotherapy are maximized when given as an adjunct to radiation therapy. Through collaboration with Radiology, Radiation Oncology seamlessly integrates large volumes of radiographic information (PET-CT, MRI, etc.) into computer-based planning of a patient's treatment. This digital fusion of visual information assists our radiation oncologists in accurately identifying cancerous tumors for treatment versus adjacent non-cancerous tissues that do not require treatment. To maintain the safety and quality assurance for advanced radiation therapies, our staff directly supervises programs that address these issues at White Plains Hospital and across the country.

(continues next page)



(continued from previous page)

PATHOLOGY AND LABORATORY MEDICINE

Pathology and laboratory results are the behind-the-scenes elements that are vital to the diagnosis of cancer and overall prognosis. Our patients depend on accuracy and timely results, and to meet that demand, the White Plains Hospital Department of Pathology employs the most highly trained professionals in the region utilizing state-of-the-art technology, including a Pathology Laboratory Department that operates 24 hours a day, seven days a week.

Accredited by the College of American Pathologists (CAP), the department is under the leadership of Deena Shah, MD. Dr. Shah is board-certified in Anatomic and Clinical Pathology. Since 2003, the laboratory has been the only one in Westchester County with a fully automated chemistry lab. With the automated ADVIA WorkCell robotic chemistry lab system manufactured by Siemens Medical Solutions Diagnostics, test results can be provided in a matter of hours rather than days. Recent additions to the system have included molecular analyses including that for HPV.

Although timely pathology reports are an essential component of coordinated cancer care, accuracy is the first priority for the pathologists at White Plains Hospital. Following a breast biopsy, our surgeons usually receive pathology results within 24 hours, allowing the next stage of treatment planning to begin immediately.

SURGERY

Surgery is often the initial element of a cancer treatment plan.

At White Plains Hospital, our board-certified surgeons have expertise in both complex open surgeries and minimally invasive surgical techniques for all major cancers including breast, prostate, lung, gastrointestinal, endocrine, head and neck, skin and gynecologic cancers.

White Plains Hospital is the area's leading provider of minimally invasive surgery, an ideal first treatment approach. For cancer patients, the benefits of minimally invasive surgery are many: shorter hospital stays, smaller scars, less pain, fewer complications and faster recovery as compared to open surgery.

Our expertise in Minimally Invasive and Robotic Surgery is the result of a team of 50 surgical specialists who perform over 3,000 minimally invasive and robotic surgeries each year, more than any other hospital in Westchester County.

At White Plains Hospital, we are committed to remaining at the forefront of minimally invasive surgical technology. We became the first community hospital in Westchester and southern Connecticut to acquire the da Vinci® Robotic Surgical System, a highly advanced surgical tool that enables our surgeons to offer a broad range of minimally invasive surgical alternatives following a cancer diagnosis. In 2010, White Plains Hospital joined a small select group of hospitals in the U.S. providing Transanal Endoscopic Microsurgery (TEM) to remove rectal polyps and early stage rectal cancers.



INPATIENT ONCOLOGY UNIT

For patients who require inpatient care, our Cancer Program's Oncology Unit provides a comfortable environment and an expertly trained chemotherapy and biotherapy team of board-certified physicians and Oncology-certified nurses and support staff. The unit team provides the full spectrum of diagnostic, treatment and support services in a hospital setting.

Competent, compassionate and high-quality care is delivered using a multidisciplinary approach in accordance with White Plains Hospital's mission, values and goals. The family is involved in the patient's care, and hospice is available for the terminally ill. Extensive education programs are provided to help facilitate the patient's understanding of the disease process and available treatment modalities.

Nursing practice is guided by the American Nurses Association and the Oncology Nursing Society, providing safe and effective patient care, a high level of competency through education and continuous quality improvement activities. Positive patient outcomes are achieved through interdisciplinary collaboration with services including Pharmacy, Nutrition, Social Work, Respiratory Care and Pastoral Care, among others.

The unit provides a safe, comfortable and reassuring environment for patients and families under great stress. Provision of culturally competent care to address the many needs of patients and family members is the staff's highest priority.

OUTPATIENT SERVICES AT THE DICKSTEIN CANCER TREATMENT CENTER

The Dickstein Cancer Treatment Center is a comfortable setting for high-level outpatient care. Built less than twenty years ago, the center is located in a freestanding building on the Hospital's main campus and houses the Lowenthal Infusion Center, exclusively constructed to offer outpatient infusion services. The Lowenthal Infusion Center is staffed by a team of oncology-certified nurses who are repeatedly commended by our patients for their exceptional clinical skill as well as their warm professional manner and dedication to outstanding care.

CANCER GENETICS PROGRAM

The Cancer Genetics Program at White Plains Hospital identifies those at risk for developing cancer, allowing patients and physicians to make more informed decisions about prevention and, if needed, treatment. When a cancer genetics professional compiles a complete cancer risk assessment, it empowers the patient to better understand their true cancer risk, and to be proactive about options for screening and medical management.

Comprehensive, Exceptional Clinical Research



Treatment and research go hand in hand at White Plains Hospital.

Research and clinical trials play a vital role in the development and evaluation of new cancer treatments and scientific studies determine how they work on humans. To stay at the forefront of innovative protocols and drug therapies, White Plains Hospital has an active clinical research program in which patients are connected to the most advanced and promising cancer care regimens before they are generally available to the public, often at a lower cost.

Of the four phases of clinical trials, our Cancer Program is equipped to participate in Phases II, III and IV. All clinical trials at the Cancer Program have a lead investigator and a team of medical professionals who assist in conducting the trial. Every clinical trial is approved and monitored by our Institutional Review Board to ensure that they are well-designed, properly executed and, above all, safe.

World-Class Cancer
Research in an
Easy-to-Access
Community Setting.



Comprehensive, Exceptional Resources

We seek to partner with the community, helping to make a difference through cancer education, support for holistic care and complementary services.

EDUCATION

- Annual Screening Programs including a Neighborhood Health Fair, Prostate and other Cancer Screenings
- Cancer Information Hotline: (914) 681-2700
- Cancer Education Lecture Series
- Ongoing Patient Education Programs
- Dedicated Resource Room, located in the Dickstein Cancer Treatment Center offering:
 - Medical periodicals, textbooks, videos, and other reference materials
 - Computers with internet access

CONFERENCES

- Multidisciplinary Cancer Conferences, Breast Conferences, Gastrointestinal Cancer Conferences, and Gynecologic Oncology Conferences for patient care discussions

COMMUNITY PARTNERSHIPS

- American Cancer Society
- Cancer Support Team
- Gilda's Club of Westchester
- Leukemia and Lymphoma Society
- Cancer Program Speakers Bureau



COUNSELING

- WPH Social Work Department offers professional counseling and discharge planning assistance

COMPLEMENTARY CARE SERVICES

- Support groups
- Yoga
- Narrative writing workshops
- Meditation

CELEBRATION

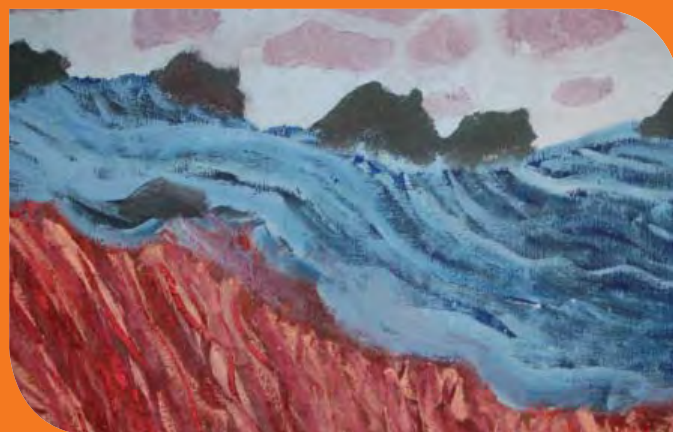
- During and after treatment, all patients are encouraged to celebrate their survivorship by participating in our annual Cancer Survivors Day, an uplifting celebration of life for cancer patients, their families and friends.

Portraits of Life Reflections on the Art of Survival

At the White Plains Hospital Cancer Program we raise survival to an art form. Our comprehensive, exceptional care gives patients the palette of tools they need to survive and thrive. To celebrate survivorship, we're asking cancer survivors to translate their amazing journey into an inspiring, creative piece of art.

Introducing the White Plains Hospital Cancer Program's very first "The Art of Survival" contest in which we will be seeking art submissions from patients that express courage, hope and come from the heart.

The theme is broad: *Your Journey Through Art*. We would like our patient-artists to reach deep within themselves to create the most inspiring expression of what it means to survive cancer. All submissions will be exhibited at the White Plains Hospital in June, to coincide with National Cancer Survivor's Day.



The painting depicted above was created by artist Diana Costin, age 13, and given as a gift to a patient who was receiving treatment for breast cancer and celebrating her 55th birthday.

Meet Our Director



Una Hopkins, RN, FNP-BC, DNPC

Administrative Director of the Dickstein Cancer Center

I always welcome the opportunity to hear from our patients. Reading charts can give detailed information concerning medical treatment, but to actually listen to patients talking about the care they received is the best way to determine whether our hospital is meeting its goal of providing comprehensive and exceptional cancer care, every day.

The White Plains Hospital Cancer Program serves a community that is ethnically and culturally diverse. What every one of our patients experiences however, is the tremendous toll that cancer takes on patients and their families physically, mentally, spiritually, financially, and even legally. With so many important aspects to consider, we have created a patient-centered approach to cancer care, a unique care-delivery model that truly puts the needs of our patients first.

Patient-centered care has many important components. To help navigate the issues and challenges that follow a cancer diagnosis, our patients have access to their own multidisciplinary team of doctors, nurses, psychosocial professionals, social workers, nutrition specialists and other support providers. Doctors and nurses deliver care that is culturally sensitive and competent. Special note should also be made of our nurses, who are exceptional clinicians and true advocates for their patients.

We do not follow a one-size-fits-all approach to cancer care, but rather a highly individualized one. To provide care that is both comprehensive and exceptional, we treat the person, rather than the cancer, and we go beyond the traditional doctor/patient relationship to deliver a host of benefits that enhance health and quality of life. This is the essence of the patient-centered care we are proud to deliver at the White Plains Hospital Cancer Program.

Our Patients Share Their Survivor Stories

Purchase, NY resident Edward DeMeo always thought highly of White Plains Hospital – but it was not until he was diagnosed with cancer that he learned about the personalized care and incredible resources that the hospital provides to cancer patients.

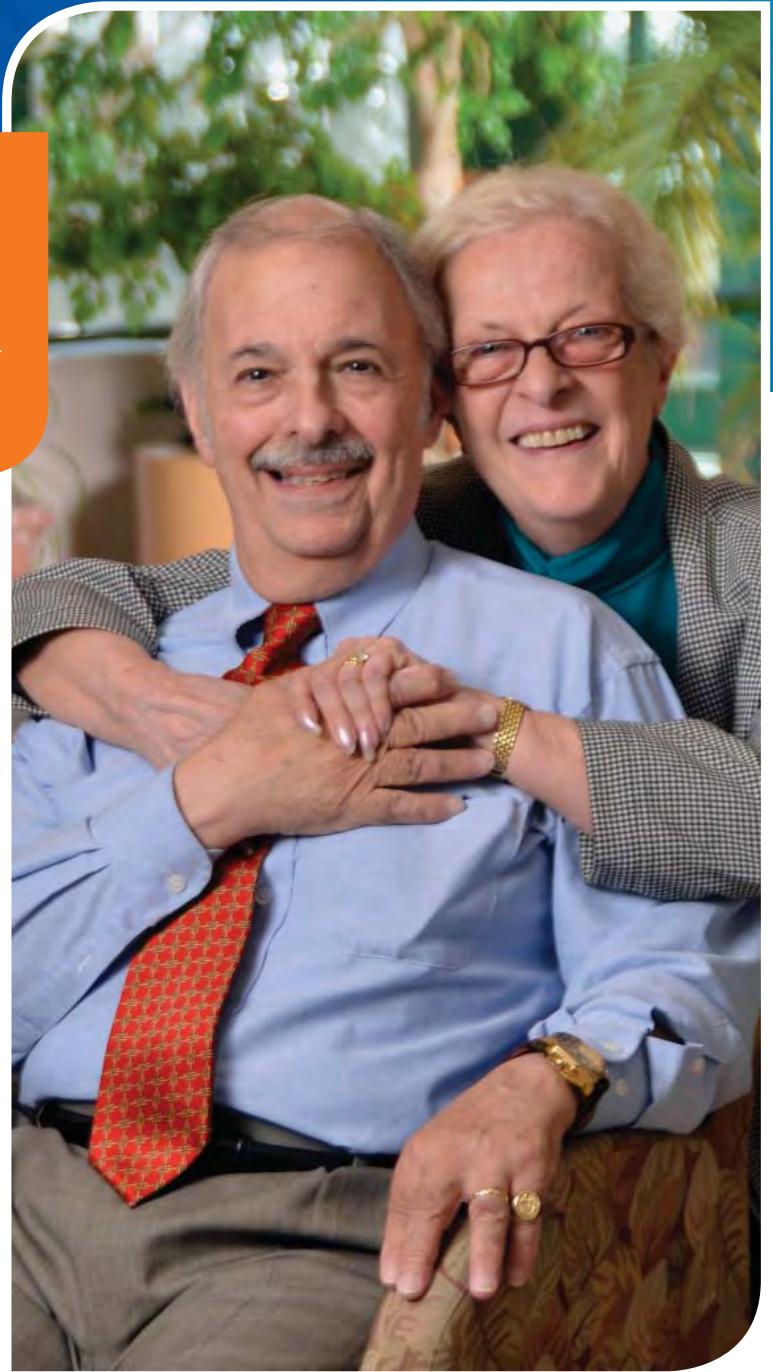
“My primary care physician, Dr. Allan Lind, is affiliated with White Plains Hospital,” said Mr. DeMeo. “So this was not my first experience with the facility. That said, this was my first brush with cancer, and I was so impressed with the level of care that I received.”

A retired tax analyst, Mr. DeMeo was 72 years old when he was diagnosed with large B-cell non-Hodgkin’s Lymphoma. After feeling pain in his front lower jaw, Mr. DeMeo saw his dentist, who ultimately referred him to White Plains Hospital oral surgeon, Dr. Michael Caruso. When a biopsy of a small mass in Mr. DeMeo’s mouth revealed lymphoma, Dr. Caruso referred Mr. DeMeo to White Plains Hospital hematologist/medical oncologist Dr. Joshua Raff and at that point, Mr. DeMeo had the first members of his cancer care team working towards his recovery.

After reviewing Mr. DeMeo’s case, Dr. Raff decided on the R-CHOP chemotherapy regimen. R-CHOP has become the gold standard treatment for non-Hodgkin’s Lymphoma, especially B cell types. It consists of four drugs, Cyclophosphamide (also called Cytoxan/Neosar), Doxorubicin (or Adriamycin), Vincristine (Oncovin) and Prednisolone combined with Rituximab, a monoclonal antibody. In addition to chemotherapy, Mr. DeMeo received radiation therapy under the care of Dr. Randy Stevens, Director of Radiation Oncology at the Hospital’s Dickstein Cancer Treatment Center. This comprehensive course of treatment was thoroughly reviewed with

Edward DeMeo

Lymphoma Survivor



Mr. DeMeo, and potential side effects, risks and benefits were all explained before treatment commenced.

After four cycles of R-CHOP and 25 radiation treatments, Mr. DeMeo went into remission. He attributes his clean bill of health today to the exceptional care he received at White Plains Hospital.

“All of my doctors communicated and worked together as a team,” he notes. “My primary care physician, oral surgeon, medical oncologist and radiation oncologist were all up to speed about my treatment and prognosis, and were totally focused on my recovery.”

Mr. DeMeo was able to receive this full complement of diagnostic and treatment services for his lymphoma only minutes from his home. As a result of this proximity, he was able to make all of his appointments, even in the face of severe weather conditions.

“Yes I had cancer, but receiving treatment was as easy as it could be,” he says. “I cannot convey how excellent my care was in every respect.”

“In the face of a cancer diagnosis, I would only recommend the specialists from the White Plains Hospital Cancer Program. All of the doctors and nurses who cared for me made me feel like I was their top priority. Their attention, dedication and knowledge all helped me to heal.”



Carmen Perez Rodriguez

Clinical Trial Patient
Colon Cancer Survivor

“I am so thankful that this type of cancer care was available in my community.”

When Carmen Perez Rodriguez last saw oncologist Dr. Richard Chang, she had been in remission from Stage III colon cancer for almost three years. Still, the memory of his kindness and expert care was so vivid in her mind that she ran over to him, hugged him and said, “You are my hero.”

Mrs. Perez Rodriguez was just 52 years old when she received her cancer diagnosis. She was referred to White Plains Hospital surgeon Dr. Aaron Roth, who performed laparoscopic colon surgery. Mrs. Perez Rodriguez was admitted to White Plains Hospital for this surgery just 10 days after her first colonoscopy.

“When I found out I had cancer it was a shock,” she admits. “But all of the doctors and nurses were so amazing, my treatment started so quickly, and the Dickstein Cancer Treatment Center at White Plains Hospital was so close to my home, which made it so much easier.”

Mrs. Perez Rodriguez’s treatment plan called for adjuvant chemotherapy, and soon after her surgery she met with Dr.

Chang to review the next steps. After evaluating her case, Dr. Chang enrolled Mrs. Perez Rodriguez in a clinical study.

“White Plains Hospital is a certified site by the National Cancer Institute for clinical trials,” explains Dr. Chang. “We keep increasing the number of open trials that we offer to meet the needs of our community, so it is not necessary for patients to go into Manhattan.”

After almost six months of chemotherapy with minimal side effects, Mrs. Perez Rodriguez was in remission and on the road to a full recovery.

“I am so thankful that this type of cancer care was available in my community,” said Mrs. Perez Rodriguez, who notes that this was her first experience at White Plains Hospital. “They provided medicine but also gave me emotional support which I really appreciated.”

“The care was very human, and I think that is so important for patients.”

The White Plains Hospital (WPH) oncology database includes all cancer related information for approximately 22,000 patients which is easily accessible from 1993 to present. Follow up is maintained for over 9,000

Oncology Data Department

Systematic data collection provides outcome information that impacts case management through an early detection of trends. Lifetime patient follow-up impacts continuity of care and provides prognostic information.

patients. Data are collected for regulatory purposes that include data submissions to the NYS Department of Health and National Cancer Database (NCDB). Data are utilized within the facility to analyze and improve patient care and for administrative purposes to determine the needs and goals of the Cancer Program. Data are

collected within 6 months of initial diagnosis and include such information as: demographics, stage of disease (at diagnosis), collaborative staging, first course treatment information, cancer status and vital status, all as required by the American College of Surgeons, Commission on Cancer (ACoS, CoC).

Performance improvement projects in conjunction with the Commission on Cancer allow us to compare our patient care with the national experience. Data are reviewed and analyzed by our Cancer Liaison Physician, Nidhi Sahgal, MD and Henry Lee, MD, PhD, of Radiation Oncology.

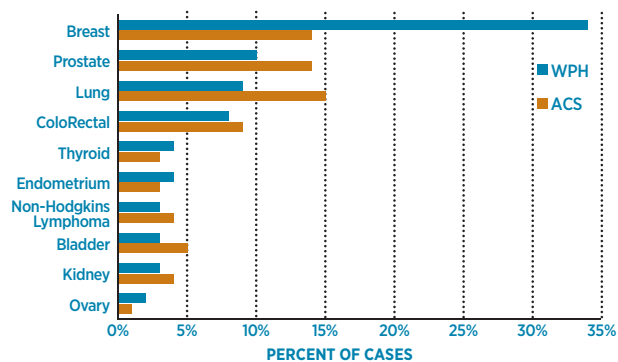


FIGURE 1 The Most Frequent Cancer Diagnoses at WPH in 2010 as Compared to American Cancer Society 2010 Estimates

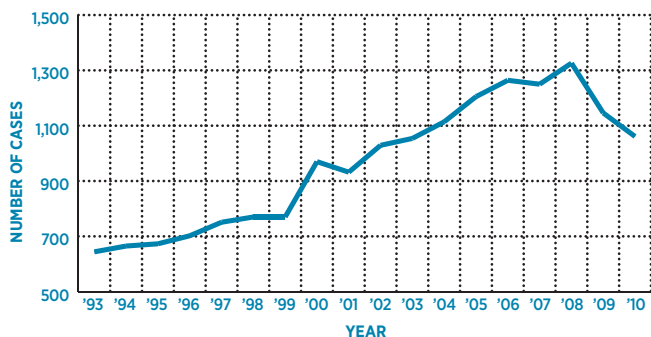


FIGURE 2 WPH Analytic Cases by Accession Year: 1993-2010

SITE	TOTAL	NON-ANALYTIC	ANALYTIC
Head & Neck	20	14	6
Salivary Gland	4	2	2
Esophagus	9	4	5
Stomach	26	22	4
Small Intestine	7	7	0
Colon	62	53	9
Recto-Sigmoid Junction	11	10	1
Rectum	30	24	6
Ano-Rectal	7	6	1
Liver & Intrahepatic Bile Ducts	8	5	3
Gallbladder	2	2	0
Pancreas	19	17	2
Other Biliary	8	4	4
Retroperitoneum	2	2	0
Nasal Cavity & Sinus	2	1	1
Larynx	5	3	2
Trachea	1	1	17
Lung	110	93	1
Mesothelioma	3	2	0
Thymus	2	2	0
Soft Tissue	6	4	2
Bone	3	2	1
Myeloma	17	7	10
Chronic Leukemia	15	0	15
Acute Leukemia	8	7	1
Melanoma	39	29	10
Other Skin	4	4	0
Kaposi Sarcoma	1	0	1
Non-Hodgkin's Lymphoma	52	35	17
Hodgkins Lymphoma	4	3	1
Breast	417	357	60
Vulva	10	8	2
Vagina	3	2	1
Cervix	7	5	2
Endometrium	53	44	9
Ovary	23	17	6
Other Female	2	2	0
Peritoneum	1	1	0
Prostate	145	103	42
Testis	7	7	0
Kidney & Renal Pelvis	33	27	6
Bladder	39	32	7
Ureter	1	0	1
Other Urinary	1	1	0
Brain	16	11	5
Other CNS	8	3	5
Eye & Orbit	1	1	0
Thyroid	51	48	3
Unknown Primary	39	27	12
TOTAL	1344	1061	283

TABLE 1 Frequency Report 2010 White Plains Hospital Cancer Diagnosis Distribution by Anatomical Site

Lymphoma Study

NON-HODGKIN'S LYMPHOMA

Lymphomas account for approximately 4% of all cancers diagnosed in the United States, according to the 2010 American Cancer Society (ACS), Facts and Figures. This compares with lymphomas making up 3.3% of all cancer diagnoses at WPH during 2010. Lymphoma is a general term for malignancies that develop in the lymphatic system, a part of the body's immune system that helps fight disease and infection. There are two distinct types of lymphomas: Hodgkin's lymphoma and non-Hodgkin's lymphoma (NHL). Our analysis of lymphoma at White Plains Hospital describes the experience, diagnosis, treatment and survival pattern of adult patients with a diagnosis of NHL and is compared to the latest available national data.

DIAGNOSIS AND DETECTION

People with suppressed immune systems, including patients with HIV/AIDS, solid organ transplants and certain inherited immune deficiencies may develop NHL more often than others.

NHL begins when a type of white blood cell, called a T cell or B cell, becomes abnormal. These cells then divide and grow without any order or control or cells do not die as cells normally do. Lymphatic tissue is present in many parts of the body, and NHL can originate almost anywhere. Lymphomas are more likely to arise in certain organs and not in others, specifically but not always in the organs of the immune system such as the lymph nodes, spleen, tonsils and thymus.

Over the years, physicians have used a variety of terms to classify the types of NHL. They are most often grouped by how the cancer cells look under a microscope and how quickly they are likely to grow and spread. Immunophenotyping is a process of classifying cells of the immune system based on structural and functional differences. The process is commonly used to analyze and sort T-lymphocytes into subsets based on the technique of flow cytometry.

Immunophenotyping refers to the technique of identifying molecules that are associated with lymphoma cells and that help to characterize them.

A complete evaluation for NHL includes some or all of the following recommended procedures:

- A detailed history, which records any systemic signs and symptoms
- A physical examination including careful determination of the location and size of all palpable lymph nodes

IMAGING

Imaging procedures, which are diverse in nature and may include x-rays, computed tomography (CT) scans, positron emission tomography (PET) scans, and magnetic resonance imaging (MRI) with the use of gadolinium (contrast media).

TISSUE DIAGNOSIS

A biopsy, which involves the surgical removal of tissue, is needed for a definitive diagnosis. A pathologist examines the tissue under a microscope and interprets the findings. A histologic diagnosis appears to be the primary factor in diagnosis as well as staging, immunophenotyping and to enzymatic and cytogenetic studies supplementing pathologic analysis.

Because the site of origin of NHL is often unclear, the staging classification is determined by the anatomic location of the lymph node chains affected by the disease, the involvement of organs (extra nodal involvement) and the patient's symptoms. Stage is further classified as either "A", which refers to the absence of symptoms, or "B" which refers to the presence of symptoms. These symptoms include:

- Fevers – unexplained fever with a temperature above 100.4° F
- Night sweats – drenching sweats that require a change of bedclothes
- Weight loss – unexplained weight loss of more than 10% of the usual body weight

STAGE OF DISEASE

The AJCC (American Joint Committee on Cancer) has adopted the Ann Arbor classification as the official staging system for classifying anatomic extent of disease in Hodgkin's and non-Hodgkin's lymphoma. Staging is utilized to determine how far the disease has spread and what the appropriate treatment options are. It is also used as a predictive value for disease prognosis.

Data from the Oncology Database were utilized for this study for the timeframe 2005-2010. Analytic cases as well as only those with histologic diagnosis were selected. There were 163 patients during this timeframe included in this study. This review is based on patients presenting with Stages 1 through 4.

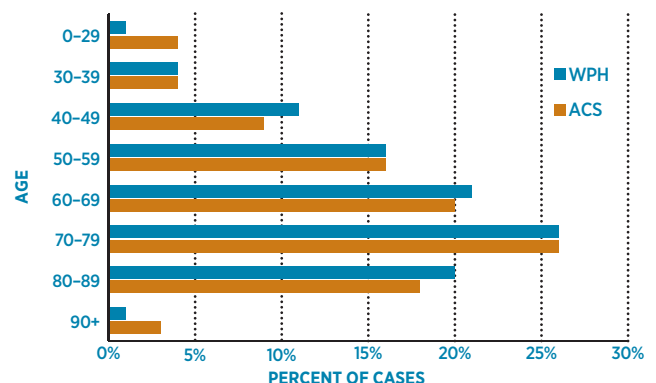


FIGURE 3 Age at Diagnosis at WPH as Compared to the NCDB

STAGE 1: Involvement of a single lymph node region, or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement. 36% of patients at WPH are diagnosed with Stage 1 disease as compared nationally to the NCDB at 28%.

STAGE 2: Involvement of two or more lymph node regions on the same side of the diaphragm, or localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm. 25% of patients at WPH are diagnosed with Stage 2 disease as compared nationally to the NCDB at 18%.

STAGE 3: Involvement of lymph node regions on both sides of the diaphragm, which may be accompanied by extralymphatic extension with adjacent lymph node involvement or by involvement of the spleen or both. 20% of patients at WPH are diagnosed with Stage 3 disease as compared nationally to the NCDB at 18%.

STAGE 4: Diffuse involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or extralymphatic organ involvement in the absence of regional lymph node involvement, but in conjunction with disease in distant sites. Stage IV also refers to involvement of the liver or bone marrow, or nodular involvement of the lungs. 19% of patients at WPH are diagnosed with Stage 4 disease as compared nationally to the NCDB at 36%.

GENDER DISTRIBUTION

During this timeframe WPH's distribution by gender was 52% male and 48% female, compared to the NCDB database, which identifies their gender distribution as 54% male and 46% female.

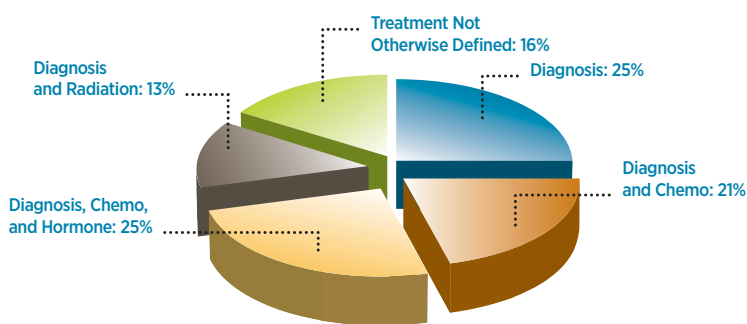


FIGURE 4 Initial Therapy WPH 2010 Analytic Lymphomas

SURVIVAL ANALYSIS

Those patients diagnosed with unknown stage of disease were censored from these survival analyses. Data for analytic patients who presented to WPH during 2005 for diagnosis and treatment of their disease as compared to the most recent NCDB data available were utilized for this study.

Five-year survival rate for Stage 1 lymphoma patients is 76% at WPH as compared to the NCDB at 72%; Stage 2 patients 61% as compared to the NCDB at 61%; Stage 3 patients 55% at WPH as compared to the NCDB at 58% and Stage 4 patients 61% at WPH as compared to the NCDB at 47%.

Significant to these data comparisons, WPH NHL patients fared better at Stage 1 (4% above the national survival) and Stage 4 (14% above the national experience).

Our experience with non-Hodgkin's lymphoma was examined because of the impact that histologic assessment as well as stage of disease plays in the diagnosis, treatment and overall survival of patients with disease.

We are committed to providing exceptional care with the most favorable patient outcomes, and we will continue to analyze and attempt to explain the few data variances that exist between our data and those of the national experience.

The WPH Cancer Program continues to offer the most advanced diagnostic and therapeutic technologies available for our patients.

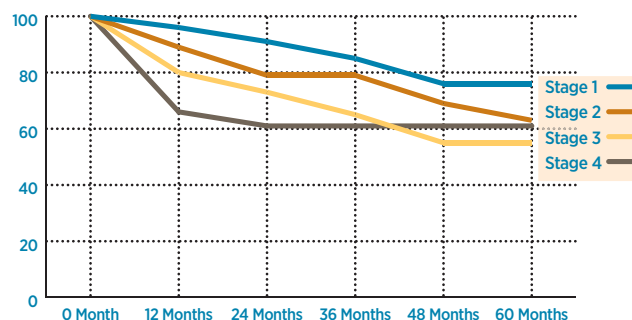


FIGURE 5 WPH 5 Year Survival by AJCC Stage at Diagnosis

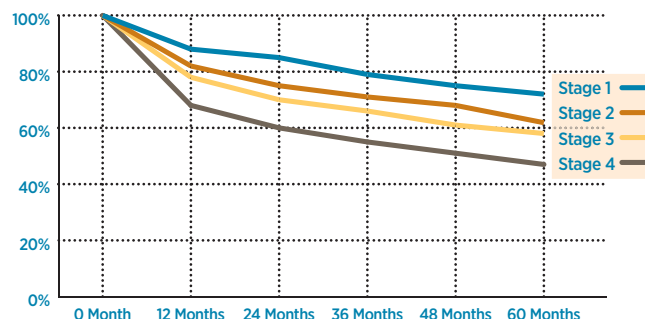


FIGURE 6 NCBD Relative Survival by Best AJCC Stage at Diagnosis

Your Gifts Keep Our

Cancer Program Strong

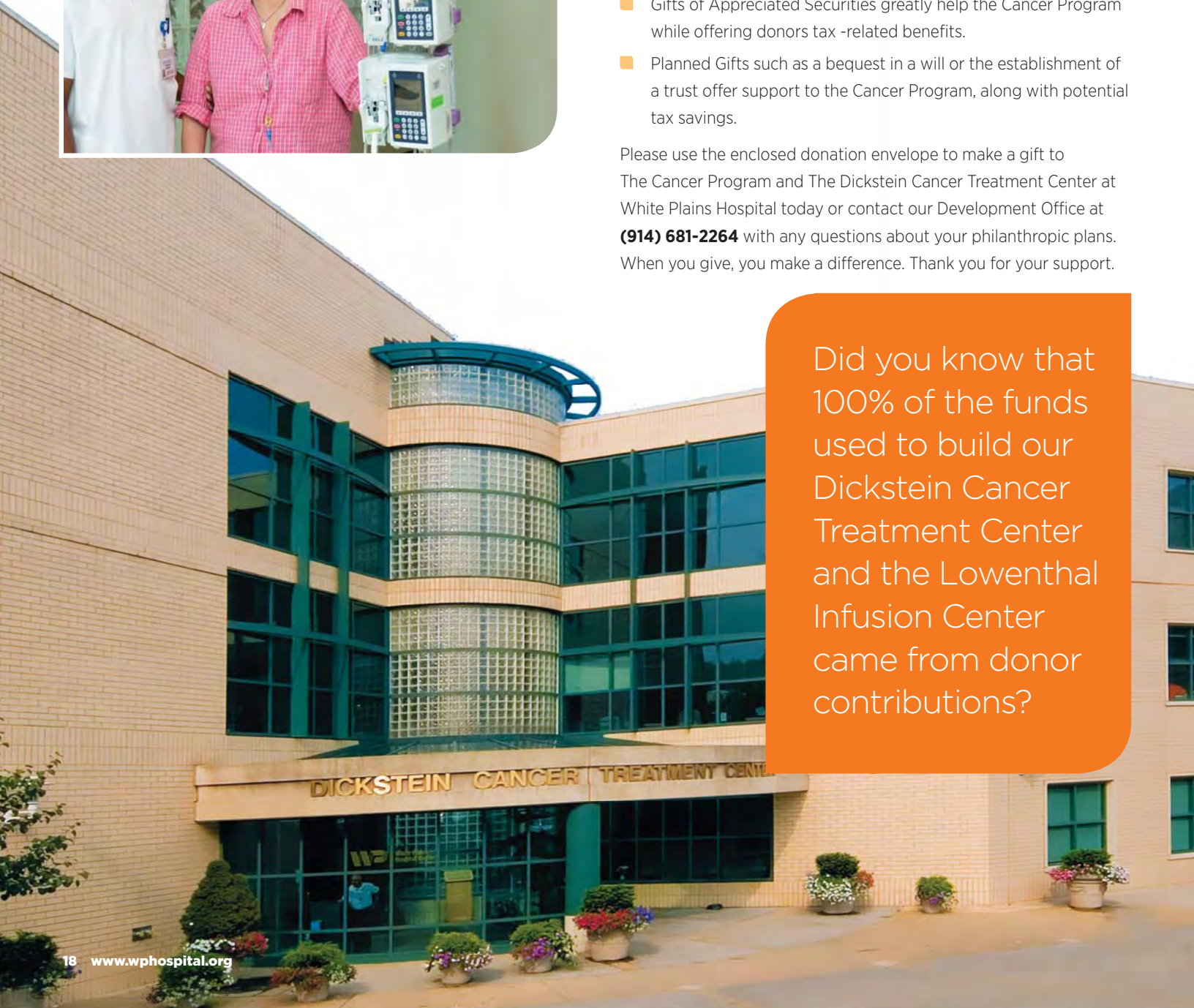


The Cancer Program and The Dickstein Cancer Treatment Center at White Plains Hospital rely on donations to acquire new therapies and technologies while expanding vital services. There are many different ways to give:

- Honor and Memorial Gifts that pay tribute to a loved one are available for as little as \$25.
- Gifts of Appreciated Securities greatly help the Cancer Program while offering donors tax-related benefits.
- Planned Gifts such as a bequest in a will or the establishment of a trust offer support to the Cancer Program, along with potential tax savings.

Please use the enclosed donation envelope to make a gift to The Cancer Program and The Dickstein Cancer Treatment Center at White Plains Hospital today or contact our Development Office at **(914) 681-2264** with any questions about your philanthropic plans. When you give, you make a difference. Thank you for your support.

Did you know that 100% of the funds used to build our Dickstein Cancer Treatment Center and the Lowenthal Infusion Center came from donor contributions?



The White Plains Hospital Cancer Committee is a multidisciplinary committee of the Medical Board and assumes responsibility for all cancer-related activities. Comprised of physicians, nurses and ancillary staff members dedicated to cancer care, the committee meets quarterly.

Through this venue, all cancer-related programming is planned, initiated and assessed. Recognizing the benefit of shared expertise, the WPH cancer program conducts multidisciplinary cancer conferences which promote case discussion with cutting-edge treatment options for cancer patients. Tumor Board and Gynecologic Oncology conferences are led by Dan Costin, MD; Gastrointestinal Cancer Conferences are led by Joshua Raff, MD; and Breast Conferences are led by Nidhi Sahgal, MD. Each individual conference consists of pertinent cancer specialists who are dedicated to finding the best treatment options for patients.

The committee's proactive approach has led to the formation of focused subcommittees comprised of physicians and staff who are experts in their field. The Breast Program Leadership is a focused multidisciplinary team whose purpose is to coordinate the best care and treatment options available for the breast cancer patient.

The clinical research subcommittee was developed to assess the appropriateness of specific clinical trials as well as search for pertinent clinical trials for our cancer program. The psychosocial support subcommittee was formed to address the psychological and emotional needs of the cancer patient.

Committee members are instrumental in providing clinical expertise to our community outreach programs, including White Plains Hospital's Annual Neighborhood Health Fair and many other prevention, screening and education-related activities.

The committee's membership is reviewed annually and appointments are made accordingly.

REFERENCES / CREDITS

1. Commission on Cancer: Cancer Program Manual, Chicago, IL; American College of Surgeons; 2009
2. Commission on Cancer: Facility Oncology Registry Data Standards (FORDS): 2010
3. International Classification of Diseases for Oncology: 3rd Edition; World Health Organization; Geneva Switzerland
4. Cancer Facts and Figures, 2010; American Cancer Society, Inc.
5. AJCC Cancer Staging Manual, 7th Edition; Springer Verlag; Chicago, IL; ©2010

The 2010-2011 Cancer Annual Report was produced by the Oncology Data Department and the WPH Cancer Program with the assistance of the departments of Marketing & Public Relations. Design and production by Lum & Associates. Photography by Brad Hess except as follows: Image on the bottom of page 4, Copyright lenetstan, 2011 Used under license from Shutterstock.com and image on the top of page 10, Copyright Africa Studio, 2011 Used under license from Shutterstock.com.

CANCER COMMITTEE MEMBERSHIP, 2011

Mark Gordon, MD
Chairman;
Surgical Director,
Cancer Program

Henry Lee, MD, PhD
Radiation Oncology;
Asst. Committee
Chairman

Susan Beatty, MD
Breast Imaging

Sam Beran, MD
Plastic Surgery

Scott Berman, MD
Thoracic Surgery

Richard Chang, MD
Hematology/Oncology

Dan Costin, MD
Co-Medical Director,
Cancer Program
Chairman/Coordinator,
Tumor Board & Gyn
Oncology Conference

Mark A. Fialk, MD
Co-Medical Director,
Cancer Program

Lawrence Grolnick, MD
Psychiatry

Fred Harris, MD
Surgery

Seth Lerner, MD
Urology; Prostate
Program Director

Julie Monroe, MD
Research Director;
Hematology/Oncology

Michael Palumbo, MD
Executive Vice President,
Medical Director

Karen Pechman, MD
Physical Medicine &
Rehabilitation

Joshua Raff, MD
Section Chief,
Hematology/Oncology

Nidhi Sahgal, MD,
Breast Surgery;
Cancer Liaison Physician

Diane Schecter, MD
Pathology

Deena Shah, MD
Director, Pathology &
Laboratory Medicine

Randy Stevens, MD
Director, Radiation
Oncology

Toni Amorelli, CTR
Manager, Oncology Data

Margaret Brock, RN, FNP
Nurse Manager,
5F Oncology Unit

Peggy Cottrell, MS, CGC
Cancer Genetics

Bill Dawe
Director, Hospice &
Palliative Care of Westchester

Susan Fox
Senior Vice President,
Administration

Dawn French
Vice President, Marketing &
Community Relations

Una Hopkins, RN FNP-BC
Administrative Director,
Cancer Program

Br. Richard Lorino
Director, Pastoral Care Services

Amy Mlodzianowski, LCSW
Program Director, Gilda's Club

Nicki Pagidas, RHIA
Director, Health Information
Services

Mary Beth Schmidt
Chaplain, Pastoral Care Services

Anthony Venuti, RPh
Pharmacy

Sharon Werth, LCSW
Oncology Social Work



41 East Post Road, White Plains, NY 10601 | www.wphospital.org | 914.681.2700

CONTACT NUMBERS

ALL (914) AREA CODE

White Plains Hospital	681-0600
24-Hour Physician Referral Service (multilingual)	681-1010
Cancer Program Administration	681-2034
Diagnostic Radiology	681-1260
Dickstein Cancer Treatment Center	681-2700
Breast Imaging Center	681-2929
Cancer Genetics Program.....	681-2873
Colon Cancer and GI Screening	681-1295
Family Health Center	681-1128
Hospice and Palliative Care of Westchester.....	682-1484
Lowenthal Infusion Center	681-2740
Lymphedema Program.....	681-1116
Oncology Research.....	681-2370
Oncology Data.....	681-2288
PET Mammography.....	681-1260
Prostate Program.....	681-2034
Radiation Oncology	681-2727
Women's Imaging Center at Rye Brook Mammography and Ultrasound.....	935-0011
Breast MRI.....	937-0091

A Comprehensive Approach
to Exceptional

Cancer Care

National Cancer Survivors Day

On June 5, 2011, White Plains Hospital participated in National Cancer Survivors Day with a celebration at the Westchester Marriott. The event was open to anyone who has been diagnosed with cancer, is in treatment for cancer or has completed cancer therapy, as well as family members and caregivers. A celebration including brunch, music and, most importantly, a heartfelt salute to the active and productive lives of the cancer survivors in our community are all highlights of the day. For more information about next year's event, please contact the Cancer Program at (914) 681-2034.

