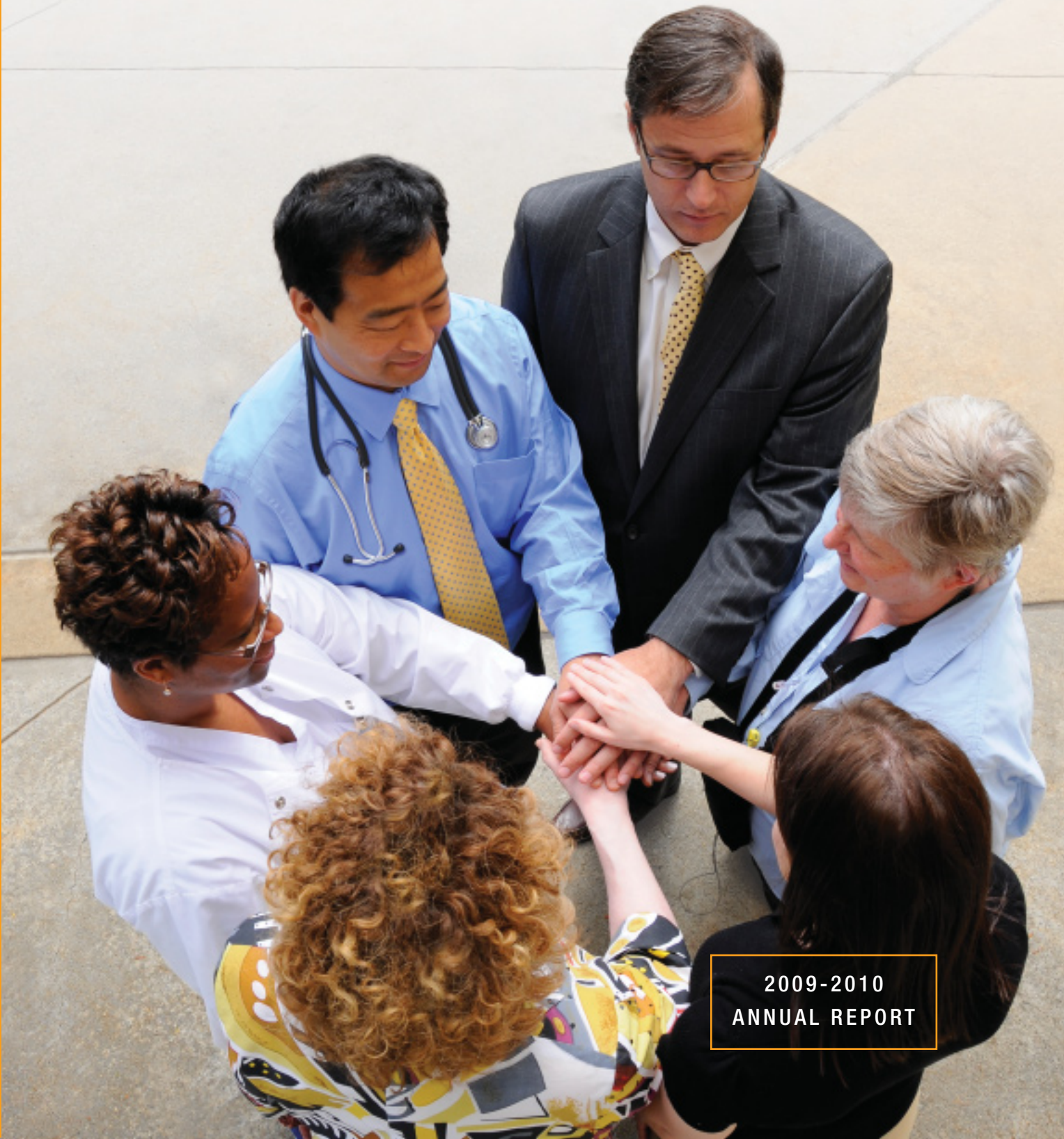


THE CANCER PROGRAM AT WHITE PLAINS HOSPITAL CENTER

# Exceptional Healthcare Begins Here – But Does Not End Here

Partnerships Built on **Trust** and an **Unyielding Dedication** to Our Patients



2009-2010  
ANNUAL REPORT

## Caring for the Well Being of Cancer Patients – **A Community Affair**

With unyielding dedication to comprehensive, coordinated care since 1993, the Cancer Program at White Plains Hospital Center delivers on its promise of the best possible cancer care available, anywhere. As a leading regional cancer facility, our outcomes meet or exceed the national average.

Because health and well-being are essential for both cancer patients and their families, care extends well beyond our four walls. We provide a circle of care – complete cancer care that meets their physical and psychosocial needs. As the first hospital to join the Cancer Coalition of Westchester, an organization comprised of local cancer organizations and a collaborative group of individuals, we work hand-in-hand with community agencies to help patients receive virtually every type of support, from the initial diagnosis through treatment and long after.

Over the years, and as healthcare evolves, the Cancer Program at White Plains Hospital Center will continue to partner with these vital community agencies – because it takes a coordinated team to provide complete care every step of this challenging way.

## A Message from The Cancer Program's Leadership

**Jon B. Schandler**, President and Chief Executive Officer, WPHC

Since 1993, when White Plains Hospital Center's Cancer Program was first accredited as a Community Hospital Comprehensive Cancer Program, more than 20,000 patients across the region, including Westchester, Putnam, Rockland, Orange, the Bronx and Connecticut, have been treated.

Many of these patients have been to the hospital's Dickstein Cancer Treatment Center. The Dickstein Center provides a comprehensive program for patients, including an outpatient infusion center; radiation services that utilize a linear accelerator; a cancer genetics program; and a resource library for patients and their families. Additionally, patients have access to complementary therapies such as support groups, yoga and meditation. Through collaboration with various community partners, the hospital works to provide the best in cancer care for our community. Proudly, our outcomes for certain cancers exceed the national averages.

In 2009, White Plains Hospital's Cancer Program was the only program in Westchester County to receive "The American College of Surgeons Commission on Cancer's (CoC) Outstanding Achievement Award" with commendation. Fewer than 18 percent of the 432 cancer programs nationwide surveyed during 2009 received the Outstanding Achievement Award with commendation. These accredited programs treat the majority of cancer cases; 80 percent of all new cancer cases are diagnosed or treated at a CoC-accredited program every year. For our patients, receiving care at a CoC-accredited cancer program ensures access to a program that exceeds established medical standards, and is complemented by support programs essential to providing a full spectrum of care close to home.

In the following pages, we highlight the outstanding support programs and services implemented in partnership with like-minded community organizations dedicated to helping improve the quality of life for cancer patients in our community.



“Through collaboration with various community partners, the hospital works to provide the best in cancer care for our community. Proudly, our outcomes for certain cancers exceed the national averages.”

## From the Highest Trained **Physicians** to a Strong Network of Community of **Agencies**

A Message from:

**Mark Gordon, MD, FACS**, Chairman, Cancer Committee; Surgical Director, Cancer Program

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

**Dan Costin, MD, FACP**, Co-Medical Director, Cancer Program



As physicians at White Plains Hospital Center, our focus is on the well being of our patients. The extent to which we go to ensure our patients have the best possible care is without equal.

Each patient is diagnosed and treated by a team of highly trained professionals employing the latest techniques and technology. Yet what truly sets us apart is our uncommon level of attention and accessibility.

If a patient calls on any given day, he or she is seen in one to two days. We often stay late to see a

patient with a concerning diagnosis, and we are personally reachable by phone. Testing is done swiftly, with pathology available in many instances within 24 hours.

What we do well as a group is communicate with each other. Patient diagnostic testing and treatment planning is performed in a multidisciplinary fashion. Additionally, patient cancer care is discussed at Multidisciplinary cancer conferences, Breast conferences, GynOncology conferences and GI conferences.

These conferences include input from all cancer-related specialties, with discussion utilizing national practice guidelines for oncology treatment, as well as cutting-edge discussion incorporating pathology and radiology.

The willingness to work as a group allows us to provide White Plains and the surrounding area with the highest level of care locally.

Just as teamwork is key to cancer diagnosis and treatment, so it is with cancer management. By partnering with other agencies

and organizations, patients have access to potential protocols that may be relevant to them. They can connect with others undergoing similar challenges, as can their spouses and children. They can also receive additional services such as transportation to and from doctor's appointments. We also invite agencies to be part of our Cancer Committee to ensure we're all well versed in the latest services and support.

Partnering with agencies and support groups has proven to be a positive experience for both White Plains Hospital Center and the patients we treat. We are grateful for their help, as they go the extra mile to help care for the patient and their family – from initial diagnosis and treatment and well beyond.

## COMMUNITY PARTNERSHIPS

# It Takes a Community to Take **Exceptional Care** of Our Neighbors

### THE AMERICAN CANCER SOCIETY WESTCHESTER Helping to Diminish Suffering

Through education, advocacy, services – and collaboration with White Plains Hospital Center (WPHC), as well as other cancer support services within the community – the American Cancer Society of Westchester (ACS) strives to improve the quality of life for cancer patients.

ACS's navigator program offers WPHC cancer patients comfort and support via volunteers aptly named "navigators." Each navigator is a cancer survivor who works closely with newly diagnosed cancer patients to provide emotional support and ensure coordination of services for the patient.

The Reach to Recovery program connects breast cancer patients with trained volunteers who have undergone similar treatment. In addition to comfort and support, they provide literature, and if appropriate, prosthesis and a bra. The program goes the extra mile – literally – by ensuring patients who need to travel to WPHC for treatment can arrive without transportation or financial concerns.



*Look Good...Feel Better* is a free, non-medical, brand-neutral, national public service program created to help individuals with cancer, look good, improve their self-esteem, and manage their treatment and recovery with greater confidence.

Look Good...Feel Better<sup>®</sup> is a free service offered to cancer patients at WPHC that helps offset appearance-related changes from cancer treatment. Delivered by volunteer hairstylists, wig experts, makeup artists and support staff, they provide cosmetics and advice about application. For those who have experienced hair loss as a result of their treatment, they offer advice about wigs, turbans and scarves. Free counseling sessions are also provided to help patients and family members through this difficult time.





## **CANCER SUPPORT TEAM**

### **Improving The Quality Of Life**

The Cancer Support Team (CST) is a homecare program licensed by the New York State Department of Health – the only Westchester-based licensed program that provides services to those with cancer without regard to cost or insurance, free of charge.

A member of the Cancer Coalition of Westchester, CST collaborates with the Cancer Program at WPHC as well as other community agencies to provide cancer-related services for patients and their families.

“We can become the eyes and ears of the physicians to alert them when there are problems with patients. This close connection makes care of the patient so much better,” says Judy Dobrof, DSW, Executive Director.

“Facing cancer is never easy, and no one should have to face it alone.” CST services include counseling, nurse management, transportation through volunteer programs, and assistance with insurance navigation.

As cancer can also have an impact on those receiving – and providing – treatment, CST offers support groups for cancer patients and their families and friends. Conversely, WPHC often provides speakers to the Cancer Support Team, such as nutritionists and nurses, contributing to their education program.

## **THE LEUKEMIA & LYMPHOMA SOCIETY**

### **Dedicated to Patients With Blood Cancer**

With a mission to cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families, the Leukemia & Lymphoma Society offers a variety of service programs.

Partnering with WPHC and other members of the Cancer Coalition, the Society provides co-facilitated support groups for patients with blood cancer.

As part of its patient education program, the Society invites WPHC medical staff to lecture on related topics. The Society sponsors a range of programs of interest to patients and caregivers – from New Directions on Blood Cancer Therapies, to Living with Myeloma: An Overview of Diagnosis and Treatment. The First Connection program, a peer-to-peer program connects blood cancer patients with survivors who have been through a similar diagnosis and treatment regimen. Additionally, the Society’s financial assistance program provides blood cancer patients with a stipend to offset the cost of treatment, copays for insurance premiums and doctor bills.

Says Denise Raptoulis, Patient Services Manager, “When we receive referrals from White Plains Hospital Center, it aids our mission. Our goal is to make that cancer journey less stressful. We offer patients support and information that alleviate anxiety and stress.”

## HOSPICE AND PALLIATIVE CARE OF WESTCHESTER

### Offering Dignified Care and Compassion

Hospice and Palliative Care of Westchester is a private, not for profit agency that provides comprehensive health care services to people with advanced illness.

“For nearly two decades, WPHC has been a sponsor of Hospice and Palliative Care of Westchester.” Says Kate Colburn, Executive Director, “WPHC is our largest referrer. We have been on an amazing road track for 28 months. We now serve 140 patients per day, which is an increase from previous years. They (WPHC) are a huge part of that in terms of number of patients they refer.”

Hospice and Palliative Care of Westchester works with WPHC in two ways. An agency liaison meets with the discharge planner and family to arrange a transfer to the home. At home, an appropriate plan of care is developed by a team of hospice professionals, including a nurse, spiritual care coordinator and social worker.

Acutely ill patients who cannot go home, yet are unable to stay in the hospital, are admitted as a hospice patient while at WPHC, under what’s known as general inpatient care. Working with the attending physician and other medical practitioners, palliative care is provided to help alleviate symptoms and discomfort. Counseling services are also provided for friends and family members, as well as for WPHC nurses to help them handle their own losses.



## GILDA'S CLUB WESTCHESTER

### Providing Social and Emotional Support for the Entire Family

An essential complement to medical care, Gilda’s Club provides networking and support groups, workshops, education and social activities to those whose lives have been touched by cancer – men, women, teens and children – along with their families and friends.

As part of the Cancer Coalition of Westchester, Gilda’s Club receives WPHC referrals of patients in need of social and emotional support. Likewise, WPHC doctors and nurses connect patients with Gilda’s Club. “We have had a relationship with WPHC for over 10 years. In the last three years, that relationship has become more collaborative,” says Amy Mlodzianowski, Program Director.

Apart from referrals, WPHC teams with Gilda’s Club, providing educational speakers on a variety of topics including complementary medicine. The Clubhouse also holds a resource night with WPHC patients and families in attendance to introduce them to the services of all the members of the Coalition.

Gilda’s Club offers support and networking groups that meet on a regular basis, bringing together members in a discussion of cancer and its impact on their lives. For children, Noogieland is a place to learn, play, care and share. For teens touched by cancer, a monthly activity-based group gathers for dinner to socialize. Every other month, a Family Time Event is held to bring families together to increase social support. Other activities include fundraising events organized by the youth committee to raise awareness.



# The Latest Technology and The Finest in Personal Care



### DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Vital to the Diagnosis, Treatment and Care of the Patient

Pathology and laboratory results play an important role in determining a cancer diagnosis, the extent of cancer disease and disease prognosis. To help ensure accuracy and timely results, the White Plains Hospital Center Department of Pathology employs highly trained professionals and state-of-the-art technology that help ensure the highest quality in laboratory services.

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. Unlike many other facilities, the pathology laboratory department operates around the clock. Following a breast biopsy, a surgeon can receive the pathology results within 24 hours. The laboratory also performs a host of other tests, each performed accurately and swiftly. Among its many “firsts,” the Center was the first in Westchester County to utilize a fully automated robotic track chemistry analyzer.

The department also utilizes a uniform, tumor site-specific checklist created by CAP for pathologists to use as a common framework for cancer reporting. The standardized content and definitions allow the findings to be efficiently and effectively used in patient diagnosis, prognosis, and treatment.



### DEPARTMENT OF RADIOLOGY

Delivering Diagnostic and  
Interventional Procedures Around the Clock

The Diagnostic Radiology Department performs many complex diagnostic tests and procedures 24 hours a day, seven days a week. A highly skilled team of board-certified radiologists work with the latest technology to help detect, monitor and destroy many types of cancers, such as the 64-slice CT scanners, open and High-Field MRIs, and ultrasound using traditional, color and power Doppler.

White Plains Hospital Center’s Interventional Radiology Department offers an alternative to the surgical treatment of many conditions. Cancer-directed interventional radiology procedures, such as chemoembolization, tumor ablation, relief from obstructions caused by cancer, and tumor biopsies, are performed utilizing X-ray fluoroscopy, integrated ultrasound and CT imaging.

The Breast Imaging Center has three digital mammography units in the hospital and two additional digital units at the Women’s Imaging Center in Rye Brook, the Hospital’s satellite facility. The Imaging Center houses a dedicated Breast MRI, as well as PET mammography, which is a nuclear medicine imaging technique. Other nuclear exams include lymphoscintigraphy, monoclonal antibody and peptide imaging, targeted radionuclide therapy.

## CENTER FOR MINIMALLY INVASIVE AND ROBOTIC SURGERY

Westchester's Premier  
Minimally Invasive Facility

The benefits of minimally invasive surgery are clear – the incisions are smaller; the surgery may take less time to perform; there is less bleeding; and the patient recovers faster, often without an overnight stay at the hospital.

WPHC has long been a proponent of minimally invasive techniques for use in both general and oncological surgery. As the area's premier minimally invasive surgery location, over the past three years, the hospital has seen an increase in minimally invasive procedures compared to conventional open surgery – most prostatectomies (removal of the prostate) and colectomies (removal of part or all of the colon) are now performed with minimally invasive techniques, when indicated.

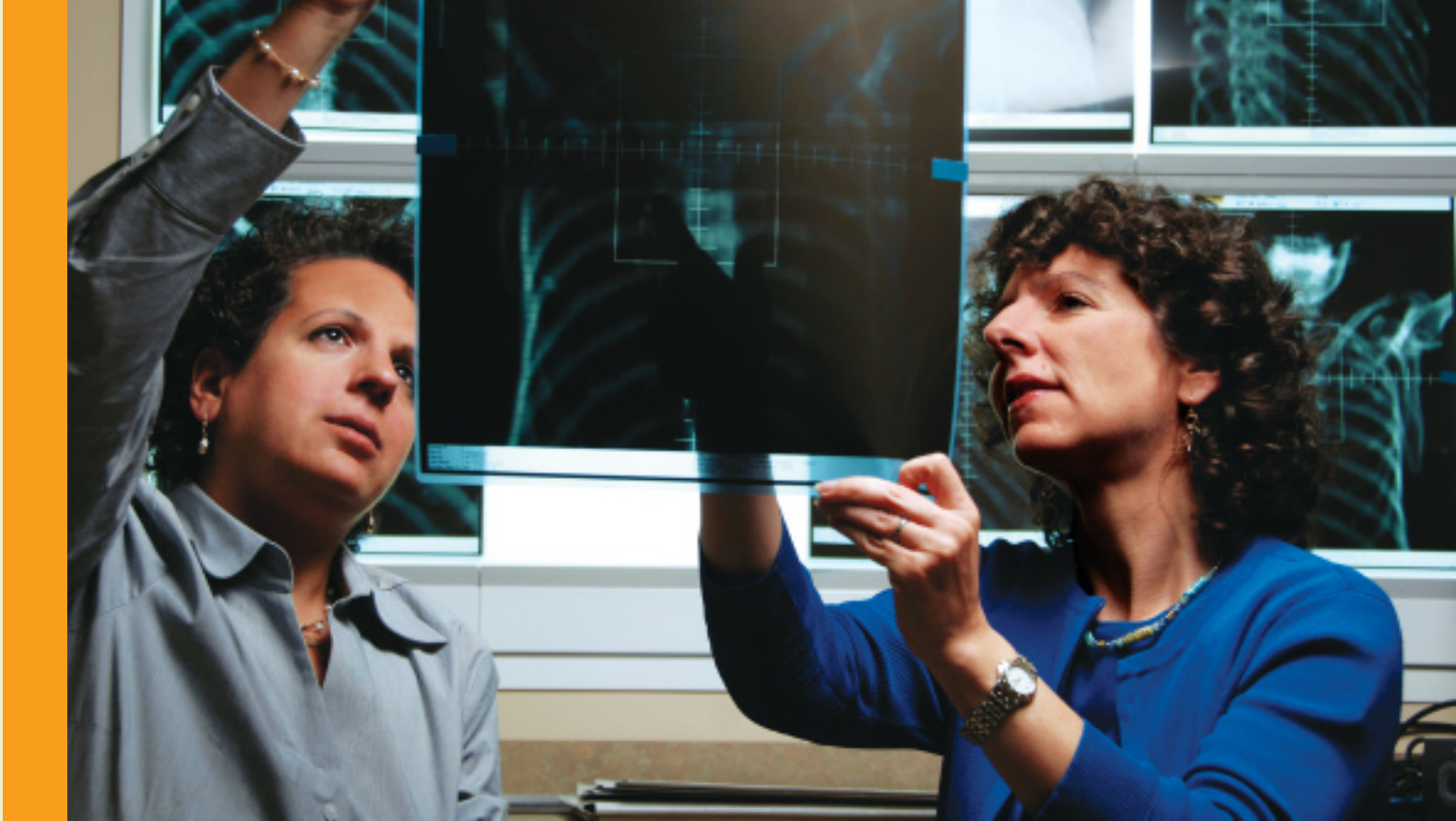
To meet the increased demand for minimally invasive surgeries, WPHC recently created the Center for Minimally Invasive and Robotic Surgery. The Center comprises a team of about 50 surgical

specialists who perform more than 1,600 minimally invasive surgeries each year, including those related to a cancer diagnosis.

To ensure WPHC remains at the forefront of minimally invasive surgery, the hospital continues to invest in technology. We became the first community hospital in Westchester and southern Connecticut to acquire the da Vinci® Robotic Surgical System. The highly advanced da Vinci system has proven to be a powerful surgical tool, offering a broad range of minimally invasive surgical alternatives following a cancer diagnosis. This robotic system allows the surgeon to perform complex urologic, gynecologic and general surgical procedures endoscopically through tiny ports of access, offering a less traumatic, less painful and more cosmetically pleasing alternative to traditional open surgeries, with hospitalization time often reduced by half.

Says Seth E. Lerner, MD, Director of the Dickstein Cancer Treatment Center Prostate Program, "With the 3-D magnified view (provided by da Vinci), I am more able to precisely identify and preserve the delicate structures that surround the prostate, which are responsible for potency, during the curative cancer operation."





## DEPARTMENT OF RADIATION ONCOLOGY

### Combining State-Of-The-Art Therapy in a Caring Community Environment

The Dickstein Cancer Center's Department of Radiation Oncology has always been a pioneer in the treatment of cancer. Since becoming the first hospital in Westchester and Fairfield counties – and among the first healthcare providers in the New York metro area – to have the Varian RapidArc,<sup>™</sup> the department has expanded RapidArc technology to treat cancers of the prostate, lung, head and neck, and other sites.

A new approach to intensity-modulated radiation therapy (IMRT) and the most advanced radiation therapy available, RapidArc delivers image-guided IMRT with a linear accelerator in a single 360-degree rotation of the treatment machine around the patient. It delivers high doses to tumors more quickly and protects surrounding tissues with a significantly lower dose of radiation.

The department's state-of-the-art technology uses the highest powered energy accelerators in Westchester County – Varian

Trilogy and Varian 21EX Linacs. As the most advanced linear accelerator for the delivery of image-guided radiation therapy (IGRT), they deliver carefully focused treatment to tumors. Both are used to treat cancers in multiple sites, approaching them with technology that allows for an infinite number of angles of radiation beams.

In addition to traditional external landmarks, they can also use more accurate internal landmarks through their ability to perform simultaneous CT scans. The linac features a Millennium Multileaf Collimator to precisely shape its beams of radiation therapy. Advanced computer systems remotely control the linac and incorporate Varian's latest versions of the ARIA image-guidance system as well as the Eclipse treatment planning platform.

The department also employs new physics tools that greatly improve quality assurance and safety. WPHC physicians can now also incorporate PET-CT and MRI imaging data into radiation treatment plans as a result of the close collaboration of the physicians in Radiation Oncology with those in Radiology.



## LOWENTHAL INFUSION CENTER & INPATIENT UNIT 5F

Providing a Warm, Caring and Supportive Environment for Patients and Families

A team of board-certified physicians, Oncology Nursing Society-certified nurses and support staff, provides the full spectrum of diagnostic, treatment and support services in the Oncology Inpatient Unit “5F” and the Lowenthal Infusion Center. Within the Division of Hematology/Oncology our professionals have committed years to training, research and teaching to remain at the leading edge of our profession and at the cutting edge for technology. With advanced

skill in assessing and managing the physical and emotional responses to cancer diagnosis and treatment, our nurses provide a unified multidisciplinary approach to cancer care to both patients and their family members.



*Joshua Raff, MD,  
Section Chief,  
Hematology/Oncology*

The Lowenthal Infusion Center, located in the Dickstein Cancer, provides infusion services on an outpatient basis, including chemotherapy and blood transfusions –

always in a caring, comforting manner. Chemotherapy differs from surgery or radiation therapy in that these cancer-fighting drugs circulate in the blood to parts of the body and kill or eliminate cancers

cells. As a result, chemotherapy is considered a systemic treatment. Many side effects once associated with chemotherapy are now easily prevented or controlled, allowing many people to work, travel, and participate in many of their normal activities while under treatment. In addition, to help expedite the weekend and holiday outpatient process, the entire patient experience was streamlined, from Admitting to Pharmacy to Nursing. The desired result – a 180-minute weekend or holiday visit has been transformed into a “30-minute express checkout.”

## THE CANCER GENETICS PROGRAM AT DICKSTEIN CANCER TREATMENT CENTER

Helping Patients Make More Informed Decisions About Prevention and Treatment

The Cancer Genetics Program at Dickstein Cancer Treatment Center helps to identify those at risk for developing cancer. With this information in hand, the physician can better monitor the patient’s health and allow both the patient and the physician to make more informed decisions about prevention and if needed, treatment.

Over the years, we have learned that those at high risk for certain cancers based on a family or personal history include:

- Cancer diagnosis at an unusually young age
- A rare cancer
- An unusual presentation of cancer
- Multiple primary cancers
- Cancers associated with birth defects
- Family history of multiple or unusual cancers

A cancer genetics professional can compile a complete cancer risk assessment to help patients better understand their true cancer risk. During a personal meeting, the professional will discuss:

- Patient’s and family medical history
- Patient’s risk and/or family’s risk of developing cancer
- Options for screening and medical management of cancer risk
- Psychological implications of cancer risk and genetic testing
- Concerns about genetic testing including issues of privacy, confidentiality and genetic discrimination
- Options for participating in research

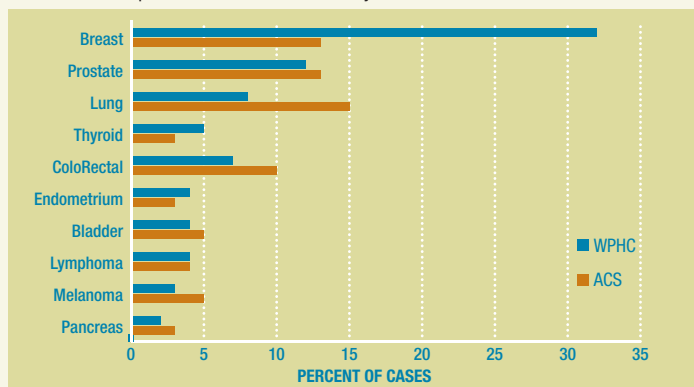
## ONCOLOGY DATA DEPARTMENT

The following pages detail WPHC's experience with cancer in 2009, utilizing the broad categories commonly employed by national organizations to describe cancer incidence, treatment and outcome.

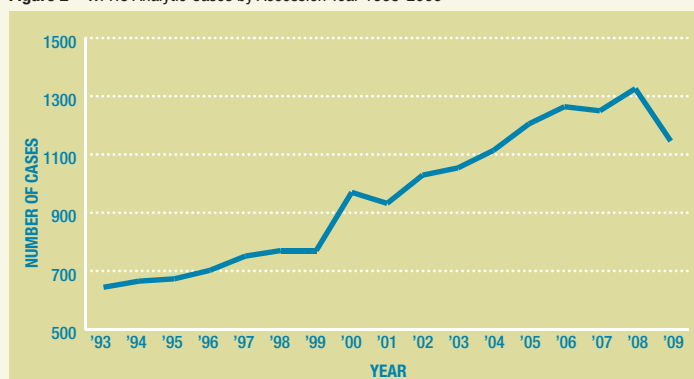
All data are collected for newly diagnosed patients (analytic cases) and for those who present with recurrent or persistent disease (non-analytic cases). The database maintains the clinical profile for approximately 20,000 cancer patients. Active follow-up which includes subsequent treatment information and vital status is maintained for approximately 9,000 patients.

Beginning with 2010 diagnoses, cancer data management has undergone the most extensive changes to data collection since the inception of formalized cancer databases. These changes include the implementation of the seventh edition of the AJCC Cancer Staging Manual, as well as the revision of the FORDS manual and upgrade to Collaborative Stage Version 2. This collaboration has produced a common language for cancer staging and fine tuned the strategies for database management which are utilized internationally.

**Figure 1** The Most Frequent Analytic Cancer Diagnoses at WPHC as Compared to American Cancer Society 2009 Estimates



**Figure 2** WPHC Analytic Cases by Accession Year 1993-2009



SITE	TOTAL	ANALYTIC	NON-ANALYTIC
Head & Neck	22	15	7
Salivary Gland	5	4	1
Esophagus	22	18	4
Stomach	17	14	3
Small Intestine	2	1	1
Colon	75	55	20
Recto-Sigmoid Junction	5	4	1
Rectum	26	21	5
Ano-Rectal	8	7	1
Other Digestive	2	1	1
Liver & Intrahepatic Bile Ducts	1	0	1
Gallbladder	3	3	0
Pancreas	30	25	5
Other Biliary	4	3	1
Retroperitoneum	2	1	1
Nasal Cavity & Sinus	1	0	1
Larynx	7	4	3
Lung	109	93	16
Mesothelioma	5	3	2
Thymus	1	0	1
Soft Tissue	11	10	1
Bone	1	1	0
Myeloma	21	6	15
Chronic Leukemia	29	11	18
Acute Leukemia	8	4	4
Melanoma	37	34	3
Other Skin	2	1	1
Non Hodgkin's Lymphoma	55	36	19
Hodgkin's Lymphoma	9	7	2
Breast	455	381	74
Vulva	4	2	2
Vagina	4	2	2
Cervix	13	10	3
Endometrium	66	49	17
Ovary	32	22	10
Other Female	1	1	0
Prostate	217	135	82
Testis	5	4	1
Kidney & Renal Pelvis	20	17	3
Bladder	70	48	22
Ureter	2	1	1
Brain	9	9	0
Other CNS	6	3	3
Eye & Orbit	1	0	1
Thyroid	66	64	2
Other Endocrine	1	0	1
Unknown Primary	50	20	30
<b>TOTAL</b>	<b>1542</b>	<b>1150</b>	<b>392</b>

**Table 1** Frequency Report 2009 White Plains Hospital Cancer Center Diagnosis Distribution by Anatomical Site

## OVARIAN CANCER STUDY

Ovarian cancer occurs in approximately one out of 55 women and accounts for about 3% of all cancers in women. It is the fifth leading cause of cancer deaths in women.

### RISK

Although we do not know the exact cause of ovarian cancer, we do know some of the risk factors involved. They include: age (half of these cancers are found in women over the age of 63); obesity; estrogen (hormone) replacement therapy after menopause; and family history of ovarian, breast or colorectal cancers. Pregnancy and birth control pills both lower the risk of ovarian cancer. Both reduce the number of times an egg is released by the ovary; some researchers believe there may be a correlation between the release of eggs and the risk of ovarian cancer. We know that women who have had their tubes tied or who have had a hysterectomy also have a lower risk of ovarian cancer.

### GENETICS

Researchers continue to study the genes involved in ovarian cancer. The identification of BRCA1 and BRCA2 gene changes which increase ovarian cancer risk is helping women make decisions about prevention. This inherited mutation accounts for approximately 15% of ovarian cancers.

Inherited mutations in several other genes also increase the risk of ovarian cancer. The identification of these genes could lead to improved ways to prevent, diagnose, and treat ovarian cancer.

### DIAGNOSIS AND DETECTION

Most ovarian tumors are hard to find early because the ovaries cannot be felt easily during a pelvic exam. However, there may be some vague symptoms including bloating (swelling of the stomach); pelvic pressure or stomach pain; trouble eating or feeling full quickly; and frequent urination.

The American Cancer Society, along with other medical societies such as the Gynecologic Cancer Foundation and the Society of Gynecologic Oncologists, released a consensus statement about possible early symptoms of ovarian cancer. It suggests that some of the early symptoms of ovarian cancer can, in fact, be recognized.

Less than one-third of ovarian cancers are detected before they spread outside of the ovaries. If you are concerned about any of these symptoms you may be experiencing, you should see your gynecologist.



If there is suspicion for ovarian cancer, the next step will be to meet with a gynecologic oncologist. Treatment by a gynecologic oncologist, a specialized surgeon, has shown to help overall disease survival.

### IMAGE STUDIES AND TESTING

When there is suspicion of a pelvic mass, further testing may be required prior to surgical intervention. Diagnostic methods used include Ultrasound, CT scans (computed tomography), Barium enema x-rays, MRI (magnetic resonance imaging), Laparoscopy and Blood tests (to look for an elevated CA-125 level which can occur with ovarian cancer).

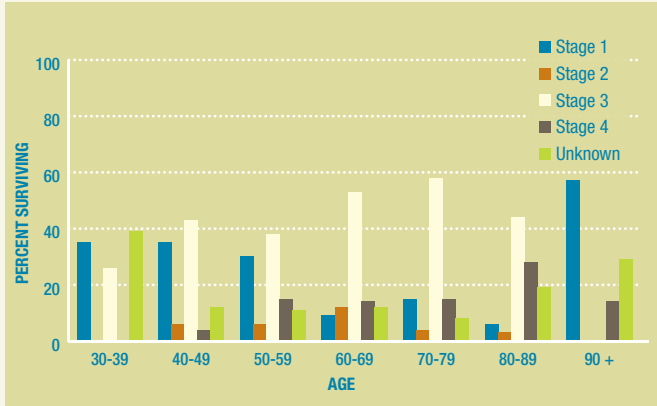
### STAGE OF DISEASE

The chance of recovery or recurrence of ovarian cancer depends on a number of factors. The most significant is the stage of disease, as well as the amount or volume of residual disease (the amount of cancer remaining in the abdomen or pelvis after primary surgery).

- STAGE 1:** Tumor is limited to one or both ovaries. Tumor may be found on ovarian surface. 21.3% of patients at WPHC are diagnosed with Stage 1 disease as compared nationally to the NCDB at 12.8%.
- STAGE 2:** Tumor involves one or both ovaries with extension into the pelvic region. 6.3% of patients at WPHC are diagnosed with Stage 2 disease as compared nationally to the NCDB at 7.5%.
- STAGE 3:** Tumor extends beyond the pelvis into abdominal organs. 43% of patients at WPHC are diagnosed with Stage 3 disease as compared nationally to the NCDB at 37.9%.
- STAGE 4:** Cancer has spread to distant organs such as liver or lung. 14.3% of patients at WPHC are diagnosed with Stage 4 disease as compared nationally to the NCDB at 22.8%.
- UNKNOWN STAGE:** 15.1% of patients at WPHC presented with unknown disease stage as compared nationally to the NCDB at 19%.

# OVARIAN CANCER STUDY

**Figure 3** Age at Diagnosis by Best AJCC Stage Ovarian Cancer



## TREATMENT

Surgery helps the physician to accurately stage the tumor, make a diagnosis, and remove as much malignancy as possible. Debulking surgery is especially important in ovarian cancer because aggressive removal of cancerous tissue is associated with improved survival. Patients with no residual tumor mass have the best prognosis.

WPHC	Stage 1	Stage 2	Stage 3	Stage 4	Unknown N/A
Surgery	67%	28%	30%	8%	60%
Surgery+Chemo	30%	67%	58%	32%	19%
Chemotherapy	0%	5%	7%	24%	2%
Other	3%	0%	5%	12%	7%
Dx Only	0%	0%	0%	24%	12%

NCDB	Stage 1	Stage 2	Stage 3	Stage 4	Unknown N/A
Surgery	59%	21%	13%	11%	23%
Surgery+Chemo	31%	62%	70%	44%	42%
Chemotherapy	0.50%	3%	6%	20%	9%
Other	7%	8%	7%	10%	10%
Dx Only	2.50%	6%	4%	15%	16%

**Table 2** Treatment Breakdown by Stage of Disease at Diagnosis (WPHC vs. NCDB)

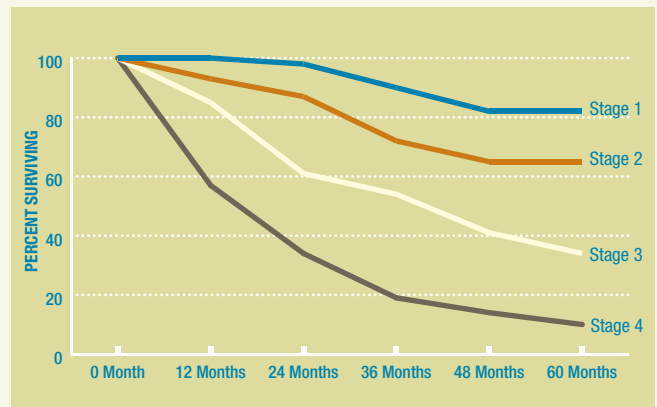
## SURVIVAL ANALYSIS

Those patients diagnosed with an unknown stage of disease were censored from these survival analyses. Data for analytic patients presenting to WPHC as compared to the most recent NCDB data available were utilized for the study.

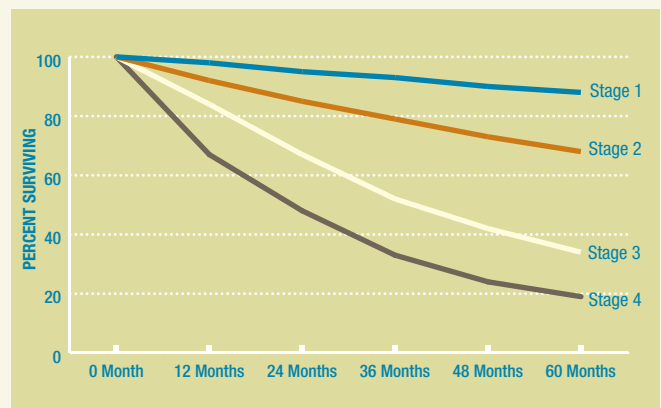
Five-year observed survival rate for Stage 1 ovarian cancer at WPHC is 82% as compared to the NCDB experience, which demonstrated an 88% survival rate. Comparisons of five-year survival rates for other stages are: Stage 2: 65% WPHC vs. 68% NCDB; Stage 3: 34% WPHC vs. 34% NCDB, and Stage 4: WPHC 10% vs. NCDB 19%. With the exception of those patients presenting with Stage 3 disease at WPHC who met with the national experience, WPHC patients fared slightly lower than the national average for the remaining stages analyzed.

Committed to providing the best care with the most favorable patient outcomes, WPHC will continue to analyze and attempt to explain the few data variances that exist between our data and those of the national experience.

**Figure 4** 5 Year Survival Ovarian Cancer by AJCC Stage WPHC



**Figure 5** 5 Year Survival Ovarian Cancer by AJCC Stage NCDB



## THE CANCER COMMITTEE MEMBERSHIP 2010

The WPHC Cancer Committee is a multi-disciplinary 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 activities are planned, initiated and assessed.

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 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 program, including WPHC's Annual Neighborhood Health Fair and other community related activities.

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

### CANCER COMMITTEE MEMBERSHIP, 2010

<b>Mark Gordon, MD</b> , Chairman; Surgical Director, Cancer Program	<b>Randy Stevens, MD</b> , Director, Radiation Oncology
<b>Henry Lee, MD, PhD</b> , Radiation Oncology; Asst. Committee Chairman	<b>Toni Amorelli, CTR</b> , Manager, Oncology Data
<b>Scott Berman, MD</b> , Thoracic Surgery	<b>Michelle Beil, RN, OCN</b> , Coordinator, Infusion Center
<b>Richard Chang, MD</b> , Hematology/Oncology	<b>Margaret Brock, RN, FNP</b> , Nurse Manager, Oncology Unit
<b>Dan Costin, MD</b> , Co-Medical Director, Cancer Program	<b>Kate Colburn</b> , Director, Hospice & Palliative Care of Westchester
<b>Mark A. Fialk, MD</b> , Co-Medical Director, Cancer Program	<b>Peggy Cottrell, MS, CGC</b> , Cancer Genetics
<b>Neal Goldberg, MD</b> , Plastic Surgery	<b>Kathy Duffy, RN</b> , Administrative Director, Cancer Program
<b>Lawrence Grolnick, MD</b> , Psychiatry	<b>Petronella Feaster, Ed.D.</b> , Community Representative
<b>Fred Harris, MD</b> , Surgery	<b>Br. Richard Lorino</b> , Chaplain
<b>Subuhee Hussain, MD</b> , Hematology/Oncology	<b>Janet Ludevig, LCSW</b> , Director Patient and Family Services, American Cancer Society
<b>Seth Lerner, MD</b> , Urology; Prostate Program Director	<b>Joan Milano, LCSW</b> , Oncology Social Work
<b>Julie Monroe, MD</b> , Hematology/Oncology; Research Director	<b>Amy Mlodzianowski, LCSW</b> , Program Director, Gilda's Club
<b>Michael Palumbo, MD</b> , Executive Vice President, Medical Director	<b>Nicki Pagidas, RHIA</b> , Director, Health Information Services
<b>Karen Pechman, MD</b> , Physical Medicine & Rehabilitation	<b>Mary Paquette, LCSW</b> , Behavioral Health Center
<b>Joshua Raff, MD</b> , Section Chief, Hematology/Oncology	<b>Mary Spengler, RN</b> , Vice President
<b>Nidhi Sahgal, MD</b> , Breast Surgery; Cancer Liaison Physician	<b>Dawn French</b> , Vice President, Marketing & Public Relations
<b>Diane Schecter, MD</b> , Pathology	<b>Sharon Werth, LCSW</b> , Oncology Social Worker
<b>Deena Shah, MD</b> , Director, Pathology & Laboratory Medicine	

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The 2009-2010 Cancer Program Annual Report was produced by the Oncology Data Department and the WPHC Cancer Program with the assistance of the departments of Marketing & Public Relations. Design and production by Lum & Associates. Photography by Brad Hess except as noted below.

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**Exceptional Healthcare Begins Here  
– But Does Not End Here.**

**Partnerships** Built on **Trust** and an  
**Unyielding Dedication** to Our Patients

# National Cancer Survivors Day

On June 6, 2010, White Plains Hospital Center participated in National Cancer Survivors Day with a celebration at the Westchester Marriott in Tarrytown.

The event is 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. The event included brunch, music, and most importantly, a celebration of the active and productive lives of the cancer survivors in our community. For more information about next year's event, please contact the Cancer Program at (914) 681-2034.



## Mission Statement

The White Plains Hospital Center Cancer Program is dedicated to providing comprehensive, coordinated care in a patient-focused, compassionate environment for the people of Westchester County. Stressing private practice initiative and unrestricted access to current technology, the program responds to the needs of cancer patients, their families, medical staff and caregivers through prevention, diagnostic, treatment, support and educational services. The goal of the Cancer Program is to continue to set the standard as the premier provider of cancer services within the region, through the delivery of high-quality care, in an appropriate setting and with state-of-the-art facilities.



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