

**NJBIZ**

# CANCER CARE

2015

**Jersey on forefront  
of finding cures,  
providing comfort**

## PRECISION MEDICINE

*Using gene sequencing  
to spark discoveries*

## BIG DATA

*Tracking patient histories  
can streamline treatment*

## URBAN OUTREACH

*New facility geared  
to females in city*





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*New Breast Health Center will benefit Newark*



*Local residents Hyla Weiss (left) and Suzanne Unger have made it their mission to improve the facilities at Saint Barnabas in West Orange for patients and their families.*

**She finished  
a half marathon.  
Then began  
the biggest race  
of her life.**



Donna had just finished the Philly half marathon and was in the best shape of her life. Then breast cancer knocked her off her feet. Her first call was to her sister Sandy, who had beaten breast cancer two years earlier. Her advice? See the experts at the MD Anderson Cancer Center at Cooper. There, Donna received the attention and support of an entire team—the same physicians that treated her sister.

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My dad lost his fight with cancer last summer.

## It's personal My family's cancer story

We are supposed to report the stories — and never be a part of them.

It's the first rule of journalism. And one I felt I was breaking while putting together this issue.

While this job has me jumping from one sector to the next, seemingly on an hourly basis, this supplement never left my mind.

My father died of cancer last summer.

Hearing of the great work of the caregivers detailed throughout this section couldn't help but bring me back to my dad's more than decade-long battle with melanoma.

COTA, or the Cancer Outcomes Tracking and Analysis cloud-based program that Dr. Andrew L. Pecora is leading at Hackensack University Medical Center, makes sense to me.

My father was a part of so many tests and procedures that I can understand how having a better estimate of costs would have made the process smoother.

The Precision Medicine Initiative that Dr. Robert S. DiPaola is leading as the director of the Rutgers Cancer Institute of New Jersey? I understand that one, too.

It wasn't long after my father was given just a few months to live that an extremely rare genetic abnormality was discovered in his tumors. And wouldn't you know it, there was a wonder drug (as he called it)

available to fight it — buying him an extra 18 months to spend with my mom, his four kids and nine grandchildren.

So cancer care is personal to me.

As it is to everyone who has dealt with it on a personal level.

That's why I was so happy to hear about the fine work of the Comfort Project 360 — a grassroots effort led by Hyla Weiss and Suzanne Unger to create an environment at Saint Barnabas that is warm and welcoming for both the patients and their families.

And why I was so happy to hear doctors Sharyn Lewin and Benjamin Rosenbluth of Holy Name talk about how they value each patient relationship individually.

That matters so much. It certainly did to my dad.

He loved to tell the story about his *second* visit to the University of Virginia Cancer Center.

On the first visit, he and my mom had the conversation no one wants to have — the one where the person in the white coat sits you down and explains you have a life-threatening ailment.

You take that information home, attempt to digest it, talk with your family and friends and prepare for treatment.

Upon his second visit, my dad was walking down a hall of the hospital, heading for the first of what would be hundreds of tests and procedures, when the doctor saw him.

The doctor stopped what he was doing, walked over with a warm smile, and addressed him by name.

My dad knew right then that he was more than just a number, more than just another member of a clinical trial. "He has hundreds of patients and he remembered my name" was the defining line in a story he told for years.

That's cancer care.

Tom Bergeron

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Dr. Robert S. DiPaola is the director of the Rutgers Cancer Institute of New Jersey.



# The best hope for finding a cure

## *Precision Medicine Initiative already showing its potential*

President Barack Obama made many pledges and promises during his 2015 State of the Union address, and one in particular brought joy to the heart of New Jersey, at the Rutgers Cancer Institute of New Jersey, a part of Rutgers Biomedical Health Sciences.

“Tonight, I’m launching a new precision medicine initiative to bring us closer to curing diseases like cancer and diabetes,” the president announced.

The surprise proclamation thrilled Dr. Robert S. DiPaola, the director of the institute — which started its precision medicine initiative over two years ago.

“This is not a fad; this is big,” he said. “This is rapidly changing the way oncology is going to be practiced.”

The concept is complex, but easy to understand: Since cancer is a genetic disease — caused by mutations of genes — the precision medicine initiative is about doing gene testing, called sequencing, to find the specific gene defect that is the cause of an individual’s cancer. The sequencing can include hundreds of genes.

Doctors can then search for specific drugs, each chosen to treat the patient’s genetic abnormalities.

It’s truly personalized medicine.

Few people in the country have a better understanding of this than DiPaola, so NJBIZ reached out to him for a question-and-answer session:

**NJBIZ:** Let’s start at the beginning. Why did the Rutgers Cancer Institute of New Jersey push for this type of initiative from the start?

**Robert DiPaola:** As the state’s only National Cancer Institute-designated Comprehensive Cancer Center, based within Rutgers Biomedical and Health Sciences, we took it upon ourselves to

launch a precision medicine initiative. The purpose of this program is to apply this type of technology, gene sequencing, to patients in real time to do the best we can to enhance their care, given the state of knowledge and drugs available. We know oncology is changing rapidly in this direction and we know it will evolve over time, but we wanted to be state of the art from the beginning. Only a robust translational research institution can step up to the plate and take responsibility for bringing all of those very complex pieces together (expert basic science genetic and computational analysis, novel targeted therapy development, meaningful outcomes assessment and dedicated precision medicine clinical trials).

**NJBIZ:** So how does it work? Describe the process.

**RD:** We start with patients coming in and enrolling in a clinical trial, wherein we sequence their tumor to find what genetic abnormalities are there. Their case is then presented in what we call a molecular tumor board. It’s a large academic team: basic science researchers that are experts in genetic abnormalities; informatics specialists that analyze emerging data for new knowledge and trends; and pathologists and clinicians who are experts in clinical trials, because most times we are finding genetic abnormalities where there isn’t a known drug widely available or proven outcome evidence. So we bring all those components together under clinical trials that are designed to find the best possible drugs available to match these abnormalities, bringing the new opportunity to patients in need. To use genetic information alone, which may be done

at a number of emerging laboratories, and guide therapy without such robust clinical research and expertise may lead to unclear use and outcomes.

**NJBIZ:** So is this the first step for someone diagnosed with cancer?

**RD:** Most of the people who are coming here for these clinical trials are patients who have had standard treatment already, and their cancer has become resistant to those treatments. Ideally, we would see patients before their initial treatment plan is solidified.

**NJBIZ:** Let's talk more about mutated genes or genes with abnormalities. How is identifying them tied to treatment?

**RD:** If you look at any patient with cancer, what you'll find typically are multiple genes that are abnormal or mutated and are driving that cancer in that individual. What we've learned as we've been able to do more and more gene sequencing is that sequencing certain genes in a patient's tumor allows us to really determine which genes are abnormal and target those genes to be treated. We're at the beginning of an era where we can start to target therapy based on the abnormalities in that person's tumor, although most efforts are in the form of clinical trials.

**NJBIZ:** How many of these abnormalities are found, typically?

**RD:** What we found in our initial pilot trial is, on the average, three to four abnormalities in any one individual's tumor, which meant we would try one or more drugs to fight those particular abnormalities. We often need to use a combination of drugs to target all the different abnormalities. If they have three abnormalities, we want to battle all of them. Of course, we also follow patient outcomes to be sure that we are improving care.

**NJBIZ:** OK, we're getting it now. With so many genes, there are seemingly an endless amount of combinations. Is this what you mean by personalized medicine?

**RD:** Exactly. If you want a demonstration of the relevance of this approach, look at lung cancer. In the past, there were only a few different types of lung cancer. When you do the genomic sequencing, what you find is well over 100 different types, because you have different genetic abnormalities in different combinations in different individuals. So you want to give a very specific therapy to one individual that may be different from what is indicated for the next person, with what was previously believed to be the exact same disease, to improve effectiveness and reduce side effects.

**NJBIZ:** And what have been the early results?

**RD:** Through clinical trials, evidence is emerging demonstrating that this is real for specific genes. Genes that are being sequenced are now leading to guided therapy. Drugs for melanoma and lung cancer that are based on specific genetic changes are now approved by the FDA. For example, in melanoma there is a gene called BRAF kinase that gets mutated in some tumors. When it does, targeting that gene with a specific drug is effective.

**NJBIZ:** We're guessing the state's numerous pharmaceutical companies love this?

**RD:** Absolutely. We're already working with some of them. As we begin to grow this initiative, I think we'll have more and more opportunities. Several pharmaceutical companies are developing many of these targeted agents. I think if we want to have a bigger impact, we need to drive toward multitargeted combinations, so when we find a tumor that has three genes that are abnormal we do everything possible to find three drugs — and it might be from different companies. We may need to partner with different companies to get access to these drugs as this initiative grows. And it will grow. It's the right thing to do to improve outcomes, and patients deserve that.

**NJBIZ:** If this makes sense — and already is showing results — why aren't more places doing this?



**NJBIZ:** How important is presidential support for the program?

**RD:** We were really pleased the president announced that he was going to launch a national precision medicine initiative and has even put funding toward that. This is big because it calls to light something we know is incredibly important in changing the way we care for cancer patients very rapidly.

**RD:** Other NCI-designated centers across the country are doing this, leveraging the expertise in research and technology needed to optimize such an effort. And, of course, there are people out there who can get their tumors sequenced, but the whole initiative, given the complexity of it, requires a tremendous amount of expertise in a large, multidisciplinary team in an academic environment to really do it right. Many complex components are needed, which are usually parts of NCI-designated cancer centers like the Rutgers Cancer Institute of New Jersey, including the evolving technology, computational experts who do the analyses, scientists who understand the genes, and those that engage in therapies with expertise in clinical trials of targeted agents. Without a full academic team putting it together, you worry about where it can be optimal for patients. And yes, to put it all together is fairly expensive.

**NJBIZ:** Sure, finances are always an issue. Where is the funding for this coming from?

**RD:** We rely a lot on philanthropy. To get some of this launched, we received an anonymous donation of \$10 million, which certainly helped enormously. Insurers are covering some of it, sometimes, not always — especially in patients

where there is not a known therapy for their genetic abnormality, but I think that will evolve over time. If we can create a streamlined approach for sharing what works and what does not with insurers, both the payors and the patients will win. **NJBIZ:** But if you're the only center in New Jersey doing this, how are you going to reach patients?

**RD:** We've taken it as our responsibility to the state to launch this initiative out of our academic program. We have partners and affiliates across the state, and we're planning on piloting this clinical research in collaboration with other oncology care teams so we can make sure to reach as many of the patients as possible. We need to reach more people, discover more genes and really design more therapies. Where we can't find the therapy, where you don't have even one FDA-approved drug, as an NCI center we often have drugs that we are using in clinical trials that may be beneficial. This is the way we are going to make great inroads.

You want to take it to the point where you are achieving cures someday, and the way you do that is being able to target the multiple abnormalities in an individual's cancer.

**NJBIZ:** But if they live in the corners of the state, even your Central Jersey location isn't that convenient. How do you overcome that?

**RD:** Part of our mission is to get this out there to patients and do whatever possible for patients to continue to be treated at their physician's office. This is doable. If a patient is going into an office or hospital anywhere in New Jersey, they still would want access to all the expertise. We can serve as a hub for the state. Using diagnostic information that can be done at Rutgers or through outside laboratories, our molecular tumor board meets with the all the appropriate expertise and gives guidance under the context of clinical trials. We are doing whatever's possible for them to get it done closest to their home. That's our mission. If we continue to do it right and stick to our mission, we'll better enable the patient to be treated locally.



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## A Team Approach

Individualized treatment plans are formulated not by a single physician, but with input from medical, radiation and surgical oncologists, pathologists and radiologists; specially trained and certified oncology nurses; and other medical specialists who render care in both outpatient and inpatient settings. The Regional Cancer Center offers state-of-the-art non-invasive technologies, including fusion PET/CT, high-resolution CT, PET, MRI, breast MRI, extremity MRI and low-dose mammography, and the new TrueBeam™ advanced linear accelerator treatment system, which delivers high therapy doses with accuracy in the fractions of millimeters, narrowly targeting tumors and avoiding surrounding healthy tissues and organs to produce exquisitely detailed images for diagnostic and treatment planning purposes.

## Patient-Centered Care

Holy Name simplifies the logistics associated with cancer therapy with ready access to services and physicians, minimal waiting, and easy parking. Oncology patients needing emergency care related to their diagnosis are admitted directly to the specialized nursing unit, without the delays associated with first visiting the Emergency Care Center.

The Regional Cancer Center features a one-stop concept with the full range of services located in a single convenient setting. Patients can arrange a consultation with their oncologist, receive radiation treatment or chemotherapy, have imaging procedures, biopsies and other tests, and receive physical rehabilitation. They can meet with the Center's oncology-certified dietitian, take part in a support group or seek the assistance of a social worker. Genetic counselors are available to work with patients and their family members.

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- Stereotactic body radiotherapy (SBRT)
- High-dose brachytherapy for prostate
- Stereotactic radiosurgery
- Microsphere embolization for liver
- Radiofrequency ablation
- Clinical research trials
- Supportive care, nutrition and pharmacy services, physical rehabilitation, palliative services, and home care
- Genetic counseling



*Dr. Andrew L. Pecora is the chief innovations officer and vice president of cancer services at Hackensack University Medical Center.*

## Big help from big data

*Pecora's COTA program aims to improve efficiency*

Dr. Andrew L. Pecora is striving to not only find new cancer treatments, but to make them affordable for both patients and their health insurers.

The hematologist and oncologist from The John Theurer Cancer Center at Hackensack University Medical Center has developed a program to improve outcomes for oncology patients while also preventing unnecessary medical costs.

Cancer Outcomes Tracking and Analysis (COTA) is a cloud-based program that collects patient data, such as age, race, family history, symptoms, diagnosis and where the patient is in the history of their disease. That information is entered into a computer program, which gives doctors the ability to collect and measure meaningful clinical and cost data. This allows oncologists to deliver high-quality cancer care, while at the same time, communicating better with health insurance companies, which improves practice efficiency by keeping costs in check.

Pecora believes this is a sustainable, rational model for cancer care.

“The best analogy is that it’s like a GPS,” Pecora said. “You follow it and it tells you what to do only when you go off course. It doesn’t tell you what treatment to choose, but it shows you the consequences of your actions or inactions.”

Pecora is chief innovations officer and vice president of cancer services at Hackensack University Medical Center. Among his awards are the American Society for Clinical Oncology’s Cancer Foundation Research Award and the Gallo Award for outstanding cancer research.

Pecora is recognized internationally as an expert in blood and marrow stem cell transplantation, cellular medicine and immunology research.

In 1989, he spearheaded the development of The John Theurer Cancer Center’s Adult Blood and Marrow Stem Cell Transplantation Program, and is responsible for many advancements used in stem cell transplantation today. In 2014, U.S. News and World Report named



# CANCER OUTCOMES TRACKING & ANALYSIS

The John Theurer Cancer Center among the Top 50 best hospitals for cancer and the highest-ranked cancer center in New Jersey.

Working with cancer patients, Pecora realized that the disease is becoming more and more complex, so he started looking for ways to segregate patients into smaller groups for clinical trials. He realized that, in order to do this, the method would need to be computational and numerically based.

In developing COTA, he worked with IBM and Microsoft to develop a prototype, and gathered input from more than 100 oncologists. Each patient is given a COTA nodal address, which is a set of characteristics covering personal history and particular illness. COTA will quickly zero-in on very specific subsets of patients, and enable doctors to view relevant outcomes at the click of a mouse.

“Informatic and biologic revolutions have allowed us to truly understand cancer’s causes and outcomes,” Pecora said. “We worked on this with engineers, doctors, mathematicians and physicists. COTA allows you to know how patients are doing compared to how they should be doing, and how the costs are doing against what they should be.

“If you can get the same or a better outcome for a lower cost, that’s what we all want.”

Pecora refers to his value-based health care plan as a Goldilocks for-

mula, with patients getting not too much and not too little care, but just the right amount.

“We have to figure out, as a nation, how to afford health care, because people are living longer and consequentially there is more disease and the need for more money,” he said. “This avoids the need for health care rationing.”

In fact, COTA received a significant investment from Horizon Blue Cross Blue Shield of New Jersey and Med-Metrix Inc., and has been in use for more than three years by many doctors and hospi-

tals, as well as pharmaceutical and diagnostic companies and several major health insurers.

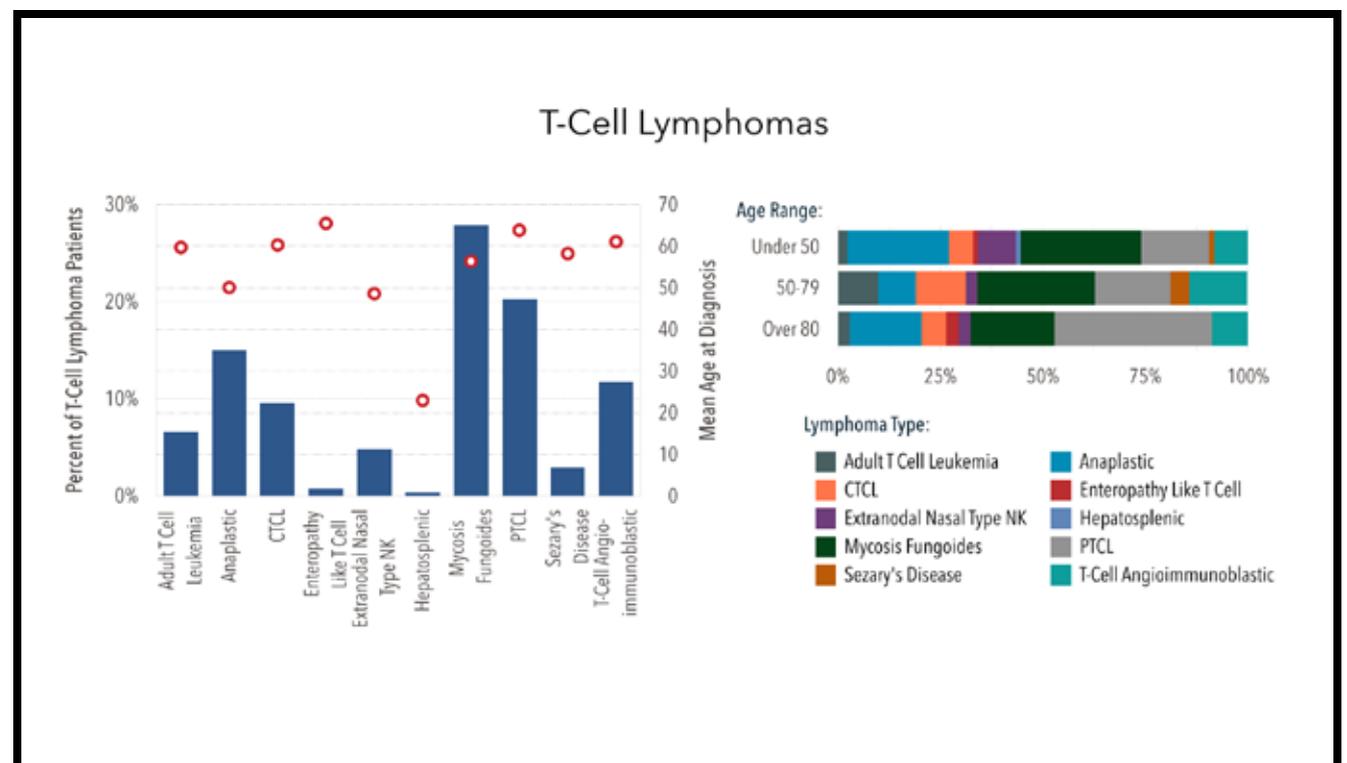
While some might believe that cutting costs means cutting care, Pecora said that is not the case with his value-based plan. He believes health care providers will have the incentive to order instead of deny certain medical tests, because the patients that don’t get those tests often receive ineffective treatment that leads to more money being spent in the long run.

“Patients who get tests live about 18 months longer because

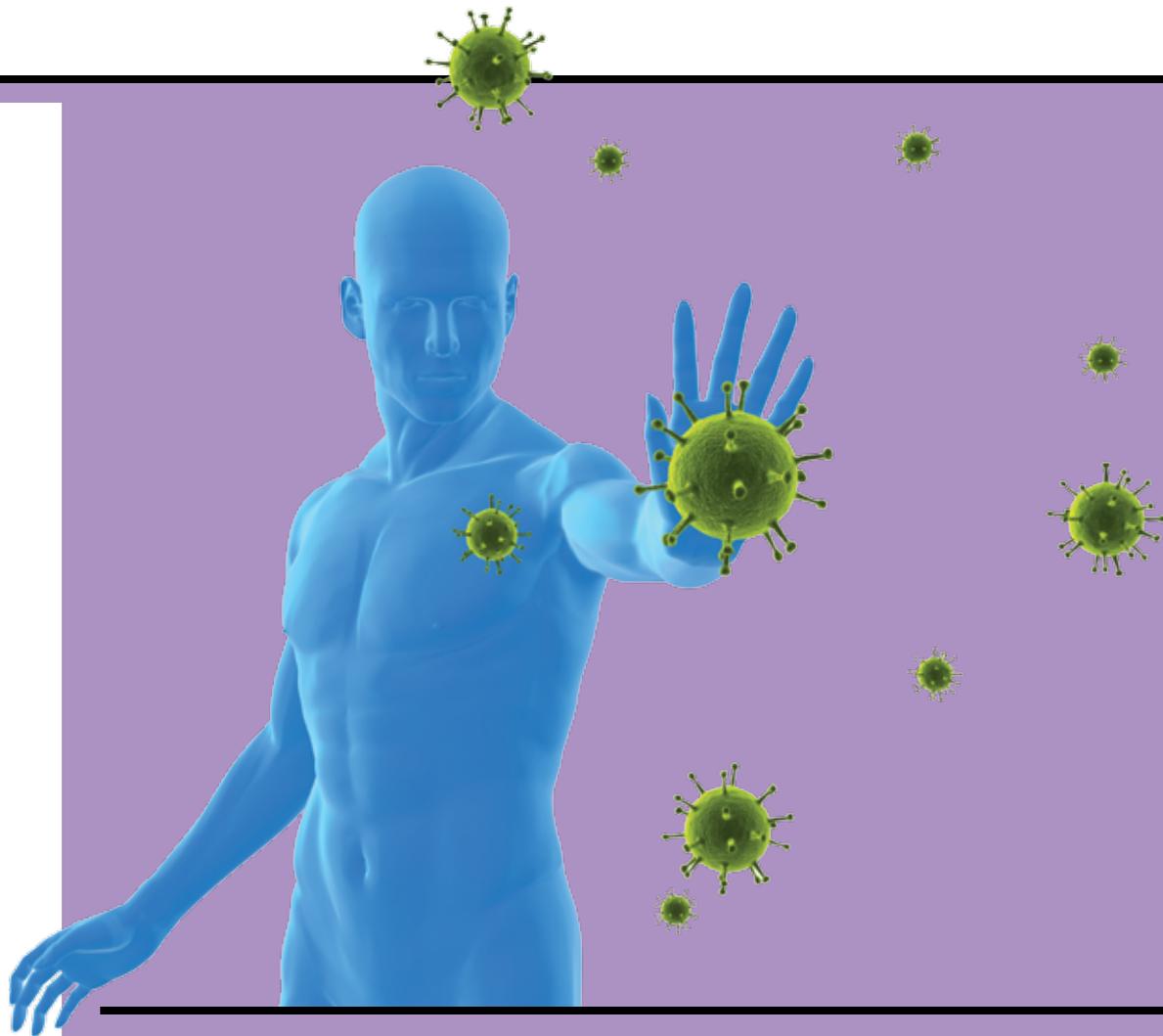
the test gives a result that allows the doctor to give precision medicine,” he said.

He notes that some doctors order more tests because that’s the way they have been trained, but without using COTA, it is often wasteful to the insurance companies and to the patients, who are hit with unnecessary copays.

“You can get the desired clinical outcome and actually save money if you do only what’s needed,” he said. “We’re not compromising care. It’s not about doing less; it’s about doing it right.”



These are T-cell lymphomas (272 patients currently) represented by volume (blue bars), median age (red dots), and percentages of age ranges (2nd chart) to show which lymphomas have higher incidence in older/younger patients.



## Immunotherapy helps patients fight their own battles

Ever since The John Theurer Cancer Center at Hackensack University Medical Center teamed up with the Georgetown Lombardi Comprehensive Cancer Center in Washington, D.C., research physicians have come a long way in the fight against certain cancers.

Through this alliance, the Regional Immunotherapy Discovery Program has made great strides by delivering state-of-the-art clinical trials to patients in the Northeast corridor between New York and D.C. The cutting-edge research in immunotherapy uses the body's immune system to recognize and destroy malignant cells, and then to remember and eliminate cancers that try to recur.

"This is revolutionary, to be able to take the immune system and teach it to kill cancer," said Dr. Andrew L. Pecora, chief

innovations officer and vice president of cancer services at HUMC. "What could be more exciting than that?"

The Regional Immunotherapy Discovery Program combines cancer immunotherapy and bone marrow stem cell transplantation, which Pecora has been working with for years. In 1989, he spearheaded the development of The John Theurer Cancer Center's Adult Blood and Marrow Stem Cell Transplantation Program and is responsible for many of the advancements used in stem cell transplantation today.

Cancer starts when cells in a part of the body start to grow out of control and form new, abnormal cells. Cancer cells are smart, Pecora said, and are able to turn off the body's T-cells, which are immune cells in the body that are capable of fighting

infection and keeping cancer under control.

Cancer historically has been treated with a combination of surgery, chemotherapy and radiation. But chemotherapy indiscriminately kills all cells, not just cancer cells, and causes a host of side effects. Immuno-oncology manipulates the human immune system so the system itself can kill the cancer cells, and only the cancer cells.

"Immunotherapy allows the T-cells to not be turned off, allowing the T-cells to kill the tumors," Pecora said. "For eight or nine years at Hackensack University Medical Center, we've been using new drugs that we helped develop. They are highly effective and have minimal side effects, and they are now being used around the world."

There are several different drugs used; some are trials

and others have approved been approved by the Food & Drug Administration. In some cases, health care companies pay for immunotherapy, and often pharmaceutical corporations pay for patients to participate in trials.

"From a business perspective, this is huge," Pecora said. "There will be billions of dollars in revenue for the pharmaceutical companies that develop drugs that work, so there is a lot of incentive for them."

The drugs are administered into the body intravenously on multiple occasions and the side effects are minimal. Pecora said 85 percent of patients experience no side effects. The other 15 percent may be diagnosed with inflammation of the colon, liver or lungs, but those conditions can be easily treated with steroids.

Pecora said immunotherapy has shown its greatest success so far in treating patients with melanoma, the most serious type of skin cancer.

"Once melanoma spreads to the organs, it was always thought to be incurable," he said. "With these drugs, we've seen the cancer go away and stay away for more than five years. That's a dramatic improvement."

Researchers are not sure why immunotherapy is more effective in treating in certain cancers, and why certain people respond to treatment while others don't. But they are convinced that further research and more trials will lead them to the answer.

"What we see with melanoma, we are going to see with other cancers," Pecora said.

In fact, Pecora thinks it won't be too long before a cancer vaccine is developed.

"I think it's on the horizon," he said. "I believe it will be within our lifetime."

# Find Confidence with a Second Opinion

**Karyn Marshall, DC**

Breast Cancer Patient  
Doctor of Chiropractic  
World Champion Weightlifter

## **“My breast cancer diagnosis was the heaviest weight I’ve ever had to bear.”**

As a world-record-setting weight lifter, I was determined to bring the tenacity that had served me so well in the gym to my fight against breast cancer. I went to Cancer Treatment Centers of America® (CTCA) in Philadelphia for what was my second opinion. As a chiropractor, it was really important to include chiropractic and holistic healthcare with my traditional cancer treatment. The fact that CTCA® did that and also had top-notch medical teams made it the right place for me. Today, I’m busy training for fitness competitions again and I’m more certain than ever that CTCA was the right choice for me.

See Karyn’s entire story at [cancercenter.com/community/survivors/karyn-marshall](https://cancercenter.com/community/survivors/karyn-marshall)

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Local residents Hyla Weiss (left) and Suzanne Unger have made it their mission to improve the facilities at Saint Barnabas in West Orange for patients and their families.

# Providing compassion and comfort

*Comfort Project 360 has transformed care at Saint Barnabas*

Hyla Weiss is a two-time cancer survivor.

Suzanne Unger lost her mother to breast cancer.

Both understand the impact of the disease — on the patients and their families. And both were determined to join the battle against it at Saint Barnabas Medical Center in West Orange.

Out of that, the Comfort Project 360 was created.

It's their way to bring compassion and comfort in what is often the toughest fight in the lives of those impacted.

The two, longtime friends who raised their kids in the community, started discussing the idea in the

fall of 2013.

"We started talking about how difficult the journey is for the patient and the family," Weiss said. "We asked ourselves, 'Is there an opportunity to make it different and make it better?'"

The goal, Unger said, was to view treatment from the patient's perspective.

"What needed to be done is to provide the simple comforts to make the lives of these patients better," she said. "We wanted to match the great medical care they were receiving from Barnabas from a perspective of comfort."

They imagined exam rooms



*Continued on page 16*

Aimee Parani was told she  
would have to lose her unborn baby  
to win her fight with breast cancer.

**WE FOUND A WAY TO SAVE THEM BOTH.**

Get Aimee's whole story at [cinj.org/realstories](http://cinj.org/realstories).



Aimee Parani  
Proud mom of Paige



**RUTGERS**  
Cancer Institute  
of New Jersey

Rutgers, The State University of New Jersey

that looked like hotel rooms; robes of luxury quality that you would find in a spa, not a medical center; top-quality drinks and snacks available to all.

Those were the initial goals.

But the women wanted to go further.

“We wanted beauty,” Weiss said. “We wanted to create a beautiful space that spoke to a whole body experience.”

So they added artwork, upgraded the furniture both in patient rooms and family waiting rooms. Inspirational quotes can be found throughout.

And there’s a concierge-type program to guide patients and their families in the process.

Their initial fundraising goal of \$500,000 was quickly met. They are now raising more money in an effort to make more upgrades.

And with that, what started just two years ago as a dream of making life a little more comfortable for cancer patients at Saint Barnabas has become a movement.

One noticed not only by the patients and their families, but by the health care industry as a whole.

“The 360 project is the ultimate grassroots dynamo to improve health care,” Saint Barnabas Health CEO and President Barry Ostrowsky said. “This is something that redefines health care, when patients come together on their own.

“We didn’t form this group. They came together on their own and they wanted to make the environment in which the clinical care is provided nicer and more compatible with healing.

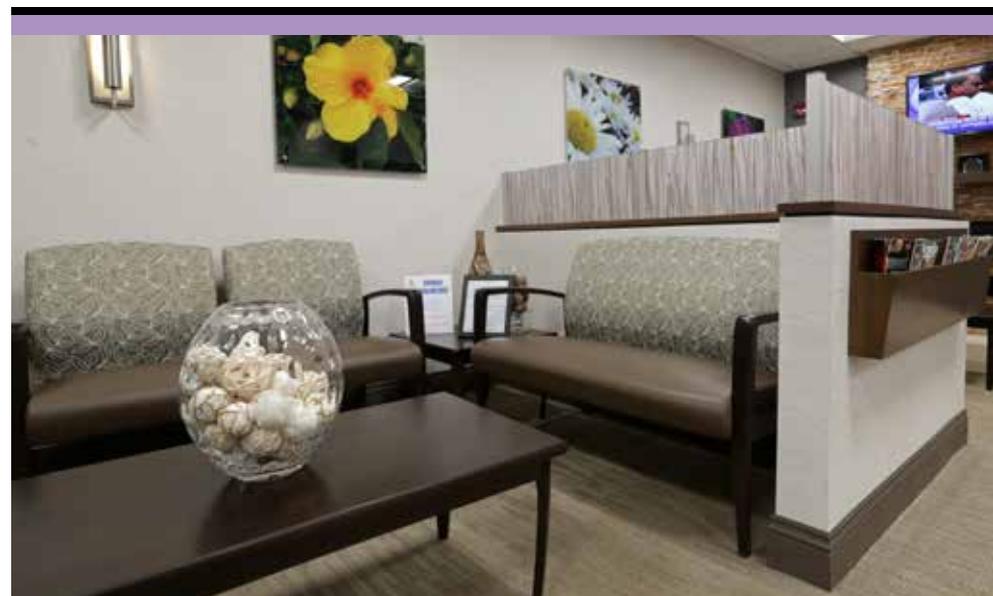
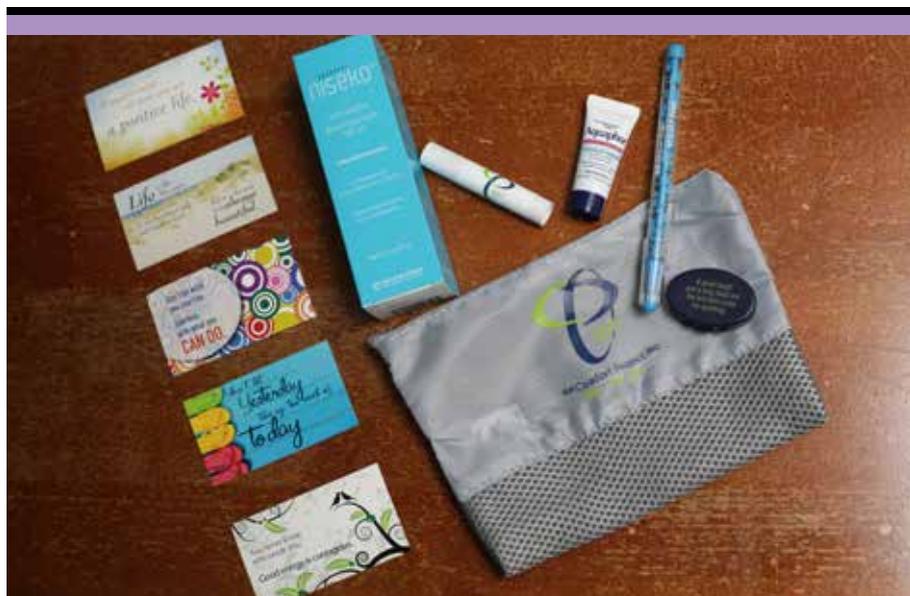
“It’s been spectacular.”

It’s a labor of love for Unger and Weiss.

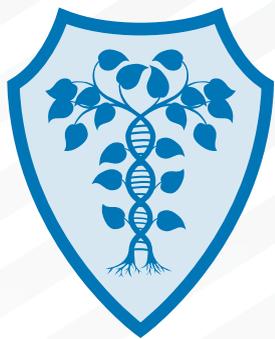
“We’re doers,” Unger said.

The project, Weiss said, just makes sense.

“This is our community,” she said. “This is where we live, where we raise our kids, where are families and friends are. It’s our mission to make it better.”







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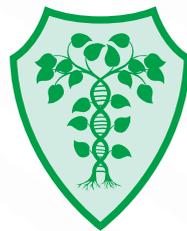
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*Dr. Sharyn Lewin is the director of gynecologic oncology and Dr. Benjamin Rosenbluth is the director of radiation oncology at Holy Name Medical Center.*



# As good as it gets

*Holy Name: Big-city care with community concern*

Doctors Sharyn Lewin and Benjamin Rosenbluth don't shy away from their résumés.

They are proud of their associations with Harvard University and Columbia University — and New York-Presbyterian and Memorial Sloan-Kettering.

But they are prouder still of what they are building at Holy Name Medical Center in Teaneck.

The two are helping Holy Name become a leader in the treatment of gynecologic cancer. And proving that New Jersey residents do not have to cross a bridge to get world-class care.

"I like to say we're Sloan-Kettering Light, in terms of the surgery and the chemotherapy and comprehensive care that patients are getting, because they really are getting all the things they can get at Sloan-Kettering in a really professional intimate environment here in Bergen County," Lewin said.

Rosenbluth agrees, saying the depth of their care is a differentiator.

"What we have are all the strengths of a larger academic center with the strengths of a small community hospital, as well, without any of the deficiencies," he said. "Every patient is discussed in a multidisciplinary setting —and we discuss them in a very academic style, a conference in which all the disciplines are brought in, including the medical oncologic and surgical oncologic and radiation oncologic but also nutritional and genetic, lots of other fields."

And while the pair is quick to boast about Holy Name's expertise in any number of cancer areas from breast cancer to genetic screening — "I'm excited about the genetics program that we're building here, which is a wonderful part of a comprehensive cancer program to provide genetic risk assessment counseling and testing for patients at high risk for heredity cancers," Lewin said — Holy Name's treatment of gynecologic cancer helps separate the hospital from others.

It starts with Lewin, one of the few cancer doctors who does surgery but also provides chemotherapy for her patients.

“We have a very specialized interest in gynecological cancers and access to clinical trials that are really unique for gynecological patients,” she said.

“We’re using all the cutting-edge surgical techniques for ovarian cancers and upper abdominal surgeries. Everything to remove every spec of residual disease and then women are receiving intraperitoneal chemotherapy, which is chemotherapy in the belly, so it really lends itself to the best possible outcomes.”

Lewin added that the center’s surgical expertise is key.

“There’s a real emphasis on surgical oncology,” she said. “Often, when you are treating a patient with gynecological cancer, the first treatment plan that you put in place makes all the difference in giving them the best quality of outcomes but also for quality of life.”

Rosenbluth said Holy Name’s radiation techniques are noted by more than just the patients.

“I like to joke that the technology and equipment companies love coming here because they know we are putting all of the latest equipment to use,” he said.

“We have all the technological things that make ours and our patients’ lives better: robotic surgery and the very latest conformal radiation techniques used for gynecological oncology, whether it’s external beam radiation therapy or what’s called brachytherapy, which is more of an internal kind of radiation given to certain areas of the body.

“We also use a new very confor-

mal technique called RapidArc therapy, which is a new type of treatment modality and we use image-guided radiation therapy so that the accuracy of the treatment itself can be assessed very close to the time the treatment is given.”

Just how good is Holy Name’s treatment?

Patients are now crossing bridges — in the other direction — to get it.

“I have quite a few patients coming in from Manhattan, Connecticut, Westchester, Pennsylvania,” Lewin said. “I’ve even had someone from Virginia and someone from Florida, so word’s getting around.

“Women are really getting some of the best surgery in the country, right here in Teaneck.”

And, both note, some of the best care.

“It’s the spirit of Holy Name,” Lewin said. “To have all the resources for a major academic cancer center, but with a friendly professionalism and intimacy that you would find in a community setting is really a rarity. Patients are really not just a number here. It’s wonderful collaboration. That’s what really drew me here; we can not only provide this best medical care, but the best all-around care for patients.”

Rosenbluth said that care extends past their specialties.

“It’s a pervasive attitude here from the top down,” he said. “It’s in the heart of this institution. Not just in our department. All of our colleagues have that warmth and approachability along with their expertise. It makes taking care of patients

a pleasure, as they really encounter that attitude wherever they go.”

The attitude, he said, makes it a team approach to health care.

“It’s a small center — Dr. Lewin and I speak several times a day about our patients, no one is a number here,” he said. “We know everybody, we know their history, we know their families and about their daily lives

and they get to know us as well.

“I think it’s also interesting, and what speaks to that intimacy is that even when they are done with their treatments, they come back to visit. That’s an amazing thing: You get sort of that small-town attention, but a lot of phenomenal technologic ability that you usually don’t see in a smaller community setting.”



Dr. John Brennan is the CEO of the Newark Beth Israel Medical Center.

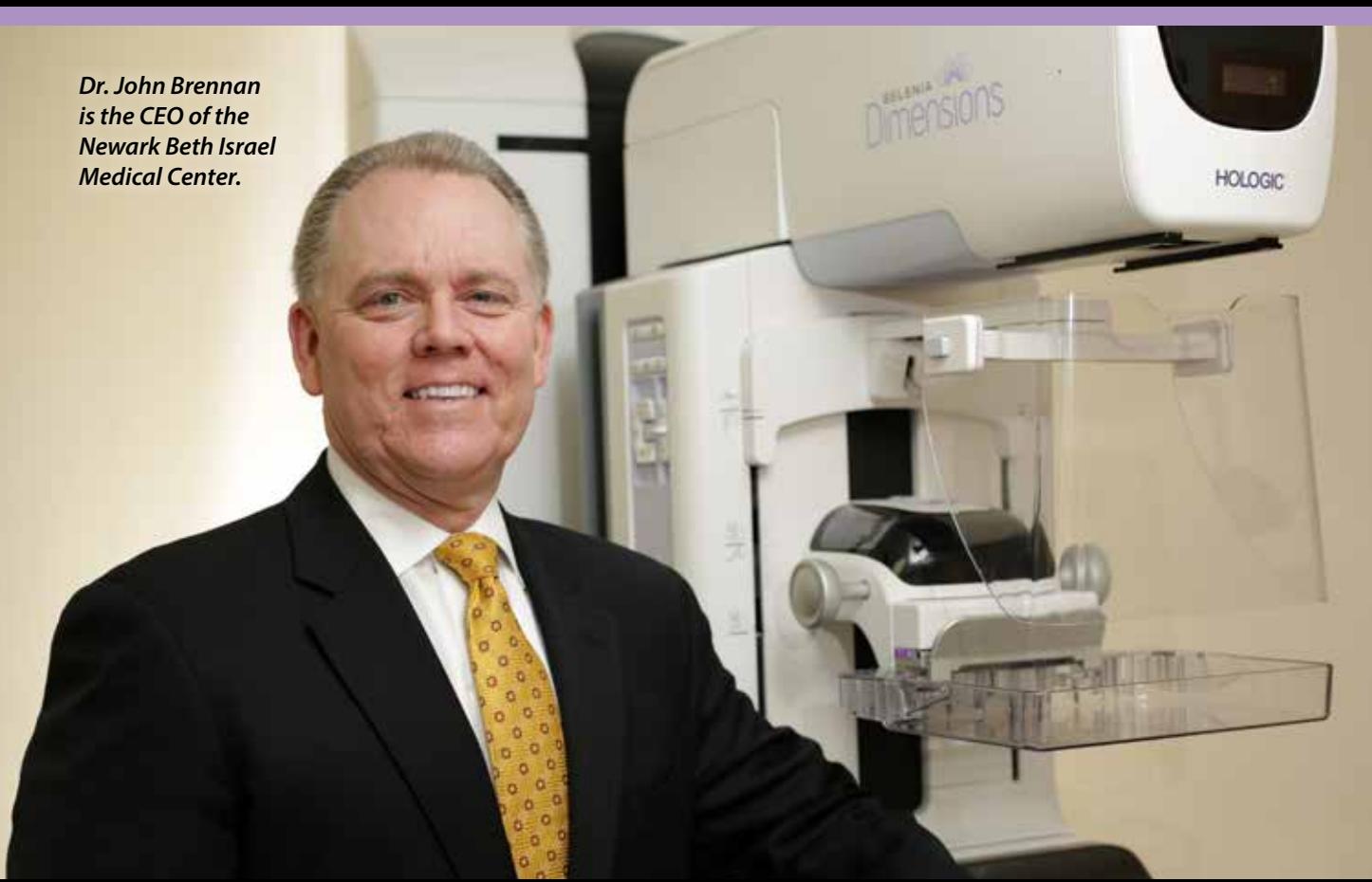


PHOTO BY AARON HOUSTON

# Filling a need

## Newark Beth Israel's new Breast Health Center to provide care for city's underserved residents

Dr. John Brennan knew all the numbers.

He knew that African-American women were underserved in the health care community ... knew that the success rate of treating breast cancer and other health issues — let alone preventing them in the first place — was stunningly low ... knew that the planned Breast Health Center at Newark Beth Israel Medical Center was being introduced in an attempt to reverse these trends.

But he didn't fully appreciate the effect the Breast Health Center could have on the community until he and others from the project met a number of Newark groups, including the wives of ministers in the South Ward.

"There was so much interest in what we are trying to do," he said. "You could see how much this is needed."

The numbers do, in fact, tell the story.

"The statistics for African-American women are shocking," he said. "They are diagnosed later — meaning

more already are at stage three and stage four breast cancer — than other races. And there's less people per 1,000 having the opportunity to get mammograms in urban areas.

"That's why, working with the Health Care Foundation of New Jersey, we are building a women's center that will have, as a subcomponent, a breast center that will have the latest equipment, technology and imaging techniques with mammography to very specifically and in a very detailed way find the earliest of early tumors."

The center, which will be part of the Barnabas Health system, is scheduled to open this fall.

Its impact, Brennan said, will be felt immediately.

"It's a perfect example of understanding the community," he said. "The disproportionality of certain conditions are so distinctive that you need to be able to address those. Newark is way underserved in terms of breast care. This breast center is an attempt to say we, and everybody else

along with us, have underserved this need."

And Brennan says they'll do it with care — and compassion.

A big part of the center's mission will be putting the patient first.

"It's really built to be patient-centered, patient-focused," he said. "And by making it more convenient, more efficient and more dignified, we're going to get more women to actually enter the process."

When they do, Brennan says they'll experience service like never before, especially if something is detected during a screening or test.

"You're not going to be told, 'Oh my gosh, you've got a specific marking on your mammogram and then told to go down the hall, take a right, take a left and try to find another area of the hospital,' right after you've just been given some pretty bad news," he said.

"We are hiring navigators to bring the women through these processes. These people are specifically trained in the process and help the women get from Step A to Step B to Step C."

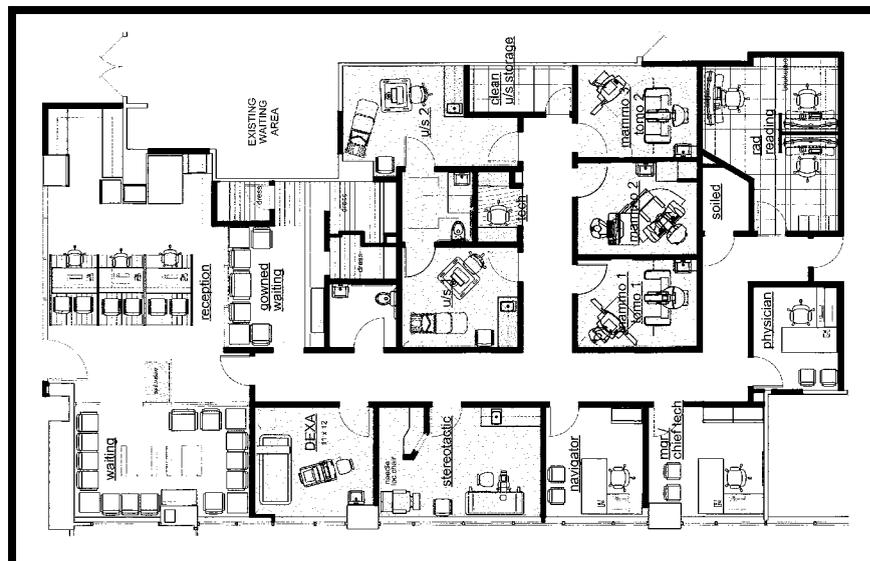
And in many cases, that can be in the same area on the same day, he said.

"You will have the radiologist, the oncologist and the surgeon in the same geographical area so there is a very multidisciplinary discussion of the next steps. And if you need a procedure, perhaps a biopsy, they would help coordinate the pre-op, the ambulatory surgical component and even the post-op.

"It will be done in a way that is both dignified and efficient."

Barnabas Health CEO Barry Ostrowsky said his system needs more of these projects.

"Hopefully this is the beginning of more and more projects that are about what people need," he said. "We need to find ways to do more of this; that is the real excitement."





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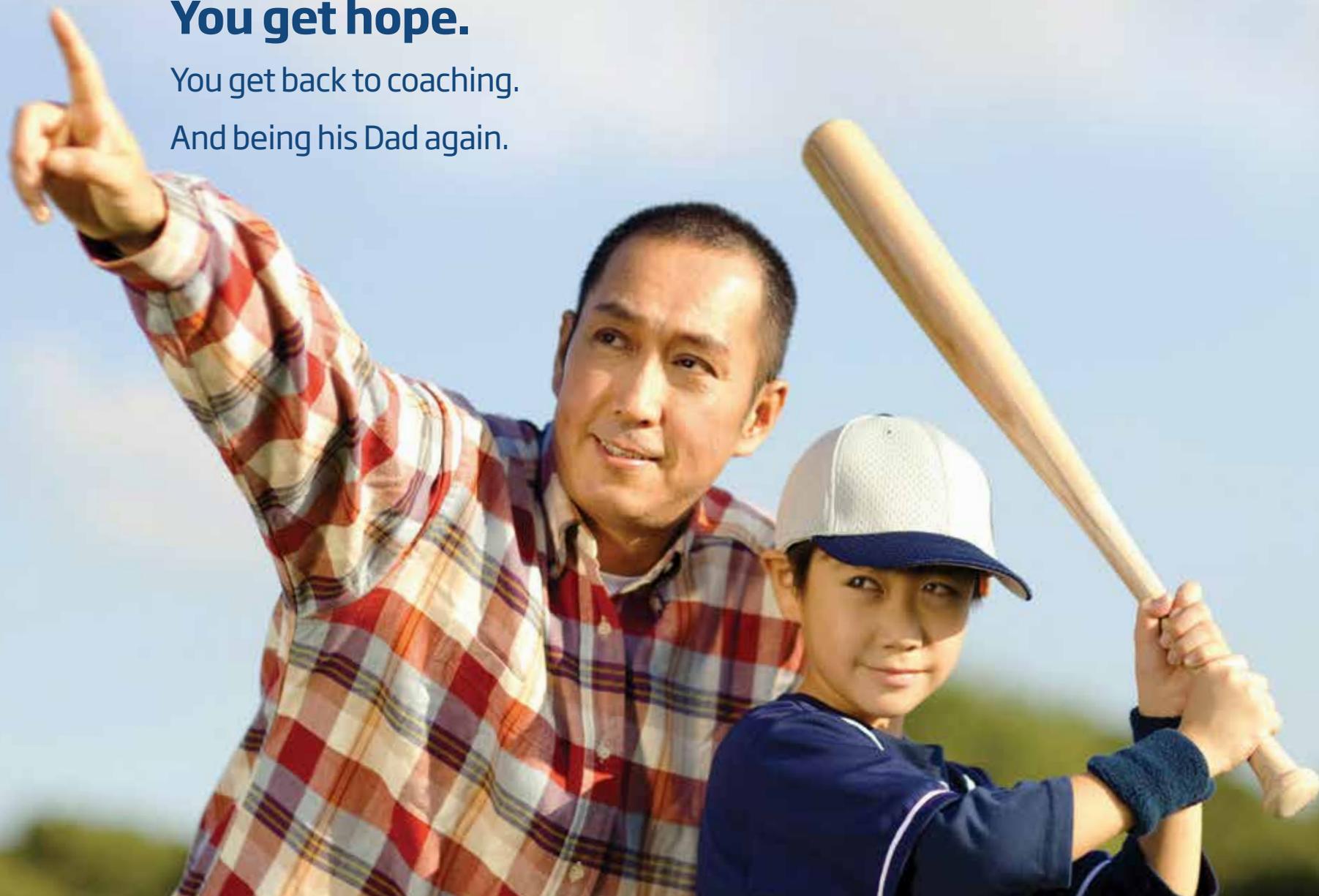
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