



# STAY healthy

CANCER SPECIAL ISSUE 2017

## Home Team<sup>®</sup> Advantage

Gus Manuel benefitted from UHS' team approach to lymphoma treatment

### By Your Side

Support services ease the journey through cancer treatment and survivorship

### Next-Gen Genetics

UHS adopts advances in testing for and responding to increased breast cancer risk

UHS WILSON MEDICAL CENTER

UHS CHENANGO MEMORIAL HOSPITAL

UHS HOME CARE

UHS PRIMARY CARE

UHS FOUNDATION

UHS BINGHAMTON GENERAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

UHS SENIOR LIVING AT IDEAL

UHS SPECIALTY CARE

UHS MEDICAL GROUP

# Save Your Skin

UHS recognizes the importance of regular cancer screenings, including for skin cancer, which is the most frequently diagnosed form of cancer. On September 16, UHS held a skin cancer screening day, during which a UHS team of professionals gave free screenings to 61 people and scheduled 38 follow-up appointments. Organized by the UHS Stay Healthy Center and UHS Dermatology, the event also included a discussion about screenings and different types of skin lesions, such as basal cell, squamous cell and melanoma.

More than  
**1 million**  
Americans are living  
with melanoma.

Current estimates  
are that  
**1 in 5**  
Americans will  
develop skin  
cancer in their  
lifetime.



In Broome County, the incidence rate of melanoma is **26.3 cases per 100,000 residents**. This is higher than **17.9** in New York State and **20.7** in the U.S. due to the county's higher percentage of seniors.

The five-year survival  
rate for people whose  
melanoma is detected and  
treated before it spreads to  
the lymph nodes is  
**98 percent.**



Melanoma is  
the second  
most common  
form of cancer in  
females ages  
**15–29.**

**The UHS Cancer Center** is accredited and highly rated by national organizations in the healthcare field. This requires rigorous evaluation every three years. For example, our breast care program is among an elite group that provides the full spectrum of diagnosis and treatment, and our radiation oncology service meets the very highest standards. Moreover, our center is accredited by the prestigious national Commission on Cancer, a high honor.

# Welcome Aboard

## Two new providers treat cancer at UHS

UHS has recently welcomed two new providers to its growing group of cancer specialists.



Nathan Goldman, MD

**Radiation oncologist Nathan Goldman, MD, has joined with Rashid Haq, MD, in providing clinical care at UHS Radiation Oncology.**

Dr. Goldman received his medical degree from Albany Medical College and completed a transitional year internship in 2013 at Bassett Medical Center in Cooperstown. This summer, he concluded a residency in radiation oncology, as chief resident, at Upstate Medical University.

He is experienced with external beam radiotherapy, brachytherapy and other technologies of radiation oncology, and has co-authored papers published in medical journals.



Neil Gibson, MD

**The UHS Medical Group welcomes colorectal surgeon Neil Gibson, MD, to UHS Surgery.**

Board-certified in general and colon and rectal surgery, Dr. Gibson received his medical degree from the Howard University College of Medicine in Washington, D.C. He then completed an internship and residency in general surgery at the Cleveland Clinic in Ohio and a fellowship in colorectal surgery at Brown University in Providence, R.I.

Since 2015, he has been a general surgeon and chair of the Department of Surgery at the University of Pittsburgh Medical Center-Kane Community Hospital in Kane, Pa.

**>> ACCEPTING NEW PATIENTS.** For more information on UHS Radiation Oncology, call **763-8181**. For more information about the surgical services provided by Dr. Gibson and the UHS Surgery team, call **763-8100**.





UHS recently added the Varian TrueBeam linear accelerator to its radiation oncology program.

## Take Aim

### Today's linear accelerators target tumors while sparing healthy tissue

UHS now has two linear accelerators (LINACs) that treat cancer with high-precision doses of external beam radiation. LINACs have come a long way since they were invented in the 1950s, and today they are used to treat cancer in any part of the body, delivering high-energy X-rays or electrons to the region of the patient's tumor.

UHS' recent addition of a second LINAC, this one with the brand name TrueBeam, essentially replaces the former CyberKnife robotic device at UHS Wilson Medical Center and enhances UHS' ability to provide patients with the best in radiation treatment for cancer.

"Our LINACs are designed to target the cancer cells while sparing as much of the healthy tissue in the vicinity as possible," said Rashid Haq, MD, radiation oncologist at the UHS Cancer Care Center. "They offer sub-millimeter accuracy in going at the cancer from numerous angles. Radiation and image guidance have advanced incredibly over the past 15 years, helping to ensure that we are hitting our target."

Today's LINACs are fast, meaning that some treatments that once took half an hour can now be completed in two minutes. Faster delivery also means reduced likelihood of tumor motion during treatment, which helps protect nearby healthy tissue and critical organs.

"TrueBeam also was designed to enhance the patient experience," the manufacturer, Varian, said in a statement. "Thanks to an advanced communications system, the therapist running it can be in constant contact with the patient."

**Most importantly, the LINACs used today unlock treatment options for patients who might not have been candidates for earlier types of radiation therapy.**

## A Resource for Coping

Medical experts tell us that as many as 41 percent of Americans can expect to be diagnosed with cancer at some time in their lives. And while a diagnosis of cancer is life-changing, substantial progress has been made in a wide range of treatments and therapies. In fact, some types of the disease are now considered curable, while others can be managed more like a chronic condition.

Just as we have learned that cancer isn't a single disease, today we realize that the ways in which people experience their battle with cancer are highly individualized as well.

Any type of cancer has a profound effect on a person's body, mind and spirit. According to the American Cancer Society, emotional support and mental health counseling have been found to help many patients and their loved ones cope with the disease. The Cancer Society encourages patients to talk with family members, their healthcare team and other cancer survivors as a way of gaining coping skills and personal strength.



As a patient-centered healthcare system, UHS is committed to being there for cancer patients and their families at every step of the journey, with medical, surgical and emotional support. We have one of the most comprehensive cancer centers in upstate New York, with the latest facilities, equipment, providers and expertise all converging to give the patient the best possible chance for recovery. Moreover, we are constantly improving and expanding our oncological services.

For example, recently we added a new linear accelerator to advance radiation treatment, brought new colorectal surgery and radiation oncology providers on board and formed a partnership with Upstate Medical University for prostate cancer diagnosis and treatment. We are improving care for patients with cervical cancer and lymphoma, and have piloted a program to help women determine their genetic risk for developing breast cancer.

If a person or their family member is ever diagnosed with cancer, they can rest assured that at UHS they will be able to connect with a cancer nurse navigator who will walk them through every question they have and every treatment decision they make. What's more, our support groups can be a very beneficial way of connecting with other survivors and dealing with all aspects of the condition.

No matter what type of cancer a person is dealing with, or what challenges they are facing, the UHS cancer care team can be a powerful ally in the battle and journey. It's one more way we show our commitment to listening, showing respect and giving hope.

*Matthew J. Salanger, FACHE*  
PRESIDENT & CEO OF UHS

# BY YOUR side

>> SUPPORT SERVICES EASE THE JOURNEY THROUGH CANCER TREATMENT AND SURVIVORSHIP

A diagnosis of cancer is life-changing, but the right support can ease the journey through care. At UHS, patients with cancer and their caregivers get the physical, emotional and practical support they need to address challenges that may arise along the way.

## HAVE HOPE

Binghamton resident Mike Boyko is a lifelong recreational athlete, so when the 58-year-old was diagnosed with prostate cancer earlier this year, he knew exercise could help sustain him physically and mentally during treatment. Soon after diagnosis, he joined UHS' HOPE program, a free, 12-week, medically supervised exercise program for cancer patients with an important advantage — regular interaction with other patients and a staff who is there to support safety and well-being.

Participants in HOPE, which stands for Helping Oncology Patients Exercise, receive a health assessment to pinpoint cancer-related complications that may be affecting the patients' well-being, including fatigue, loss of mobility and strength, and balance and nutritional problems. An exercise physiologist (EP) then creates a safe, personalized program of twice-weekly exercise or rehabilitation to help relieve or resolve the issues. Patients attend twice weekly to work with nurses, EPs and physical and occupational therapists as appropriate.

Mike Boyko joined the UHS HOPE program to exercise during cancer treatment, which helped him both physically and emotionally.

### In his words

Mike Boyko, a systems engineer, shares his top reasons for participating in the UHS HOPE program while being treated for prostate cancer:

- **It's free.** Why not take advantage of every support that's offered to get you through treatment?
- **It's safe.** It's supervised by medical professionals in case there's any problem.
- **It's supportive.** You meet people in the same situation, which helps you to realize that you'll never walk alone.



The HOPE program has safeguards that allow anyone to exercise, regardless of age and ability level, says Chris Clinehens, EP, who works directly with HOPE program participants. Once cleared by a provider, all cancer patients and survivors are qualified to join. No previous experience with an exercise program is needed. "Exercise has been

>> **WORK OUT WITH HOPE.** UHS offers free medically supervised exercise for cancer patients and survivors. To find out more, call **762-2178** or visit [uhs.net/care-treatment/cancer/hope-program/](https://uhs.net/care-treatment/cancer/hope-program/).



Dedicated nurse navigators guide patients through cancer diagnosis, treatment and survivorship. Pictured are: Mary Mancini, BSN, RN; Melissa Gaska, RN, OCN, CBPN-IC; and Ruth Manzer, RN, OCN.

shown to be beneficial to those with cancer, to improve overall health, build endurance and help fight the side effects of chemotherapy and radiation,” he says.

And once the program is completed, participants can opt to join the gym as a paying member with unlimited use.

Mr. Boyko finds it useful to go to the gym even when fatigue keeps him from doing his prescribed exercise routine. “Just going and doing something helps me break through frustration and tires me out so I can sleep better,” he says. In addition, he says that talking with other gym members and the attentive staff helps reinforce the feeling that he is never walking alone on his journey through treatment. “They listen to you and they care.”

Patients enjoy HOPE precisely because it’s not in a traditional gym environment, explains Mr. Clinehens. Staff greet members personally and are aware of their medical history and health challenges. Medical professionals are always on hand to monitor vital signs and answer questions, and the gym is cleaned to hospital specifications for the safety of patients with weak immune systems. Members can easily interact with each other. “The social atmosphere is the No. 1 reason people keep returning,” Mr. Clinehens says.

After completing the HOPE program, Mr. Boyko joined the gym and continues to take advantage of the safety and social support he’s found. “It’s helped me physically and mentally, and it keeps me moving and committed. It’s definitely worth the time and effort to go.”

## A PERSONAL GUIDE

Cancer nurse navigators are an important link between patients and UHS doctors, staff and services. UHS navigators are experienced oncology nurses who guide patients through care choices, help to manage appointments and connect patients with any additional support they may need, all with the goal of providing the best outcomes.

“A new diagnosis can be overwhelming,” says Mary Mancini, BSN, RN, one of three experienced UHS oncology nurse navigators. “We can help you to quiet the mind, understand your diagnosis and manage your care coordination concerns. We can advocate for you and act as your voice when you can’t find it in you.”

Patients can request nurse navigation assistance or be referred by a UHS cancer care team member at any time during their journey from care through survivorship. A navigator may join patients during doctors’ appointments, check in with patients during chemotherapy or radiation treatments, and explain what to expect at any point in the treatment and recovery process. Ms. Mancini often refers patients and their family members to helpful UHS support services when she recognizes a problem arising.

Cancer patients have a complex series of appointments, including imaging, genetic counseling and oncology. Nurse navigator Melissa Gaska, RN, OCN, CBPN-IC, has found practical solutions can make a big difference in how well a patient copes.

## Helping patients thrive

Feedback from patients and a careful study of best practices have helped UHS create a robust cancer support program. The following are just some of the support services offered:

**Financial advocacy:** Financial concerns should not derail a patient’s chances for the best possible health outcome. Financial advocates provide practical help with insurance and connect cancer patients to low-cost or free services and grants.

**Oncology social workers:** The area’s only dedicated oncology social workers help connect patients with any services needed to complement individual treatment plans.

**Cancer rehabilitation:** Physical, occupational and speech-language therapy can help restore energy, strength, mobility and everyday capabilities.

**Lymphedema therapy:** Patients who have had lymph nodes removed may receive specialized massage therapy and learn techniques to lessen swelling and maintain mobility in the affected limb.

**Nutrition therapy:** Maintaining a healthy weight and energy level is crucial for cancer patients’ well-being. Dedicated nutritionists assist with information about proper nutrition and supplements.

**Free transportation:** Free rides to and from appointments are available through volunteers and local organizations.

**Tobacco cessation support:** Personalized counseling helps tailor a tobacco cessation program to individual needs.

**UHS Home Care:** An array of in-home services is available to the approximately 90 percent of cancer patients who receive outpatient cancer care. Services include infusion, skilled nursing, maintenance of medical supplies and equipment, and rehabilitation therapies.

Everyone on the oncology team keeps an eye out for signs that a patient or family member is struggling in any way and could use more help, she says. “We work together to coordinate care and the level of patient support is amazing.”

When treatment ends, the oncology nurse navigators can make referrals

to a variety of survivorship services and therapies, and may check in months later if the patient and family wish. All of the UHS navigators enjoy being with their patients. “We’re here to make a difficult journey a little easier,” says Ms. Mancini. **SH**

# HOME TEAM

## advantage

>> UHS TAKES A TEAM APPROACH TO LYMPHOMA TREATMENT

When cancer experts at the University of Rochester concurred with the UHS treatment plan for Gus Manuel, he benefited from the teamwork and locally administered treatment.

“Our staff truly goes to the next level to care for patients. They are diligent, intelligent, experienced, friendly and caring. I feel very lucky to work with these professionals.”

—Ronald Harris, DO

Gusta “Gus” Manuel, a family man and retired foundry manager, never expected to hear the word “cancer” when he went to the emergency room in May 2015 with facial swelling but no other symptoms. “I felt fine, other than the swelling,” says Mr. Manuel. An examination revealed swollen lymph nodes in his neck, and the treating ER staff promised Mr. Manuel that they wouldn’t give up until they helped him find answers.

## What is lymphoma?

Lymphoma is a type of cancer that originates in the lymphatic system, the network of tissues and organs that transport white blood cells (which fight infection) and work to remove toxins and waste from the body. There are two types of lymphomas—Hodgkin and non-Hodgkin.

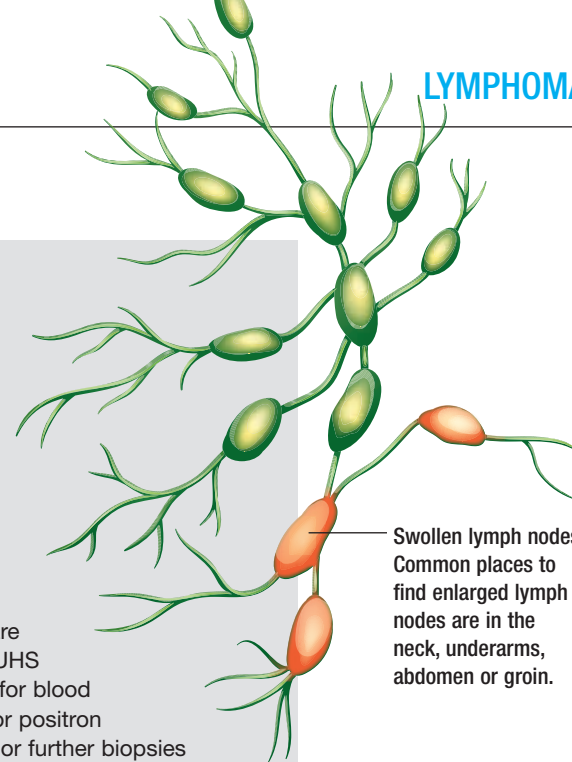
Follicular lymphoma is the most common form of non-Hodgkin lymphoma, and is a particularly slow-growing and often manageable cancer. It often has no symptoms until its later stages. Although Mr. Manuel had no symptoms beyond the swelling that brought him to the ER, some patients experience symptoms such as enlarged lymph nodes in the upper body (neck, underarms, abdomen or groin), fatigue, night sweats, shortness of breath and unexplained weight loss. Although these symptoms may be indicative of many things other than cancer, it's important to bring them to the attention of your doctor.

A biopsy and other tests can confirm a diagnosis and help doctors evaluate the type and stage of the disease. In some cases, a “watch and wait” approach is best for follicular lymphomas. Depending on the stage at diagnosis and other factors, this type of lymphoma can respond well to treatments like chemotherapy and radiation.

### Treatment at UHS

UHS offers treatment for lymphomas and many other types of cancer. UHS oncologists will develop a plan for your specific disease and will work with your primary care physician to manage your overall health during treatment. When treatment is over, you'll continue follow-up care and periodic screenings with your UHS oncologist. You may be scheduled for blood tests, computed tomography (CT) or positron emission tomography (PET) scans, or further biopsies periodically after your treatment to be sure the cancer remains at bay. Remember that it's important to get back to your life after treatment, to take care of your health and begin doing things you enjoy again.

In addition, UHS strives to improve its cancer treatment programs by being involved in and offering cutting-edge clinical trials at the local level. It's just another step in providing high-quality care at the local level, says Dr. Harris.



Swollen lymph nodes: Common places to find enlarged lymph nodes are in the neck, underarms, abdomen or groin.

Mr. Manuel was referred to Ronald Harris, DO, at UHS Medical Oncology in Johnson City, where further testing revealed a low-grade non-Hodgkin follicular lymphoma. However, Mr. Manuel's case turned out not to be typical — his cancer had unusual features that suggested a higher grade (more serious) case. Dr. Harris notes the diligent work of UHS hematopathologists, and in particular, Jagmohan Sidhu, MD, in providing a quick diagnosis. Dr. Harris recommended a review of Mr. Manuel's unusual case by a panel of lymphoma experts at the University of Rochester, who confirmed the diagnosis and agreed with the UHS treatment plan.

### TEAMWORK WINS

UHS provides the same standard of care as the larger cancer centers and Dr. Harris says the UHS oncology team is fortunate to have good relationships with them. “We can and do provide the same testing, diagnosis and treatments right here, so our patients don't have to travel when they're sick,” he says. “The support of family and friends in treatment really makes a difference.”

In Mr. Manuel's case, staying local gave him a great deal of comfort. It

meant his family could accompany him to every appointment, and his UHS Primary Care provider could continue to oversee his day-to-day treatment.

While treatment for lymphoma varies, Mr. Manuel was prescribed a course of chemotherapy in six doses over 3½ months. Mr. Manuel and his wife speak highly of the bonds they made with staff during chemotherapy appointments. “I felt fine after the first two treatments,” he says, “but I was really wiped out after the rest of them. We quarantined ourselves so I wouldn't be around people who were sick. It was just me and my wife for quite a few weeks.”

They took further comfort in the support and love of their four daughters, one of whom lives next door to the couple and is a nurse at the UHS Primary Care office where Mr. Manuel's doctor works. His wife is quick to add that this daughter eased their minds about his treatment and side effects during their confinement through the later treatments.

### BACK IN BUSINESS

Two years later, Mr. Manuel has long since recovered from the chemotherapy treatments and, aside from quarterly

checkups with Dr. Harris, has put the cancer behind him. An avid fisherman and devoted family man, he's gotten back to enjoying auctions and flea markets with his wife of 47 years, and family life with his devoted daughters and 10 grandchildren. Of his experience with Dr. Harris and his cancer treatment at UHS, Mr. Manuel says, “I put all my trust in Dr. Harris and I would again. He's a fabulous doctor.” **SH**

“I put all my trust in Dr. Harris and I would again. He's a fabulous doctor.”

—Gus Manuel



Gus Manuel has put lymphoma behind him after six doses of chemotherapy.

# NEXT-GEN genetics

>> UHS ADOPTS ADVANCES  
IN TESTING FOR AND  
RESPONDING TO INCREASED  
BREAST CANCER RISK

**T**he study of genetics related to breast cancer has progressed rapidly since BRCA1 and BRCA2 gene mutations were first linked to an increased risk of breast and ovarian cancer. Three recent advancements include broader gene panels, increasingly customized screening plans based on risk, and a significantly lower price for self-paid genetic tests.

## 1: BROADER GENE PANELS

Today, genetic tests examine a more comprehensive panel of genes to assess risk for breast cancer. Some inherited gene variations increase risk moderately, while some others, like the BRCA1 and BRCA2 genes, greatly increase risk. Additionally, there are numerous gene variations that have “uncertain clinical significance,” meaning they have been identified as possibly playing a role in cancer risk, but need more study to pinpoint the clinical significance.

Further confusing matters is the fact that only 5 to 10 percent

of all breast cancers are linked to inherited genetic variations, which means a negative test result does not remove a woman’s lifetime cancer risk. It’s important to evaluate both negative and positive results in the context of personal and family cancer history.

“Genes are not simple. So any time anyone has a genetic test, they need a genetic counselor to interpret the findings, explain personal and family risk factors, and suggest a course of action to hopefully reduce risks,” emphasizes Luba Djurdjinovic, MS, executive director of Ferre Institute, Inc., a nonprofit organization that provides genetic counseling at the UHS Breast Center. “We are still looking for the genes that will help us understand

the majority of breast cancers,” she adds.

## 2: INCREASINGLY CUSTOMIZED SCREENING

While genetic testing cannot conclusively tell a woman if she will develop breast cancer or if she carries a hereditary gene mutation, the UHS Breast Center is dedicated

## When to test

According to the National Comprehensive Cancer Network (NCCN), genetic testing is recommended if:

- There is a known BRCA1 or BRCA2 mutation in your family
- You or a woman in your family had breast cancer at age 50 or younger
- A woman in your family had breast cancer in both breasts or ovarian cancer
- A man in your family had breast cancer
- Your family is of Ashkenazi Jewish descent and you or someone in your family had breast cancer

to meeting any patient or genetic counselor’s concerns with a proactive, customized screening plan. “We’ll link a patient with a provider who specializes in those at high risk, and we’ll monitor that patient closely with additional screenings,” says UHS High Risk Cancer Clinic Specialist Jennifer Schechter, FNP-BC, OCN. “This way, if we ever do find something, it’s

at the earliest possible and most treatable stage.”

## 3: LOWER COSTS

Some patients don’t meet the National Comprehensive Cancer Network guidelines for genetic testing, which precludes them from insurance coverage. “Still, though, you may feel like something is going on in your family,” Ms. Djurdjinovic says.

Genetic counseling can help patients understand their testing options, including newer, more affordable self-pay laboratories. Through these labs, genetic testing costs have dropped from around \$4,000 to somewhere between \$249 and \$400. “Three laboratories in the U.S. now offer genetic testing at a very affordable, self-pay cost,” Ms. Djurdjinovic says. “So for patients who don’t meet their insurer’s testing criteria but have concerns, I can connect them with these labs.” **SH**

>> **ARE YOU AT RISK?** If you are concerned about your risk for breast cancer, discuss with your provider whether genetic counseling and/or an enhanced screening protocol is right for you.



Jennifer Schechter, FNP-BC, OCN