



# STAY **healthy**

FALL/CANCER 2015



## Ahead of the Game

Should you consider lung cancer screening? Frank Martello is glad he did.

## Circle of Support

Specialized services make a difference for those receiving cancer care.

## Check it Out

Colorectal cancer screening saves lives.

# Seal of approval



## UHS Breast Center re-accredited

The UHS Breast Center has once again been recognized for its multidisciplinary, high-quality, patient-centered care. In June 2015, the Breast Center was awarded full three-year re-accreditation by the National Accreditation Program for Breast Centers (NAPBC). UHS first achieved this accreditation in 2012—the first comprehensive breast center in the region to do so.

NAPBC Accreditation is the seal of approval from the American College of Surgeons, acknowledging a breast center's commitment to the highest quality of evaluation and management of patients with breast disease. Accredited centers receive a thorough review of their leadership, clinical management, research, community outreach and staff education.

# Cancer council

## Patients and families invited to provide input on cancer care at UHS



UHS has always been dedicated to providing cancer patients with everything they need to get better and stay healthy. But in order to provide the best care possible, patients' voices needed to be heard. So in late 2014, UHS started the Cancer Patient and Family Advisory Council, a committee of patients and family members devoted to sharing their experiences and finding ways to improve practices.

The council first met in January, where members narrowed their mission down to improving the experience in a few key areas, including communication and patient support

services. It isn't a focus group, it's a volunteer group, and there's more to do than just attend meetings.

"One example is reviewing our website and making recommendations for making it more patient- and family-friendly," says Ruth Manzer, one of the council's co-chairs. "We have very dedicated members who are willing to work to improve the patient's experience."

As they move forward, the advisory council hopes to expand and attract new members. Their goal is to use the patient experience to find ways to improve care at UHS, and they hope that the council really takes off in the coming months.

"We're always looking to change and make our organization the best it can be, especially for our patients," says Marie Darling, the other co-chair. "The universal goal is to see what we can do to make the next experience better than the previous one."

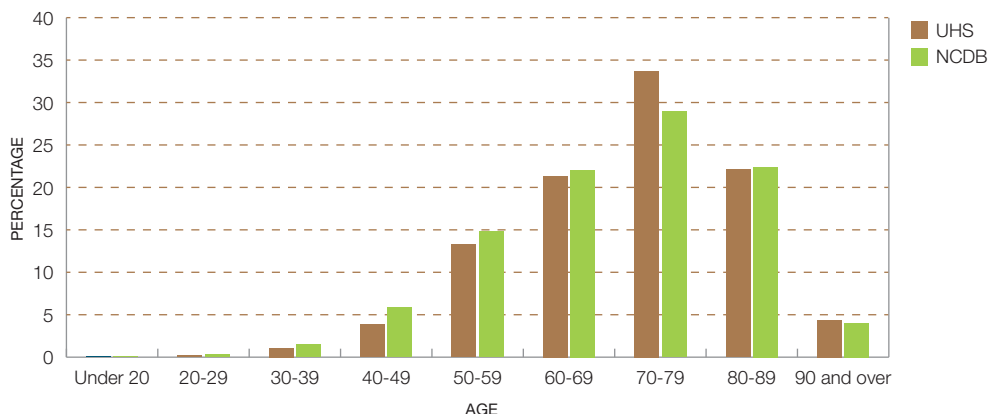
**>> HOW TO JOIN** Call Ruth Manzer at **763-5151** to find out more about the Cancer Patient and Family Advisory Council or to join.

# By the numbers

## Colorectal cancer diagnoses at UHS

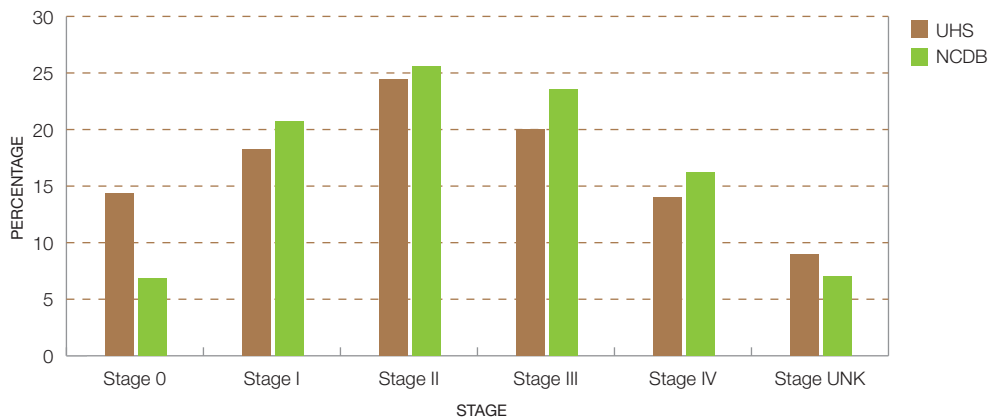
### AGE OF DIAGNOSES

Patients are being diagnosed with cancer at UHS at roughly the same ages as patients nationally, according to the National Cancer Database (NCDB).



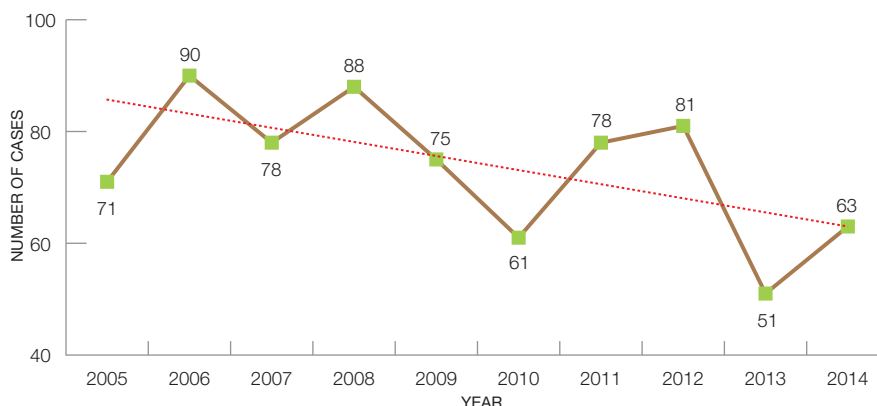
### STAGE OF DIAGNOSES

UHS diagnoses a greater percentage of colorectal cancer cases at earlier, more treatable stages than National Cancer Database (NCDB) averages due to an aggressive screening program.



### NUMBER OF DIAGNOSES

The number of cases of colorectal cancer diagnosed over the past 10 years at UHS has been trending down, with an all-time low in 2013, likely due to an increase in screening and removal of precancerous polyps.





# A new dimension

New 3D guidance system aids breast biopsies



UHS uses 3D technology for screening and diagnostic mammograms as well as biopsy guidance.

The UHS Breast Center at UHS now uses the Affirm breast biopsy guidance system to reduce procedure times and X-ray exposure while increasing precision and patient comfort. The system incorporates digital breast tomosynthesis, more commonly known as 3D mammography. Doctors can pinpoint the exact location of an anomaly within a 3D image of the breast, and the system will move to exactly that place to take a sample of the tissue. Patients recline in a comfortable chair during the biopsy.

The UHS Breast Center also uses 3D mammography for screening and diagnostic mammograms.

Unlike a regular 2D mammogram, which shows one flat image of the compressed breast, 3D mammography takes images of the breast from several different angles to create a three-dimensional image.

Doctors can visualize breast anomalies more clearly using the 3D image, which helps them determine if the anomaly is a malignancy or just normal, dense tissue. This reduces the need to call patients back for additional diagnostic mammograms, reducing stress and anxiety. A 3D mammogram takes only seconds longer than the conventional method.



The Affirm breast biopsy guidance system helps doctors pinpoint the exact location of a breast anomaly.

**>> TO MAKE AN APPOINTMENT** for a screening mammogram at the UHS Breast Center at UHS Vestal, call **762-2494**. Early morning, evening and Saturday appointments are available. 2D digital mammograms are also available at UHS Chenango Memorial Hospital and UHS Delaware Valley Hospital.

# You're not facing cancer alone

While cancer is still a major disease in the United States, there is much progress and hope in the battle to save lives and minimize the effects of the condition. And UHS is leading the way in our region to develop and employ the most advanced methods available in this ongoing fight.

We are working on several fronts. First of all, we encourage everyone in our community to follow their provider's guidance in doing all they can to prevent cancer. We offer smoking cessation resources and many UHS Stay Healthy programs that encourage good nutrition, fitness and overall wellness. Many of these are free or low-cost.

Second, we urge you to pursue early detection for all forms of cancer by taking advantage of screening programs such as colonoscopy and our new lung CT screening program.

Third, we use the latest technology and the best available medical skill to provide fast, accurate and comprehensive diagnoses for all types of cancers. From our internationally-recognized lab services, to three-dimensional mammography, to the most effective blood tests and biopsies, we help you learn the facts about your health status and enable you to make the best decisions about which course of treatment to follow.

When it comes to treatment, we offer radiation, chemotherapy, surgery and the special services of the CyberKnife Center of New York, right here on our own UHS Wilson Medical Center campus. And it doesn't stop there. From "Tea with Ruth" to the newly formed Patient and Family Advisory Council, UHS offers you and your loved ones all the support resources you could hope for as you deal with the disease in all its dimensions.

Most importantly, you are not alone if you are coping with cancer. Across UHS, we have assembled a multidisciplinary team of physicians, surgeons, nurses, technicians, therapists, pharmacists, laboratory technologists and allied health professionals whose goal is to give you a very powerful fighting chance. From our Cancer Center and Breast Center to every one of our other clinical areas and affiliated physician offices, we are committed to standing with you.

If you have been diagnosed, or if you just have questions or concerns about cancer, remember that we're on your team—that we're here to listen, to provide answers and to help you, in every way, on your journey toward recovery.

*Matthew J. Salanger*  
PRESIDENT & CEO OF UHS



# CIRCLE of Support

>> SPECIALIZED SERVICES MAKE  
A DIFFERENCE FOR THOSE  
RECEIVING CANCER CARE

**C**ancer patients experience a number of important transitions during their care, from diagnosis through treatment and survivorship,” says Ruth Manzer, RN, OCN, cancer nurse coordinator. “We meet with patients face-to-face and make them aware of the many support services that are available to them at each point along the way. We want them to know they are not alone. We empower patients to set goals and make decisions about their own care. We are here to help them thrive.”

At UHS, cancer patients are supported every step of the way by a team of expert doctors, nurses, therapists and other specially-trained health care professionals. After diagnosis, dedicated cancer nurse coordinators and social workers consult with patients to provide a seamless route to complementary services that support their individual health and well-being.

When patients have finished treatment, Ms. Manzer helps them develop a personalized survivorship care plan. This includes referral to a wealth of community resources, and follow-up by Ms. Manzer if requested. The goal is to get patients back to doing their favorite activities and enjoying life, she says. “People are living longer lives with cancer, and sometimes it is managed like a chronic disease. If desired by the patient, we are available to follow his or her progress after treatment and provide a connection to resources as needs arise.”

““ We empower patients to set goals and make decisions about their own care. We are here to help them thrive.””

—Ruth Manzer, RN, OCN



## SUPPORTIVE SERVICES INCLUDE:

### Physical therapy

Throughout the continuum of cancer care, physical therapists measure each patient's mobility status and energy level. Supervised therapeutic exercises aid patients in maintaining the range of motion, motor control and balance they had prior to treatment, as well as to help manage any cancer-related fatigue.

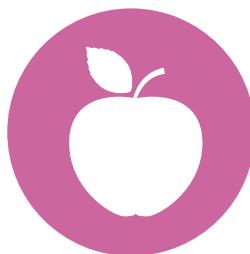


### Occupational therapy

Occupational therapists assist patients in performing activities of daily life despite the limitations cancer or its treatment may cause. Therapy is tailored to the individual, with exercises and advice designed to help patients maintain their abilities and normalcy in their day-to-day life. This can include anything from showering and getting dressed to doing household chores and enjoying hobbies such as gardening and golf.

### Nutrition therapy

The right diet is crucial to the health and well-being of cancer patients, but may be challenging when cancer or its treatment affects appetite, the sensation of taste or even the ability to eat. Nutritional therapists meet with patients individually to discuss diet, nutrition and supplements. They help patients maintain a healthy weight and energy level.



### Speech therapy

Certified speech therapists specialize in helping patients restore and maintain speech capabilities. They also help patients restore weak or lost swallowing function. This service may be triggered by a referral from the patient's doctor or other UHS cancer rehabilitation therapists, most often for those who are undergoing head and neck cancer treatment.

### Lymphedema services

Patients who have had lymph nodes removed during treatment are at risk of lymphedema, a painful swelling of the associated limb. At UHS, patients are regularly assessed throughout their care to catch signs of lymphedema early, when it is most manageable. In therapy, patients may receive specialized massage to lessen swelling and learn techniques that can keep swelling under control and help maintain mobility in the affected limb.



### Home care

UHS Home Care provides an array of in-home services for the approximately 90 percent of cancer patients who receive outpatient cancer care, and for those returning home after a hospital stay. Services include infusion, skilled nursing, maintenance of medical supplies and equipment, and rehabilitation therapies.

## All together now

During and after cancer treatment, patients and their families can benefit from attending these free UHS support groups.

#### Women's Expressive Art Support Group

1st Tuesday of every month, Noon–1:30 p.m.

*UHS Stay Healthy Center, Oakdale Mall*

This group supports women who currently have or have had cancer with the goal of encouraging creativity, resiliency and empowerment. There are open discussions and opportunities for self-expression. No previous artistic experience is required.

#### Tea with Ruth Support Group

2nd Tuesday of every month, 5:30–6:30 p.m.

*UHS Stay Healthy Center, Oakdale Mall*

Join oncology nurse Ruth Manzer for tea and conversation about life with cancer. Ruth has worked with hundreds of cancer patients and can help you find the answers to your questions.

#### Lymphedema Support Group

2nd Thursday of every month, 5:30–6:30 p.m.

*UHS Vestal, third-floor lobby*

Join us as we share news, valuable information and resources for those diagnosed with lymphedema. Support groups have proven to be an important part of living well with the condition.

#### Mugs for Men Support Group

3rd Tuesday of every month, 6–7 p.m.

*UHS Radiation Oncology, Johnson City*

Men living with cancer meet monthly in this group to talk about cancer-related issues. Grab an empty mug and join us. We'll fill it with coffee and tackle your top cancer-related concerns.

#### Caregivers Support Group

3rd Tuesday of every month, 6–7 p.m.

*UHS Stay Healthy Center, Oakdale Mall*

This group provides a place to share experiences and meet others who are helping to care for a loved one with cancer. Discussion is facilitated by a clinical social worker.

#### Breast Cancer Support Group

3rd Wednesday of every month, 6–7 p.m.

*UHS Vestal, third-floor lobby*

Learn about an array of complex medical treatment options in the company of others. This group includes women who have already made choices about their treatment options or who are currently making them.

#### Best Bites for Cancer

Contact the Stay Healthy Center at **763-5092** for dates and times and to register.

*Cafeteria conference room, Picciano 1*

This nutritional support group for those with cancer and their caregivers meets monthly and is facilitated by a registered dietitian. Registration is required.



# AHEAD of the game

>> SHOULD  
YOU CONSIDER  
LUNG CANCER  
SCREENING?

**Y**ou probably visit your doctor for checkups and recommended screenings such as mammograms and colonoscopies. But have you considered whether you should be screened for lung cancer?

Lung cancer causes more deaths than colorectal, prostate and breast cancers combined. In fact, lung cancer is America's second-leading cause of death, behind heart disease.

## The patient perspective: It's worth it

Frank Martello, a 74-year-old Apalachin resident, has been a smoker for 50 years. This made him a great candidate for lung cancer screening, as Madhuri Yalamanchili, MD, told him during a visit for a separate health concern.

"I thought, why not check on it and see, and maybe if there were a problem, we'd be able to get ahead of the game," says Mr. Martello.

He took Dr. Yalamanchili up on her advice and was relieved to receive cancer-free results in August of this year. "As it turned out, the results were great," he says. "I'm so glad we did it."

The experience has even motivated Mr. Martello to try to quit smoking. "I'm clean," he says. "And it seems to me that there's a good possibility that if I pursued a cessation program, I just might have a better chance to stay clean."

Frank Martello was inspired to quit smoking to stay cancer-free after a clean result from a lung CT screening.



“The high death rate is partly due to lung cancer being found in most patients after it has spread,” says Madhuri Yalamanchili, MD, a medical oncologist with Broome Oncology and co-medical director of UHS Medical Oncology. Lung cancer generally doesn’t cause symptoms until it has spread beyond the lungs. That’s why it is important for people at high risk for lung cancer to be screened.

Lung cancer screening at UHS is a noninvasive procedure using the latest technology: low-dose CT scanning. In this procedure, a powerful X-ray device rotates around your body, generating cross-sectional images of your lungs. The detailed images allow doctors to see cancerous nodules and small tumors early, often before cancer has spread.

Compared to traditional chest X-rays, low-dose CT scans are four times more likely to detect cancerous tumors and six times more likely to detect stage I cancers.

“In addition, lung cancer screening might also show if you have other conditions or diseases that need to be treated, like emphysema,” says Dr. Yalamanchili.

### WHO CAN BENEFIT?

Anybody at high risk for lung cancer should consider screening. These factors increase your risk for lung cancer:

- **Smoking:** People who smoke cigarettes are 15 to 30 times more likely to get lung cancer than nonsmokers. The more years a person smokes and the more cigarettes they smoke per day, the higher their risk. Other tobacco products, such as cigars or pipes, also increase lung cancer risk.
- **Secondhand smoke:** Nonsmokers who are exposed to secondhand smoke at home or work increase their risk for lung cancer by 20 to 30 percent.
- **Environmental exposure:** Exposure to radon, a naturally occurring odorless gas, is the second-leading cause of lung cancer. Exposure to substances found at some workplaces can also increase lung cancer risk, including asbestos, arsenic and diesel exhaust.

■ **Family history:** People with parents, siblings or children who have had lung cancer may have a higher risk for lung cancer.

If you have any of these factors, talk with your doctor to decide if screening is right for you.

### ARE THERE RISKS?

During low-dose CT screening, patients are exposed to low levels of radiation. The radiation level is higher than a standard X-ray. “But it is much lower than a regular CT scan that one might have if they have symptoms of cancer,” says Dr. Yalamanchili. “Most individuals receive about the same amount of radiation as they do in six months in their natural environment.”

If you and your doctor agree that you may be a candidate for lung cancer screening, the next step is to schedule a meeting with UHS nurse navigator Jennifer Schecter, NP, to discuss the risks and benefits and address questions and concerns.

Another potential risk is financial — many patients are concerned about whether their insurance will cover the test. The good news is that for people who can benefit from the test, it’s often covered.

Medicare covers lung cancer screening for people who meet criteria for being at high risk for lung cancer. Most private health insurance carriers have similar policies.

Before you schedule your test, a UHS nurse navigator will check with your insurance provider and get approval. For patients with no insurance, or insurance denials, a UHS financial advocate can connect you with any financial assistance programs you may be eligible for or set up a payment plan.

### WHAT IF MY SCREENING FINDS LUNG CANCER?

It’s scary to think about cancer, but screening can increase survival and quality of life if you do have lung

“I’m a current smoker, and trying to work on a cessation program. [Lung cancer screening] made sense based on my history of smoking and my age.”

— Frank Martello



Compared to traditional chest X-rays, low-dose CT scans are four times more likely to detect cancerous tumors and six times more likely to detect stage I cancers.

cancer. Studies have shown that people at high risk for lung cancer who get annual low-dose CT scans, rather than chest X-rays, can reduce their chance of dying from lung cancer by 20 percent. This is because low-dose CT scans catch cancers earlier, when they are easier to treat.

“Lung cancer caught early has a higher chance of a cure,” says Dr. Yalamanchili. “And survival rates are much higher when cancers are caught at a relatively smaller size.”

If you’re at high risk for lung cancer, knowing you’re doing everything you can to catch it early can bring peace of mind. **SH**

>> **ARE YOU A CANDIDATE?** To learn if you’re a candidate for lung screening, call UHS Nurse Direct at **763-LUNG (5864)**.



# CHECK it out

>> COLORECTAL  
CANCER  
SCREENING  
SAVES LIVES

**W**ith more people following screening recommendations in the U.S., rates of colorectal cancer (cancer of the colon or rectum) have dropped by 30 percent since 2001 in those age 50 and older. In fact, this cancer has recently moved from its spot as the second-most diagnosed cancer to No. 3, according to the American Cancer Society (ACS). Additionally, the death rate for those who are diagnosed with colon cancer has dropped steadily over the past 20 years, thanks to the trend toward earlier diagnosis.



## New options

For patients with suspected or diagnosed colorectal cancer or other diseases of the digestive tract, new options at UHS allow patients to receive comprehensive, compassionate care close to home.

Gastroenterologist Atif Saleem, MD, who joined UHS in August, specializes in endoscopic ultrasound procedures that can be used to assess certain suspicious polyps and aid in the diagnosis of other cancers of the gastrointestinal system and lungs.

When used to assess diseases of the digestive tract, this state-of-the-art ultrasound procedure is performed using a scope similar to the one used in colonoscopy, and is threaded into the colon, esophagus or stomach while patients are sedated. It produces detailed images of the lining of the digestive walls and nearby organs. During the same procedure, the doctor can take tiny samples of suspicious areas for testing if needed, allowing diagnosis without the need for surgery in certain cases.

Dr. Saleem is also experienced in a groundbreaking technique called EMR, which uses specialized tools threaded through a scope to remove precancerous or early stage cancerous lesions from the colon, also without the need for traditional open surgery.

Not only is colorectal cancer usually curable when caught early, in many people screening can prevent it altogether, says Amine Hila, MD, board-certified gastroenterologist at UHS. “When gastroenterologists began to use colorectal screening (called colonoscopy), they would see colorectal cancer cases regularly,” he says. “Now we see it less frequently because we are actively preventing it. The goal of screening colonoscopy is to find patients at the precancerous stage.”

### WHY SCREENING WORKS

Many people have growths in their colon called polyps. While these are often not cancerous, certain types of polyps can become cancerous over time. Finding and removing them during a screening colonoscopy not only allows the doctor to test for early signs of cancer; it removes potential sources of cancer.

For this reason, you should not wait to be screened, Dr. Hila says. “Now, the majority of the colon cancers that we

find are in people who did not comply with the recommendations for screening colonoscopies. They either were never scoped or didn’t come back when it was recommended.”

For people at average risk, screening should begin at age 50. Screenings are generally repeated every 10 years unless results from the colonoscopy suggest a higher risk for cancer.

Family history and other health considerations may increase your personal risk of colorectal cancer and require a unique screening schedule. For example, if a close blood relative had colorectal cancer, screening should begin 10 years before the age at which your relative was diagnosed, and repeated more frequently. It’s important to discuss personal risk factors with your doctor, says Dr. Hila. “A discussion with your doctor helps us determine the right age for screening to begin.”

Screening may also be recommended if you experience symptoms of colorectal cancer at any age, including



rectal bleeding, a change in bowel habits, or abdominal pain or weight loss of unclear cause.

### THE SCREENING PROCEDURE

Colonoscopy is an outpatient procedure. Patients fast and drink a laxative liquid to clear out the colon the evening before the test is scheduled. Once patients arrive at the screening clinic the next day, they are sedated, which allows them to relax or sleep during the procedure. The doctor then threads a thin scope outfitted with a tiny video camera into the colon and watches the video images on a screen, looking for polyps and other signs of disease. Polyps are removed for prevention during the procedure, and once removed are tested for cancer.

The appointment will typically take between two and three hours from arrival to departure, and most patients do not feel any pain or remember the procedure afterwards, Dr. Hila says. In fact, it is commonly observed that the most uncomfortable part of colorectal screening is drinking the prep solution the day before. Fortunately, patients now have the option to choose from a variety of newly available solutions that are more comfortable to drink than the traditional options, he says. **SH**

## Make a change

The following lifestyle choices can significantly lower the risk of colorectal cancer:

- Achieve and maintain a healthy weight.
- Eat a diet high in fruits, vegetables and fiber.
- Limit the amount of red meat in your diet.
- Limit alcohol intake.
- Eliminate tobacco.
- Exercise regularly.
- Follow your recommended colorectal screening schedule.



“Now we see [colorectal cancer] less frequently because we are actively preventing it.”

—Amine Hila, MD

>> **GET SCREENED.** For information on colonoscopies at UHS Hospitals, call Binghamton Gastroenterology at **772-0639**. For information on colonoscopies at UHS Delaware Valley, call **865-2150**. For information on colonoscopies at UHS Chenango Memorial, call **337-4800**. Learn more at [uhs.net/care-treatment/gastroenterology](http://uhs.net/care-treatment/gastroenterology).

# A healthy lifestyle

UHS Stay Healthy Kids sets families up for a lifetime of good health



The UHS Stay Healthy Kids program is a free resource that helps families learn healthy habits that will benefit children and adults alike.

The program is open to any school-age child, regardless of body mass index (BMI). Children just need a referral from their primary care provider. "The referral is just to make sure physicians know that the family is interested in making healthy changes and that there aren't any health issues we need to be aware of," says program coordinator Leah Miller.

The program is divided into four sessions over the course of two months, with a session being held every two weeks. During the first session, program coordinators learn about each family's current habits and behaviors and help them set new health and fitness goals. "When an entire family is working together toward the same goal, the child tends to be more successful," Ms. Miller says.

The next two sessions focus on nutrition. Children create journals to keep track of their meals and physical activity. Coordinators then work with families to gauge where they need help making changes, whether it's swapping junk food for healthier snacks, learning how to read food labels or gathering tips for healthier grocery shopping.

The last session teaches families how to be more active and limit children's screen time. "The more technology available means the more time they're using it, whether it's television, phones or tablets," Ms. Miller says. Children should enjoy about 60 minutes of physical activity each day, and the session gives tips for breaking up this time into smaller and more obtainable goals.

Children also receive giveaways like jump ropes and water bottles to get them excited about healthy activity at home. They are encouraged to bring as many family members as they'd like to the sessions.

"I really enjoy active living and I'm trying to make the same changes these kids are, so it helps to be that role model for them," Ms. Miller adds. "It's really important to start when kids are young to instill healthy habits for a lifetime."

>> **TO LEARN MORE** about UHS Stay Healthy Kids, call **763-6722** or visit [uhs.net/wellness](http://uhs.net/wellness).

# Reach Out and Read

Doctor opens world of books to kids

Katherine Holmes, MD, a family physician, is introducing a program that puts free books into the hands of pediatric patients at UHS Primary Care Johnson City. The program, called "Reach Out and Read," promotes early literacy and school readiness to young children and their families in all 50 states. Each year, medical providers at the nearly 5,000 Reach Out and Read program sites nationwide distribute 6.5 million books to children and invaluable literacy advice to parents.

"Every time a child comes in for a regular checkup, we will make sure they go home with a brand-new book at their reading level," Dr. Holmes says. "We will do this from age 1 to age 5. At the end of five years, the child will have their own library of 10 books."

Parents will be encouraged to read to their children and help them develop a love of reading at an early age, which can make a big difference in their ability to succeed in school, work and life.

"In a multicenter study, families exposed to Reach Out and Read were more likely to report reading aloud at bedtime and to owning 10 or more children's books, both of which encourage literacy," Dr. Holmes says. "And it's widely known that children who develop an early love of reading perform better throughout their school careers."

Working with a publisher who is in tune with the program, she was able to buy a quantity of new books at a discounted price. The UHS Foundation funded the first year's supply. Dr. Holmes says, "We at UHS Primary Care Johnson City are excited about this opportunity to get kids reading, loving books and enjoying learning."



**"Every time a child comes in for a regular checkup, we will make sure they go home with a brand-new book at their reading level."**

— Katherine Holmes, MD

>> **FAMILY PHYSICIAN** Katherine Holmes, MD, joined UHS in 2014 and practices at UHS Primary Care Johnson City. She is currently accepting new patients of all ages. Call **763-6075** for an appointment.





# GROUND breaking

>> NEW UHS  
COMPREHENSIVE  
ORTHOPEDICS CENTER  
TO CONSOLIDATE CARE



**P**atients with orthopedic or sports-related injuries and conditions rely on UHS as their first choice for treatment. In order to continue this tradition and provide patients with more centralized, organized care, UHS has broken ground on the UHS Comprehensive Orthopedic Center on the Vestal Parkway. The center will complement the UHS Vestal complex next door and will host a number of related UHS programs in one location.

“Research clearly demonstrates a growing need for orthopedic and related services in the Southern Tier, given our aging population and increasing consumer demand,” says Matt Salanger, president and CEO of UHS. “[We] are committed to anticipating the medical needs of our community and responding by creating services that are high-quality, comprehensive and conveniently accessible.”

UHS’ specialized medical programs in orthopedics, podiatry, chiropractic,

rheumatology and physical therapy will be located in the new building. Each of those services will relocate from other UHS sites to make the new center their home. The new center will also house greater Binghamton’s largest sports medicine practice, with ample space for post-surgical strength conditioning and a concussion center.

“Right now we’re scattered,” says Lawrence Wiesner, DO, orthopedic surgeon and head of UHS Orthopedics. “We’re all doing what we do, but we’re not under one roof in an ultra-modern setting.”

The UHS Comprehensive Orthopedic

Center will include the latest medical technology but the same dedicated doctors, nurses and other UHS staff patients have come to know. The center will be organized into pods that are dedicated to specific specialties: sports medicine, hand and upper extremity, joint replacement, and trauma and general orthopedics. The placement of each pod was designed specifically with patients’ needs in mind.

Having various providers from surgery to rehabilitation in one building will result in enhanced communication and higher-quality, more convenient care for patients. Imaging will also be offered on-site, and a lab and pharmacy are right next door at UHS Vestal. The new center will have spacious parking to accommodate the thousands of predicted outpatient visits each year.

The center is expected to open in late 2016. Dr. Wiesner says the process is running smoothly. “It will be a great high-tech space for doctors to see patients in an organized manner,” he adds. **SH**



We’re not  
moving yet

Several Binghamton-area orthopedic and related care offices will move to the UHS Comprehensive Orthopedic Center late in 2016. Until then, they will remain in their current locations.

UHS Sports Medicine at UHS Binghamton General Hospital  
**771-2220**  
UHS Concussion Center  
**772-8120**  
UHS Orthopedics Binghamton  
**771-2220**  
UHS Podiatry Binghamton  
**772-8772**  
UHS Chiropractic  
**754-4850**

>> **READ MORE** about orthopedic, concussion and sports medicine services at UHS at [uhsstayhealthymag.com](http://uhsstayhealthymag.com).

# KICK butts

>> YOU CAN QUIT  
SMOKING WITH SUPPORT



If you smoke, quitting is the best thing you can do for your body. No matter how long you've been a smoker, when you quit, you lower your risk for lung cancer, heart disease and many other ailments.

But quitting isn't easy. "It's an addiction, and we understand that it is very hard to quit for good," says Laura Schutt, RN, CTTS, a smoking cessation specialist at the UHS Stay Healthy Center at the Oakdale Mall. "The success rate is much higher when you have emotional support and medical support."

Researchers at the Mayo Clinic found that about 5 percent of people who try to quit succeed without a quit-smoking medication. But the success rate is more than 30 percent with medication. And the chance of success is even better when you combine medication with behavioral therapy, whether it's counseling in a group or one on one.

## GETTING THE SUPPORT YOU NEED

As a smoking cessation specialist, Ms. Schutt regularly helps people increase their chances of success by directing them to resources for nicotine replacement therapy and counseling them on getting started, handling cravings and dealing with setbacks.

"The most important thing is to have a plan for how you are going to quit and what you are going to do when stressful situations occur," says Ms. Schutt. "Because those stressful situations will occur, and that is when most people pick up a tobacco product again."

The more support a person has, the more likely they are to stay on course. "Any type of support, whether family, friends or coworkers, can help keep the quitter motivated," she says.

Professional support, like that provided at the UHS Stay Healthy Center, can provide the extra push toward success. "We are a nonjudgmental source of support," Ms. Schutt says. "A lot of people respond to that."

## SUPPORTING THE COMMUNITY

The UHS Stay Healthy Center extends its reach to even more people by taking part in local and national campaigns. This fall, the center had a special table in the Oakdale Mall for Kick Butts Day on October 12, a national day of activism to protect kids from tobacco. The center will host a table again for the American Cancer Society's Great American Smokeout on November 19 to encourage people to make this a tobacco-free day.

The UHS Stay Healthy Center is also a member of Tobacco Free Broome and Tioga, a partnership of local organizations and individuals

Nearly **7 out of every 10** current U.S. smokers report that they want to quit completely.

In New York, the percentage of adults who currently smoke cigarettes is **18.1%**, ranking 8th among the states.



Each year in the United States, cigarette smoking and exposure to secondhand smoke causes 443,000—or **1 in 5**—deaths.

**61.6%** of New York adult smokers made a quit attempt in the past year, ranking 5th among the states.

who work together to offer community programs in tobacco prevention, cessation, advocacy and education.

"We do what we can to promote a healthier community that is tobacco free," says Ms. Schutt. **SH**

>> **LEARN MORE.** The UHS Stay Healthy Center at the Oakdale Mall offers tobacco cessation information, classes, and counseling over the telephone free of charge. To speak to a smoking cessation specialist, call the Stay Healthy Center at **763-5091**.