



UHS
Stay Healthy

SPECIAL CANCER
ISSUE 2019

YOUR RESOURCE FOR HEALTHY
LIVING AND WELLNESS

The Cutting Edge

Bob Gritsavage discovers the significant
benefits of a robotic surgical system

CONNECTED CARE

A new remote monitoring
program lets UHS providers
stay in touch with patients
after cancer treatment ends

**A CLOSE LOOK AT
YOUR LUNGS**

Answering common
questions about lung
cancer screening

Your ally in the battle against cancer



In recent years, healthcare professionals have been advising all of us that education, awareness and early detection are the keys to overcoming many forms of cancer. And new technologies and approaches to treatment are giving patients the

edge in beating the disease. At UHS, we are deeply invested in measures that promote screening and early diagnosis, as well as in the latest medical and surgical treatment advances.

We provide lung cancer screening, a low-dose CT scan that can find nodules and small tumors in the lungs at an early stage. And we encourage patients to talk with their doctors about what age they should start having colorectal cancer screenings. Today several options are available to detect this dangerous but very treatable condition.

On the treatment front, we are making great strides, right here in the Southern Tier, with new technologies and services that benefit cancer patients. Surgeons at UHS have recently begun using the da Vinci robotic surgery system for prostate cancer and other disorders. This minimally invasive approach features less pain, less blood loss and faster recovery. And we have recently adopted a new remote monitoring program that enables providers and patients to stay in touch on a regular basis after treatment ends. Moreover, we have a team of four oncology nurse navigators who guide patients through all aspects of their cancer journey.

Cancer is a formidable enemy, but at UHS we stand firmly on your side. We offer the skill of our providers, the latest knowledge and the best tools to enable you to survive and thrive. Our resources are here to give you a fighting chance at a full recovery.

John M. Carrigg
PRESIDENT & CEO, UHS



✦ Starting at left: Rita Kanaar, RN, Mary Mancini, RN, Julia Mack, RN, and Kristin Raub, RN, make up the oncology nurse navigator team at UHS.

Finding a way

Nurse navigators serve as trusted allies on the cancer journey

From the moment of learning of their diagnosis to the challenges of treatment and paying bills, cancer patients need help they can rely on. Fortunately, UHS has a team of four oncology nurse navigators who help patients with their cancer journey.

Kristin Raub, RN, oncology nurse navigator, is a seasoned professional who has worked in UHS hospitals and care centers for years. Now based at UHS Wilson Medical Center, Ms. Raub assists cancer patients entering treatment for head and neck cancers and urological cancers. Mary Mancini, RN, is the oncology nurse navigator who focuses on patients with gastrointestinal cancers, and another team member, Rita Kanaar, RN, came on board in December to help lung cancer patients.

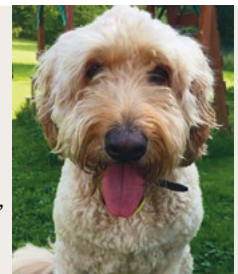
Julia Mack, RN, certified breast cancer navigator, works with patients who receive care at the UHS Breast Center Vestal. The Breast Center offers imaging, surgery and some oncology services, but Ms. Mack says the bulk of care is provided at the UHS Wilson campus. “We work closely with radiation oncology, medical oncology, chemotherapy, plastic surgery and other services,” she says. “One of the most important duties is to take as much stress as possible off of patients. I try to put myself in their shoes and give each person the right amount of help that they need.”

Nurse navigators’ patients are referred to them from many sources, including previous cancer patients who valued their assistance. But typically they are alerted to a new case when an oncologist calls them in to meet with a newly diagnosed patient. “We establish a relationship and help them with the initial steps of therapy, plus we do a lot of patient and family education,” says Ms. Raub. Because they have oncology training, oncology nurse navigators are an excellent resource for patients who have questions and don’t know whom to ask.



**MORE UHS
CONTENT ONLINE**

WEB EXCLUSIVES Visit stayhealthyuhs.org for extended articles, as well as web-exclusive stories, including our pet therapy support group, nutrition for cancer patients and more.



GET THE UHS STAY HEALTHY E-NEWSLETTER

Sign up for the latest stories and UHS updates at stayhealthyuhs.org.



NEW ONCOLOGY NURSE NAVIGATOR JOINS UHS

In order to enhance the lung cancer screening program and make the process easier for patients, UHS has added a new oncology nurse navigator who specializes in lung cancer, Rita Kanaar, RN (pictured in “Finding a Way” on [page 2](#)). Ms. Kanaar will be working closely with the screening program as well as with oncology staff to enhance the clinical navigation of patients diagnosed with lung cancer.

a close look at your lungs

Answering common questions about lung cancer screening

Lung cancer is the second-most common cancer in both men and women. Often, by the time symptoms of lung cancer—such as coughing up blood or chest pain—present themselves, the cancer has advanced and is more difficult to treat. Because of this, lung cancer screening is available and encouraged for eligible patients at UHS.

WHAT IS LUNG CANCER SCREENING?

Lung cancer screening is noninvasive and involves a low-dose CT scan, which takes pictures of the lungs in order to detect cancerous nodules and small tumors. The low-dose scan uses up to 90% less radiation than a standard CT scan. It can also show other conditions or diseases that need to be treated, such as emphysema.

WHO SHOULD BE SCREENED?

Patients at high risk of lung cancer should consider being screened. Factors that increase your risk of lung cancer include smoking or being around secondhand smoke at home or work, as well as a family history of lung cancer.

Additionally, individuals at risk for lung cancer can now take a proactive approach with an annual screening available to current and former smokers between the ages of 55 and 77, and those who have a total of 30 “pack years”—smoking a pack a day for a year. To be eligible for the screening, former smokers must have stopped within the last 15 years.

“It’s very important that patients with a history of smoking get counseled and screened,” says Regina

Schaffer, multi-specialty manager at UHS. “You can’t fix what you don’t know is broken, and we want to get it taken care of as soon as possible, because the outcome can be really good if caught early.”

WHERE CAN I GET SCREENED?

UHS offers low-dose CT scans at the Vestal Parkway location, UHS Wilson Medical Center and UHS Binghamton General Hospital. You do not need to be an established UHS patient to undergo a scan. However, you will need an order from a healthcare provider.



SCREEN TIME

To be properly screened, contact your primary care provider or call UHS Stay Healthy at [607-763-6060](tel:607-763-6060), or visit nyuhs.org. Most insurance carriers cover the screening—check prior to scheduling your appointment to be sure.

STATE-OF-THE-ART SURGERY

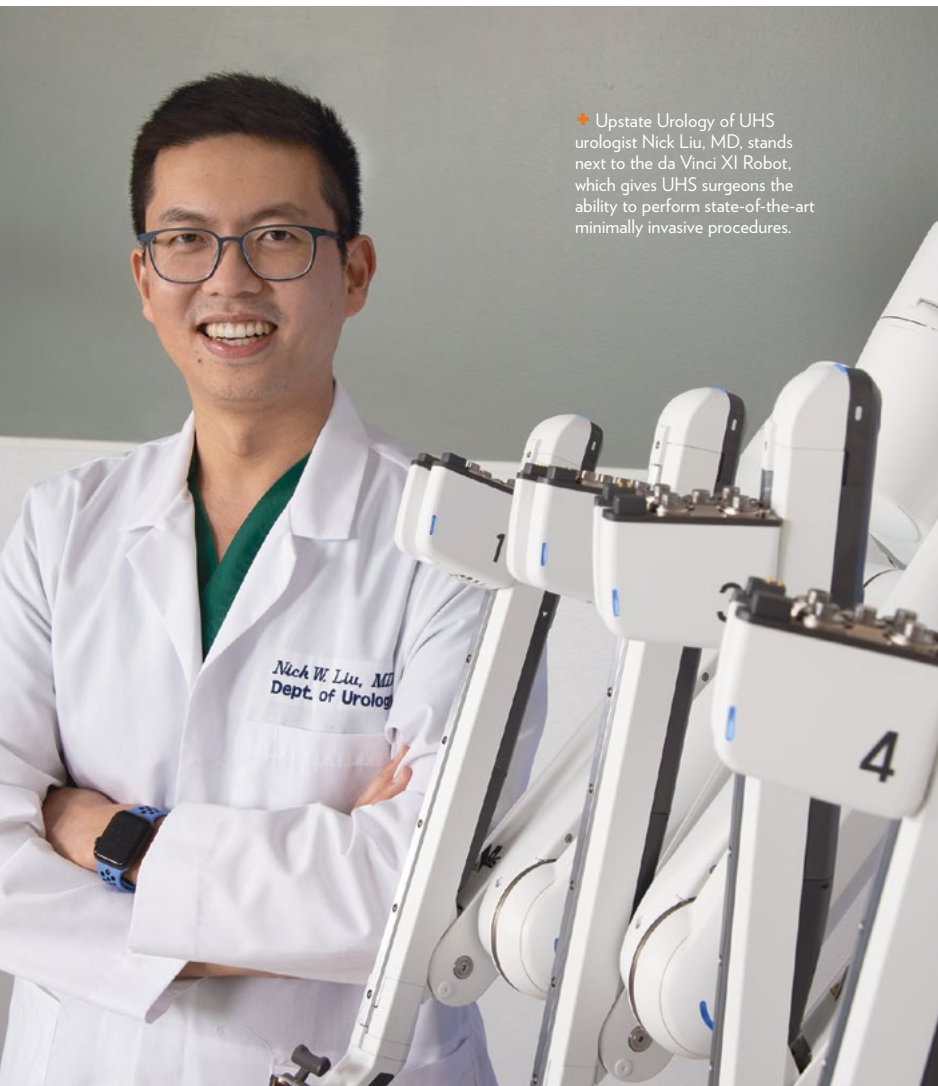
Robotic surgery is a medical technology that has a myriad of benefits for patients undergoing certain procedures. At UHS, we’re proud to offer patients access to our Robotic Surgery Program, as well as introduce the new da Vinci XI Robot in the operating room at the UHS Wilson Medical Center campus. Learn more about this exciting program at stayhealthyuhs.org.



DA VINCI IN ACTION

Read about how the da Vinci Robot helped UHS prostate cancer patient Bob Gritsavage, in “The Cutting Edge” on [page 4](#).





✦ Upstate Urology of UHS urologist Nick Liu, MD, stands next to the da Vinci XI Robot, which gives UHS surgeons the ability to perform state-of-the-art minimally invasive procedures.

the **CUT** edge

Providing patients the significant benefits of a robotic surgical system

When Bob Gritsavage had his regular checkup last year, he braced himself for the results of his prostate-specific antigen (PSA) test, which detects the possibility of prostate cancer. His grandfather had died of the disease, and Mr. Gritsavage had come to feel like it was only a matter of time before he developed the cancer as well.

As it turns out, that time had come.

After a biopsy confirmed he had prostate cancer, and a bone scan thankfully showed it had not spread to other parts of his body, Mr. Gritsavage was presented with his options. He briefly considered a procedure involving radioactive seeds, but that meant his grandkids couldn't

THE DA VINCI DETAILS

As part of UHS' new Robotic Surgery Program, Nick Liu, MD, urologist at Upstate Urology of UHS, uses the da Vinci XI Robot to perform minimally invasive surgery. The advantages for patients include:

- **FASTER RECOVERY.** With such a minimally invasive procedure, patients can expect shorter hospital stays, and can often go home the next day. Dr. Liu says that's a boon to recovery, because studies have shown people recover better at home.
- **LESS PAIN.** Because incisions are smaller, they tend to involve less pain than the larger incisions used in more traditional surgeries, and they also heal faster. For example, Mr. Gritsavage says he felt no pain at all both after the surgery and during recovery.
- **LESS NEED FOR NARCOTIC OR OPIOID PAIN MEDICATIONS.** With less pain comes less need to manage it. That means patients can often minimize or even avoid use of pain medications. "With the concern about post-surgical pain medication addiction, we obviously want to be vigilant about how we're controlling pain," says Dr. Liu. "Finding ways to avoid as much pain as possible is the best approach."
- **LESS BLOOD LOSS.** The small incisions have another huge plus in the form of greatly reduced blood loss. Dr. Liu says a more traditional surgery could have up to 10 times the amount of blood loss, which often creates the need for a transfusion. When that happens, it means a longer hospital stay as well as a more challenging recovery.

TING

come close to him for a certain period of time, and missing those hugs would be too tough to bear, he says.

He also felt reluctant when it came to radiation, and that left surgery—which was a terrifying prospect, because he had actually never been in a hospital except for when he was born 64 years ago.

“I was really scared, because I had no idea what to expect; it made me a complete chicken,” he recalls. “Although I kept trying to find nonsurgical options, this was really the only one that felt like a good fit. So I tried to be brave and get it done. Fortunately, the use of robotic surgery turned the whole experience into a breeze.”

The procedure was done with the da Vinci surgical system, which allows a surgeon to sit at a console and view a magnified 3D high-definition image of the surgical area, manipulating surgical tools through interactive robotic arms.

“This system offers a higher level of precision in operations like the one Bob had,” says Nick Liu, MD, urologist at Upstate Urology of UHS, who performed Mr. Gritsavage’s procedure. “Not only does that improve the surgery itself, but it has profound effects when it comes to recovery and outcomes.”

THE ART OF DA VINCI

Mr. Gritsavage had his procedure done by Dr. Liu in Syracuse, since it was just before UHS secured its own da Vinci surgical system. But now, this cutting-edge technology—and in a newer version than the one used for Mr. Gritsavage’s surgery—is available at UHS, giving more patients the opportunity to experience the benefits, Dr. Liu says.

“This is the newest robotic surgery system available, and we truly believe this will transform the way we practice medicine in this region,” Dr. Liu says. “This is the first step toward a Robotic Surgery Program that is focused on bringing the best possible surgical options to our patients.”



Some of the advantages of the robotic surgical system include faster recovery, less pain, less need for painkillers and less blood loss during surgery. See “The da Vinci Details” sidebar on page 4 to learn how these advantages make a big difference for patients.

In addition to the prostate cancer surgery that Mr. Gritsavage had, the system can be used for a wide range of other procedures as well, says Dr. Liu, giving patients an opportunity to recover faster, have less pain, and get back quicker to their normal lives.

BACK ON TRACK

For Mr. Gritsavage, all of these robotic surgery benefits have added up to a robust, easy recovery. Most of all, he feels a deep sense of relief and gratitude that he will be here for his family, and not following the same path as his grandfather.

“I don’t have to worry about it anymore, I don’t feel anxious about it coming back and I can put that behind me,” he says. Although he’ll get rechecked yearly, Mr. Gritsavage is anticipating plenty of time with his four grandsons, who are all under the age of 10 and certainly keep him busy.

“If anyone has fears about this surgery, they can come and talk to me,” he says. “It has made a huge difference, and Dr. Liu is fantastic. I feel like I have my life back.” 🌱

✦ For Bob Gritsavage, being free of prostate cancer means more time doing the things he loves, including being a grandfather.



To learn more about the advantages the da Vinci surgical system offers patients, read this story on stayhealthyuhs.org.

A new remote monitoring program lets UHS providers stay in touch with patients after cancer treatment ends



connected

CARE

Ending a round of treatment has typically been a stressful and trying time for cancer patients. With the treatment completed and constant medical supervision ended, the person has had to adjust to everyday life back at home or work. But UHS is changing that.

“Patients are here for two months every day of the week, and when they go home, they can experience the effects of malnutrition and dehydration, just to name two,” explains Jennifer Gusse, RN, BSN, director of Oncology at UHS. “It’s a very critical time, and we want to offer more complete care for these patients.”

One way UHS is addressing this is through a pilot program for patients with head and neck cancer. At the core of this program is a remote monitoring device that can read patients’ vital signs—such as heart rate, blood pressure or weight, among others—and transmit those readings back to UHS clinicians on a regular basis.

THE CARE CONTINUUM

Joe Marino, a 57-year-old resident of Endicott, has been using a remote monitoring device as he recovers from four weeks of radiation therapy due to squamous cell carcinoma in his head and neck. “I monitor

myself every morning and send in the data every morning,” says Mr. Marino. He explains that when dealing with the challenges of a cancer diagnosis, having someone to check in with every day and look at his vital signs gives him some peace of mind.

“I send it in every morning and they let me know that they got my information, and everything is fine,” he says. “They’ll even check on days when I go into the hospital, so on those days I’m basically getting double-checked.”

Rebecca Robins, clinical dietitian and certified specialist in oncology nutrition at UHS Oncology Services, works with Mr. Marino and says that his experience reinforces the reasons UHS implemented this technology in the first place.

“It gives patients reassurance that they are on track and doing what they are supposed to be doing,” says Ms. Robins. “It also helps us show that we still care about their treatment and we’re invested in making sure they have a good outcome.”

Ms. Robins explains that the head and neck cancer patient population was chosen for this pilot program because of the side effects that are often caused by treating these types of cancers: difficulty swallowing and eating and, therefore, difficulty maintaining a healthy weight. Patients like Mr. Marino are often on

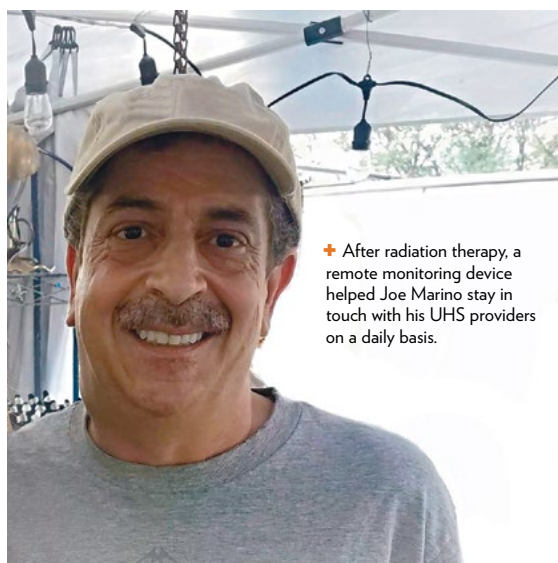
MORE ONLINE

Learn how UHS dietitian and certified specialist in oncology nutrition Rebecca Robins works with cancer patients on their diets, exclusively at stayhealthyuhs.org.

TREMENDOUS TECH

The remote monitoring program that helps UHS providers stay in touch with Joe Marino after his treatment is just one of UHS' ongoing technological initiatives. Whether it is expanding telehealth care to make access to treatment easier for patients across the Southern Tier or bringing virtual walk-in care from UHS providers to your smartphone, computer or tablet, Michael J. DiFabio, PMP, strategy and performance analyst at UHS, explains that careful consideration is taken to ensure these projects are a success for UHS patients and providers.

"We do it the right way," says Mr. DiFabio. "We do home-grown projects and take the time to make sure they work. For the remote monitoring program [or virtual walk-in], your UHS providers who you see in the office are reviewing your data. The same people you have a bond with and you've gone through tough times with are continuing that care even when you're at home. This makes the experience consistent, and it's why we stand out from other organizations who might lean on third parties to handle this type of care."



➤ After radiation therapy, a remote monitoring device helped Joe Marino stay in touch with his UHS providers on a daily basis.

feeding tubes or limited to easy-to-swallow foods, and this can cause unhealthy weight loss.

With the remote monitoring device, Ms. Robins can determine whether her patients may need follow-up care and reach out to them immediately to ensure it happens. "I have a computer program on my end that receives their data," says Ms. Robins. "We then compare that to their numbers from previous days and the numbers we take here to see if there is a trend in the data that we need to address with the patient."

CONNECTING WITH PATIENTS

While this remote monitoring program has already proved useful for head and neck cancer patients, the goal is to broaden the use of these devices to not only other cancer services but other UHS services in general. "We're looking to expand this remote patient monitoring program and use it to create patient plans," says Michael J. DiFabio, PMP, strategy and performance analyst at UHS.

UHS has recently expanded telehealth services—including offering virtual walk-in care from UHS providers through a web application and in local schools—and will soon integrate Epic's MyChart into the system, giving patients much more access to their health records and providers. Mr. DiFabio sees remote

monitoring as another step in the right direction for UHS to leverage technology to improve the patient experience.

He says some of the areas UHS is considering expanding this program to include patients with chronic obstructive pulmonary disease (COPD) and those with congestive heart failure, among others. Regardless of the type of patient, he echoes Ms. Robins' and Mr. Marino's comments in saying it is an important way to continue care, even when patients aren't regularly in the hospital.

"As healthcare professionals, sometimes we forget that patients don't know everything we know," he says. "This program gives them that reassurance that we're able to check in on them, we can see their results and we can interpret it, so we can bridge that knowledge gap."

After his experience, Mr. Marino is happy to be a part of a program that will go on to help even more UHS patients. "They should extend [the program]," he says. "I think that is a great idea, especially for people who can't drive or get there every day." 📱

ANY TIME, ANYWHERE

Start a UHS Virtual Walk-In visit any time at nyuhs.zipnosis.com, and stay tuned to nyuhs.org for updates on our latest technological initiatives.

read more
online!

Visit stayhealthyuhs.org to read the current issue as well as web exclusives. Share the site with family and friends. Sign up on the homepage to receive our e-newsletter featuring the latest UHS stories and updates.

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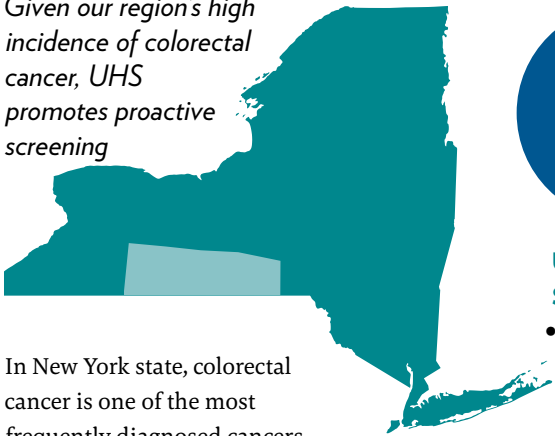
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UHS-066

think healthy / cancer services

screening support

Given our region's high incidence of colorectal cancer, UHS promotes proactive screening



UHS RECENTLY CONDUCTED A FREE SEMINAR ON COLORECTAL CANCER SCREENING AND PREVENTION. THE EVENT INCLUDED:

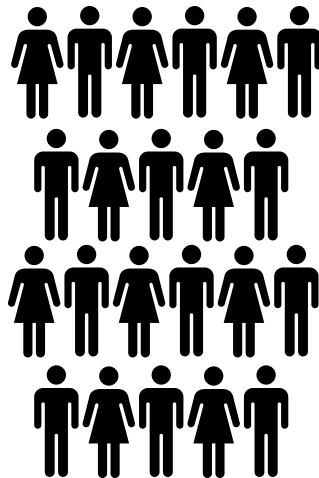
- **4 UHS PROVIDERS:** Colorectal surgeons Neil Gibson, MD, and Jeffrey Wiseman, MD; gastroenterologist Amine Hila, MD; and genetic counselor Luba Djurdjijinovic.

In New York state, colorectal cancer is one of the most frequently diagnosed cancers and the second leading cause of cancer deaths among men and women combined. Addressing these facts is an important goal for UHS. Here are some of the ways we are combating colorectal cancer in the Southern Tier:

COLON CANCER QUESTIONS?

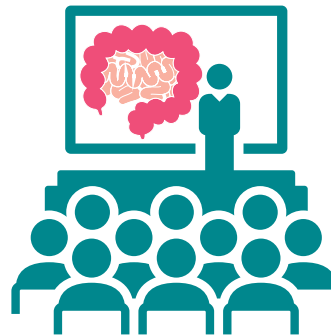
Talk to your doctor about whether a colorectal cancer screening is right for you. For information about guidelines and colorectal cancer screening and treatment at UHS, check out the "Cancer" topic on stayhealthyuhs.org.

• 22 ATTENDEES



• FREE SCREENING INFORMATION

provided by representatives from the Cancer Services Program of the Southern Tier.



• DISCUSSION OF COLORECTAL CANCER

incidence based on family history and genetic predisposition as well as different approved methods of testing.

UHS ALSO OFFERED FREE SCREENINGS FOR COLORECTAL CANCER RECENTLY:

- **75 PATIENTS RECEIVED THE OFFER FOR A FREE SCREENING VIA FITKIT, FOBT OR COLONOSCOPY** based on NCCN guidelines. Five of the 75 took advantage and got screened.
- **PATIENTS WHO REQUIRED COLONOSCOPY WERE OFFERED A FREE RIDE** and free child care so they can complete the procedure.

