

UHS BINGHAMTON GENERAL HOSPITAL

UHS DELAWARE VALLEY HOSPITAL

UHS SENIOR LIVING AT IDEAL

UHS SPECIALTY CARE

UHS MEDICAL GROUP

Top Tier in the Southern Tier

UHS Breast Center accreditation speaks to its quality

The UHS Breast Center earned three-year, full accreditation by the National Accreditation Program for Breast Centers (NAPBC) in 2012, and has been hard at work securing renewal of this prestigious accreditation. Accreditation is given to an elite group of medical centers offering a full spectrum of breast care and meeting the highest clinical standards. Accredited centers must demonstrate through a rigorous evaluation that they are proficient



in leadership, clinical management, research and community outreach. They offer patients access to comprehensive, well-coordinated, state-of-theart services provided by a multidisciplinary team.

"The accrediting

agency evaluates each breast program on its entire range of services, including imaging, pathology, surgery, medical oncology, radiation oncology, physical rehabilitation and nurse navigation, as well as outreach and patient education," says Michael J. Farrell, MD, medical director of the center. He adds that the knowledge, skill and teamwork of UHS providers and employees contributed to achieving this top accreditation.

"We have an excellent care team, including Camelia Lawrence, MD, a fellowship-trained breast surgeon whose practice is devoted to the area of breast disease, and now Aditi Ranade, MD, a specialist in breast pathology," Dr. Farrell says.

No More Film

Digital mammography is now the norm at UHS

With the adoption of digital mammography by UHS Imaging Sidney, all mammograms done at any UHS location are now digital. There are many benefits to digital mammography: enhanced interpretation, image manipulation for better clarity and visibility, lower radiation dosage than film, easier collaboration through electronically submitted files to other healthcare professionals, and ease of access and retrieval of previous digital mammogram results for comparison.

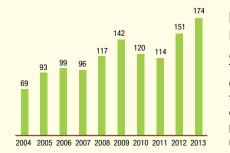
>> PEARLS OF WISDOM.... Through our unique "Pearls of Wisdom" program, patients receive a free sterling freshwater pearl necklace at their first screening mammogram. At each annual screening mammogram thereafter, they receive another pearl to add to their necklace.

By the Numbers

How UHS compares in breast cancer diagnosis and treatment

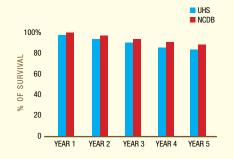
Hospitals, including UHS, collect massive amounts of data. This data is used for many purposes, from reimbursement to research. It helps identify changing needs and trends in the community, and aids clinicians in understanding what the hospitals are doing well and where they need to improve. Cancer data is shared in a National Cancer Database, which allows easy comparison with national averages.

While each segment of data collected can impart several interpretations, James D. Hayes, MD, cancer liaison physician, offers his brief impressions on four charts about breast cancer diagnosis and treatment at UHS:



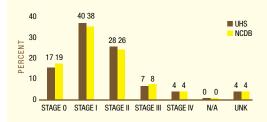
BREAST CANCER CASES DIAGNOSED AND/OR TREATED AT UHS

The increasing number of breast cancer cases diagnosed at UHS from 2004 to 2013 is consistent with the aging demographic of our area. That is, our population is becoming older. And more are choosing state-of-the-art care at UHS.



BREAST CANCER FIVE-YEAR SURVIVAL REPORT

If you are diagnosed with Stage I or Stage II breast cancer and receive treatment at UHS, your chances of survival are as good as anywhere in the country.



STAGE OF BREAST CANCER DIAGNOSED 2000–2011

At UHS, we are making the initial diagnosis of breast cancer at the same stage as the most advanced cancer centers in the country. This indicates that patients can be sure that they do not have to leave the area to get the very best cancer care.



AGE GROUP BREAST CANCER CASES DIAGNOSED 2000–2011

The scientific collection of cancer data performed by the UHS cancer registry allows us to compare our local experience with the National Cancer Database.



From left, orthopedic surgeon Lawrence Wiesner, MD; golf legend Nancy Lopez; Michelle Karedes of UHS; and John Karedes of the Dick's Sporting Goods Open.

Wit and Wisdom

Golf legend Nancy Lopez kicks off tournament with local women

Nearly 475 women from across the Southern Tier turned out Aug. 13 for UHS' second "Pearls of Wisdom with Nancy Lopez." The women's health event, held at the En-Joie Golf Course, was a kickoff to the Dick's Sporting Goods Open golf tournament of the PGA Champions Tour.



The highlight of the event was a golf clinic conducted by LPGA star Ms. Lopez. With 48 LPGA Tour victories and three major championships to her credit, Ms. Lopez is a World Golf Hall of Fame member and one of the most celebrated women in the sport of professional golf today.

"This event was enormously popular," says Christina Boyd,

vice president for Community Relations at UHS. "It was a wonderful opportunity for women in our area to learn about good health — as well as good golf — from one of the true legends of the game."

With good health on the agenda, providers from sports medicine, orthopedics, podiatry and women's health at UHS Medical Group, along with Ms. Lopez, presented information about sports medicine, joint replacement and related services available in the Southern Tier.

>> JOIN US. Learn about other events, support groups and classes UHS offers to the community at uhs.net.

A Reputation for Quality

At UHS, we're proud to offer our community the full range of cancer services, from screening, diagnosis and counseling to all options for treatment and recovery: medication, chemotherapy, radiation, surgery and radiosurgery. This full continuum is backed up by worldclass laboratory services for diagnosis, and each person's care is coordinated by a nurse who navigates the patient through the entire healing process. This includes therapeutic, nutritional and social support as needed.



Our comprehensive approach to cancer care, in which we treat the whole person while seeking to overcome the disease, makes our program one of the best in upstate New York. We are recognized by the Commission on Cancer of the American College of Surgeons and by other agencies that evaluate the quality of care offered by hospitals and medical centers across the country.

Our reputation for excellence helps us attract top physicians, surgeons, nurses, therapists and technicians who have taken notice of our outstanding program and want to work here. For example, a new breast and gynecological pathologist has just joined our staff following completion of a fellowship at Yale University's prestigious medical school.

Our commitment to quality also makes us the place more and more cancer patients turn to for exceptional care and service. People choose us at the beginning of the process, knowing that Ruth Manzer, RN, OCN, or Melissa Gaska, RN, OCN, CBPN-IC, our cancer nurse coordinators — or one of our other specially trained nurses — will compassionately and efficiently guide them every step of the way.

And whether it's the CyberKnife Center of New York on our campus or our investment in the latest technology in cancer diagnostics or treatment, we're working every day to enhance the speed, accuracy and effectiveness of every individual's journey toward survival. For example, during 2014, we're introducing digital breast tomosynthesis (DBT), also called 3-D mammography. Funded in part through a generous donation from the UHS Foundation, this advanced imaging equipment produces an amazingly accurate three-dimensional image of the breast. And we're among the top hospitals that are fine-tuning our ability to turn around mammograms and lab tests faster than ever. This enables providers to make more timely decisions and reduces the length of time patients have to wait for results, reducing anxiety and improving patients' satisfaction with the entire healthcare experience.

But quality cancer care doesn't begin with the diagnostic and treatment options available at our healthcare facilities. It starts in the community, where UHS conducts public education programs, launches cancer awareness campaigns, offers information on reducing risk and encourages people to talk with their providers about screenings, tests, preventive measures and lifestyle changes.

We have long been a leader in the area of smoking cessation, and have also worked with local leaders to further prostate cancer awareness among men. In 2013 and 2014, world-renowned professional golfer Nancy Lopez visited our community to conduct UHS-sponsored golf clinics and help us encourage women to adopt healthy lifestyles. The events drew hundreds of women from throughout the region. And our affiliate, the UHS Foundation, has raised tens of thousands of dollars over the past 10 years through its annual Women Fore Women Golf Classic.

We take our role as a leader in the field of oncology very seriously, and work hard to create for each patient the most effective avenues possible for the best outcomes possible. Our commitment to exceptional cancer care is one way we seek to fulfill our long-standing promise to our community: We listen. We show respect. We give hope.

Matthew J. Salanger PRESIDENT & CEO OF UHS

STEP Dy step

>>COORDINATED BREAST CARE AT UHS REDUCES WAIT TIMES AND ANXIETY

Although about 37 million mammograms are performed annually, only about 232,000 women were diagnosed with breast cancer in 2013. But this fact is of little comfort if you are one of the patients with a "suspicious" mammogram. What happens next? How long until you know for sure?

The clinicians at the UHS Breast Center know that a suspicious mammogram can cause fear and anxiety. That's why the center brings together the entire breast care team under one roof, delivering the most coordinated care available. One of the main goals of the Breast Center is to give patients a clear diagnosis or a clean bill of health in the shortest amount of time possible, leaving less time for worry.

SCREENING MAMMOGRAM

A screening mammogram is a basic mammogram that most women get annually, often beginning around age 40. Screening mammograms at the Breast Center at UHS Vestal can be scheduled every weekday, as well as Saturdays. Late appointments are available on Tuesdays. Hours at other locations vary.

NEGATIVE. If there are no signs of breast cancer, you are notified quickly, and advised to schedule another screening mammogram in one to two years.

INTERPRETATION

Each mammogram is read on-site by a radiologist, a physician who is trained to interpret diagnostic breast procedures and reads thousands of breast studies yearly. Mammograms are usually read within 24 hours.

POSITIVE. If the radiologist sees something "suspicious" on your mammogram, you will be called by the center within 24 hours for a diagnostic mammogram and possible breast ultrasound.

Under suspicion

If you have a screening mammogram at a non-UHS facility that shows suspicious results, requesting a diagnostic mammogram at UHS is simple. You will only need to sign a release form that allows us to request your mammogram results from the other facility.

DIAGNOSTIC MAMMOGRAM AND BREAST ULTRASOUND

Appointments for diagnostic mammograms and ultrasound are available within 24–48 hours after you are notified of a suspicious finding. A diagnostic mammogram is a more thorough and detailed mammogram that requires additional images. An ultrasound will determine if the abnormality is a cyst or a solid mass. You will also meet with a nurse coordinator during this appointment (see sidebar). The radiologist will quickly interpret the studies, and a nurse will give you results before you leave.





NEGATIVE. The additional images and ultrasound allow the radiologist to determine your mammogram is now normal. A six month follow-up may be suggested if there is a new benign finding to assess long-term stability.

POSITIVE. If your diagnostic mammogram or ultrasound show a suspicious abnormality, you will schedule an appointment with a breast surgeon — usually available that same day — who will recommend a biopsy.

Meet Dr. Ranade

The UHS Breast Center is pleased to announce the addition of Aditi Ranade, MD, to its staff. Dr. Ranade is an expert in breast pathology — the diagnosis of breast disease by evaluating breast tissue that is suspected of being malignant. She is a fellowship-trained breast pathologist, the first one working in the Binghamton area.

She comes to the UHS Breast Center after completing a fellowship in breast and gynecological pathology at the University of Pittsburgh and a fellowship in oncologic surgical pathology at Memorial Sloan-Kettering Cancer Center in New York City. She has also been a clinical instructor of breast and gynecological pathology at Magee – Women's Hospital, University of Pittsburgh.

The addition of Dr. Ranade to the UHS Breast Center staff further enhances the comprehensive care available to patients in the Southern Tier. Dr. Ranade is expert at diagnosing breast disease, and has the advantage of the on-site, advanced diagnostic technology at the UHS Breast Center.

Every step of the way

A nurse coordinator in the UHS Breast Center will give you information and support from the moment you learn that you may have a suspicious finding. She helps coordinate your care from diagnostic mammogram to post-surgical care. You'll never have to wonder, "What happens now?" because your nurse coordinator will be with you every step of the way. Read more about nurse coordination on page 6.

NEEDLE BIOPSY

Diagnostic evaluation results are known the same day and, when a biopsy or surgical consult is necessary, appointments are available the same day if the patient desires. All biopsies are processed in-house and read by our fellowship-trained pathologist, so results are ready within 24–48 hours.



>> GET CHECKED. Mammography is available at four UHS locations. Visit the breast health hub on the UHS website at uhs.net to get more information about breast cancer screening, diagnosis and treatment at UHS.

NEGATIVE. Your results indicate you require no immediate treatment, but continued monitoring may be recommended.

POSITIVE. Once a diagnosis of cancer is made, your breast care team will meet with you to plan a strategy of surgery, radiation and/or chemotherapy that is right for you.



Jewelry store owner Dara Russell is now cancer-free after her treatment for oral cancer was facilitated by Ruth Manzer, RN, OCN, cancer nurse coordinator.



I can help free up a patient's time so she can take care of herself.

-Ruth Manzer, RN, OCN

During a routine dental visit, Dara Russell told her dentist about an unusual bump on her gum. Thinking that it was something routine, her dentist recommended Ms. Russell see an oral surgeon for a root canal. The oral surgeon thought that the bump was most likely a benign cyst, the kind of thing he saw frequently. To be on the safe side, the oral surgeon sent a sample of the growth to a pathologist.

It turned out that the growth was, in fact, a cancerous tumor in Ms. Russell's gum and jaw. Ms. Russell's oral surgeon told her that this was something quite rare; a one-in-a-million occurrence.

As a jewelry designer, the rare things Ms. Russell was used to dealing with were gemstones. A cancer diagnosis, the treatment for which could be potentially disfiguring, was devastating. So at first, she avoided seeking any kind of treatment.

But eventually, Ms. Russell came to UHS for testing, where she met Ruth Manzer, RN, OCN, cancer nurse coordinator. Ms. Manzer worked with Ms. Russell to overcome her trepidation about undergoing surgery. Ms. Manzer had Ms. Russell select a Little Cotton Hugs quilt as a talisman to help her focus on healing, and now it has a place of honor in Ms. Russell's living room.

"I was home on the couch dying, emotionally and physically," says Ms. Russell of her time before coming to UHS Wilson Medical Center for her cancer care. "Ruth was integral to that process of healing."

Ultimately, Ms. Russell had her surgery. The tumor was removed, and some bone was taken from her hip to replace that taken from her jaw. "I was very lucky," says Ms. Russell. She experienced only mild numbness in her face and lip afterward, and has a barely visible scar along her jawline.

Since she completed treatment, Ms. Russell realized her dream of owning her own jewelry store. In June of this year, she passed her two-year survivorship milestone of being cancer-free.

HELP ON THE CANCER JOURNEY

The cancer nurse coordinators in the UHS system take on a special role for cancer patients — they are there to help answer questions, to make connections with support services and to provide a contact point for services outside of UHS facilities.

Patients meet their coordinator in one of two ways: patients can self-refer or nurse coordinators learn about new patients from physicians.

According to Ms. Manzer, that first meeting with a patient after he or she receives the diagnosis needs to be handled with compassion. "It is not always a teachable moment," she says. "I ask them questions about their

Coordinated services

Depending on the type of cancer, a patient may need additional services to complement their treatment plan. UHS nurse coordinators can put patients in touch with these services, available throughout the UHS service area:

- Physical therapy will help improve motor control and balance, and address cancer-related fatigue.
- Occupational therapy focuses on performing activities of daily life despite limitations the cancer or its treatment may have caused.
- **Nutritional counseling** helps patients get the nutrients they need even if they are suffering from nausea, lack of appetite or changes in the sensation of taste.
- **Speech therapy** helps restore speech function for head and neck cancer patients.
- **Lymphedema services** help patients manage painful swelling that can occur when lymph nodes are removed.
- **Complementary therapies** such as meditation help patients deal with the stress and side effects of treatment.
- **Home care** provides an array of services including infusion, skilled nursing, medical supplies and equipment, and home therapies.

disease and treatment plan so that I know the level of their understanding. Then I can provide them with information they are lacking. I get to know who they are and what they like to do to help them develop coping mechanisms to use throughout their treatment process."

Melissa Gaska, RN, OCN, CBPN-IC, is the nurse coordinator at the UHS Breast Center in Vestal. She also helps new patients get a grip on what's ahead for them in the way of treatment, including surgical options and additional rounds of testing. Working with the patient's surgeon, Ms. Gaska shepherds patients through the various appointments and consultations necessary to create their treatment regimens.

"I will follow through with the patient and make sure she has received her results," says Ms. Gaska. "Then, as we work within the NCCN (National Comprehensive Cancer Network) guidelines, we try to move things along as quickly as possible — hopefully she can have surgery scheduled within 10 working days."

THE CARING CONTINUES

After surgery, a coordinator checks in again. If there are additional appointments, such as for radiation, chemotherapy or nutritional counseling, she explains what they are for. She checks to make sure that the patient will go, or if there are any barriers she can help remove. "I can help free up a patient's time so she can take care of herself," says Ms. Manzer. "No matter where you are in your life, cancer complicates things tremendously."

Even with all the help she provides, Ms. Manzer wants patients to maintain their sense of control over their lives. "There are things patients have to do for themselves to help them through the disease and treatment process," she says. To help that along, Ms. Manzer provides patients with a binder where they can write down their medications, appointments, questions or just how they are feeling.

And the caring doesn't stop once patients are cancer-free. Ms. Manzer and Ms. Gaska say that if patients agree, they will call to check in every six months or so to see how things are going.

"Despite the number of patients we treat, we treat each case personally. The patient's cancer care team recognizes a patient's background emotionally, physically and spiritually," says Ms. Gaska. "So much goes on behind the scenes, but we're pulling for them every step of the way." SH



NOW PLAYING

>>NEWEST MAMMOGRAM TECHNOLOGY NOW AVAILABLE AT UHS BREAST CENTER

he newest technology in mammography is making great strides toward eliminating the need for unnecessary diagnostic mammograms and may find more invasive breast cancers. This new technology is now available at the UHS Breast Center. The technology is called digital breast tomosynthesis, more commonly known as 3-D mammography.

Mammograms remain the first line of defense in the early detection of breast cancer. However, regular mammograms do have limitations. Regular screening mammograms basically show a flat, 2-dimensional image of the entire compressed breast.

With some women — especially those with very dense breasts — it's often difficult for radiologists to determine if certain anomalies on mammograms are malignancies, or just normal breast tissue that is too dense to see clearly. This leads to a significant number of "false positives," meaning there is enough evidence of a malignancy to require a patient to undergo additional diagnostic imaging, but the anomaly is

eventually determined to be benign.

However, now that mammograms use digital imaging (instead of film), dozens of images of the breast can be taken from several different angles, and then synthesized through the computer using tomosynthesis to create a three-dimensional image of the breast. This allows doctors to see inside breast anomalies with far more clarity.

"The biggest advantage of tomosynthesis is that it reduces or eliminates the need for additional diagnostic mammograms, which is often a point of anxiety for patients and their families," says Michael J. Farrell, MD, breast surgeon at UHS. "When a patient gets a call that her mammogram was 'suspicious' and she needs to come back to the center for additional imaging procedures, it's very stressful. Tomosynthesis allows us to compile a host of one-millimeter slices of breast images from different angles at once. This level of clarity often reduces or eliminates the need for additional

"However, while 3-D mammograms can save time and stress - not to mention unnecessary radiation - studies on



3-D tomosynthesis is a technology that compiles three-dimensional images of the breast and can therefore detect tumors even if hidden by overlapping tissue.

the overall effectiveness of 3-D mammograms in finding breast cancer are conflicting," says Dr. Farrell. "Several studies have affirmed the superiority of 3-D over 2-D imaging, but some have not shown this."

Still, reducing false positives, expense and the stress that goes along with additional unnecessary testing is reason enough to be excited about this new technology.

Currently, the 3-D technology at the UHS Breast Center is used primarily for diagnostic mammograms. However, as more machines and capacity are added over the next year, additional

groups of patients who may benefit from this technology will be advised to take advantage of it. These decisions are driven by clinical indications and collaboration between referring providers and the UHS Breast Center team. SH

>>GET A CLEAR PICTURE. Read more about breast care at UHS at UHS Stay Healthy Magazine Online at uhsstayhealthymag.com. If you have questions, talk to your doctor or call the UHS Breast Center at 763-5523.