



STAY healthy

CANCER ISSUE 2016



Out of the Rough

A patient-centered, multidisciplinary approach to cancer care

Know Your Risk

Understanding breast cancer risk can help you make informed screening and prevention choices

Reintroducing HOPE

UHS program helps patients fight cancer-related fatigue



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

Helping Children Cope

Children's cancer support group now available



Those receiving cancer care experience a number of transitions along the way, from diagnosis to treatment to survivorship. At UHS, we not only support our patients at every step, but also their families and caregivers, offering a number of support groups. The newest addition is a children's support group, for those ages 5 to 18 who have a parent, caregiver or loved one with cancer.

"Peer support is one of the best forms of therapy, because it allows participants to share their story while connecting with others who have the same or similar experiences," says Katrina Mallery, LMSW, O-SWC, oncology social worker at UHS. "This new group allows children to connect with one another and feel a sense of community, knowing that they are not alone. It also allows children the space to process their feelings in a safe and supportive environment using art and expressive therapy."

Ms. Mallery also notes that the group gives parents and patients peace of mind, knowing that the support is making a difference in how children cope with a loved one's cancer diagnosis.

"Patients find comfort in knowing that their children are being cared for and supported in the same way that they are being cared for and supported," Ms. Mallery says. "We recognize that in helping our patients' families and loved ones, we are not only helping those individuals, but also helping the patient in return."

>>JOIN US. The children's cancer support group meets once a month in the Radiation Oncology Department at UHS Wilson Medical Center. Contact Katrina Mallery at **763-8084** to register. Find out about other cancer support groups at uhs.net/cancer.

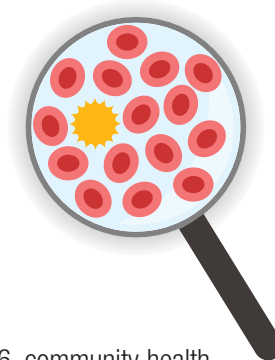
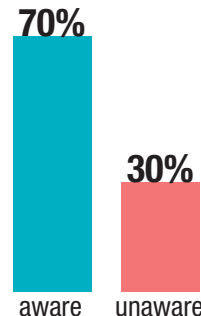
Outreach

UHS efforts to prevent cancer in the community

UHS is committed to preventing cancer in the Southern Tier. Community outreach is key to this effort, with UHS staff providing education, screenings and assistance in making lifestyle changes to the public. Outreach programs in 2016 included:

From January through August 2016, **901** people took tobacco cessation classes at UHS. All attendees received a coupon for free nicotine replacement therapy.

25% of those coupons were redeemed for nicotine patches, lozenges or gum.



On October 6, 2016, community health nurses provided HPV education at a health fair at Union-Endicott High School. They surveyed students on their knowledge of HPV and related cancers before and after the session. Out of 100 students surveyed, 70 were aware that HPV causes cervical and other cancers, and 30 students stated this was new information to them.

On June 18, 2016, UHS hosted a free dental clinic, where 33 patients were seen for dental issues and screened for oral cancer. There were

0 suspicious findings for cancer in any of these patients.



80 by 18

UHS participates in colorectal cancer screening initiative



Among U.S. men and women, colorectal cancer is the second leading cause of cancer death. Nearly 135,000 adults are diagnosed each year.

That's why the American Cancer Society started a new initiative called "80 by 18," which aims to have 80 percent of adults age 50 and older screened for colorectal cancer by 2018. The gold standard for screening is colonoscopy, which can detect the cancer at an early stage and can also prevent it entirely by removing precancerous polyps.

As of right now, about 1 in 3 adults between the ages of 50 and 75 — roughly 23 million Americans — are not getting tested. In the state of New York, 69.3 percent

have been screened, leaving more than 1.3 million individuals to go to reach the goal. Doctors urge patients to go in for their screenings, and remind them that while colonoscopies may sound uncomfortable, they really aren't as bad as they may seem.

"UHS diagnoses more cancer cases than any organization in our region, so we feel a tremendous obligation to work with our community to reach this ambitious goal," says Christina Boyd, UHS VP of Community Relations. "It is proven to save lives."

According to the National Colorectal Cancer Roundtable, if the 80 percent goal is reached by 2018, more than 200,000 colorectal cancer deaths would be prevented by 2030.

>>DON'T WAIT. If you are age 50 or older, talk to your doctor about colonoscopy. Colonoscopies are available at all four UHS hospitals.



Support for Living

Palliative Care Program expanded to include outpatient services

For more than two years, the Inpatient Palliative Care Program at UHS has been helping to improve the quality of life for patients with serious or terminal illnesses, such as cancer, lung disease or dementia. Now, to further help the community, UHS is expanding the program to include outpatient palliative care, based out of UHS Vestal.

The goal of palliative care is to prevent or treat symptoms and side effects of an illness and its treatment, as well as address psychological, social and spiritual needs. At UHS, palliative medicine is provided by a team of healthcare professionals, including physicians, nurses, nurse practitioners, social workers and chaplains.

“The interdisciplinary team is key,” says Kris Marks, LCSW-R, OSW-C, administrative director of Palliative Care at UHS. “Our physicians are board-certified in palliative care, and we are able to pull in all the people who are needed, whether it’s for medical, emotional or spiritual support.”

Support can include managing pain or anxiety, developing advance directives, meeting spiritual needs, and supporting family and friends. While palliative care can benefit patients at any age and at any time during a serious illness, it is especially important throughout a patient’s experience with cancer, which is often complex.

“There’s a lot that is provided,” says Ms. Marks. “Our goal is to help patients and their families understand their options, and make informed decisions for themselves or their loved ones.”

>>**BY REFERRAL.** The Palliative Care Program requires a physician referral. Learn more about the program at uhs.net/palliativecare.

Cancer Caregivers Need Support, Too



If you have a loved one who has been diagnosed with cancer, you know how life-changing the diagnosis can be, both for the patient and for you. If you’re helping a family member or friend through cancer treatment in any way, you are a caregiver. This may mean assisting with daily activities, such as going to the doctor or making meals. It may also mean coordinating services or giving emotional and spiritual support.

Whether you’re younger or older, being a caregiver can be a challenge. You may have been an active part of the person’s life before, but now the way you support them may be different. The National Cancer Institute recommends that, if you become a caregiver, you may find it beneficial to take certain steps:

1. Ask for help. Many caregivers say that, looking back, they took on too much themselves. Take on only as much responsibility as you can handle. Talk to other family members or friends — they may be able to help.

2. Take care of yourself. As a family caregiver, you need support while you’re supporting the patient. It’s normal to feel that your needs aren’t important right now, since you’re not the one with the condition. Still, make sure you take time to charge your mind, body and spirit.

3. Understand your feelings. Giving yourself an outlet for your own thoughts and emotions is important. Think about what would lift your spirits. Would talking with others ease your burden? Or would you rather have quiet time alone? Most likely you need both, depending on what else is going on in your life. It’s helpful for you and others to become aware of what you need.

4. Connect with your loved one. Cancer may bring you and your loved one closer together than ever before. Often, people become closer as they face personal challenges together. If you can, take time to share special moments with one another. Try to gain mutual strength from all you are going through. This may help you move toward the future with a positive outlook and feelings of hope.

5. Be thankful. You may be glad for a chance to do something positive and give to another person in a way you never before knew you could. This won’t make caregiving stress-free, but

finding meaning in what you are doing will help you cope.

At UHS, we offer resources in cancer support that are of benefit to the person with cancer and to you as a spouse, child, parent, sibling or friend. Many of these can ease the burdens and challenges you both are facing. Among the post-treatment services we offer are these: cancer rehabilitation and support groups, dedicated support from oncology social workers, dietary assistance and transportation assistance for medical appointments.

To learn more about these and other cancer care services offered by UHS, visit our website, uhs.net, then click on “Care & Treatment” and “Cancer Care.” You’ll find information that will assist and encourage you as you take on one of life’s most meaningful journeys — that of the supportive caregiver.

Matthew J. Salanger, FACHE
PRESIDENT & CEO of UHS

>>**THANK YOU FOR CHOOSING UHS.** Our goal is to provide you with excellent care. Please let us know how we are doing. If you receive a patient satisfaction survey, kindly fill it out and return it.

UHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.



>> UNDERSTANDING
BREAST CANCER RISK
CAN HELP YOU MAKE
INFORMED SCREENING
AND PREVENTION CHOICES

When her sister was diagnosed with breast cancer in her thirties, Julia Mack, RN, BSN, knew she should get genetic testing. Ms. Mack's sister had tested positive for an inheritable breast cancer gene, and other family members had been affected by cancer at relatively young ages.

Despite this, Ms. Mack, who is nursing team lead at the UHS Breast Center, says she procrastinated a bit; she had reason to believe she didn't have the gene based on her individual health history. This kind of stalling is not uncommon, she says. It's something she's witnessed among her patients as well. "We tend to be in denial about cancer, but it can be so helpful to know all the factors that can affect your risk level."

UHS Breast Center offers personalized care

Whether you need a routine screening, diagnostic tests, or treatment, the UHS Breast Center's coordinated care team provides a full range of personalized services using the latest technologies in a welcoming environment. Services include:

- A full range of screening and diagnostic technologies, including digital and 3-D mammography, breast ultrasound and breast MRI (digital mammography and breast ultrasound are also available at UHS Delaware Valley Hospital and UHS Chenango Memorial Hospital)
- Same-day consultations and biopsies after abnormal findings
- Support from a nurse navigator throughout the diagnostic process
- The latest techniques in diagnostic biopsy, performed by physician specialists
- On-site lab
- On-site practitioners, including radiologists, cytopathologists, nurse practitioners, technologists and other experts in the early detection of breast cancer
- Education and genetic testing referrals for those who may be at high risk for cancer
- Complete cancer program, including dedicated medical and surgical specialists and radiation oncologists
- Lymphedema services to help prevent and provide relief from swelling
- Nutrition counseling, social services and emotional support

Ms. Mack, who is 42, did test positive for the BRCA 1 gene, which she and her sister have inherited from the paternal side of their family. The gene makes women and men more susceptible to breast and other cancers, such as ovarian and prostate cancer, at an early age.

While it wasn't the news she'd hoped for, Ms. Mack says this knowledge helped her to take potentially lifesaving steps to prevent

cancer and to catch it early if it occurs. It will also allow her daughters and son to make more informed choices about their own screening and prevention steps as they move into their twenties. "It's something that affects all of these decisions," she says.



Jennifer Schecter,
FNP-BC, OCN

WHERE TO START

While genetic mutations like BRCA are rare, there are many other factors, such as lifestyle, health history and breast tissue type, that can help determine a woman's

breast cancer risk. Knowing what factors affect you and what your risk level is can point you toward the most helpful preventive steps, as well as the most effective screening schedule, says UHS High Risk Cancer Clinic Specialist Jennifer Schecter, FNP-BC, OCN.

For many women, the first step in determining risk is a conversation with a primary care doctor. Your doctor can perform a manual breast exam, record relevant facts about personal and family

medical history, address questions about mammogram recommendations, and refer you to further testing or consultations with a specialist if needed, says Ms. Schecter.

Details of a family history of cancer, including type of cancer and age of onset, can be very helpful in determining risk level, as is familiarity with your own breasts, Ms. Schecter says. "Some women are uncomfortable with self breast exams, but recognizing any changes, such as an unfamiliar lump, skin changes or nipple discharge, is very helpful information for your doctor."

Women who are found to be at average risk can typically follow standardized screening recommendations, which may include a yearly mammogram, depending on age. Those at high risk may have more frequent mammograms, or doctors may recommend using additional breast cancer imaging technology, such as ultrasound or MRI.

In addition, some women and men with a strong likelihood of inheritable cancer may benefit from genetic testing. At the UHS High Risk Cancer Clinic, women can discuss their options and be referred to a genetic counselor when appropriate, says Ms. Schecter. If a genetic test is recommended, it will typically consist of a simple blood or saliva test.

PREVENTIVE MEASURES

What you choose to do with your risk knowledge is a very personal decision, says Ms. Schecter. In Ms. Mack's case, once she found out she had the BRCA 1 gene, she consulted with her doctors and decided to have her

““ We tend to be in denial about cancer, but it can be so helpful to know all the factors that can affect your risk level. ””

—Julia Mack, RN, BSN

ovaries and fallopian tubes removed, a procedure that is known to significantly reduce the likelihood of breast and ovarian cancer, she says. Going forward, she will follow high risk screening guidelines, including annual mammograms and MRIs, six months apart from each other.

Ms. Mack says she's grateful that she and her sister can benefit from the knowledge, testing, prevention and treatment methods that weren't available when her relatives faced cancer years ago. "We knew we had a family history, but until recently there was no way to know the role genetics played. It's amazing how far we've come," she says. **SH**

New surgeons specialize in breast health

Two new surgeons have joined UHS. With the addition of these highly-trained physicians, UHS can expand access to the latest in surgical techniques for women with suspected or diagnosed breast cancer, from biopsy through reconstruction.



Board-certified breast surgeon **Colleen O'Kelly Priddy, MD**, has joined the UHS Breast Center. She received her Doctor of Medicine from the University of Nevada School of Medicine and completed her residency at University of Washington

Affiliated Hospitals. She completed a fellowship in Oncologic Breast Surgery at the University of Southern California.

Plastic surgeon **Omotinuwe Ife Adepoju, MD**, has joined UHS Plastic Surgery. Dr. Adepoju completed her medical training at Weill Cornell Medical College and her residency at Rutgers University Robert Wood Johnson University Hospital. Her fellowship training took place at the University of Minnesota Medical Center.



>> **GET CHECKED.** To learn more about breast care at UHS and to schedule a mammogram at a UHS location near you, visit uhs.net/breast.

When Binghamton resident Tom Ulmschneider, now 61, discovered a sizable lump on the right side of his neck, he ignored it — for just a bit. His annual physical was already on the books in two short weeks, and he'd address it then.

When Mr. Ulmschneider pointed out the lump, his doctor immediately referred him to John Abdo, MD, a UHS otolaryngologist (ear, nose and throat specialist). Dr. Abdo performed a laryngoscopy, a procedure that involves passing a thin, flexible tube with a camera through the nose and down the throat to view abnormalities.

“Dr. Abdo suspected it was my tonsils, so before I even left his office, he did a biopsy, which came back negative. But Dr. Abdo still believed it was my tonsils,” Mr. Ulmschneider says. “His recommendation was to remove my tonsils and perform another biopsy while I was still on the operating table. If the biopsy was positive, we'd have our answer. If it was negative, he'd keep looking for the tumor source while I was on the table.”

>>A PATIENT-CENTERED, MULTIDISCIPLINARY APPROACH TO CANCER CARE

OUT OF THE rough

Tom Ulmschneider recently completed a regimen of surgery, chemotherapy and radiation therapy for a tumor on his tonsils.



Dr. Abdo's instincts were spot-on. The second biopsy, performed at the same time as the tonsillectomy, proved positive. Mr. Ulmschneider had tonsil cancer. "I believe Dr. Abdo saved my life," he says. "Another doctor might have taken the initial negative biopsy results and left it at that. But Dr. Abdo stood firm. He believed it was my tonsils and wouldn't give up. He was right the whole time."

PATIENT-CENTERED CARE

With a cancer diagnosis confirmed, it was time to get down to business. At UHS, that means supporting patients every step of the way. A team of patient-centered doctors, nurses, therapists and other healthcare professionals contribute to the development of every patient's care plan, which includes considering the patient's needs, the specific cancer and treatment options.

In Mr. Ulmschneider's case, the UHS circle of care was expanded to include his family — an emotional response to his needs. His wife, Kathleen, an ER nurse and nursing supervisor at UHS Delaware Valley Hospital, served as her husband's advocate. "Kathleen was amazing. And my two daughters, Lauren Farrelly and Kaitlyn Degen, were amazing through the whole ordeal," he says. "My family got me through this — and I'm grateful that my UHS cancer team welcomed and respected my family's input through every decision."

Integral to the UHS cancer care approach, dedicated cancer nurse coordinators and social workers are always available to consult with patients and, if desired, family members, too. The goal is to provide a seamless route to services that support a patient's individual emotional and physical health and well-being.

This multidisciplinary approach to cancer care continues from initial screenings through recovery, with UHS medical staff members frequently meeting to share information about patient progress, issues and new developments in the field, and to review diagnosis and treatment recommendations.

New cardiothoracic surgeon

Fellowship-trained cardiothoracic surgeon **Ahmed Khan, DO**, has joined the UHS Heart & Vascular Institute. Dr. Khan has a special interest in the diagnosis and surgical treatment of lung cancer, in addition to being an expert in heart disease. "In the 'thoracic' part of cardiothoracic, I perform lung biopsies, stage lung cancer, and do lung resections," says Dr. Khan. "Most cardiothoracic surgeons focus on either heart or lung, but because I am highly trained in both, I am able to bring specialized lung cancer surgery to the communities surrounding UHS."

Dr. Kahn attended medical school at Western University of Health Sciences in Pomona, California, and completed cardiac surgery fellowships at Albert Einstein University Medical Center in New York City and at the University of California, Los Angeles.

"A long list of people play an important part in every patient's cancer treatment and recovery," says Dr. Abdo. "Collaborative communication is key before we agree on a unified treatment plan. This is how we come up with the best plan." And there's no cookie-cutter approach to that "best plan," he adds. "We treat each patient as an individual, and no one is ever just a case number."

For Mr. Ulmschneider, his post-diagnosis care began with Madhuri Yalamanchili, MD, medical oncologist at UHS Medical Oncology, who wasted no time conferring with Rashid Haq, MD, UHS oncology and radiation oncology specialist. The two physicians concurred that treatment would include three rounds of chemotherapy, then radiation, and, depending on results, possibly additional surgery to remove any remaining tumor.

COLLABORATION SAFEGUARDS TREATMENT

Because Mr. Ulmschneider's tumor was unusually large, Drs. Yalamanchili and Haq began with aggressive chemotherapy that came with severe side effects. "He got extremely ill with the first round of chemo," Dr. Yalamanchili says. "So we conferred with our team of oncologists as well as our gastroenterologist, who recommended a feeding tube. If a patient becomes malnourished, dehydrated or experiences severe pain, we might have to delay treatment. Staying on schedule increases our chances of things going well. It's important that we all work together —

with everyone on the team watching carefully for any indication that we need additional pain or nutrition control — so we can get the patient through treatment without a break," Dr. Yalamanchili adds.

Careful patient monitoring and team care kept Mr. Ulmschneider's chemo schedule on course, which gave the treatment a chance to do its job. In fact, two rounds shrunk the tumor so significantly that a third round was deemed unnecessary and the team agreed that he could move directly on to radiation.

While the radiation phase went well for Mr. Ulmschneider, the team stood ready. UHS social workers watched for any reciprocal emotional issues after such a difficult time with chemo, and nurses kept close watch on his food and liquid intake, in case IV fluids were needed.

Today, Mr. Ulmschneider is in a holding pattern, waiting for his throat to heal before having a PET scan to check results. And while he waits, he says he spends a lot of time being grateful. "Cancer stinks. But then I think about my heroes — the entire UHS medical team and, of course, my family." **SH**

“My family got me through this — and I’m grateful that my UHS cancer team welcomed and respected my family’s input through every decision.”

— Tom Ulmschneider

Our team

UHS takes a team approach to cancer care, with physicians and nurse practitioners specializing in medical, radiation, and surgical oncology working together to develop the right treatment plan for each patient.

Madhuri Yalamanchili, MD, and **Ronald Harris, DO**, lead the UHS Medical Oncology team. Medical oncologists provide non-surgical care for cancer, such as chemotherapy and other drug treatments. They often serve as their patients' point person, coordinating with surgical and radiation oncologists, as well as with other complementary and supportive services, with the help of nurse navigators.

In addition to medical oncology, UHS continues its reputation for excellence in radiation and surgical oncology. **Rashid Haq, MD**, leads UHS Radiation Oncology. **Jeffrey Wiseman, MD**, leads the surgical oncology team.

Learn more about cancer care at UHS at [uhs.net/care-treatment/cancer](https://www.uhs.net/care-treatment/cancer).



>>UHS PROGRAM HELPS PATIENTS FIGHT CANCER-RELATED FATIGUE

reintroducing HOPE

For patients with a cancer diagnosis, there is more to coping with the disease than the fight itself. Whether they are going through chemotherapy, radiation or surgery, many patients find that they are unusually tired and, no matter how much rest they get, the exhaustion doesn't go away.

This common side-effect of cancer or the treatments used to combat it is referred to as cancer-related fatigue. It happens in as many as 75 percent of patients who are actively undergoing treatment. About 25–30 percent of survivors report this same kind of fatigue at some time post-treatment — maybe even as long as two years after their last treatment.

UHS has a program to help these patients called HOPE (Helping Oncology Patients Exercise). Oncologists and other physicians who work closely with cancer patients use a series of questions to determine if cancer-related fatigue is

impacting the patients' ability to carry out daily activities. Patients who feel that fatigue is getting the better of them are then referred to HOPE's free 12-week exercise program.

Linda Wasser, OT, director of UHS Physical Therapy and Rehabilitation, oversees the program.

"HOPE patients work with a registered nurse, exercise physiologist, and physical or occupational therapists to identify and work on their fatigue or any specific medical, nutritional or psychosocial problems related to their diagnosis and treatment," Ms. Wasser says. For example, mastectomy patients who have difficulty lifting their arms over their heads work on that task in addition to participating in the exercise program that addresses the fatigue.

The HOPE program began as an outpatient therapy service around 2013, but it has recently been revamped by providing clinicians working in the oncology program a better protocol

for identifying and referring fatigued patients. In addition, HOPE services are now part of the health, wellness and rehabilitation services located in Phelps Hall at UHS Binghamton General Hospital.

"HOPE offers oncology patients and survivors the opportunity to work together, giving them a sense of community and mutual support," says Ms. Wasser. "And by having them with us here at a supervised health and wellness program, patients have better opportunities for education — if they have questions on nutrition or psychosocial issues, for instance."

Initial screening for the program can be done at any outpatient facility, during a regular oncology appointment or visit with a primary care physician. Patients who are referred to HOPE can participate in two sessions per week for the free 12-week program. Those who want to continue after 12 weeks can do so on a self-pay basis. **SH**



>> **HAVE HOPE.** If you or a loved one would like more information about UHS HOPE, call **762-2178** to speak with an exercise physiologist about the program. Medical clearance and a referral from an oncologist or primary care physician is required to join.