



2020 CANCER ANNUAL REPORT

PROVIDING NEW INNOVATIONS FOR
CANCER CARE ON STATEN ISLAND

Richmond University
 **Medical Center**

MESSAGE FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

Our commitment to pushing the medical and scientific boundaries in the war on cancer has remained steadfast this past year and continues to be the driving force for our entire oncology service line. Like cancer itself, our aggressive approach combined with our continued commitment to our patients has allowed Richmond University Medical Center to meet challenges head on, maximizing patient care outcomes and restoring hope. This could not be more evident than right now, as our community grapples with the COVID-19 pandemic. Thanks to the commitment and clinical expertise of our staff, we continue to provide the full spectrum of oncology services in a COVID-19 safe and protected environment. As always, the health and well-being of our patients and staff are our highest priority.

The year 2020, while challenging, has also brought with it a great deal of excitement and provided a great foundation for the future of cancer care on Staten Island. A future with Richmond University Medical Center clearly at the forefront.

A New Clinical Affiliation

Earlier this year we announced a new clinical and academic affiliation with Mount Sinai Health System. This new affiliation aspires to broaden access to world-class care for Staten Island residents, with focus in the areas of oncology — through their National Cancer Institute (NCI) designation — cardiology, and primary care. We share with Mount Sinai the overarching goals of improving patient care outcomes and quality; expanding access to advanced primary, specialty, and ambulatory services; and broadening our overall clinical commitment to population health. We see this affiliation as an opportunity to build and expand on Richmond University Medical Center's tertiary care teaching capabilities by exploring opportunities for new programs and initiatives with Mount Sinai.

New Leadership

Recognizing the vast talent and expertise within our own ranks, Maxim Shulimovich, DO, was advanced to the position of division chief of Hematology and Oncology. Dr. Shulimovich is board certified in internal medicine, hematology, and medical oncology and continued his training and residency at Mt. Sinai Medical Center. Since 2018, Dr. Shulimovich has been providing hematology/oncology services at our Center for Cancer Care, and just this year he also developed Richmond University Medical Center's independent hematology/oncology fellowship program. We could not be more excited about what the future holds for our oncology service under his leadership.

Dedicated Care for Our Pediatric Patients

We filled a critical need on Staten Island in 2020 with the addition of Mario Peichev, MD, as our new director of Pediatric Hematology and Oncology. Board certified in both pediatric hematology and



oncology, Dr. Peichev brings over 20 years of experience specializing in pediatric blood disorders, liquid and solid tumors, anemias, and hemophilia. His presence broadens our already robust oncology services to now meet the needs of even the youngest cancer patients on Staten Island.

Awards and Milestones

The year 2020 marked our hospital's 83rd consecutive year of accreditation from the American College of Surgeons' Committee on Cancer, maintaining our hospital's distinction of having the longest continually accredited cancer program on Staten Island. Adding to this prestigious attribute, our Center for Cancer Care was awarded three-year accreditation in Positron Emission Tomography (PET) by the American College of Radiology (ACR) this past January. The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR practice parameters and technical standards after a peer-review evaluation by board certified physicians who are experts in the field. This year we also celebrated the two-year anniversaries of our Center for Cancer Care and Breast and Women's Center. Both centers continue to provide the latest evidence-based medicine using the most advanced technologies available in the war on cancer, including immunotherapy, radiation therapy, image guided radiotherapy, 3D mammography, and both stereotactic and ultrasound guided biopsies.

Addressing Community Health and Improving Access to Care

Our most recent Community Health Needs Assessment shows that the incidence of all cancers is higher in Staten Island than the rest of New York City and the nation. Although there is a proportionately higher incidence of cancers diagnosed on Staten Island — primarily female breast, colorectal, lung, male prostate, and thyroid — the rate of death from cancer is similar in Staten Island to the rest of New York City, and is even lower than the national rate. This suggests that Staten Island cancers are being identified early and effectively treated. As an integral part of Richmond University Medical Center's commitment to community wellness and preventive medicine, we offered prostate cancer screenings at several community events in

February celebrating Black History Month to reach African-American men who are at higher risk than many other ethnic groups. We held exclusive mammogram days for members of the United Federation of Teachers (UFT) Welfare Fund at our Breast and Women's Center. In September, we distributed free Fecal Immunochemical Test kits, or FIT Kits, following the death of actor Chadwick Boseman at age 43 from colon cancer. This past October, in celebration of National Breast Cancer Awareness Month, we offered free 3D mammograms at the Breast and Women's Center. Throughout the year we also promoted essential health practices with our new Heart Tracker health assessment kiosk at the Staten Island Mall. The kiosk offers self-assessments for several conditions including breast, colon, and lung cancer. Individuals who complete an assessment are contacted for follow-up and to schedule appointments.

A Strong Future

As we look to 2021 and beyond, we remain steadfast in our commitment to advanced cancer care. The state of our oncology programs is strong and continues to build momentum. Our senior leadership, led by our board of trustees, continues to ensure this essential service line is properly resourced to ensure our hospital's rich history of providing state-of-the-art cancer services continues to grow. We are humbled by the faith and trust so many patients and their families place in us. To our entire team of exceptional physicians and staff at Richmond University Medical Center, thank you for the exceptional care you provide to our patients and community!

Sincerely,

A handwritten signature in dark ink, appearing to read "Daniel J. Messina". The signature is fluid and cursive, with a large, stylized "D" and "M".

Daniel J. Messina, PhD, FACHE
President and Chief Executive Officer

MESSAGE FROM THE DIVISION CHIEF OF HEMATOLOGY/ONCOLOGY

There is much to be proud of this year, as Richmond University Medical Center's oncology department and Center for Cancer Care have continued to offer patient-focused, evidence-based, cutting-edge care to our patients. That we have been able to do so in the context of a global pandemic, a crisis that impacted New York City and Staten Island with great force in the spring, is a point of particular pride.

Even as New York became a COVID-19 epicenter in March, the oncology department and Center for Cancer Care did not skip a beat. We remained open, transferring all oncology-related operations to the Center for Cancer Care at 1000 South Avenue to protect our patients and ensure continuity of lifesaving care. We adapted to the situation in other ways as well, using telehealth where necessary, to make sure we could be available to our patients 24 hours, 7 days a week. Where surgery had to be delayed due to the pandemic, we offered preventative treatments to mitigate spread of the cancer.

But continuing care and maintaining our high standards are not the sole accomplishments of 2020. This year saw the start of our own Hematology/Oncology Fellowship, fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). In July, we welcomed our first two fellows, who have become an integral part of the program and department. Applications for next year's fellowship spots exceeded two hundred and fifty.

We have also established full genetic evaluation and counseling in collaboration with our new affiliate, Mount Sinai Health System. This initiative will allow for our patients to have a fuller understanding of their diagnosis, help patients and their families make the best decisions for their care, and offer a more complete clinical picture, ensuring the best possible care. Furthermore, we have established critical ties with multiple companies in order to perform FDA-approved, state-of-the-art diagnostic techniques, such as liquid biopsies.

The past year has not been an easy one for our community. But our community persevered and remained strong and committed. We are reminded that as we work together, our entire oncology department and the Center for Cancer Care will continue to be a source of crucial treatment and comfort in Staten Island and beyond. We are prepared to meet the challenges of the present and the future as we bring the latest advances in hematologic and oncologic care to our patients.

Sincerely,

A handwritten signature in black ink, reading "Maxim Shulimovich". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Maxim Shulimovich, DO
Chief, Hematology/Oncology

AWARDS AND ACCREDITATIONS: 2020

Staten Island's Longest Consecutively Accredited Cancer Program

This past year marked the 83rd consecutive year of accreditation by the American College of Surgeons Commission on Cancer, making Richmond University Medical Center's oncology program the longest consecutively ACS-accredited program on Staten Island.



Center for Cancer Care Earns PET Accreditation from American College of Radiology

Richmond University Medical Center's Center for Cancer Care was awarded three-year accreditation in Positron Emission Tomography (PET) following a recent review by the American College of Radiology (ACR). Radiologists assess PET imaging to locate cancers, determine if a cancer has spread, evaluate if a cancer-related treatment is effective, and see if there is a recurrence of cancer in a patient. Solid tumors common with some forms of cancer can be detected through the use of a PET scan, including brain, cervical, colorectal, lung, prostate, and thyroid. The ACR gold seal of accreditation represents the highest level of image quality and patient safety. The Center for Cancer Care, located at 1000 South Avenue, opened in June of 2018.



CENTER FOR CANCER CARE: HOPE BEGINS HERE

Hematologists, oncologists, and radiologists at Richmond University Medical Center's Center for Cancer Care treat the full gamut of cancers and cancer-related conditions, and have onsite access to current diagnostic and treatment modalities and laboratory services. Patients also have access to a full team of auxiliary cancer treatment specialists, including oncology nurses, technologists, pharmacists, genetic counselors, and tumor registrars (specialists who record detailed information on tumor progression to help guide treatment).

The center also has a dedicated staff that specializes in treating pediatric cancer. Led by two experienced pediatric oncologists, the staff expertly treats a wide range of pediatric cancers — and comforts young patients and their families throughout their treatment journey.

Aside from addressing the many medical concerns patients with cancer face, the center also helps patients deal with the disease's emotional toll. Center staff connect patients with in-house counseling and behavioral health services, discharge planning, home care and hospice referrals, pastoral care, community agency referrals, and education and support.



Accredited for over 80 consecutive years



1000 SOUTH AVENUE
STATEN ISLAND, NY 10314
718-818-3000 | RUMCSI.ORG/CCC

BREAST AND WOMEN'S CENTER: PERSONALIZED CARE WITH THE PATIENT IN MIND

A comprehensive “wellness” center for women — and men — Richmond University Medical Center’s Breast and Women’s Center is focused on the prompt diagnosis, prevention, and treatment of breast cancer. The breast center’s board certified staff specializes in breast imaging and has a full suite of state-of-the-art diagnostic equipment at its disposal to provide the latest procedures, including 3-D mammography, stereotactic breast biopsy, breast ultrasound, and ultrasound-guided breast biopsy.

The center also provides minor surgeries and consultations for more complex procedures. From routine mammograms and exams to biopsies, surgical procedures, and personalized breast cancer treatment, the center was designed to meet all the needs of our patients and their families.

Our imaging, clinical, and minor surgical services are all available in one location within a spa-like atmosphere, complete with a comfortable waiting area, private changing rooms with lockers, and a patient family education library.



1161 VICTORY BOULEVARD
STATEN ISLAND, NY 10301
718-818-1161 | RUMCSI.ORG/BWC

RICHMOND UNIVERSITY MEDICAL CENTER CANCER STATISTICS

Primary Site Tabulation for 2019 cases

| Primary Site | Total | Sex | |
|---------------------|-------|-----|-----|
| | | M | F |
| All Sites | 837 | 390 | 447 |
| Oral Cavity | 11 | 4 | 7 |
| Lip | 0 | 0 | 0 |
| Tongue | 4 | 1 | 3 |
| Oropharynx | 0 | 0 | 0 |
| Hypopharynx | 0 | 0 | 0 |
| Other | 7 | 3 | 4 |
| Digestive System | 153 | 94 | 59 |
| Esophagus | 11 | 7 | 4 |
| Stomach | 9 | 3 | 6 |
| Colon | 56 | 31 | 25 |
| Rectum | 18 | 10 | 8 |
| Anus/Anal Canal | 5 | 4 | 1 |
| Liver | 23 | 18 | 5 |
| Pancreas | 23 | 15 | 8 |
| Other | 8 | 6 | 2 |
| Respiratory System | 109 | 58 | 51 |
| Nasal/Sinus | 1 | 1 | 0 |
| Larynx | 5 | 5 | 0 |
| Other | 1 | 0 | 1 |
| Lung | 102 | 52 | 50 |
| Blood & Bone Marrow | 59 | 38 | 21 |
| Leukemia | 33 | 23 | 10 |
| Multiple Myeloma | 18 | 10 | 8 |
| Other | 8 | 5 | 3 |
| Bone | 4 | 2 | 2 |
| Connect/Soft Tissue | 1 | 0 | 1 |
| Skin | 7 | 6 | 1 |
| Melanoma | 7 | 6 | 1 |
| Other | 0 | 0 | 0 |

| Primary Site | Total | Sex | |
|-------------------|-------|-----|-----|
| | | M | F |
| Other | 0 | 0 | 0 |
| Breast | 143 | 1 | 142 |
| Female Genital | 65 | 0 | 65 |
| Cervix Uteri | 7 | 0 | 7 |
| Corpus Uteri | 35 | 0 | 35 |
| Ovary | 19 | 0 | 19 |
| Vulva | 3 | 0 | 3 |
| Other | 1 | 0 | 1 |
| Male Genital | 96 | 96 | 0 |
| Prostate | 95 | 95 | 0 |
| Testis | 1 | 1 | 0 |
| Urinary System | 40 | 31 | 9 |
| Bladder | 24 | 18 | 6 |
| Kidney/Renal | 15 | 13 | 2 |
| Other | 1 | 0 | 1 |
| Brain & CNS | 50 | 15 | 35 |
| Brain (Benign) | 2 | 1 | 1 |
| Brain (Malignant) | 7 | 5 | 2 |
| Other CNS | 41 | 9 | 32 |
| Endocrine | 38 | 14 | 24 |
| Thyroid | 22 | 9 | 13 |
| Other | 16 | 5 | 11 |
| Lymphatic System | 39 | 18 | 21 |
| Hodgkin's Disease | 2 | 2 | 0 |
| Non-Hodgkin's | 37 | 16 | 21 |
| Unknown Primary | 15 | 8 | 7 |
| Other/III-Defined | 7 | 5 | 2 |

DIRECTOR OF PEDIATRIC HEMATOLOGY AND ONCOLOGY KEEPING CHILDREN SAFE AND HEALTHY

Blood disorders like leukemia, anemia, hemophilia, and sickle-cell anemia affect thousands of children nationwide each year and can range from mild to life-threatening. However, thanks to the expertise provided by the director of Pediatric Hematology and Oncology, Mario Peichev, MD, parents can rest assured their children will receive the most leading-edge treatment and care in the field of pediatric hematology.

“Over time, we’ve seen a steady percentage of hematological disorders in childhood,” shared Dr. Peichev, a native of Bulgaria who completed his residency at the University of Medicine and Dentistry of New Jersey and a fellowship at Memorial Sloan Kettering Cancer Center in Manhattan and joined the Richmond University Medical Center team this year. “These disorders can be either malignant or benign, though benign disorders are more common.”

Typically passed down from parents to children, Dr. Peichev said certain blood disorders are often more common to specific ethnicities. “For example, in the case of ‘thalassemia’ — a group of diseases marked by abnormal hemoglobin structure — a version of the disease marked by damage to the hemoglobin’s alpha chain is more common to those of Asian background, while another version of the disorder marked by damage to the hemoglobin’s beta chain is more common to those of Italian, Greek, and North African descent.”

According to Dr. Peichev, the field of pediatric hematology and oncology has experienced advancements over the past decade that enable quicker diagnoses, increasingly targeted treatments, and more successful outcomes. “Today, we use more and more ‘precision therapy’ in pediatric oncology to treat each patient’s unique disorder and minimize toxicity,” Dr. Peichev said. “The use of genetic markers in leukemia allows us to monitor a child’s response to a treatment and determine next steps. For example, a genetic marker known as

‘Minimal Residual Disease’ gives us visibility to the number of cancer cells left in the body within different time points after starting a therapy and thus has tremendous prognostic ability.”

Dr. Peichev noted that the field has also seen an increase in the number of quality drugs and therapies available to help treat pediatric blood disorders. Among them, “children with hemophilia used to require infusions of treatment every 12 to 24 hours. Now, the availability of products with prolonged half-life reduces infusion demands to once every one to two weeks, which significantly enhances patient comfort and quality of life,” he said. “Fifty years ago, a child with leukemia had a 10 to 15 percent chance of survival; today the survival rate is 85 to 90 percent, thanks to great leaps in cancer treatments and pediatric hematology.”



*Mario Peichev, MD
Director of Pediatric
Hematology
and Oncology*

RUMC GASTROENTEROLOGIST SHARES WELCOME NEWS ON COLON CANCER TREATMENT AND EARLY DETECTION

The National Cancer Institute (NCI) reports that more than 145,000 new cases of colorectal cancer — cancer that begins in the colon or rectum — were diagnosed in the U.S. in 2019. The NCI adds that in recent years, Staten Island has averaged over 225 cases of colorectal cancer annually. Colorectal cancer is the third most common cancer among men and women and can be fatal in its later stages.

For that reason, “We encourage patients to employ any of a number of effective screening methods available to help enable early detection of colorectal cancer because it’s more treatable at that stage,” said Magda Daoud, MD, gastroenterology attending physician. “Early diagnosis and treatment can help surgery provide a cure for colorectal cancer, while a screening colonoscopy can detect pre-cancerous polyps and prevent colorectal cancer from developing to begin with.”

Dr. Daoud noted that colorectal cancer can present with a broad range of signs and symptoms. While people may not experience any visible symptoms early on, “later stages of the disease can be associated with bleeding from the rectum and changes in bowel habits, such as the presence of diarrhea, constipation, or a feeling of incomplete emptying of the bowel,” she said. “They may also experience changes in the caliber of their stool, such as smaller-sized stools, as well as abdominal pain, bloating or cramping, unexplained weight loss, and weakness and fatigue.” Dr. Daoud encouraged people to undergo a routine checkup should they experience any of these conditions. She added that people should also see their physician if they have any symptoms of anemia, such as weakness, fatigue, or shortness of breath upon exertion, as the anemia may be a result of blood loss caused by colon cancer or reflect another serious underlying condition.



Advances in Treatment

Dr. Daoud said that a number of advances in the treatment of colorectal cancer are helping to improve patient outcomes, reduce side effects and recovery times, and minimize the risk of recurrence.

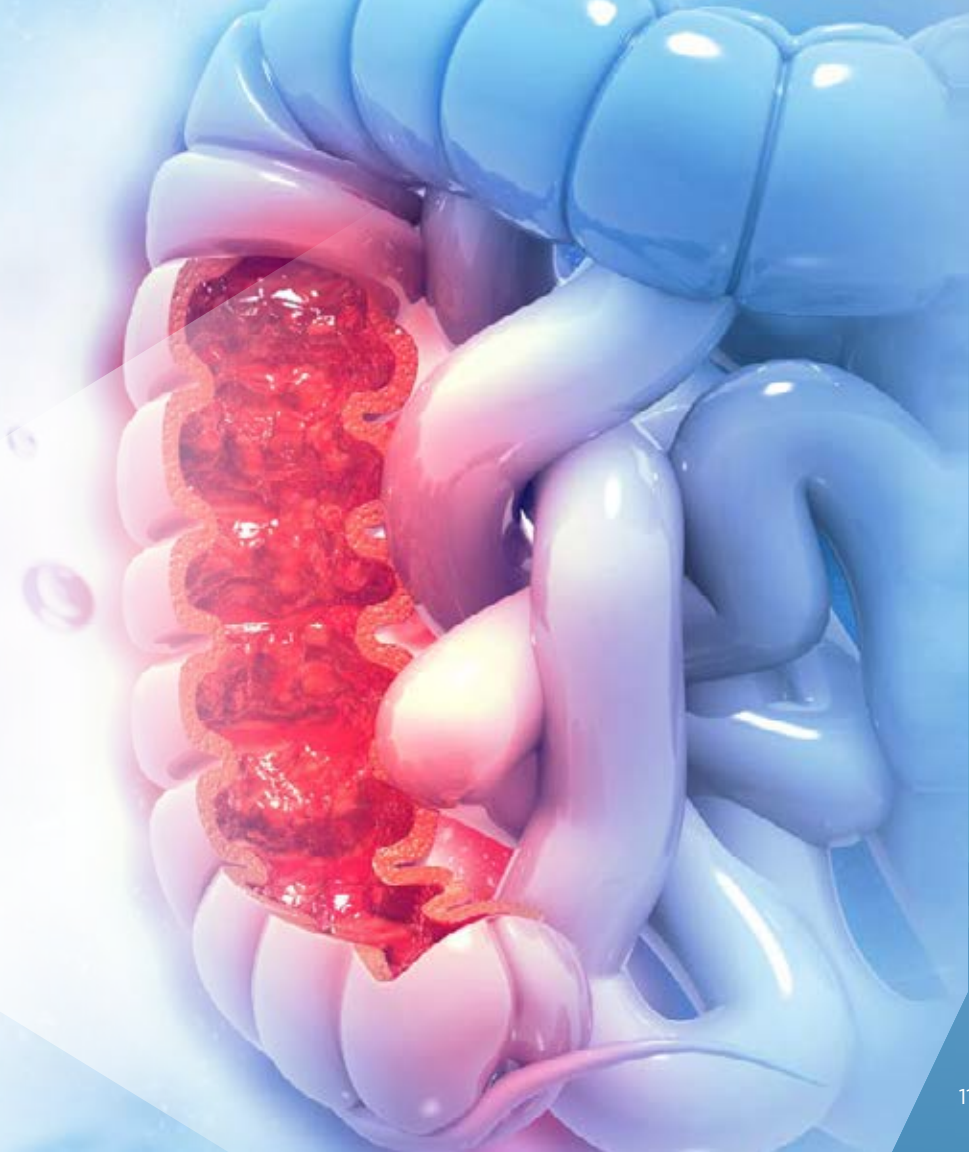
“We’ve seen great advances in colonoscopy procedures themselves as well as in the removal of pre-cancerous lesions, even those of larger size,” she said. “While these larger lesions used to be removed through procedures that involved making an incision in the abdomen, recent advances in endoscopic mucosal resection and endoscopic submucosal dissection are enabling physicians to remove early-stage cancer and precancerous growths endoscopically using a long, narrow tube equipped with a light and video camera that is inserted rectally, reducing the need for patients to undergo traditional ‘open’ surgery.”

“We’ve seen great advances in colonoscopy procedures themselves as well as in the removal of pre-cancerous lesions, even those of larger size.”

She added that advances in robotic-assisted and laparoscopic surgeries are also enabling more precise and less-invasive approaches to the treatment of colorectal cancer or pre-cancerous lesions, while at the same time ensuring shorter recovery times for patients.

On the horizon, a wealth of research is being conducted to further improve detection and treatment of colorectal cancer.

“For example, researchers are testing the use of a specialized new component positioned at the end of an endoscope that would enable even better visualization of the folds in the colon to improve the detection of polyps,” Dr. Daoud said. “In addition, a newer technique known as chromoendoscopy, which involves the injection of dye throughout the entire colon to enhance the characterization of tissues, is proving to be particularly effective in detecting pre-cancerous lesions in patients who have Inflammatory Bowel Disease (IBD).”



THOUGH MORE PREVALENT ON STATEN ISLAND, THYROID CANCER IS OFTEN HIGHLY TREATABLE

Experts at Richmond University Medical Center are calling attention to an infrequent and less-publicized type of cancer that, when acted on appropriately, is largely treatable: thyroid cancer. Public awareness of this condition is particularly important on Staten Island, where, according to the 2019 “Governor’s Cancer Research Initiative – Staten Island Cancer Incidence Report,” thyroid cancer rates were 67 percent higher than those of the other four New York City boroughs and 69 percent higher than the rest of New York State (excluding New York City).

“Thyroid cancer affects 1.2 percent of the general population in the course of their lifetime, with about 54,000 cases diagnosed in the U.S. in 2018,” shared Thomas J. Forlenza, MD. “In terms of prevalence, thyroid cancer is four times more common in women than in men, for reasons that aren’t fully understood by the medical community. Thyroid cancer usually is discovered ‘incidentally’ during a screening for something else in the neck or chest area, such as lung cancer or COPD.”

The Thyroid and Thyroid Cancer

Located in the front of the neck below the Adam’s apple area, the thyroid gland secretes hormones that help regulate metabolism, heart rate, blood pressure, and body temperature. The presence of too much thyroid hormone (a condition known as ‘hyperthyroidism’) can cause a fast or irregular heartbeat, difficulty sleeping, nervousness, hunger, weight loss, and a sensation of being too warm. The presence of too little hormone (known as ‘hypothyroidism’) can make a person feel sluggish or tired, and promote weight gain. The thyroid gland also regulates the body’s use of calcium.

An enlarged thyroid gland, or one that has nodules on it, may be

caused by a hormonal imbalance and is not necessarily indicative of cancer. “The majority of thyroid nodules are benign,” Dr. Forlenza confirmed, “but there’s a rising incidence of thyroid cancer on Staten Island, so awareness and treatment are key.”

According to Dr. Forlenza, more than 90 percent of thyroid cancers are of the low-grade or ‘differentiated’ papillary type, may be present for many years, and are relatively slow-growing in nature. “The main symptom is an enlarged mass in the front midline area of the neck,” he said. “Cancer of the thyroid is generally asymptomatic — for example, it doesn’t affect normal thyroid functioning such that you’d feel weak or tired — and would only become known because you or your doctor can see it or feel it.”

“Key risk factors include a family history and radiation exposure through diagnostic imaging of the neck area,” said Dr. Forlenza, who noted that thyroid cancer has not been associated with smoking and has only a weak association with obesity.

Treatment for Thyroid Cancer

“If thyroid cancer is detected, more than 90 percent of cases are treatable and the 10-year survival rate is 90-95 percent, so the prognosis is excellent,” Dr. Forlenza said. “The cornerstone of treatment for thyroid cancer is surgical resection — in other words, removal of the cancer,” said Dr. Forlenza, noting that Richmond University Medical Center surgeon Christopher Lisi, MD, chief of Otolaryngology-Head and Neck Surgery at the hospital, is among the specialists who expertly handle this type of procedure, which involves just a one- to two-day stay at the hospital.

“Treatment depends on the stage of the cancer, which is determined by its size and the degree to which it has or hasn’t spread to any lymph

nodes,” he continued, adding that thyroid cancer rarely spreads elsewhere, but is still highly treatable if it does. “Any thyroid cancer that spreads beyond the thyroid gland requires radioactive iodine, which kills thyroid tissue and leads to hypothyroidism,” Dr. Forlenza noted. “While this will require the patient to be on thyroid replacement medication for the rest of his or her life, this treatment is highly effective and has few side effects.”



Thomas J. Forlenza, MD

“Thyroid cancer affects 1.2 percent of the general population in the course of their lifetime, with about 54,000 cases diagnosed in the U.S. in 2018.”



LUNG CANCER SCREENINGS ARE SAVING LIVES

The lung screening program at Richmond University Medical Center is saving lives. The program, one of the first of its kind in the New York metropolitan area, screens approximately 300 patients each year. Among those who test positive for lung cancer and are referred for additional testing and treatment, about 80 percent have survived because they were tested early.

“We used to find 70 percent of lung cancers in their later stages, either stages 3 or 4,” said Keith Diaz, MD, director of the lung screening program and chief of the Division of Pulmonary Medicine. “Now, 70 percent of the cancers we’re finding are in stages 1 or 2 and are treatable.”

The screening program targets people at elevated risk of developing lung cancer: those ages 55 to 77 who have been smoking a pack or more of cigarettes daily for 30 years or longer, or who have quit smoking within the past 15 years. Annual screenings are vital to detecting and diagnosing lung cancer in its early stages, particularly because most patients initially don’t experience symptoms. RUMC’s screening program, which uses low-dose computed tomography (CT) imaging, was launched in 2014 after data from the landmark National Lung Screening Trial found that annual CT screens reduce deaths from lung cancer among current and past smokers by 20 percent, compared with traditional chest X-ray screening.

During a CT scan, narrow X-ray beams are aimed at the chest and rotated around the body to produce images that reveal abnormalities in the lungs before they fully develop. Compared with X-ray imaging, the reduced dose of radiation in CT scans carries a lower risk of side effects, and CT scans also are less likely to generate “false positive” results in patients who are cancer-free, Dr. Diaz said.

*“70 percent of the cancers
we’re finding are in stages
1 or 2 and are treatable.”*

The scan is performed in 5 to 10 seconds, and the entire examination takes 15 minutes. Test results are provided 24 hours later, so patients don’t have to wait days or weeks for their results. “This takes a lot of the fear out of the process,” said Nancy Sayegh-Rooney, RN, ONN-CG, NCTTP, nurse navigator for the lung screening program.



*Keith Diaz, MD
Director, Lung Screening Program
and Chief of the Division of
Pulmonary Medicine*

MORAL SUPPORT, PRACTICAL HELP AGAINST NICOTINE ADDICTION

Cigarette smoking is a relentless addiction that cannot be overcome without support. That's the message Richmond University Medical Center's lung screening program imparts to chronic smokers who attend its Tobacco Cessation Group. Participants receive practical information and moral support to help them ignore nicotine cravings and quit for good.

"People have to understand that nicotine is the most addicting drug out there," said Nancy Sayegh-Rooney, RN, ONN-CG, NCTTP, the lung screening program's nurse navigator.

How addictive are cigarettes? Consider that many smokers repeatedly try to stop smoking but fail, with some making 30 or more attempts before they finally quit. Sayegh-Rooney notes that nicotine is both physically addictive, with potential withdrawal effects, and psychologically addictive because smokers see cigarettes as a source of comfort.



"Educating people and telling them they have this addiction and that it's not their fault can be a big help to them," Sayegh-Rooney said.

The weekly, six-week class meets three times annually: in January (to help smokers fulfill their New Years' resolutions to quit), and in the spring and fall. As the five to 10 participants who attend each session discuss their struggles with nicotine cravings, Sayegh-Rooney offers practical tips for responding to those urges, such as:

- **Following the five Ds:**

Nicotine cravings on average last two minutes, Sayegh-Rooney says, so she tells the group to:

- ▶ Delay lighting up
 - ▶ Distract themselves
 - ▶ Drink water
 - ▶ Take deep breaths
 - ▶ Discuss their addiction struggles with someone who understands.
- **Holding an object.** The average smoker spends two and half hours each day holding a cigarette, so Sayegh-Rooney advises the group to reach for something other than a cigarette, such as a cinnamon stick or worry stone. "They need to keep their fingers busy," she said.



*Nancy Sayegh-Rooney
RN, ONN-CG, NCTTP,
Lung Screening Program
Nurse Navigator*

"People have to understand that nicotine is the most addicting drug out there."

RICHMOND UNIVERSITY MEDICAL CENTER CANCER SERVICES

- **Surgical Services:**
 - Surgical, GI, and Ambulatory Suites
 - Robotic Surgery
 - EBUS (Endobronchial Ultrasound)
 - Neurosurgery
 - Interventional Radiology
 - Stereotactic Guided Biopsy
 - Bronchoscopy
 - Endoscopy
 - Mediastinoscopy
- **Chemotherapy/Infusion Services:**
 - Adult and Pediatric Ambulatory Suites
 - Satellite Chemo Pharmacy
 - Phlebotomy Services
 - Chemotherapy and Immunotherapy
 - Plasmapheresis
- **Speciality Clinics:**
 - Adult Hem/Onc Clinic
 - Pediatrics Hem/Onc Clinic
 - Breast Clinic
- **Diagnostic Services:**
 - Digital Radiographic for Mammography
 - Magnetic Resonance Imaging (MRI)
 - Nuclear Medicine
 - Positron Emission Tomography Scan (PET)
 - Ultrasound
 - Computerized Axial Tomography Scan (CT)
- **Radiation Therapy:**
 - 3D Conformal Radiation Therapy
 - Brachytherapy – High Dose (HDR)
- Brachytherapy – Low Dose (LDR)
- Computerized Treatment Plan
- Electron Beam
- External Beam Radiation Therapy
- Image-Guided Radiation System (IGRT)
- Intensity Modulated Radiation
- **Therapy (IMRT)**
 - Linear Accelerator
 - Radiosurgery to treat brain tumors
 - Systemic Radioisotopes
- **Other Services:**
 - Clinical Trials
 - Palliative Care
 - Spiritual Care

AMBULATORY ONCOLOGY INFUSION UNIT

The Ambulatory Infusion Unit provides high quality, comprehensive patient care, utilizing a multidisciplinary team approach. The experienced, compassionate staff provides care to patients receiving chemotherapy, targeted monoclonal therapy, immunotherapy, and short term infusions such as IVIG, venofer infusions, and entyvio infusions. They also care for patients receiving blood, blood products, and injections such as Lupron, Faslodex, Xgena, Procrit, and B12. In addition, the staff administers fluids for hydration and maintains supportive care for port patency. The patient population they care for includes adolescents and adults beginning at 18 years of age.

In 2020, the Ambulatory Oncology Infusion Unit assisted 717 new oncology patients who received chemotherapy/immunotherapy, 733 non-chemotherapy infusion patients, and 311 non-chemotherapy injection patients, and assisted over 175 patients in need of blood and blood product transfusions. Utilization and quality indicators, patient satisfaction, and performance improvement measures were monitored by the team on a continual basis. Oncology patients were also provided with a survivorship care plan at the end of their treatment and referrals based on individual needs. The infusion unit also provided nutritional and social work services as needed or when requested by patients or their families.



*(l-r) Janine Guidetti, RN, Oncology Nurse; Maxim Shulimovich, DO, Chief Hematology/Oncology;
Nancy Lippa, RN, OCN, Oncology Nurse*

COMMUNITY OUTREACH COORDINATOR REPORT: COLORECTAL CANCER

According to the American Cancer Society, except for skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. The American Cancer Society estimates the number of colorectal cancer cases in the United States for 2020 was 104,610 new cases of colon cancer and 43,340 new cases of rectal cancer. Overall, the lifetime risk of developing colorectal cancer is: about 1 in 23 (4.4 percent) for men and 1 in 25 (4.1 percent) for women. In the United States, colorectal cancer is the third leading cause of cancer-related deaths in men and in women, and the second most common cause of cancer deaths when men and women are combined. It's expected to cause about 53,200 deaths during 2020.

Based on the findings of Richmond University Medical Center's 2019 Community Health Needs Assessment (CHNA), increasing access to high quality chronic disease preventive care and management in both clinical and community settings was identified as a priority. This was determined through research to develop the CHNA, including public health and socioeconomic measures, input received from key informants, and a thorough assessment of existing services, resources, and the hospital's areas of expertise. Increasing screening rates for several chronic diseases, including colorectal cancer, was an agreed-to measure to help address this identified priority.

One of the most common barriers to engaging patients to have colonoscopies conducted is the unpleasantness of and misconceptions about the colonoscopy prep procedure. There are currently several screening modalities available for community members to choose from, beyond the traditional colonoscopy, that may help get patients "through the door." The most common are take-home stool tests such as Cologuard and the Fecal Immunochemical Test (FIT kit). New York State provides these to the public at no cost



through healthcare providers such as Richmond University Medical Center.

To increase awareness and promote overall best health practices, since installation in January 2020, Richmond University Medical Center's Heart Tracker health assessment kiosk has been providing shoppers at the Staten Island Mall with an opportunity to complete on line screenings for several conditions including colon cancer. Almost 600 people have utilized the kiosk, with over 40 people accessing the screening for colon cancer. Contact information provided by each individual is shared with the oncology department for follow-up and to schedule appointments, if necessary.

Also, in September, Richmond University Medical Center distributed free FIT Kits following the death of actor Chadwick Boseman from colon cancer. In 72 hours over 80 kits were requested and mailed. The hospital's oncology department provided free assessments and follow-up to individuals who provided completed kits.

It should be noted that due to the onset of COVID-19 in early March, many outreach activities were postponed until June 2020. The Staten Island Mall was also closed due to COVID-19 in mid-March, prohibiting public access to the Health Tracker kiosk.

COMMUNITY OUTREACH COORDINATOR REPORT: BREAST CANCER

According to the American Cancer Society, about one in eight women in the United States will develop invasive breast cancer over the course of her lifetime. In recent years, incidence rates have increased slightly, about 0.3 percent each year. In 2020, an estimated 276,400 new cases of invasive breast cancer were expected to be diagnosed in women in the United States along with 48,500 new cases of non-invasive (in situ) breast cancer. About 42,100 women were expected to die in 2020 from breast cancer. Breast cancer is the second leading cause of cancer death in women. The chance that a woman will die from breast cancer is about 1 in 38 (2.6 percent). Since 2007, breast cancer death rates have been steady in women younger than 50, but have continued to decrease in older women. These decreases are believed to be a result of finding breast cancer earlier through screening and increased awareness, as well as more advanced treatments.

Based on the findings of Richmond University Medical Center's 2019 Community Health Needs Assessment (CHNA), increasing access to high quality chronic disease preventive care and management in both clinical and community settings was identified as a priority. This was determined through research to develop the CHNA, including public health and socioeconomic measures, input received from key informants, and a thorough assessment of existing services, resources, and the hospital's areas of expertise. Increasing screening rates for several chronic diseases, including breast cancer, was an agreed-to measure to help address this identified priority.

One barrier identified in the CHNA was women delaying their annual mammograms due to financial hardships. Two years ago, Richmond University Medical Center opened its dedicated Breast and Women's Center at 1161 Victory Boulevard. The most advanced imaging and clinical breast care services are located together within the center. Exclusive mammogram days were held for members of the United Federation of Teachers (UFT) Welfare Fund on February 22 and 29.



More than a dozen women had mammograms performed, with no abnormalities detected. In October, free mammograms were offered to the first 25 people who contacted the Breast and Women's Center. Results were assessed and follow-ups provide at no cost to those that made appointments.

Also noted in the CHNA was the need to increase patient compliance to aftercare once an abnormal finding is noted in screening. To increase awareness and promote overall best health practices, in January 2020, Richmond University Medical Center's Heart Tracker health assessment kiosk was installed at the Staten Island Mall. Over a million people visit the mall annually. The kiosk provides shoppers with an opportunity to complete on line screenings for several conditions including breast cancer. From January to March 2020, almost 600 people utilized the kiosk, with more than 30 accessing the screening for breast cancer. Contact information for each individual was shared with the oncology department for follow-up and to schedule appointments, if necessary.

It should be noted that due to the onset of COVID-19 in early March, many outreach activities were postponed until June 2020. The Staten Island Mall was also closed due to COVID-19 in mid-March, prohibiting public access to the Health Tracker kiosk.

COMMUNITY OUTREACH HIGHLIGHTS

(Note: Community outreach activities were suspended in March due to the COVID-19 pandemic.)

JANUARY

Richmond University Medical Center welcomed Cancer Tamer founder Dr. Charley Ferrer and supporters of her organization to the hospital's Breast and Women's Center, where they donated 50 handmade lymphedema pillows for distribution to breast cancer patients. Cancer Tamer Foundation is a local Staten Island based non-profit launched to help women and men with breast cancer.



FEBRUARY

In February, exclusive mammogram days were held for members of the United Federation of Teachers' (UFT) Welfare Fund. Members were given priority appointments at Richmond University Medical Center's Breast and Women's Center. More than a dozen women had mammograms performed on either February 22 or February 29.

On February 8, staff from Richmond University Medical Center's oncology department discussed the importance of cancer screenings and risk factors for several types of cancer at the annual Black History Month celebration at St. Philip's Church in Port Richmond. Over 70 people attending the event were provided with information on risk factors for cancer.



COMMUNITY OUTREACH HIGHLIGHTS

(Note: Community outreach activities were suspended in March due to the COVID-19 pandemic.)

SEPTEMBER

Following the death of actor Chadwick Boseman at age 43 from colon cancer, Richmond University Medical Center announced the distribution of free FIT kits to anyone age 45 or older. The hospital's oncology department would provide free assessment and follow-up to individuals who submitted kits. During a three-day period, over 80 kits were requested and distributed.



OCTOBER

On October 8, Richmond University Medical Center celebrated National Breast Cancer Awareness Month with a ceremony to honor those lost to the disease and to celebrate the courage of survivors and those currently battling breast cancer. During the ceremony, a pink flag was raised to the top of the hospital's flagpole by breast cancer survivors. Immediately following the ceremony, staff and attendees planted lawn markers in front of the hospital as part of a Garden of Hope. The names of survivors or those lost to breast cancer were written on the markers, which remained in front of the hospital throughout the month.



COMMUNITY OUTREACH COORDINATOR REPORT: **PROSTATE CANCER**

According to the American Cancer Society, other than skin cancer, prostate cancer is the most common cancer in American men. The Society's estimates for prostate cancer in the United States for 2020 are over 191,900 new cases of prostate cancer and more than 33,300 deaths. About one man in nine will be diagnosed with prostate cancer during his lifetime, with prostate cancer being more likely to develop in older men and in African-American men.

Based on the findings of Richmond University Medical Center's 2019 Community Health Needs Assessment (CHNA), increasing access to high quality chronic disease preventive care and management in both clinical and community settings was identified as a priority. This was determined through research to develop the CHNA, including public health and socioeconomic measures, input received from key informants, and a thorough assessment of existing services, resources, and the hospital's areas of expertise. Increasing screening rates for several chronic diseases, including prostate cancer, was an agreed-to measure to help address this identified priority because Staten Island has a higher overall cancer incidence rate compared to the rest of New York City.

The most common barrier deterring people from being tested is the stigma attached to men in following through on their health and wellness. To increase access to care, Richmond University Medical Center opened its Urology Services Center in late 2019. Located at 1200 South Avenue, in the heart of Staten Island, the Urology Services Center provides advanced treatments and procedures for adult male and female patients. From kidney stones to urologic cancers, including prostate cancer, the team of experienced, board certified specialists offers comprehensive surgical and nonsurgical care. The center is also located near Richmond University Medical Center's Center for Cancer Care, which provides the latest clinically proven treatments using state-of-the-art technology, including immunotherapy, chemotherapy, HDR, IGRT, and additional services. Patients are referred to the Center for Cancer Care should prostate cancer be diagnosed, and provided access to a multi-specialty team comprising clinical staff from both centers.



Patient Letters to Our Oncology Department

To Arlene Coyle, Breast Nurse Navigator,

Let me first say how thankful I am for all that you have done for me. I was frightened when I got this diagnosis, but when I spoke with you on the phone to schedule an appointment, you put me at ease. Later when we met at the Breast and Women's Center, you gave me more assurance and information about breast cancer going forward.

After my surgery, you skillfully handled setting up my radiation treatments in Florida. You were always available to talk or help me if I needed anything further to be sent to doctors and nurses at Advent Health. RUMC is very fortunate to have you in the role of Nurse Navigator for breast cancer patients. You are blessed with the right temperament for your patients.

I will keep in touch and let you know how I am doing and will pray that you and your family will be well and safe.

**With Love and Thanks,
D.G.**

Dear Dr. Adam, Sue, Deanna, Jessica, Robert, Patricia and Staff,

I offer each of you my gratitude for being part of my journey these past weeks.

I ask my God and your God to bless you abundantly with His gifts.

May each of you continue to treat all you will meet with the attributes that you have shown me.

**God bless each of you,
M.P.**

Dear Dr. Messina,

I have been receiving immunotherapy in the Ambulatory Infusion Center every three weeks since last May. I must complete two years. Dr. Forlenza is my oncologist.

I want you to know how comfortable I am when there.

The nurses, Janine Guidetti, RN, and Nancy Lippa, RN, are very competent, kind, and polite. As a retired RN (40 years) I see wonderful things when I am there.

Jackie Voss the clerk is also competent, friendly, and kind.

What a wonderful staff.

**Sincerely,
E.H.**





CONTACT US

**Breast and Women's
Center**
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Breast Nurse Navigator
718-818-1186

**Cancer Service
Navigator**
718-818-1485

**Cancer Services
Program
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718-818-1141

Center for Cancer Care
718-818-3000

**The Center for
Integrative
Behavioral Medicine**
718-818-6132

**Gynecologic
Oncology**
718-818-2109

Inpatient Oncology
718-818-4690

Lung Nurse Navigator
718-818-2391

**Mammography
Appointments**
718-818-1161

Outpatient Clinics
718-818-4570

Pediatric Oncology
718-818-4399

Radiation Therapy
718-876-3000

Rehabilitation Services
718-818-3163

Smoking Cessation
718-818-2391

**General Cancer
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718-818-1084

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