

Richmond University Medical Center

CANCER ANNUAL REPORT 2021

INNOVATIONS IN CANCER CARE —
HERE ON STATEN ISLAND.

Message From the President and Chief Executive Officer

Not even the COVID-19 pandemic could weaken the resolve of our cancer patients. Over the past year, we have taken broad steps to ensure we are meeting their needs and expectations while at the same time further positioning RUMC as a leading provider of effective cancer care.

Pushing Back Against COVID-19

Thanks to the precautionary actions of our staff, we maintained full oncologic treatment services at our hospital and Center for Cancer Care even at height of the pandemic, never having to close our doors for a single day. Just a few days into 2021, we began administering the newly approved vaccine to qualified individuals, including our cancer patients.

Recognitions and Accreditations

The year 2021 marked RUMC's 84th consecutive year of cancer accreditation from the American College of Surgeons' Commission on Cancer, making our oncology program the longest consecutively accredited cancer program on Staten Island. We also earned first-time accreditation from the American College of Radiation Oncology for exceptional patient care across all forms of radiation therapy. Our Center for Cancer Care completed its second year of Positron Emission Tomography (PET) accreditation from the American College of Radiology for providing the highest level of quality and patient safety and our Breast and Women's Center completed its third year of ACR accreditation for mammography, breast ultrasound, stereotactic biopsy, and ultrasound guided biopsy services.

New Faces, New Partners

We welcomed Victoria A. Forte, MD, as our new Cancer Service Line Director, as well as Director of Hematology-Oncology and Program Director for our Hematology-Oncology Fellowship Program. She is board certified in internal medicine, hematology, and medical oncology. Joining us through an affiliation with Mount Sinai Health System was Michael Zeidman, MD, a board certified and fellowship trained breast surgeon providing care for breast cancer and benign breast conditions at our Breast and Women's Center. Also, Sam Trosman, MD, FACS, joined our Department of Otolaryngology-Head and Neck Surgery, led by our Chief, Division of ENT, Head and Neck Surgery, Christopher Lisi, MD. Dr. Trosman is board certified in otolaryngology and specializes in head and neck cancers as well as microvascular reconstruction.

Our Own Fellowship Program

We launched our own Hematology-Oncology Fellowship program, a fully accredited three-year fellowship leading to eligibility for board certification in both hematology and medical oncology. The curriculum emphasizes instruction in a wide range of disciplines including treatment of disorders affecting the immunologic and hemostatic systems, the treatment of malignancies, and patient management.

As we continue to do our part to end the pandemic, we also continue to do all we can to turn the tide against cancer. The commitment of our entire RUMC family, combined with the strength of our patients and the advances of modern medicine, are creating better outcomes and brighter tomorrows.

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

Message From the Cancer Service Line Director

It is my honor and privilege to join Richmond University Medical Center as the new Cancer Service Line Director, Chief of the Hematology-Oncology Division and Program Director for the Hematology-Oncology Fellows. The mission and vision of the service line is to provide high quality clinical services with best practices for our patients through comprehensive oncology care, improve operational efficiency in our Center for Cancer Care, and most importantly, serve our community.

Treating cancer is a unique specialty that requires multi-disciplinary care, and we are fortunate to have dedicated, talented, compassionate care at every level: radiology, surgery, survivorship, genetics, nutrition, nursing, psychological, rehabilitation, palliative care, laboratory/pathology, and financial services. We have streamlined these services to work seamlessly as a team.

Virtual tumor boards with all subspecialty services are held weekly to discuss personalized care for each patient. Weekly grand rounds are held with outside speakers from prestigious universities. We have the ability to refer patients to cutting edge trials and are leading our own trials. Our Fellowship Program is thriving with every Fellow exceeding expectations and meeting their milestones. We are also extremely proud to maintain our Commission on Cancer accreditation from the American College of Surgeons, making us the longest accredited cancer program on Staten Island.

Despite COVID-19, we have had numerous successful community outreach sessions including several breast cancer awareness/ survivorship events, a lung cancer month ceremony, and many others. We will continue our outreach in the hope of serving each patient despite their socio-economic, financial, or ethnic background.

We have much to be proud of here at RUMC, where we are family. The goal is to make each and every individual thrive and in turn change this world for the better. I am very excited and optimistic for the future of cancer care and cancer services here at RUMC.

Victoria Forte, MD
Cancer Service Line Director
Chief of the Hematology-Oncology Division
Program Director, Hematology-Oncology Fellows

Awards and Accreditations: 2021

Staten Island's Longest Consecutively Accredited Cancer Program

This past year marked the 84th consecutive year of accreditation by the American College of Surgeons Commission on Cancer, making Richmond University Medical Center's oncology program the longest consecutively accredited program on Staten Island.

First Time ACRO Accreditation

The Center for Cancer Care was awarded accreditation by the American College of Radiation Oncology for providing a continuous exceptional standard of patient care across all forms of radiation therapy.

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

This past year marked the second consecutive year of Richmond University Medical Center's Center for Cancer Care's accreditation in Positron Emission Tomography (PET) by the American College of Radiology (ACR). The ACR gold seal of accreditation is a three-year accreditation that recognizes the Center's specialists for providing advanced image quality utilizing PET scan technology while also maintaining the highest level of patient safety.

Breast and Women's Center: Quadruple Accreditations from ACR

This past year was the third year of American College of Radiology (ACR) accreditation for Richmond University Medical Center's Breast and Women's Center in the areas of mammography, breast ultrasound, stereotactic biopsy, and ultrasound guided biopsy services. The gold seal represents the highest level of accreditation provided by the ACR for quality of care and patient safety.

RUMC Launches Its Own Hematology/Oncology Fellowship Program

This year, Richmond University Medical Center launched its own Hematology-Oncology Fellowship Program. Previously, the fellowship had been provided in partnership with Valhalla Westchester.

The Fellowship's mission is to transform internists into qualified subspecialists who provide the highest standard of care to patients with hematologic and oncologic conditions. The program will also develop the participants' level of proficiency in the diagnosis and treatment of these illnesses making them a tremendous clinical resource for patients and colleagues from all specialties.

The fully accredited three-year Fellowship leads to eligibility for board certification in both hematology and medical oncology. The curriculum is based upon a framework that emphasizes instruction in the treatment of disorders affecting the blood, bone marrow, and the immunologic and hemostatic systems; the treatment of individual malignancies; clinical experiences that emphasize patient management in both the inpatient and outpatient settings; the ability to perform appropriate procedures; and the key tools in basic science that apply to patient management.

The Fellowship provides great opportunities to develop skills needed to address the complex psychosocial and supportive care needs of patients with hematologic and oncologic diseases. These include a very close cooperation with the hospital's Palliative Care Department through which Fellows will become familiar with multiple topics including ethics, hospice care, the emotional and psychological effects on families and caregivers, communication skills, advanced directives, team approach, spirituality, pain, depression, and other end-of-life issues.

Rotations in radiation oncology, blood banking, pathology, and other disciplines are also included in the Fellowship curriculum, as is a bone marrow transplantation rotation, offered in collaboration with Weill Cornell Medical Center, where Fellows will receive instruction and clinical experience in allogeneic and autologous bone marrow and peripheral blood stem cell transplantation as well as management of associated complications.

In this first year of the program, three Fellows were accepted into the program: Foma Munoh Kenne, MD; Amandeep Kaur, MD; and Vaishali Krishnamoorthy, MD.

Primary Site Tabulation for 2020 Cases

Primary Site	Percent
Digestive System	19%
Breast	14%
Respiratory System	14%
Female Genital	9%
Urinary System	8%
Male Genital	7%
Endocrine	6%
Lymphatic System	6%
Blood & Bone Marrow	5%
Brain & Cns	5%
Oral Cavity	2%
Unknown Primary	2%
Connect/Soft Tissue	1%
Skin	1%
Other/Ill-Defined	0.50%
Bone	0.20%

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 2021, the Ambulatory Oncology Infusion Unit assisted 725 new oncology patients who received chemotherapy/immunotherapy, over 800 non-chemotherapy infusion patients, nearly 330 non-chemotherapy injection patients, and over 660 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.

Utilizing the Power of Tumor Genetics to Treat Breast Cancer

A recent American Cancer Society study revealed that the number of women who died from breast cancer declined by 40 percent in the past 25 years — the equivalent of nearly 325,000 lives saved during that time period. Among the factors contributing to this positive development have been breakthrough advances in diagnostic techniques and treatment, including the use of tumor genetics, or the study of gene variants that cause or increase one's risk of cancer.

"Tumor genetics is an exciting field that's becoming more and more personalized as we move forward," shared Victoria Forte, MD, Cancer Service Line Director and Chief of the Division of Hematology-Oncology.

"Years ago, the clinical management of breast and several other cancers relied on very few prognostic indicators for diagnosis," Dr. Forte said. "In the case of breast cancer, we looked at the estrogen, progesterone, and HER2 receptors to tell us whether a patient should receive chemotherapy. More recently, however, the field of oncology has opened us up to so many new discoveries that have transformed treatment paradigms, including analysis of the DNA of the actual tumor," she said. "Once a breast surgeon removes a patient's tumor, we send it out for a specialized test like the Oncotype DX Breast Recurrence Test or 70-Gene Signature Test, which looks at 21 and 70 different genes, respectively, and determines the likelihood of cancer recurrence and whether the patient's cancer will respond favorably to chemotherapy."

"Up through the 2000s, the predominant thinking was that if a patient's tumor was one centimeter or greater in size they'd benefit from chemo, so nearly everyone got chemo then," she said. "Now, through the robust field of tumor genetics, we're personalizing medicine so that patients don't need to be exposed to the toxicity of chemotherapy unnecessarily."

"Even just several years ago, chemotherapy and endocrine ablative therapy (the suppression of endocrine glands to treat hormone-dependent breast cancer) were the main treatments," Dr. Forte explained. "Now we're not only able to look at the genes of the tumor itself, but any cell that escaped from the tumor into the bloodstream as well. We can assess more than 360 genes in real time and administer a variety of targeted therapies to attack any little cancer cell that could cause a metastasis in the future."

According to Dr. Forte, "every tumor biology is unique. Thanks to recent advances in immunotherapy and targeted therapy, we can now address the exact genes causing a patient's cancer and give them targeted treatment that kills their tumor. For this reason, there's hope for everyone, no matter what stage they are," she said. "We've come so far, and every breast cancer patient now has the possibility of living longer with a high-quality of life and doing extremely well."

"Within the last decade, we've made great strides in developing techniques and medications to improve and personalize therapy and minimize toxicity. By harnessing science and delving into tumor biology and the mechanics of cancer cells, we've developed panels to predict for response to therapy and minimize toxicity and we'll only continue to progress and experience greater success in the future. There's a long way to go, but cancer research is driving a wellspring of innovation and new treatments are coming out all the time."
— Dr. Forte

A Range of Innovative Therapies

Thanks to the growing field of tumor genetics, a number of targeted therapies are now possible. These include:

Endocrine Ablative Therapy: Considered one of the first forms of targeted therapy, "this approach assesses not only a patient's estrogen and progesterone receptors, but also the enzyme that converts testosterone into estrogen in their peripheral tissues so that we can eradicate any little cells that escaped from the tumor into the bloodstream," Dr. Forte said. "The treatment, offered in a pill form that's typically taken for five to 10 years, stops production of the estrogen-causing cancer from growing within fat cells and adrenal glands, and we often liken this pill to taking blood pressure medication. It has very few side effects, the most common of which are joint aches and pains, vaginal dryness, and osteoporosis, but we monitor these by giving patients calcium and vitamin D as well as a bone scan every two years to assess their bone density," she said. Thanks to this therapy, Dr. Forte noted that the majority of breast cancer patients in stage 0, 1, 2, or 3 have a 90 percent chance of being cured of their disease forever. "The goal is to catch it in these stages," she confirmed.

Immunotherapy: This cutting-edge approach uses the body's own immune system to attack cancer cells and is often used in combination with chemotherapy for patients with "triple-negative" breast cancer, an aggressive form of the disease that accounts for 15 percent of all breast cancer cases. "Side effects can include rashes and diarrhea, but they're easily managed and so miniscule compared to chemo, and patients tolerate them very well," said Dr. Forte, who was pivotal in the clinical development and FDA approval of a novel HER2-targeted breast cancer therapy.

Targeted Therapies: According to Dr. Forte, these therapies target the exact mutations that are causing cancer cells to replicate, "so the more mutations we pick up through our genetic testing, the better we can target the exact cancer," she said, noting that treatment is often administered in the form of pills and that side effects are minimal and/or manageable.

Worried About Prostate Cancer? RUMC's Urology Services Can Put Your Mind at Ease.

Sovrin M. Shah, MD

While some younger men can experience prostatitis, a swelling and inflammation of the prostate gland, the two most common conditions of the prostate — often occurring as men age — include benign enlargement of the prostate and cancer of the prostate.

"The prostate is a gland involved in male reproduction," said Sovrin M. Shah, MD, a Mount Sinai Health System urologist affiliated with Richmond University Medical Center who treats patients at the hospital's comprehensive Urology Center, located at 1200 South Ave. "The prostate helps to support the health and functionality of sperm."

In terms of enlargement, "The prostate surrounds the urethra, the conduit that exits the bladder, and that anatomic location lends to some of the difficulties men face," Dr. Shah said. "If the center of the prostate grows, it can impair the urethra and subsequently diminish the flow of urine." Typically starting in a man's early to mid-50s, "symptoms of an enlarged prostate can include slowing of the urinary stream, more frequent urination and a greater urgency to urinate during the day or night, which can be disruptive to some men's sleep," he said.

"While it's very common to have an enlarged prostate, only those that are clinically symptomatic and bothersome need to be treated," he noted.

According to Dr. Shah, "Prostate cancer represents the third most common cancer in American men (after skin and lung cancer), and enlargement doesn't necessarily mean cancer."

An Important Screening

"After coming in for a prostate exam, the first thing we'll do is take a patient's history, as the existence of a first-degree relative (a father or brother) with prostate cancer will increase one's risk and create the need to start screening at an earlier age," Dr. Shah said. "Race is also a risk factor, as African American men are at a higher risk of developing prostate cancer, experiencing more aggressive forms, and dying from the disease than non-African American men.

"We'll also ask the patient about their urinary symptoms — e.g., how often they get up at night, their frequency of urination during the day, and any difficulties urinating (such as burning or discomfort) as well as the presence of any blood in the urine," Dr. Shah said. "We'll then perform a digital rectal exam (DRE), which involves the insertion of a gloved and lubricated finger in the patient's backside and an examination of the surface of their prostate," he said. "Because a majority of cancers grow on the periphery of the prostate, a DRE is important for detection, though the vast majority of prostate cancers are diagnosed by an abnormal blood test called 'PSA' (or prostate-specific antigen), a protein produced by the prostate.

"While a normal PSA score is usually less than 4, we can tolerate higher PSAs in older men because an enlarged prostate can produce elevated PSA levels," Dr. Shah said. In terms of screening guidelines, "The American Urological Association recommends that African American men or any man with a first-degree relative who's been diagnosed with prostate cancer should start screening for prostate cancer at age 40, otherwise age 50."

Treatment Options

"For enlargement that's bothersome, we'll start with medication that will help reduce the size of the prostate and/or alleviate pressure on the urine flow," Dr. Shah said.

Regarding treatments for prostate cancer, "What's important to recognize is that in the 1970s, only 67 percent of those with localized prostate cancer were cancer-free five years later and today that number is nearly 100 percent," he said. "This reflects that the medical community does a good job of treating prostate cancer, especially if it's detected when it's localized to the prostate; if it's diagnosed too late, treatments become more limited and success is lower, so early detection helps ensure a better outcome."

Dr. Shah noted that current approaches to addressing prostate cancer are different than they were 20 years ago. "Today, we understand that not all prostate cancers need to be treated, especially if they're low-grade, low-volume tumors; in these situations, we just stay on top of them by doing active surveillance, monitoring their symptoms, and performing regular PSA tests," he said. "Because we have good screening in the U.S., the chance of finding a localized prostate cancer is good and outcomes associated with radiation therapy, surgical treatment, active surveillance, medication, or a combination of any of these treatments are excellent. Along with today's enhanced imaging, advanced radiation techniques enable practitioners to focus on the tumor and spare surrounding tissue, while robotic-assisted surgery enables greater precision and we have more medications at our disposal than ever.

"The most important message for men (and their families) is to take a proactive approach to your health in general and to see a urologist and get screened if your doctor doesn't test for prostate cancer. We have highly successful treatment options that can not only treat cancer, but also cure it if it's spotted early. For men just experiencing urinary issues, there are some good medication or surgical options that can markedly improve their symptoms."

— Dr. Shah

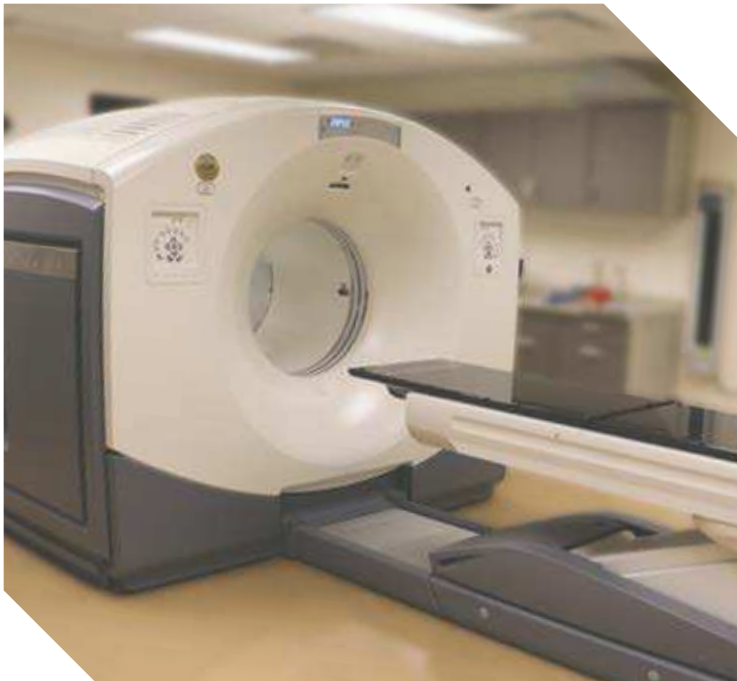
Radiation Oncology Department Brings Cutting-Edge Treatments and Hope to Staten Islanders

As cancer treatment continues to shift from more disease-focused management to patient-centered care, the role of radiation oncology has become an increasingly important and effective component of many cancer patients' care plans.

Part of a range of oncology specialties that includes surgical, medical, hematologist, and diagnostic oncology, "radiation oncology involves the use of ionizing radiation to treat predominantly cancer and some other non-malignant conditions," shared Marc Adams, MD, Director of Radiation Oncology, which has been housed in the hospital's Center for Cancer Care since 2018. "Rather than being administered all over the body, radiation is primarily a local type of therapy designed to treat a problem in a particular area and can be curative and/or used with chemotherapy as well as pre- or post-operatively."

According to Dr. Adams and colleague Hoon Lee, MD, board certified radiation oncologist, the hospital utilizes a range of cutting-edge techniques in the field of radiation oncology that not only drive the best outcomes but also reduce potential toxicity for patients along the way. Those techniques include:

- **Deep Inspiratory Breath Hold (DIBH):** "For breast cancer patients, we can employ a special planning scan that monitors their breathing cycle and administers radiation only when they're in a certain phase of breathing, a process known as DIBH," Dr. Adams said. "This technique minimizes exposure to structures below the breast (such as the heart and lung), especially for patients with left-side breast cancer."
- **Prone Positioning:** For breast cancer patients who cannot tolerate breath monitoring, "we have a prone breast positioning system through which we can treat patients lying on their stomach," Dr. Lee said. "In that case, the device delivers treatment from a position below the patient's body and can spare tissues underneath the breast."
- **Shorter Courses:** Dr. Adams said that advancements in treatment delivery have resulted in shorter courses of radiation therapy than in the past. "For example, most breast cancer patients can be treated with hypofractionated



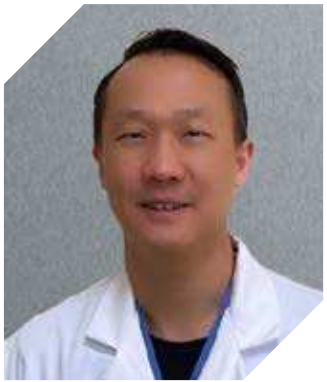
radiation, through which they undergo a fewer number of treatments than with standard radiation," he said of an approach that in many cases can reduce a five-day-a-week or six- to seven-week course to only a three- to four-week course.

- **4D Radiation Therapy** – For patients with cancer of the lung or other body parts that are not fixed and who may not be good candidates for surgery based on other co-morbidities, "the use of 4D radiotherapy and 4D CT simulation enables us to secure scans that map out the movement of the tumor and adapt treatment accordingly," Dr. Lee said. "When we combine 4D planning and scanning capabilities with image-guided therapy, we're able to incorporate the dimension of time to ensure that we're targeting the tumor properly and precisely," he said, adding that this approach has been very effective and well-tolerated in patients with early-stage lung cancer.

- **Biocompatible Hydrogel and Brachytherapy** – "For prostate cancer patients, the placement of SpaceOAR® biocompatible hydrogel behind the prostate adds space between the prostate and rectum and helps decrease irritation to the rectum," Dr. Adams said. "In addition, we have high-dose brachytherapy technology, through which we can precisely position radiation treatment to address gynecologic malignancies, and we also have a PET-CT scanner, which is useful in many areas of oncology, especially when monitoring patients in terms of treatment response and evaluation of disease status."

Recently, RUMC's Radiation Oncology Department received accreditation from the American College of Radiation Oncology (ACRO), a well-known, internationally recognized body that evaluates oncology radiation practices.

Marc Adams, MD, Director, Radiation Oncology Department



Hoon Lee, MD, Radiation Oncologist

"ACRO has very detailed requirements regarding expertise, processes, equipment, quality assurance programs, staffing, training, and more. We're very proud to be fully accredited," Dr. Adams said.

According to Dr. Lee, the hospital's Center for Cancer Care at 1000 South Avenue offers patients even more. "We've operated a very private and safe facility outside of the hospital setting throughout the pandemic, which is reassuring for oncology patients, who are particularly vulnerable to COVID-19," shared Dr. Lee, who noted that the facility remained in full service during the pandemic due to its vigilant adherence to safety protocols. "Patients coming here enjoy our convenient location, private park-like setting, and personalized approach. We take pride in providing compassionate and individualized attention to each patient."

Robotic Surgery at RUMC: Enabling Greater Precision and Faster Recovery

It may sound like a new concept, or something out of a science fiction movie, but actually the use of robotic systems during surgery have been around for decades. In fact, robotically assisted surgery was first introduced in the 1980s and 1990s as a way to enhance the capabilities of surgeons and safely overcome some of the limitations of certain surgical procedures. The 2000s saw the first robotic systems approved by the FDA for general laparoscopic surgery. Since then, said Loren Harris, MD, Chair of the Department of Surgery and Chief of Thoracic Surgery, "robotic surgery has become increasingly standard in many specialties."

At the beginning of his own career more than 30 years ago, "we trained in open surgery and patients had good outcomes, but they experienced longer hospital stays and more pain," Dr. Harris said. "The industry then moved to video-assisted technology, where we worked through small incisions with hand-held instruments, which was also effective but not as precise."

With the advent of robotically assisted surgery in the last 10 to 20 years, however, "we use a 3D camera and precise instruments, sit in the operating room at a console located a few feet away from the patient, and every small move of the surgeon's hand is mimicked by the instruments at the end of the robot's arm," Dr. Harris said. "While it's the instrument that touches the patient's tissue rather than the surgeon's hand, the surgeon can still feel everything and develops optic feedback, almost a 'sixth sense.'"

RUMC acquired Intuitive's da Vinci Si robotically assisted surgical system in 2010. More recently, the hospital acquired the more advanced da Vinci Xi. Surgeons still use the da Vinci Si model, but now also have the da Vinci Xi as an option. In addition to having more malleable arms that are easier to use, the Xi has a much smaller footprint in the operating room and its new instrumentation uses different wavelengths of light helping surgeons distinguish anatomy, which leads to an even greater degree of precision and safety. Over 80 percent of the surgeons at RUMC have robotic surgical training.

Among the specialties experiencing success using robotics is the field of bariatrics, or weight loss surgery. "I've been performing robotically assisted surgeries for the past five to six years and it results in fewer incisions, less damage to tissue, less pain, and better aesthetics," said Alex Barkan, MD, Chief of Bariatric Surgery and Vice Chair for the Department of Surgery.

Loren Harris, MD
Chair, Department of Surgery
Chief of Thoracic Surgery

Alex Barkan, MD
Chief of Bariatric Surgery
Director of the Bariatric and Metabolic Institute

New Palliative Care Program Helping Improve Patients' Quality of Life

According to the Center to Advance Palliative Care (CAPC), an estimated six million Americans could benefit from palliative care, an interdisciplinary medical specialty focused on improving quality of life for people living with serious illness by providing relief from their associated symptoms and stress.

Launched in late 2020, the new Palliative Care Program at Richmond University Medical Center is achieving just that: providing the targeted care that is helping patients and their families better understand serious and complex health conditions, manage pain and anxiety, and optimize their quality of life.

"Palliative care is something that touches every aspect of medicine," explained Thomas J. Forlenza, MD, MS, FAAHPM, Chief of Palliative Care. "Our program is founded on the premise that very difficult and complicated health care decisions should not have to be made alone. Our multidisciplinary team is highly experienced, takes a compassionate approach, and is able to support patients and their families through the more difficult aspects of disease."

Dr. Forlenza is quick to note a significant difference between the terms 'hospice' and 'palliative' care. "Hospice is now a subset of palliative care and refers to care provided when active treatment can no longer achieve its intended goal," he said. "Hospice focuses on lifestyle changes needed when one cannot 'beat a disease' and must adjust to a new reality. Palliative care eases an individual into a disease that may change their lifestyle if not tempered.

"Usually when served by a hospice program, the individual is felt to have six months or less to live," added Dr. Forlenza, "while palliative care is offered at any point in a disease."

"While hospice helps individuals live as best as they can until the end of their lives, palliative care helps individuals adjust to the limitations of their disease and live as best as they can through whatever disease process they have," Dr. Forlenza further explained. "In palliative care, doctors and patients work together to fight the patient's disease and explore new treatments. Hospice is not a necessary consequence of palliative care."

Though Richmond University Medical Center has had a formal hospice program since 1989, "our new Palliative Care Program is six months old and consists of a team including myself, a nurse practitioner, a social worker, and local clerical/spiritual leaders," Dr. Forlenza said. "Working together, we educate patients and families about their disease and our program, help to define the patient's goals, and collaborate to improve the patient's and family's experience relative to the new medical conditions or challenges they're adjusting to.

"Since the launch of our Palliative Care Program, our team has treated nearly 90 patients managing everything from cancer, COPD, and congestive heart failure to COVID-19, cardiac arrest, dementia, and failure to thrive," shared Dr. Forlenza. "All of these patients had the benefit of family meetings and discussions of treatment plans with our medical team and, while some were ultimately referred to hospice based on their stage of disease, dozens received the extra help and targeted care they needed to return home and live their lives," he said. "Through our Palliative Care Program, we now have a formal mechanism to refer patients for proper services, provide more aggressive management of symptoms, and make patients more comfortable."

As medical practitioners, "it's about treating the complete person, not just the disease in front of us," Dr. Forlenza said of the importance of palliative care. "Illness and pain affect a person's entire life. I feel that if we can take positive steps to make their experience better, we've done more for the patient and their family than the simple treatment of a disease alone could ever accomplish. Palliative care shows love for the patient and is a reflection of the commitment between the doctor and the patient."

Thomas J. Forlenza, MD, MS, FAAHPM
Chief of Palliative Care

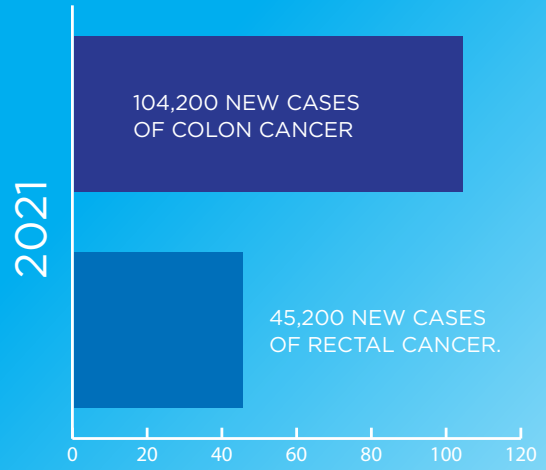
Community Outreach Report: Colorectal Cancer

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 2021 was over 104,200 new cases of colon cancer and more than 45,200 new cases of rectal cancer. 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 was expected to cause about 52,900 deaths during 2021.

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 community stakeholders, 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 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 the Fecal Immunochemical Test (FIT kit). In March, in recognition of National Colon Cancer Awareness month, Richmond University Medical Center distributed free at-home FIT Kits to staff and the public. A total of 27 individuals requested one of the free kits. Over 40 FIT kits were disturbed in November at the Staten Island Economic Development Corporation's Health and Wellness Expo. The hospital's oncology department provided free assessments and follow-up to individuals who provided completed kits. One individual who returned a kit from the March outreach was positive. The patient had a colonoscopy and was negative for cancer.

Since 2020, to increase awareness and promote overall best health practices, 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. Over a million people visit the mall annually. Over the first 10 months of 2021, nearly 1,800 people utilized the kiosk, with 239 people accessing the screening for colon cancer. Contact information for each individual was shared with the oncology department for follow-up and to schedule appointments, if necessary.



Community Outreach Report: Breast Cancer

Breast cancer is the second leading cause of cancer death in women. 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 0.5 percent per year. In 2021, an estimated 281,500 new cases of invasive breast cancer were expected to be diagnosed in women in the United States along with 49,200 new cases of non-invasive (in situ) breast cancer. About 43,600 women were expected to die in 2021 from breast cancer.

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 community stakeholders, 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.

Also noted in the CHNA was the need to increase patient compliance to aftercare once an abnormal finding is noted in screening. In 2020, to increase awareness and promote overall best health practices, 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 online screenings for several conditions including breast cancer. Over the first 10 months of 2021, nearly 1,800 people utilized the kiosk, with 234 people 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.

Richmond University Medical Center also offered free mammograms to individuals without healthcare insurance during October, which is National Breast Cancer Awareness month. Mammograms were provided at the hospital's state-of-the-art Breast and Women's Center. That same month, RUMC also provided over 80 breast cancer screenings at various locations in the community. Also in October, the hospital posted an informative video on social media and on its website in which risk factors, symptoms, treatments, and after-care for breast cancer were discussed in detail. The video featured Michael Zeidman, MD, board certified Director of Breast Surgery for Mount Sinai Health System-Brooklyn. Dr. Zeidman is caring for patients at the Breast and Women's Center through a clinical and academic affiliation with Mount Sinai Health System.

ABOUT 1 IN 8 WOMEN IN THE UNITED STATES WILL DEVELOP INVASIVE BREAST CANCER OVER THE COURSE OF HER LIFETIME

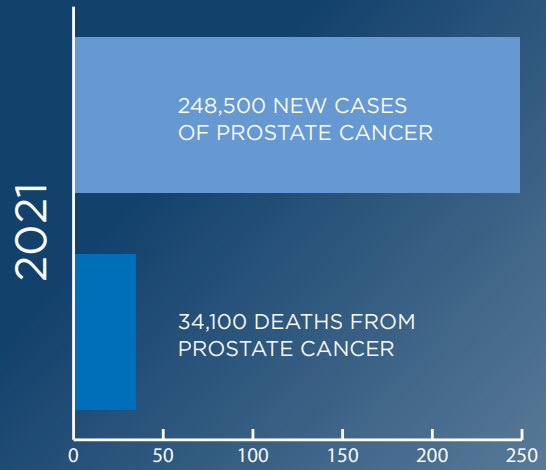
Community Outreach Report: Prostate Cancer

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 2021 are over 248,500 new cases of prostate cancer and more than 34,100 deaths. About one man in eight 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 community stakeholders, and a thorough assessment of existing services 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 encountered that deters 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 two years ago. The 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 medically proven therapies and radiologic treatments including immunotherapy, chemotherapy, HDR, IGRT, and additional services.

In July, the hospital posted an informative video on social media and on its website in which risk factors, symptoms, treatments, and after-care for prostate and bladder cancer were discussed in detail. The video featured Sovrin Shah, MD, board certified urologist with the Mount Sinai Health System. Dr. Shah is caring for patients at the Urology Services Center through a clinical and academic affiliation with Mount Sinai Health System.



Community Outreach Highlights

WINTER

- Many of RUMC's cancer patients received their COVID-19 vaccinations to protect themselves, their loved ones, and the community. At the same time healthcare workers, like those throughout our oncology department, received their second doses, further ensuring a safe environment for those receiving cancer care at RUMC.
- Victoria Ann Amaniera, 16, donated over 50 handmade pillows to the Center for Cancer Care. The heart-shaped pillows were provided to patients looking to rest their heads during treatment or needing something to squeeze during uncomfortable moments.

SPRING

- Over 20 new iPads and laptop computers were donated to the Center for Cancer Care by Talia Bieler, a student at Poly Prep Country Day School in Brooklyn. The devices were for use by patients to connect with loved ones and as a source of entertainment during lengthy therapy sessions.

- Richmond University Medical Center offered free at-home FIT kits in recognition of March as National Colorectal Cancer Awareness Month. Over 25 kits were distributed.

SUMMER

- Oncologists, medical staff, and senior leadership joined cancer survivors for a dedication ceremony at the Center for Cancer Care to celebrate June as National Cancer Survivors month. To honor the courage and strength of cancer survivors and their families, a ceremonial bush was planted in front of the center.

FALL

- Richmond University Medical Center observed National Breast Cancer Awareness month with a ceremony to honor those lost to the disease, to celebrate the courage of survivors, and to show support for those currently battling the disease.
- RUMC staff walked side by side with breast cancer survivors and their families at the annual American Cancer Society's Making Strides Against Breast Cancer Walk.

- Free FIT kits and PSA screenings were provided by RUMC at the annual Staten Island Economic Development Corporation's Health and Wellness Expo. RUMC's oncology staff was also on hand to provide information on breast, lung, thyroid, and many other types of cancer.
- In recognition of November as National Lung Cancer Awareness month, a ceremony was held to remember those lost to the disease and to encourage people to take care of their lung health by scheduling screenings.

Our Ambulatory Specialty Sites

Center for Cancer Care

Board certified and fellowship trained oncologists and radiation oncologists at Richmond University Medical Center's comprehensive Center for Cancer Care treat a variety of cancers and cancer-related conditions, at all stages. Patients have direct access to a full team of skilled, compassionate cancer care specialists, including nurses, technologists, pharmacists, nutritionists, and tumor registrars. The center also has a dedicated staff that specializes in treating pediatric cancer. Aside from addressing the many medical concerns patients with cancer face, the center's dedicated staff also connects patients with a wide range of educational and support services including counseling, palliative care services, discharge planning, home care, and community agency referrals.

Breast and Women's Center

A state-of-the-art "wellness" center, Richmond University Medical Center's Breast and Women's Center is focused on the prompt diagnosis, prevention, and treatment of breast cancer and other non-cancerous breast conditions. The breast center's board certified specialists and trained medical staff specialize in patient-centered care and have a full suite of advanced diagnostic equipment at their disposal to provide advanced digital breast imaging, 3-D mammography, stereotactic breast biopsies, ultrasounds, and ultrasound-guided breast biopsies. The center is also equipped to perform additional minor surgical procedures on-site.

Patient Letters to Our Oncology Department

To the Staff at RUMC's Center for Cancer Care,

I would like to take this opportunity to thank you all for not only the outstanding service you provided to me when I was going through one of the most difficult times of my life, but also for your professionalism, empathy, kindness, attentiveness, and thoughtfulness during my radiation and oncology appointments.

The staff was always thoughtful and attentive in their responses to my numerous questions. The professionalism that was shown in explaining procedures to me and telling me about the things I should expect at appointments eased so much of my anxiety. I came to all my appointments prepared and always knew what to expect. They worked with my schedule if something came up. Even small things like a quick chat as I was being set up for radiation treatment, and the music I liked playing in the room, made me feel at ease and as if I were among friends.

I truly appreciate the smiling faces of staff that knew me and greeted me every day and the friendliness and patience they had for all my interactions. You guys are all amazing and you made a very difficult time in my life that much more tolerable.

Thank you, thank you, thank you!

— Shannon C.

Dear Arlene,

Let me first say how thankful I am for all that you have done for me. I was frightened when I was diagnosed, but when I spoke with you to set up my appointment, you put me at ease. Later, when we met, you gave me more reassurance. After my surgery, you skillfully handled setting up my radiation treatments in Florida. You were always available to talk or if I needed anything further. RUMC is very fortunate to have you as their nurse navigator.

— Dianne G.

Breast and Women's Center
718-818-1161

Breast Nurse Navigator
718-818-1186

Cancer Service Navigator
718-818-1485

Cancer Services Program (NYSDOH Screening)
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

Palliative Care
718-818-4104

Pediatric Oncology
718-818-4399

Radiation Therapy
718-876-3000

Rehabilitation Services
718-818-3163

Smoking Cessation
718-818-2391

General Cancer Inquiries
718-818-1084

355 Bard Avenue, Staten Island, NY 10310
844-934-CARE | **www.RUMCSI.org**

Richmond University Medical Center