

# 2022

**Richmond University**  
Medical Center



**CANCER ANNUAL REPORT**

# Message From the President and Chief Executive Officer



For nearly 120 years, Richmond University Medical Center (RUMC) has fulfilled its mission to provide continuous, high quality patient care. Our oncology program is a hallmark of our mission and a service line we continue to grow as the need for evidence-based care close to home remains a necessity for our community. This past year, our Oncology Department cared for over 8,100 individuals diagnosed with cancer. Patients entrusted us with helping them navigate through surgical interventions, lab and radiology studies, immunotherapy, chemotherapy, palliative care, and rehabilitation services, to name just a few.

## **We Will Never Pause in the Fight**

State and city data indicates Staten Island still has a higher cancer incidence rate than the nation. Among the four most common cancer types — female breast, colorectal, lung, and prostate — Staten Island has higher female breast and prostate cancer incidence rates than the rest of New York City and/or the nation. The colorectal cancer mortality rate for Staten Island remains similar to the death rates found across New York City and the nation; and consistent with having higher smoking rates, Staten Island still has higher incidence and death rates due to lung cancer compared to the other boroughs.

## **New Service Line Providing Vital Care**

Our Palliative Care Department celebrated its first anniversary in 2022. Nearly 1,130 patients received services from the department including care coordination, pain management, spiritual care, and social service support. We look to further expand the department's services next year and beyond.

## **Awards and Accreditations**

In 2022, RUMC celebrated its 85th consecutive year of accreditation by the American College of Surgeons Commission on Cancer. This makes our program the longest consecutively accredited program by the ACS on Staten Island. Our Center for Cancer Care also maintained its accreditation by the American College of Radiation Oncology (ACRO) for continuing to provide exceptional patient care across all forms of radiation therapy and its accreditation in Positron Emission Tomography (PET) by the American College of Radiology (ACR). Our Breast and Women's Center also celebrated its fourth consecutive year of ACR accreditation for providing high quality, patient-centered care in mammography, breast ultrasound, stereotactic biopsy, and ultrasound guided biopsy services.

Our past is solid and our future is bright. Our commitment to standing with our community in the war on cancer is unwavering. We 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 latest advances of modern medicine are creating better outcomes and brighter tomorrows. We continue to move forward, together.

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

## Message From the Cancer Service Line Director



It is my honor and privilege to continue as Richmond University Medical Center's 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.

Cancer care is a unique specialty that requires multidisciplinary care, and we are fortunate to have dedicated, talented, compassionate care at every level; radiology, surgery, oncology, survivorship, genetics, nutrition, nursing, psychological, palliative care, rehabilitation, laboratory, and pathology 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. We are proud to have added three new exciting sponsored trials in cancer to our armamentarium this year alone with more in the pipeline. Enrollment is at an all-time high.

Due to all of our efforts as above, our collaboration, high quality output for every service, integrity, commitment, and adherence to the highest standards, we have been recognized with

continued accreditation by the Commission on Cancer this year. Congratulations, team!

Additionally, our fellowship program is thriving, with every fellow exceeding expectations and meeting their milestones. This is the first year we have participated in the NRMP match, with the highest of interest levels from external applicants, approximately 300 applicants for one spot. Best of luck to the applicants! Our program has received ACGME accreditation this year and our first graduate class has landed stellar and even leadership positions. Congratulations!!!

Despite COVID-19 we have had numerous successful community outreach sessions including several breast cancer awareness/survivorship events, a lung cancer ceremony, and many others. We will continue our outreach in hope of serving each patient despite their socioeconomic, 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 and cancer services here at RUMC.

A handwritten signature in black ink that reads "Victoria Forte". The signature is written in a cursive, flowing style.

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

## Patient Testimonials

On behalf of the entire Police Organization Providing Peer Assistance (POPPA), I want to extend a heartfelt thank you for your tremendous generosity and to compliment you on your magnificent and caring staff. The time and expertise provided demonstrates your dedication to the men and women of the NYPD and their health and well-being. Your efforts were the cornerstone of our two-day self-care program on June 20 and 21.

I would like to compliment the following staff for providing a relaxing environment in which many officers were able to meet with health care professionals in a less formal setting and to get some vital information and screenings: Deborah Rodriguez, Ginamarie Lamberti, Angela Adragna, Cheryl Garber, Candice McMaster, Meredith Gaskins, Maria Falzone, Francesco Rotatori, MD, Nancy Rooney, RN, Shannon Carberry, and John Travieso.

Sincerely,  
**John Petrullo**  
Director, POPPA, Inc.

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I had the pleasure of meeting Dr. Forte for Evushield evaluation. Currently and for the past two years, I've been treated at The Abramson Cancer Center at Penn Medicine in Philadelphia, an impressive, renowned, behemoth facility. Obviously, this was my first visit to the RUMC Center for Cancer Care and I came away quite impressed. My initial interaction at check-in by an apparently well-

trained, helpful staff was reassuring. The hematology resident who handled the history intake was well-versed not only about chronic lymphocytic leukemia but also with acalabrutinib treatment.

The encounter with Dr. Forte was something that any cancer patient would highly value. Obviously, with a crammed schedule, she still took the time to patiently explain all factors surrounding Evushield administration side effects and what to expect on the day of administration. Her physical examination was extensive and not hurried. She was personable, professional, and very reassuring. RUMC patients on Staten Island are fortunate to have the Center for Cancer Care available close to home, eliminating a trip into the city.

— Robert G.

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About gynecologic oncologist Fady Khoury Collado, MD:

Wonderful doctor! Really took the time to talk and listen and explain. He didn't make me feel like he was pushing me into surgery but worked with me to make the decision for myself. He really made a difficult situation so much easier.

— Ellen Lanza Lemma

thank you



## **RICHMOND UNIVERSITY MEDICAL CENTER**

### **Proud to be Staten Island's Longest Consecutively Accredited Cancer Program**

This past year marked the 85th consecutive year of accreditation by the American College of Surgeons Commission on Cancer, making Richmond University Medical Center's oncology program the one that has been consecutively accredited by the ACS for the longest time on Staten Island.



## **CENTER FOR CANCER CARE**

The Center for Cancer Care maintained its accreditation by the American College of Radiation Oncology for a second consecutive year for continuing to provide an exceptional standard of patient care across all forms of radiation therapy. This past year also marked the center's third consecutive year of 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 the advanced image quality utilizing PET scan technology while also maintaining the highest level of patient safety.



## **BREAST AND WOMEN'S CENTER**

This past year was the fourth consecutive year of American College of Radiology (ACR) accreditation for the 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.

# Cancer Liaison Physician Earns National Recognition from ACS Commission on Cancer

*By Claire Regan*



Nisha A. Lakhi, MD, has been recognized by the American College of Surgeons (ACS) for her outstanding work as cancer liaison physician (CLP) for Richmond University Medical Center. Dr. Lakhi was presented with the Outstanding Performance CLP Award by the ACS Commission on Cancer. The OB-GYN specialist is one of only 10 CLPs from across the country to earn the award.

As CLP from March 2015 through this past July, Dr. Lakhi served as a link between RUMC and the community, worked with cancer teams to develop best practices, and monitored improvements in the RUMC cancer program by interpreting data and metrics.

Dr. Lakhi resolved deficiencies in the program and gave it “some TLC and diligence.” A community needs assessment resulted in increased screenings for cervical, prostate, breast, and colon cancer as well as stronger support for cancer survivors adjusting to the aftermath of their illness.

After a site visit last May, “we passed with flying colors,” Lakhi said, emphasizing that patients remained a priority through the process. “The most important role of the CLP is to improve patient outcomes,” she stresses.

Dr. Lakhi earned two bachelor’s degrees, one in classical art and literature with a minor in physics from Indiana University, and another

in biochemistry from Ohio State University.

“I wanted to mix courses in science, and courses not in science,” she explains. “Art and literature are helpful in the field of medicine because physicians write chapters and publish books.”

She is currently working on a book titled, “Fifty Big Debates in Gynecologic Oncology,” scheduled to be published next year.

Dr. Lakhi earned a doctor of medicine degree from St. Georges University, a master of science degree in healthcare policy and research from Weil Cornell Medical School, and a master of business administration degree from Cornell University. A career in medicine was a possibility for the Ohio native, but not always a definite.

“Medicine was on my list, but I kept an open mind about law and engineering,” Lakhi said. In the end, her mother’s career as a physician inspired her in that direction. “Medicine got me. I fell in love with the clinical side of helping people.”

Now director of resident research for RUMC, Dr. Lakhi considers it a privilege to work for a hospital that has been deeply rooted in the community for nearly 120 years.

“I love serving the people of Staten Island, and helping them overcome barriers to healthcare,” she said.

*“Medicine got me. I fell  
in love with the clinical  
side of helping people.”*

— Nisha A. Lakhi, MD



## 2022 RUMC Cancer Stats Site by Sex

Site Name	Male	Female
	(%)	(%)
Accessory Sinuses	0%	100%
Adrenal Gland	100%	0%
Anus & Anal Canal	50%	50%
Base Of Tongue	100%	0%
Blood & Bone Marrow	56%	44%
Bones Joints & Articular Cartilage	100%	0%
Bones Joints & Other Unspecified Sites	100%	0%
Brain	46%	54%
Breast	0%	100%
Bronchus & Lung	62%	38%
Cervix Uteri	0%	100%
Colon	52%	48%
Connective Subcutaneous Other Soft Tissue	100%	0%
Corpus Uteri	0%	100%
Esophagus	40%	60%
Gallbladder	100%	0%
Kidney	40%	60%
Larynx	71%	29%
Liver & Bile Ducts	84%	16%
Lymph Nodes	38%	63%
Meninges	23%	77%
Nasal Cavity & Middle Ear	100%	0%
Nasopharynx	100%	0%
Oth Fm. Genital Orgn.	0%	100%

Site Name	Male	Female
Other Biliary Tract	33%	67%
Other Digestive Organs	0%	100%
Other Endocrine Glands	44%	56%
Other Ill Defined Sites	0%	100%
Other Nervous System	83%	17%
Other Oral Cavity	100%	0%
Other Parts Of Tongue	25%	75%
Ovary	0%	100%
Pancreas	47%	53%
Parotid Gland	100%	0%
Penis	100%	0%
Prostate Gland	100%	0%
Rectosigmoid Junction	83%	17%
Rectum	33%	67%
Retroperitoneum & Peritoneum	0%	100%
Skin	29%	71%
Small Intestine	60%	40%
Stomach	50%	50%
Testis	100%	0%
Thyroid Gland	20%	80%
Tonsil	100%	0%
Unk Primary	67%	33%
Ureter	0%	100%
Urinary Bladder	70%	30%
Uterus Nos	0%	100%
Vulva	0%	100%



## Community Outreach Report: Breast Cancer

Breast cancer is the second leading cause of cancer death in women behind lung 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 0.5 percent per year. In 2022, an estimated 287,850 new cases of invasive breast cancer were expected to be diagnosed in women in the United States, along with 51,400 new cases of non-invasive (in situ) breast cancer. About 43,250 women were expected to die in 2022 from breast cancer.

Based on the findings of Richmond University Medical Center's 2022 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.

The CHNA also showed that among an analysis of the most common cancers (female breast, colorectal, lung and prostate), Staten Island has higher female breast incidence rates than the rest of New York City and the nation, but lower death rates.

Throughout 2022, RUMC maintained a steady ad campaign in print, digital, and social media platforms promoting the services available at the hospital's outpatient Breast and Women's Center. Several articles were also written in the Staten Island Advance, the only daily newspaper on Staten Island, focusing on the importance of mammograms, symptoms, and risk factors for breast cancer, and additional related topics. Throughout the year, breast cancer information was made available at several community events.

## Breast and Women's Care That's Close to Home

Personalized care starting with the latest in breast imaging and diagnostics all the way through to survivorship for breast cancer patients.



**Dara Fedele, MD, DABR**  
Chief of Breast Radiology  
Board Certified Radiologist



**Lance Jung, MD**  
Board Certified General Surgery

SCAN QR CODE  
TO LEARN MORE



Accredited for over **80 consecutive years**



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

**Richmond University**  
**Medical Center**  
Breast and Women's Center

NEW RUMC / MOUNT SINAI EMERGENCY DEPARTMENT OPENING SOON!



### *Mammograms and Updated Guidelines Offering Greater Protection Through Early Screening*

The National Comprehensive Cancer Network (NCCN) issued new guidelines this summer recommending that women undergo a breast cancer risk assessment starting at age 25 and that women of average risk begin annual mammography screening at age 40 to achieve the greatest mortality reduction. Renowned news anchor Katie Couric's recent breast cancer diagnosis serves as yet another reminder of the importance of annual mammograms.

"Katie was overdue for a mammogram, put her own health on the back burner and let a little time go by, and developed stage IA HER2-negative breast cancer since her last mammogram," shared Dara Fedele, MD, DABR, board certified chief of breast radiology. "She's an average American woman with no family history or symptoms of breast cancer or a previous concerning mammogram and her case shows that breast cancer can develop in a short time, which underscores why annual screening is so important."

"Mammograms are very effective at finding cancers that may not be detectable through a doctor's physical exam or by self-breast exams, qualifying many patients for lower-risk, same-day surgery ('lumpectomy') that will get them on the road to recovery within that week," Dr. Fedele said. Thanks to ongoing research and advancements in the field, "treatment for breast cancer that's caught early is very tailored and precise and doesn't create a major disruption in your life that you can't overcome."

For that reason, the National Comprehensive Cancer Network (NCCN) issued new guidelines this summer recommending that women

undergo a breast cancer risk assessment starting at age 25 and that women of average risk begin annual mammography screening at age 40 to achieve the greatest mortality reduction.

"Along with mammogram-related recommendations from the Society of Breast Imaging, the NCCN's recommendations are the working guidelines that many members of the medical community as well as our team at Richmond University Medical Center use when we discuss a patient's particular case," Dr. Fedele said. "The American Cancer Society (ACS) recommends that women begin annual mammogram screening at age 45. However, while statistics show that the risk of breast cancer is lower in women in their forties compared to women ages 50 and above, the fact is that the risk of breast cancer in women ages 40-44 isn't zero," she confirmed. "We definitely find cancers of all stages in that age range, so we want women to err on the side of vigilance and conservatism and have their annual mammogram starting from age 40."

*"Mammograms are very effective at finding cancers that may not be detectable through a doctor's physical exam or by self-breast exams.*

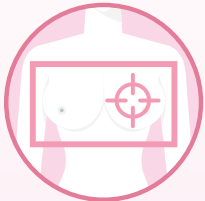
— Dara Fedele, MD, DABR, Chief of Breast Radiology



**Mammogram Frequency:** “According to current NCCN guidelines, women of average risk should have an annual mammogram beginning at age 40 and continue yearly as they age as long as they’re in good health,” Dr. Fedele said.



**Assessing Your Risk of Breast Cancer:** According to Dr. Fedele, the Tyrer-Cuzick Score is a formal medical model used by doctors to estimate a person’s risk of developing breast cancer within the next 10 years and over their lifetime. “Circumstances that could place someone at higher risk of developing breast cancer include a family history of breast cancer, especially among a first-order relationship (such as a mother or sister),” she said. “Other risk factors could include prior hormone use (such as estrogen replacement therapy), previous chest radiation for lymphoma or another condition, and having had a previous abnormal biopsy.” In these cases, and in accordance with her doctor, “a woman may benefit from getting a mammogram prior to age 40 and/or getting an MRI — a supplemental screening tool — in addition to mammograms,” Dr. Fedele said.



**What To Expect During a Mammogram:** “Although many women may be anxious about getting a mammogram and end up delaying it, the actual procedure from start to finish (including a short history taken by the technician) is usually under 30 minutes of appointment time,” Dr. Fedele said. “Four images in total — two of each breast — are taken and the few seconds of discomfort that the compression may cause enable the radiologist to get a better and clearer picture. Only a small percentage of patients get called back and a far smaller percentage of those patients are recommended for a biopsy, so the odds are in the patients’ favor,” she said.



**Understanding Dense Breast Tissue:** “Some patients may be called back or asked to undergo additional mammographic images, a common occurrence in those with dense breast tissue,” shared Dr. Fedele, who noted that these patients might also be recommended for an ultrasound. “Dense breast tissue is considered a risk factor for breast cancer, so my team and I make it a point to educate our patients about what that means and ensure that they’re taking advantage of all of the imaging and clinical resources available.”

## 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 that in 2022, the number of new diagnosed cases of colon cancer was over 106,100 and there were more than 44,800 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 52,500 deaths during 2022.

Based on the findings of Richmond University Medical Center's 2022 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.

The CHNA also revealed that the colorectal cancer death rate for Staten Island is similar to the death rates for New York City and the nation.

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. Over 20 individuals requested one of the free kits. The hospital's oncology department provided free assessments and follow-up to individuals who provided completed kits.

In addition to the kits distributed in March, FIT kits were also distributed at no charge during the following events that were open to the public. In total over 80 kits were distributed throughout the year, at:

- **The New York City Parks and Recreation Department's health fair**
- **The Staten Island Economic Development Corporation's annual health and wellness fair**
- **RUMC's Community Day to celebrate the opening of the hospital's new Emergency Department**



## 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, Xgeva, Procrit, and B12. In addition, the staff draws blood from patient's ports and maintains supportive care for port patency. The staff administers fluids for hydration and administers IV Magnesium and IV Potassium supplementation for patients that require them. The patient population they care for are adolescents and adults beginning at 18 years of age and older.

In 2022, the Ambulatory Oncology Infusion Unit administered 796 chemotherapy treatments, approximately 800 non-chemotherapy infusions, and nearly 274 non-chemotherapy injections, and assisted over 300 patients in need of blood and blood product transfusions and injections.

Utilization and quality indicators, patient satisfaction, and performance improvement measures are monitored by the team on a continual basis. The unit staff also provides oncology patients with a Survivorship Care Plan at the end of their treatment and referrals based on individual needs. In addition, the infusion unit provides nutritional and social work services as needed or when requested by patients or their families.



# LUNG CANCER: Making Treatment Less Burdensome

## *Robotic, Video-Assisted Surgery Helps Patients Get Back to Normal More Quickly*



Advances in surgical technology and technique are making the lung cancer journey less painful for many patients.

Richmond University Medical Center's Department of Surgery performs robotic video-assisted thoracic surgery (VATS) for patients with lung cancer. Less invasive and painful than traditional open-chest surgery, patients recover more quickly and resume their day-to-day routines sooner while achieving the best outcome possible.

All lung cancer surgeries at RUMC are started via robotic VATS, with only about three percent of procedures finished with open-chest surgery if inflammation of nearby tissues, injury to a blood vessel, or inability to separate vital structures make it impossible to reach cancerous lung tissue safely.

"You want to get the cancer out while also minimizing patients' down time and getting them back to their lifestyles as quickly as possible," said Loren Harris, MD, chair of the Department of Surgery and chief of General Thoracic Surgery at RUMC. He estimates that patients on average are discharged two to three days after robotic VATS, compared with five to seven days after open-chest surgery.

Before VATS became a widespread treatment, open-chest surgery (called thoracotomy) — during which the surgeon cuts the chest open and spreads the ribs apart — was the standard of care for lung cancer. While the procedure provides access to the lungs, the required six-inch incision and rib spreading usually is painful. An epidural may be administered during the procedure to minimize the

pain, but postoperative chronic pain syndromes can still result for some patients.

"It's been written that the open-chest incision is the most painful incision in all of surgery," said Dr. Harris, adding, "Some patients would have a difficult time going back to work because of the postoperative pain."

The less invasive VATS procedure came into use in the 1990s, and over time it has become standard for most lung cancer surgeries. During the VATS procedure, a tiny camera (called a thoracoscope) and surgical instruments are inserted into the chest through one or more cuts, each measuring less than one inch. The thoracoscope transmits images of the lung to a video screen; the surgeon uses those images to guide removal of lung tissue.

Today, the VATS procedure can be done with robotic technology. A tiny, 3D camera that transmits a high-definition image to a monitor is placed through one chest cut, while wristed robotic instruments are inserted through the other cuts. The surgeon sits at a console and uses the monitor as a guide while manipulating the robotic instruments to remove cancerous lung tissue.

"The instrument themselves work in a similar fashion as your hand," Dr. Harris said. "You manipulate the controls, and the instruments move like your hands do, but it's more precise and much gentler on tissue than if my hands were inside."

The high-definition imaging with robotic VATS also is much more precise compared with first-generation VATS, Dr. Harris said. "Looking at the monitor, you feel as if you're inside the chest."



*“You want to get the cancer out while also minimizing patients’ down time and getting them back to their lifestyles as quickly as possible.”*

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

# 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 estimates that in 2022 nearly 268,500 new cases of prostate cancer will be diagnosed and about 34,500 deaths will occur due to the disease. 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 2022 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 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.

As our society emerges from the COVID-19 pandemic, physicians and medical professionals are finding that many individuals have not kept up with regular health checkups and/or have not followed up for conditions or symptoms that may indicate prostate cancer. According to the CHNA, Staten Island has a higher cancer incidence rate than the nation, but a slightly lower cancer death rate. Staten Island also has higher prostate cancer incidence rates than the other boroughs of New York City and the nation, but lower death rates.

To promote the importance of prostate cancer health and the need for early screening, RUMC provided free prostate cancer screenings at several community events over the course of 2022. Test results were reviewed by RUMC's lab and results provided at no cost. Referrals to RUMC's Urology Services Center were made for any abnormal findings.

Free prostate cancer screenings were provided at the following public events:

- **Through a partnership with the Jewish Community Center of Staten Island**
- **At the New York City Parks and Recreation Department's health fair**
- **At the Staten Island Economic Development Corporation's annual health and wellness fair**
- **At the Police Organization Providing Peer Assistance (POPPA) health and wellness fair**
- **At RUMC's Community Day to celebrate the opening of the hospital's new Emergency Department**





# Our Outpatient Speciality Centers

## Our Ambulatory Specialty Sites

In addition to comprehensive oncology services provided at Richmond University Medical Center, RUMC also provides a wide array of services at its ambulatory oncology sites:

### Center for Cancer Care

Board certified and fellowship trained oncologists and radiation oncologists treat a variety of cancers and cancer-related conditions, at all stages. Patients also 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 connect patients with a wide range of educational and support services including counseling, palliative care services, discharge planning, home care, and community agency referrals. The Center has been serving the community since 2018.

## Breast and Women's Center

A state-of-the-art "wellness" center, the 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 minor surgical procedures on-site. The Center has been serving the public since 2018.





Many ovarian cancers develop without presenting clear or distinctive symptoms, which is why a large number of cases are detected at an advanced stage. According to the American Cancer Society, nearly 20,000 women in the U.S. will receive a new diagnosis of ovarian cancer in 2022 and over 12,000 women will die from the disease. Fady Khoury Collado, MD, gynecologic oncologist, shared important facts about the risk factors for ovarian cancer, symptoms of the disease, and current treatments.

## How common is ovarian cancer?

**Dr. Collado:** Two statistics we often quote are that the lifetime risk for the average woman to develop ovarian cancer is 1.6 percent and that ovarian cancer is the second most common gynecologic cancer in the U.S. (behind uterine cancer).

## What are some of the most common symptoms of ovarian cancer?

**Dr. Collado:** Unfortunately, many ovarian cancers develop without presenting clear or distinctive symptoms, which is why a large number of cases are detected at an advanced stage. Non-specific early signs of the disease can include bloating, changes in urinary frequency, pelvic pain, a feeling of early satiety or fullness, and intestinal discomfort; these symptoms could indicate that something is happening in the ovaries and could warrant a visit to the doctor and a pelvic ultrasound. In advanced cases of ovarian cancer, women may experience abdominal pain or distention, a pelvic mass or difficulty eating.

## *Knowing the Symptoms Can Be the Difference*

## What are the risk factors for ovarian cancer?

**Dr. Collado:** Unlike mammograms, colonoscopies, etc., which help detect the presence of cancer or pre-cancerous conditions, there's currently no screening for ovarian cancer. The main factor increasing one's risk of ovarian cancer is a genetic predisposition to the disease; inheriting certain genetic mutations will increase one's risk of developing ovarian cancer. Inherited mutations to the BRCA1 and BRCA2 genes are the most common mutations associated with breast and ovarian cancer, but there are other genes involved as well and these can be assessed during a simple genetic blood test.

## Who should get genetic testing for ovarian cancer?

**Dr. Collado:** Someone would be encouraged to pursue genetic testing if their family history suggests a genetic component — e.g., if a mother, sister, aunt, grandmother, etc. had ovarian or breast cancer, or another family member was already tested and the results revealed the presence of a mutation associated with breast and ovarian cancer. These tests used to be very expensive — as much as \$2,000-\$3,000 in out-of-pocket costs — but today they're only in the \$200-\$300 range (and frequently covered by insurance) and could be well worth the investment, as the results could be enlightening and have a direct impact on one's health care decisions.

## What are the benefits of genetic testing?

**Dr. Collado:** By doing genetic testing, we can act on the result in several ways. First, we can increase our surveillance for a certain cancer risk. For example, we'll do a mammogram and/or an MRI every six months instead of annually if a woman is found to be at greater risk of breast cancer. Second, there are measures we can take to decrease the risk of developing cancer; as another example, removal of the fallopian tubes and ovaries in patients with a genetic predisposition

to ovarian cancer, after completing their family, reduces their chances of developing ovarian cancer by over 90 percent. Finally, if a mutation is detected, the rest of the family members can be offered testing as well and may benefit from this information.

### **How is ovarian cancer treated?**

**Dr. Collado:** Ovarian cancer is treated using a combination of surgery and chemotherapy. In addition to well-established drugs used for the treatment of this disease, we now have new drugs on the market that have proven to work well for women who possess a mutation and have developed ovarian cancer. This is the case with the class of drugs known as ‘PARP inhibitors,’ which essentially block cancer cells from repairing themselves and replicating. These drugs have been proven particularly effective in patients who harbor a genetic mutation as well as among patients who don’t carry a genetic mutation but whose tumor displays changes similar to those triggered by a genetic mutation. These medications can decrease the recurrence of cancer, or, in the event of its recurrence, they can shrink it, slow its growth, and even eradicate it in some instances. While ovarian cancer can be difficult to treat, we’re making progress — new medications are showing a lot of promise and there’s great hope and optimism that others will continue to be developed.

### **What final advice and message would you share with women to help them prevent the development of ovarian cancer?**

**Dr. Collado:** We encourage women to see their gynecologist every year, as an annual exam may reveal the presence of early-stage cancer or a pre-cancerous condition. People with family members who developed breast cancer, colon cancer, or ovarian cancer should ask their physicians if they’re at risk; those with a strong family history of these diseases can be referred for genetic testing. The good news is that all of this is available at Richmond University Medical Center — we

offer genetic testing as well as surgery and chemotherapy for ovarian cancer, so patients can take comfort in the knowledge that we offer the full suite of treatment for this disease in the convenience of their local community hospital. We have a cancer center that provides treatment for ovarian cancer and we also collaborate with other larger centers in New York City and refer patients who require special treatment and/or access to clinical trials.

*“By doing genetic testing, we can act on the result in several ways. First, we can increase our surveillance for a certain cancer risk.”*

— Fady Khoury Collado, MD,  
Gynecologic Oncologist

## Community Outreach Highlights



Photo: Lung Nurse Navigator Nancy Sayegh-Rooney, RN, ONN-CG, NCTTP, spoke to students at the College of Staten Island in early May about the dangers of smoking, vaping, and tobacco use. Health risk factors like smoking continue to contribute to higher chronic disease prevalence and death on Staten Island.

To promote the importance of early detection of colon cancer, RUMC distributed free at-home Free Fecal Immunochemical Test (FIT) Kits to the community during the month of March, which is National Colon Cancer Awareness month.

Photo: On April 12 and April 19, Richmond University Medical Center collaborated with the Jewish Community Center of Staten Island to provide free prostate cancer screenings to the public. Over 15 individuals were screened. RUMC's Department of Oncology analyzed each test at no charge and contacted the individuals to update them on their results.





Photo: RUMC hosted a Cancer Survivors Month dedication ceremony in June at the hospital's Center for Cancer Care. The event featured remarks from cancer survivors who received treatment and support from RUMC's oncology department and a holistic healing session that included yoga and meditation.

RUMC's oncology department provided free prostate cancer screenings at the Ocean Breeze Athletic Complex during the New York City Department of Parks and Recreation's annual Health and Wellness held in May.

Photo: Richmond University Medical Center was proud to participate in a Health & Wellness Fair in June provided for Police Organization Providing Peer Assistance (POPPA) members. RUMC provided free prostate cancer screenings and colon cancer FIT Kit take-home tests to members of the New York City Police Department.



## Community Outreach Highlights



Photo: At the beginning of October, in recognition of National Breast Cancer Awareness month, staff placed pink pumpkins on the front lawn of the hospital to create a breast cancer pumpkin patch. Each pumpkin featured a pink ribbon, recognized across the country as the symbol of breast cancer awareness, and the name of a breast cancer patient, survivor, or someone lost to the disease.

Photo: Also in October, over 25 walkers representing RUMC took part in the American Cancer Society's annual Making Strides Against Breast Cancer walk. The annual event shows support for cancer patients, celebrates survivors, and honors those lost to the disease.





Photo: In celebration of RUMC opening its new state-of-the-art Emergency Department, a Community Day was held for the public on October 29. In addition to tours of the new facility, free screenings were offered including those for prostate cancer. Take-home colon cancer testing kits were also distributed and a seminar on the importance of mammograms and maintaining good breast health was provided by Victoria Forte, MD, Cancer Service Line director, chief of the Hematology-Oncology Division, and program director, Hematology-Oncology Fellows.

Photo: In November, RUMC held a “turquoise takeover” for National Lung Cancer Awareness month. The month of November is designated to raise awareness about the importance of lung screenings, support lung cancer patients, and remember those lost to the disease. Turquoise is the official color of lung cancer awareness. Information about lung screening was provided and the lights were momentarily dimmed in the hospital to remember those lost to the disease.



**Breast and Women's Center**  
**718-818-1161**

**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**

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**Richmond University**  
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