

[2018]

LIPSON CANCER
INSTITUTE



ROCHESTER
REGIONAL **HEALTH**

Lipson Cancer Institute

CONTENTS

Leadership Message	3
Cancer Survivor Story: Bajro	4
IORT: A Different Kind of Breast Cancer Care	6
Lung Cancer Screening	7
Mobile Mammography	8
Awards and Accomplishments	10
RGH 2017 Cancer Diagnoses	12
Lipson Cancer Registry	13
Research Activities	14
RGH 2017 Total Cases	16
About Rochester Regional Health	17
Cancer Committee Membership	17
Therese O'Connor Remembrance	18

HOPES, DREAMS, AND THE INDOMITABLE HUMAN SPIRIT

The Lipson Cancer Institute was founded on a commitment to provide comprehensive cancer care from one integrated program, in which experts in hematology/oncology, radiation treatment and surgical oncology work to treat the unique needs of each patient. Each day, our highly trained and dedicated oncology teams utilize leading-edge medical technology to create and administer personalized cancer treatment plans for our patients.

Over the past year, we have focused on a number of key areas:

Bringing Care to Patients

We are doing this in several ways: a new oncology center at Unity Hospital, a new inpatient acute care unit at Rochester General Hospital within the Sands-Constellation Center for Critical Care, and more infusion and exam spaces at Linden Oaks Medical Campus. We can't control who cancer effects, but we're doing everything in our power to make sure they can fight it close to home.

Achieving a Number of Firsts in Breast Cancer Care

Rochester Regional Health is a leading provider of comprehensive breast care in the region. We harness the latest innovations and state-of-the-art technologies to help patients redefine the odds. It's care that changes lives.

- We are the first and only provider to offer IORT
- We were the first in the region designated as a Certified Quality Breast Center of Excellence by the National Consortium of Breast Cancers, Inc.
- We were the first to offer Hidden Scar Surgery for removal of cancerous tissue
- We are the first to use SaviScout, a surgical guidance system to localize the tumor allowing for greater precision when removing tissue

Access to Cutting-Edge Treatments

We remain committed to active participation in research—currently more than 200 of our patients are enrolled in clinical trials, allowing them to benefit from new therapies that are not yet available to the general public; and in a partnership with the Rochester Institute of Technology, we are developing new techniques for breast cancer screening.

Fostering a Multi-Disciplinary Team

Fighting cancer is a team sport. Our team of cancer treatment experts includes: medical oncologists, hematologists, radiation oncologists, surgeons, pathologists, nurses, therapists, physicists, pharmacists, social workers and support staff. We are continuing to develop resources to support patients and families in navigating the complexity of their cancer treatment plan.

Thank you for giving us the opportunity to care for your patients. We are honored to share the Lipson Cancer Institute at Rochester General Hospital 2018 Annual Report with you.

Respectfully,



Pradyumna Phatak, MD
Chief, Medical Oncology / Hematology Medical Director,
Lipson Cancer Institute



Stephen E. Ettinghausen, MD, FACS
Chief, Surgical Oncology



Meri Atanas, MD
Chief, Radiation Oncology



Lori Medeiros, MD CM FRCS FACS MBA
Executive Director RRHS Breast Service Line
Executive Director Business Development RRHS Cancer Service Line
Director RRHS Breast Center of Excellence



Eugene Toy, MD
Chief, Gynecologic Oncology



"I look at him as our family doctor. He saved my life. He saved my sister's life. I picked the right hospital to drive to that morning."

—BAJRO RIZVANOVIC

BAJRO RIZVANOVIC, CANCER SURVIVOR

BAJRO RIZVANOVIC HAD IGNORED THE WARNING SIGNS, FOR MONTHS, THAT SOMETHING MIGHT BE PHYSICALLY WRONG. IT WASN'T UNTIL THE PAIN IN HIS ABDOMEN AND BACK BECAME UNBEARABLE THAT HE DROVE HIMSELF IN THE EARLY MORNING HOURS TO ROCHESTER GENERAL HOSPITAL.

The devastating diagnosis came back quickly: stage 4 colon cancer. Initially overwhelmed, Bajro was immediately comforted by the rapid response from the team of doctors and nurses at Rochester General.

"They took action right away, finding the right doctors, and the right care and medicine. Everything was in place," Bajro says. "They consistently kept me informed and let me know where we were with the treatment, which gave me confidence that there was a good chance that this one day would be over."

The cancerous tumor was large and had spread from his bowel to the liver. The cancer responded well to several months of chemotherapy and he was able to undergo safe removal of both the primary tumor in his bowel and the tumor in the liver. Today Bajro is cancer-free.

And so is his 27-year-old sister Dzevada.

The discovery that she had stage 3 colon cancer—even though she had not experienced any symptoms—was thanks to the recommendation of Gregory Connolly, MD, a medical oncologist at the Lipson Cancer Institute. Dr. Connolly, who oversaw the chemo treatment that shrunk Bajro's tumor, and allowed for a safe surgery, recommended that Bajro's immediate family undergo genetic testing.

"Without that recommendation, we probably would not have done that," Bajro says. "Obviously, my sister never thought of any such thing."

Dr. Connolly says getting to know a patient's family is a critical component to treating any patient.

"We want to make sure there is the support the patient needs at home, and also the support for the family members who are going through a challenging time," he says.

It's little wonder that Bajro calls Dr. Connolly his "guardian angel."

"I look at him as our family doctor," he says. "He saved my life. He saved my sister's life. I picked the right hospital to drive to that morning."

IORT



A DIFFERENT KIND OF BREAST CANCER CARE

In December 2018, Rochester Regional Health's Breast Center and Lipson Cancer Institute completed the first Intraoperative Radiation Therapy (IORT) procedures in Western New York.

IORT is a single session of low energy, high-dose targeted radiation administered directly into the tumor site at the time of lumpectomy. For most patients who undergo IORT, there are typically no return trips needed for radiation and there are fewer side effects because the radiation is targeted directly to the sections of the breast with the biggest risks of cancer recurrence.

The benefits of IORT include:

- **Saves time:** radiation is given immediately at the time of surgery, allowing patients to complete the therapy sooner.
- **Convenience:** one-time radiation treatment instead of five days a week for up to six weeks for traditional radiation therapy. For most patients who undergo IORT, there are typically no return trips for radiation.
- **Targeted:** the radiation dose is much smaller, and is given directly and internally to the sections of the breast with the biggest risks of cancer recurrence.
- **Decreased side effects:** nearby organs and tissues receive less radiation, resulting in fewer side effects.



LEARN MORE AT
ROCHESTERREGIONAL.ORG/IORT



LUNG CANCER SCREENING

Lung cancer is the leading cause of cancer deaths in the U.S. The good news is that we can often treat lung cancer if we find it early—that's why screenings are so important.

A low dose chest CT scan is currently the best way to screen for lung cancer. It is quick, painless and non-invasive. Rochester Regional Health offers a comprehensive, referral-based lung cancer screening program for eligible patients.

Our program coordinator provides counseling, preauthorization and scheduling assistance, results discussions and long-term care coordination and tracking.

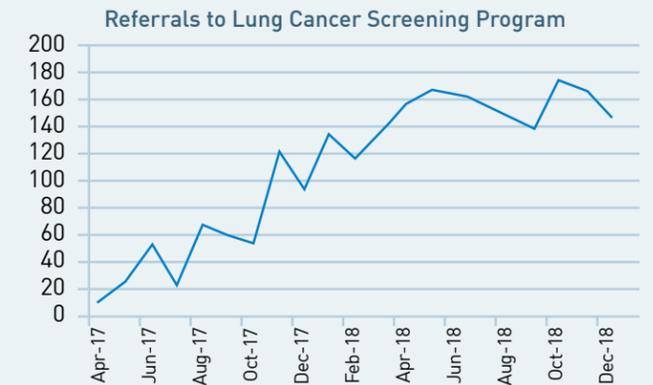
OUR LUNG CANCER SCREENING PROGRAM LOCATIONS

Newark-Wayne Community Hospital
1200 Driving Park Ave.
Newark, NY 14513

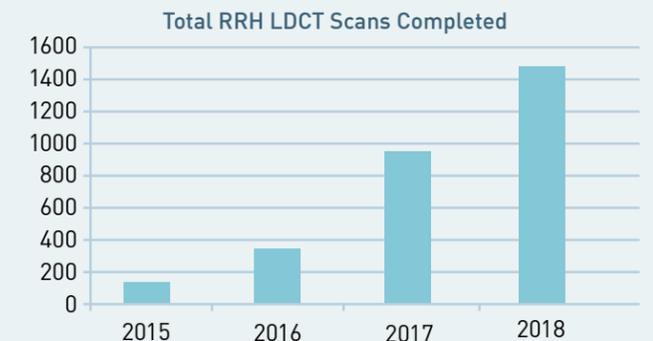
Rochester General Campus - Wilson Building
800 Carter Street
Rochester, NY 14621

Unity Hospital - Professional Office Building
1561 Long Pond Rd, Suite 408
Rochester, NY 14626

LEARN MORE AT
ROCHESTERREGIONAL.ORG/LUNGCANCERSCREENING



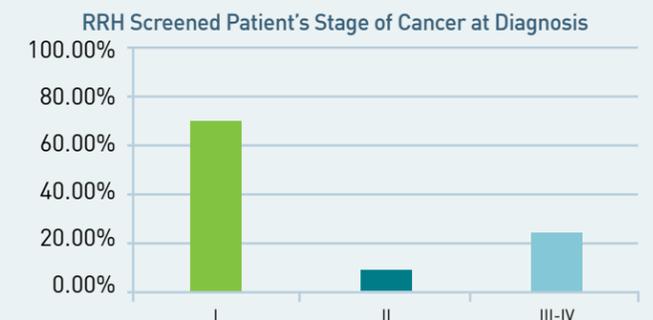
The Lung Cancer Screening Program has received a total of 2,303 referrals from April of 2017 through the end of 2018.



As of December 31st, 2018 Rochester Regional Health has completed a total of 2,887 low dose CT scans since the order first became available in April 2015.



Without screening, nearly 80% of lung cancer cases are diagnosed at later stages. Rochester Regional Health is finding that with screening, nearly 80% are being found at earlier stages!



STAGE I	STAGE II	STAGE III	STAGE IV
44	6	8	8



MOBILE MAMMOGRAPHY

Screening mammograms can help detect breast cancer in its earliest form, making treatments more successful and increasing survival rates.

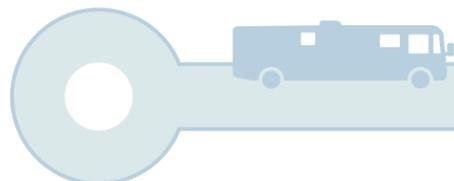
To improve access to these important screenings and make mammograms more convenient, Rochester Regional Health created a Mobile Mammography Center that travels throughout Western and Central New York.

Our Mobile Mammography Center has the same state-of-the-art technology, including 3D mammography, and certified mammography technologists you would find at any of our breast imaging centers.

LEARN MORE AT
PINK.ROCHESTERREGIONAL.ORG

2018 MOBILE MAMMOGRAPHY DATA

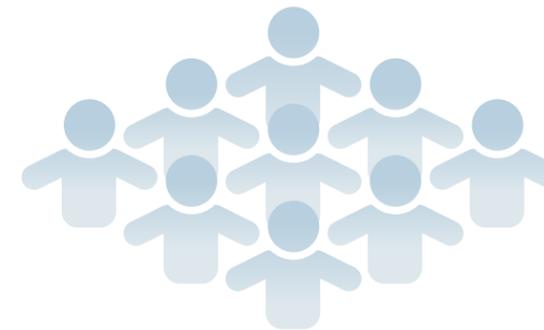
August 2018–December 2018



PARTICIPANTS

Residents of Monroe, Cayuga, Livingston, Ontario, Seneca, Steuben, Wayne and Yates counties.

64
 screening events
 with a total of
456
 women screened



OUTCOMES

Of **456** women who had a mammogram screening:

- **31** were enrolled into the Cancer Service Program.
- **36** had a BI-RAD score of 0 and they were called for further imagining: **1** refused, **32** completed second image and biopsy—negative, **1** left to have imaging at another medical system, **2** women began cancer treatment after positive malignancy results.

EFFECTIVENESS

Results indicate successful identification of patients for diagnostic screening and continued care. We have also enrolled a number of patients into The Cancer Services Program, which pays for cervical and colorectal cancer screening for uninsured and underinsured individuals.

2018 AWARDS AND ACCOMPLISHMENTS

2018 ABSTRACTS/PUBLICATIONS

Connolly, Gregory MD

Gregory Connolly and Alok Khorana. *“Thrombosis and cancer”* chapter in Consultative Hemostasis and Thrombosis by Kitchens et al. 2018

David, Rachel J MD

David RJ, et al. Complications Associated with Dose-Adjusted EPOCH-rituximab Therapy for Non-Hodgkin Lymphoma. Clin Lymphoma Myeloma Leuk. 2018 Dec;18(12):781-787. doi: 10.1016/j.clml.2018.08.014. Epub 2018 Aug 29

David RJ, et al. Nonoperative management of locally advanced esophageal and junctional (GEJ) cancers: The University of Rochester experience. DOI: 10.1200/JCO.2018.36.4_suppl.144 Journal of Clinical Oncology 36, no. 4_suppl (February 2018) 144-144

David RJ, et al. Immunotherapy use, outcomes, and toxicities in gastrointestinal malignancies. DOI: 10.1200/JCO.2018.36.5_suppl.100 Journal of Clinical Oncology 36, no. 5_suppl (February 2018) 100-100

Jamshed, Saad MD

Risk Factors of Clostridium Difficile Infection in Hematopoietic Stem Cell Transplant Recipients: A Systemic Review and Meta-Analysis; Raseen Tariq, Fateeha Furqan, MD, Saad Jamshed, Sahil Khanna; ASH 2018, Abstract, Blood 2018, #4704

Response to PCV13 vaccination in patients with multiple myeloma versus healthy controls; Mustafa SS, Shah D, Bress J, Jamshed S; Hum Vaccin Immunother 2018, Oct 10:1-2

Correlation between 24-hour urine protein and spot urine protein-to-creatinine ratio in multiple myeloma.; Saad Jamshed, Jonathan Bress, Qiu Tong, Roberto Vargas; ASCO 2018, abstract e20042

Impact of survivorship care plan (SCP) document on cancer survivors' understanding of their cancer care and follow up.; F. Imran, C Andrews, K Doerner, B Heatherington, S Hodes, N Pictor, CR Cheplowitz, JS Santelli, Saad Jamshed; ASCO 2018, abstract 53. Poster presentation at Cancer Survivorship Symposium: Advancing Care and Research

Kouides, Peter A MD

Srivaths LV, Zhang QC, Byams VR, Dietrich JE, James AH, Kouides PA, Kulkarni R; Hemophilia Treatment Centers Network Investigators. Differences in bleeding phenotype and provider interventions in postmenarchal adolescents when compared to adult women with bleeding disorders and heavy menstrual bleeding. Haemophilia. 2018 Jan;24(1):63-6

Triller D, Myrka A, Gassler, J, Rudd K, Meek P, Kouides P, Burnett AE, Spyropoulos AC, Ansell J. Defining Minimum Necessary Anticoagulation-Related Communication at Discharge: Consensus of the Care Transitions Task Force

of the New York State Anticoagulation Coalition The Joint Commission Journal on Quality and Patient Safety 2018; 1-11

Abou-Ismaïl MY, Ogunbayo GO, Secic M, Kouides PA. Outgrowing the laboratory diagnosis of type 1 von Willebrand disease: A two decade study. Am J Hematol. 2018 Feb;93(2):232-237

Staber J, Croteau SE, Davis J, Grabowski EF, Kouides P, Sidonio RF Jr. Haemophilia. 2018 Mar;24(2):180-185. The spectrum of bleeding in women and girls with haemophilia B

Sherazi S, Kouides P, Francis C, Lowenstein CJ, Refaai M, Conley G, Johnson BA, Muchnik E, Lien S, Massey HT, Alexis JD. Prospective analysis of bleeding events in left ventricular assist device patients. Int J Artif Organs. 2018 May;41(5):269-276. PMID 29562808

Sood SL, Cheng D, Ragni M, Kessler CM, Quon D, Shapiro AD, Key NS, Manco-Johnson MJ, Cuker A, Kempton C, Wang TF, Eyster ME, Kuriakose P, von Drygalski A, Gill JC, Wheeler A, Kouides P, Escobar MA, Leissing C, Galdzicka S, Corson M, Watson C, Konkle BA. Blood Adv. 2018 Jun 12;2(11):1325-1333

Medeiros, Lori MD

Generation and Thermal Simulation of a Digital Model of the Female Breast in Prone Position. Gonzalez-Hernandez, J-L, Kandlikar, S.G., Dabydeen D., Medeiros L., Phatak P., ASME Journal of Engineering and Science in Medical Diagnostics and Therapy, 8-19-Nov 2018

Kandlikar SG, Recinella A, Dabydeen D, Gonzalez Hernandez L-G, Medeiros L, Phatak P. Technology, Application and Potential of Dynamic Breast Thermography for the Detection of Breast Cancer—A Review. *Int J Heat and Mass Transfer.*, 2018

Phatak, Pradyumna MD

Generation and Thermal Simulation of a Digital Model of the Female Breast in Prone Position. Gonzalez-Hernandez, J-L, Kandlikar, S.G., Dabydeen D., Medeiros L., Phatak P., ASME Journal of Engineering and Science in Medical Diagnostics and Therapy, 8-19-Nov 2018

Cirrhosis in Hemochromatosis: Independent Risk Factors in 368 HFE p.C282 Homozygotes

Barton J, McLaren C, Chen WP, Ramm G, Anderson G, Powell L, Subramaniam V. Adams P, Phatak P, Gurrin L, Phillips J, Parker C, Emond M, McLaren G. Annals of Hepatology Sept-Oct Vol 17. No5. 2018: 871-879

Kandlikar SG, Recinella A, Dabydeen D, Gonzalez Hernandez L-G, Medeiros L, Phatak P. Technology, Application and Potential of Dynamic Breast Thermography for the Detection of Breast Cancer—A Review. *Int J Heat and Mass Transfer.*, 2018

Sham, Ronald MD

“Case Studies in Hematology and Coagulation” 2nd ed

Toy, Eugene MD

J C Dawkins, G K Lewis and E P Toy. Cervical cancer complicating pelvic organ prolapse, and use of a pessary to restore anatomy for optimal radiation: A case report. Gynecol Oncol Reports 2018; 26: 14-16

2018 PRESENTATIONS/EDUCATION

Connolly, Gregory MD

Lecture, RIT Physician Assistant program, Venous Thromboembolism, February 2018

Hematology Updates for Primary Care Physicians, speaker *“Cancer Associated Thrombosis”*, April 2018

Rochester General Hospital, Resident Lecture, *“Thrombocytopenia”*, October 2018

Ettinghausen, Stephen MD

Invited Presentation, Rochester General Hospital Advanced Practice Provider Conference, “Hot Topics in Healthcare, 2018” Rochester, NY, “The role of the surgeon in the multidisciplinary care of the cancer patient”, November 9, 2018

Haynes, Jeffrey C MD

“Head and Neck Radiation: Preparation and Management of complications”, RGH Dental Residents, July 2018

Jamshed, Saad MD

Hematology Updates for Primary Care Physicians, Moderator and presenter. *“Dangerous Small Clones—When unknown significance is significant”*, April 2018

Lecture, RIT Physician Assistant program, Lymphoproliferative disorders

Rochester General Hospital IMRP lecture, Plasma cell neoplasms

Khan, Mohammad Talal DO

Hematology Updates for Primary Care Physicians, *“Multiple Myeloma Therapy: Early Recognition and Clinical Management of Toxicities”*, April 2018

Kouides, Peter A MD

“Hemophilia, the New and the Old”- University of Rochester Medical Student program March 2018

“Hemophilia Update”- University of Rochester Hematology Fellowship program March 2018 and April 2018

“Antifibrinolytic Therapy for Treatment and Prevention of VWD-Related Postpartum Hemorrhage: Indications and Limitations”-International Society of Thrombosis and Hemostasis Von Willebrand Factor subcommittee, Dublin Ireland July 2018

“Research update in PPH and Menorrhagia”-Foundation for Women and Girls with Blood Disorders Mentor meeting, Dallas Tx, September 2018

RGH Internal Medicine Resident program lectures February, June and September 2018

Roswell Park Fellows lectures-February, March, April, May, June, September, October 2018

Reid, Robin MD

Grand Rounds, *“Heparin Induced Thrombocytopenia”*, November 29, 2018

Sham, Ronald MD

Ruscio CI, Wychowski MK, Kouides PA, Sham RL. Enoxaparin 20 mg daily for thromboprophylaxis in low body weight patients. Poster session presented at: Biennial Summit of the Thrombosis & Hemostasis Societies of North America; 2018 Mar 7–10; San Diego, CA

Wychowski MK, Ruscio CI, Sham RL, Kouides PA. Effect of an Anticoagulation Stewardship Program on the Outcomes of Warfarin Therapy. Poster session presented at: Biennial Summit of the Thrombosis & Hemostasis Societies of North America; 2018 Mar 7–10; San Diego, CA

Rochester General Hospital Medical Grand rounds-Portal vein Thrombosis Medical Grand Rounds-Microangiopathic hemolytic Anemia

Sand Constellation Heart Institute Cardiology Grand Rounds-Anticoagulation overview

Rochester General Hospital Internal Medicine Residency program Resident conferences including Professor Rounds, 5 throughout the year

Roswell Park Cancer Institute Hematology/Oncology Fellow Conferences, 4 throughout the year

2018 AWARDS

David, Rachel J MD

2018 ASCO-SITC Clinical Immuno-Oncology Symposium Merit Award Winner

Abstract: Immunotherapy use, outcomes, and toxicities in gastrointestinal malignancies

Khan, Mohammad Talal DO

First Place, Rochester General Hospital Internal Medicine Residency Program Research Symposium for clinical Vignette Poster. “Forgetting to Remember: Paraneoplastic Limbic Encephalitis”, Chen Tara; Ahmad Q; Khan MT

2018 PARTICIPATION

Jamshed, Saad MD

Lead medical informatic for Oncology

Specialty champion for oncology, RRH

Elected representative to Medical Board of RGH Medical and Dental Staff, RGH

Member of health information management, RGH

Kosko, Debra NP

GVONS Board Secretary, 2018

Kouides, Peter A MD

American Society of Hematology, liaison to ASH Foundation committee

American Society of Hematology/International Society of Thrombosis and Hemostasis/National Hemophilia Foundation/World Federation of Haemophilia, appointed member to von Willebrand disease management guideline writing group

American Thrombosis and Hemostasis Network, member of research study group

American Thrombosis and Hemostasis Network, mentor for DREAM Award to Dr. Bev Schaeffer Buffalo Children’s Hospital project on VWF levels and obesity

Centers for Disease Control, Hemophilia branch-appointed member—Project review committee

Center for Disease Control, Hemophilia branch-appointed member-Women with Bleeding Disorder committee

Foundation for Women and Girls with Blood Disorders, appointed member to Medical Advisory Board

Foundation for Women and Girls with Blood Disorders, co-chair Learning Action Network

Haemophilia journal, appointed editorial board member

Hemostasis and Thrombosis Research Society, past-president, ex-officio Board member

Hemostasis and Thrombosis Research Society, co-chair Publications Committee

Hemostasis and Thrombosis Research Society, member Mentor Research Award grant review committee

Hemostasis and Thrombosis Research Society, member Clinical Fellowship grant review committee

Invited reviewer for journals Blood, British Journal of Haematology, Haemophilia and Thrombosis Research

Mary M. Gooley Hemophilia Treatment Center, Medical and Research Director-executive board member

Mary M. Gooley Treatment Center- Outreach/Philanthropy committee member

Mary M. Gooley Hemophilia Treatment Center–Service Line committee member

Mary M. Gooley Hemophilia Treatment Center–Quality Assurance committee member

Multicenter U.S. Study of Wilate in Von Willebrand Disease related Post-Partum Hemorrhage, Co-principal investigator

National Hemophilia Foundation, appointed member to Medical Advisory and Scientific Board

National Hemophilia Foundation, appointed member to Women with von Willebrand committee

National Blood Clot Alliance, appointed member to Medical Advisory and Scientific Board

Region I/II MCHB/CDC, Hemophilia Treatment Centers–Executive committee member

RGH Anticoagulation Stewardship Team member

RGH Institutional Review Board since 1993

RGH Transfusion Committee since 1993

Roswell Park Hematology Oncology Fellowship, RGH contact person/supervisor

Thrombosis and Hemostasis Societies of North America, President 2018-2020

World Federation of Hemophilia Twinning with Nepal, Team leader-2014-present

Williams, James
Board of Advisors American Cancer Society Institute



RGH CANCER CASES DIAGNOSED 2017

NATIONAL COMPARISON OF SELECTED CANCER SITES*

Primary Site	RGH		NEW YORK		NATIONAL	
	Cases	Percent	Cases	Percent	Cases	Percent
BREAST	659	27.6%	16,310	15.2%	252,710	15.0%
LUNG	313	13.1%	12,700	11.8%	222,530	13.2%
PROSTATE	267	11.2%	10,060	9.4%	161,360	9.6%
COLORECTAL	145	6.1%	8,490	7.9%	135,430	8.0%
BLADDER	143	6.0%	5,410	5.0%	79,030	4.7%
NH LYMPHOMA	65	2.7%	4,760	4.4%	72,240	4.3%
CORPUS UTERI	100	4.2%	4,420	4.1%	61,380	3.6%
MELANOMA	69	2.9%	4,900	4.6%	87,110	5.2%
LEUKEMIA	49	2.1%	4,320	4.0%	62,130	3.7%
CERVIX	13	0.5%	810	0.8%	12,820	0.8%
ALL OTHERS	566	23.7%	35,350	32.9%	542,040	32.1%
TOTAL CASES	2,389	100.0%	107,530	100.0%	1,688,780	100.0%

* Estimated Numbers of New Cases from:
The American Cancer Society Cancer Facts & Figures 2017

ABOUT THE LIPSON CANCER REGISTRY

At the Lipson Cancer Institute Cancer Registry, team members work diligently with physicians and the Cancer Committee to maintain accreditation as an Academic Comprehensive Cancer Program by the American College of Surgeons (ACS).

In 2017, 3,282 cases were accessioned into the registry database. Of those cases, 2,389 were analytic and 896 were non-analytic. The five most common sites (breast, lung, prostate, colorectal, and bladder) account for 64% of the total analytic cases.

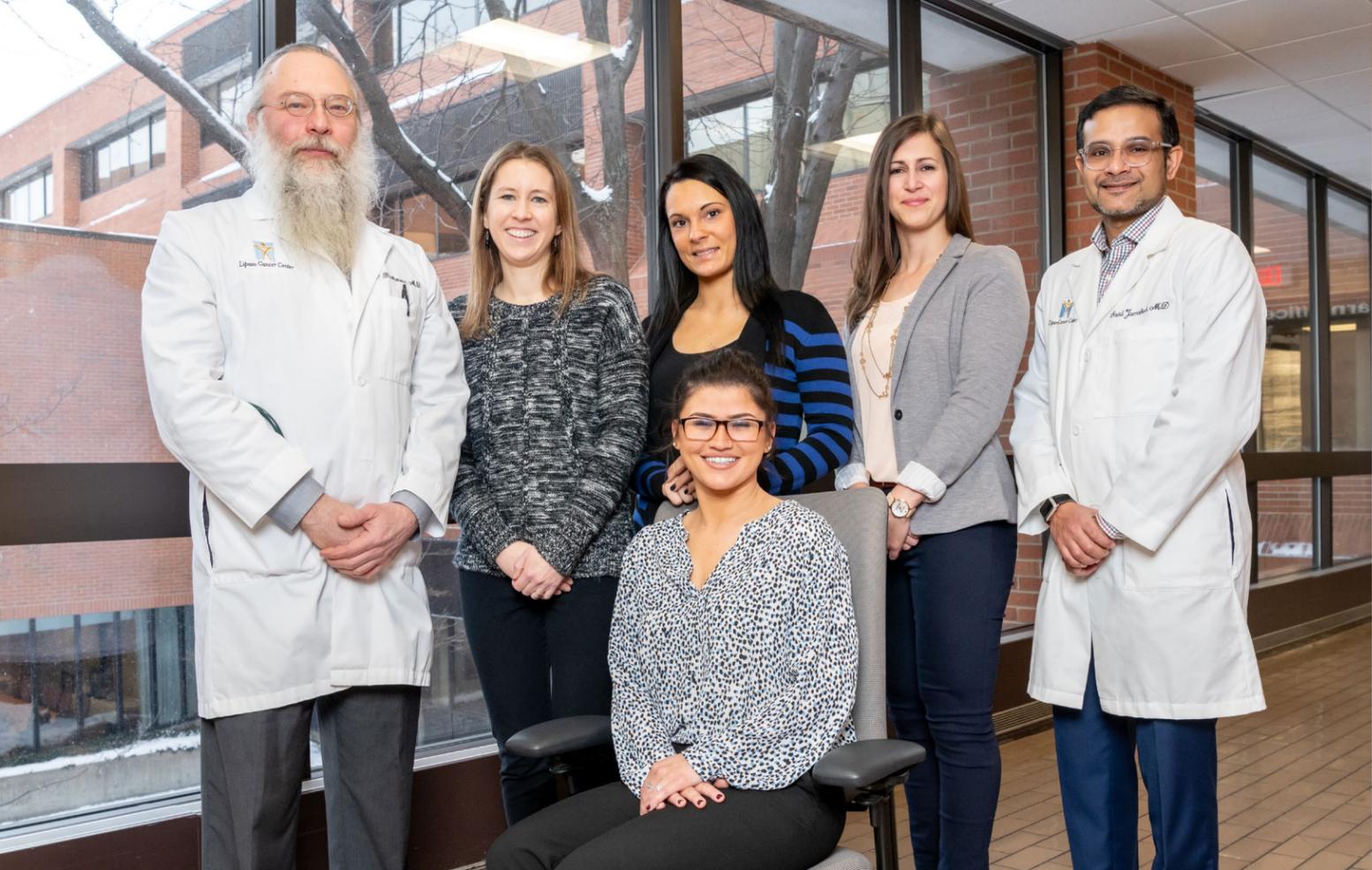
The ten most prevalent sites at RGH/Lipson correlate closely with NYS and US data, although RGH sees a greater number of breast cancer than state and national rates, and a lower number of colorectal cancer.

Daily functions maintained by the Lipson Registry team include the timely and accurate collection of information on cancer cases diagnosed and/or treated at RGH. The registry has continued to submit data to NYS Cancer Registry and received the award of “Completeness and Timeliness” for 2017 submissions. Data collected—including demographics, anatomic site, tests, treatment and extent of disease—can be used in outcome reporting, clinical research, physician education, and hospital planning. This information is also shared with the New York

State Cancer Registry (NYSCR) and the National Cancer Database (NCDB), allowing for comparison of our patient data with other hospitals, and helping to establish national patterns of patient care and survival. Registry data is used in many areas:

- Evaluating patient outcomes and quality of life
- Providing follow-up information for cancer surveillance
- Calculating survival rates
- Providing information for cancer program activities
- Analyzing referral patterns
- Allocating resources at the health care facility and the community
- Reporting cancer incidence as required under state law
- Evaluating efficacy of treatment modalities

The Registry follows guidelines and standards set by the ACS, NYSCR and NCDB. An appointed physician advisor monitors the Registry for quality of abstracting with an emphasis on accuracy of staging. Ten percent of analytical cases are reviewed each year for quality assessment purposes.



RESEARCH ACTIVITIES AT THE LIPSON CANCER INSTITUTE

At the Lipson Cancer Institute, our patients have the opportunity to participate in a broad range of clinical trials for the treatment of cancer. As active clinical trial investigators, we are able to provide our patients with access to the latest treatments and technology, while also helping to establish a foundation of knowledge that will form the future standards of cancer treatment for all patients. Studies often provide access to cutting-edge therapies and may afford patients with alternative treatment options that would otherwise not be available.

The Lipson Cancer Institute conducts a wide variety of research including investigator initiated, cooperative group, and industry sponsored clinical trials. Over half of our open research studies are investigator initiated. These studies are initiated, designed and conducted by our own medical staff, or in collaboration with other institutions such as Rochester Institute of Technology. Over a third of our studies are nationwide cooperative group clinical trials, which are conducted in partnership with Roswell Park Cancer Institute, an NCI designated Comprehensive Cancer Center in Buffalo, NY.

Clinical trial research is conducted with a high degree of oversight and protection of patients' rights. Our paramount concerns are patient education and ensuring that patients have the opportunity to make informed choices about whether to participate in research. All studies and the consent process are regularly reviewed by the Rochester Regional Health Institutional Review Board, whose members include representatives from the hospital medical staff and individuals from the community at large.

In 2018, 204 patients were enrolled on various investigational protocols, representing 9% of 2,389 analytic cases for the Lipson Cancer Institute at Rochester General Hospital.

ONCOLOGY RESEARCH TEAM

Peter Bushunow, MD
Medical Oncologist and Director of Oncology Research

Saad Jamshed, MD
Hematologist/Medical Oncologist and Director of Hematology Research

Heather Bacchetta
Clinical Research Manager

Abby Welch, RN
Clinical Research Nurse

Lisa Houser
Clinical Research Associate

Alexis Bozza
Clinical Research Associate

RESEARCH IN THE NEWS

The Lipson Cancer Institute Clinical Research Department is making headlines! 2018 was an exciting year with news spotlights on multiple adjuvant therapy clinical trials at Rochester General Hospital (RGH). Over the summer, Peter Bushunow, MD, Medical Oncologist and Director of Oncology Research at RGH, was interviewed on local news stations about a new immunotherapy study that opened in our cancer center this year for triple negative breast cancer patients. This research was then further supported by a 2018 publication in the New England Journal of Medicine from a similar clinical trial showing significant improvement in progression free survival for triple negative breast cancer patients on this same immunotherapy agent. These results were also presented at the annual ESMO meeting in October 2018. Today, this research is giving new hope to patients battling this aggressive form of breast cancer.

RGH Hematologist/Medical Oncologist, Farhan Imran, MD, also debuted in the news as a result of the 2018 New England Journal of Medicine publication on adjuvant chemotherapy for breast cancer patients. This publication reported results from the TAILORx clinical trial. This was a very important study sponsored by the National Cancer Institute, and led to a significant decrease in the use of adjuvant chemotherapy in patients with early stage breast cancer. The Lipson Cancer Institute was one of the sites that participated in this nationwide study. We successfully enrolled patients onto this trial, helping to enable this research. Trial results were also presented at the annual ASCO meeting in June 2018. We are proud to have been a part of such important research.



DR. BUSHUNOW IN THE NEWS

[View Video](#)



DR. IMRAN IN THE NEWS

[View Video](#)

ROCHESTER GENERAL HOSPITAL 2017 CASES

	Primary Site			Class		Sex		AJCC STAGE					
	Total	Analytic	Non-Analytic	Male	Female	0	I	II	III	IV	Unknown	N/A	
All Sites	3282	2389	893	1421	1861	333	814	573	340	391	569	262	
Oral Cavity	49	32	17	30	19	2	3	7	4	12	20	1	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	
Tongue	15	10	5	10	5	1	1	0	1	4	8	0	
Oropharynx	2	2	0	1	1	0	0	0	0	2	0	0	
Hypopharynx	1	0	1	1	0	0	0	0	0	0	1	0	
Other	31	20	11	18	13	1	2	7	3	6	11	1	
Digestive System	422	334	88	233	189	20	59	67	90	105	75	6	
Esophagus	32	25	7	26	6	1	1	8	5	6	11	0	
Stomach	33	26	7	20	13	0	7	3	5	6	12	0	
Colon	141	109	32	62	79	3	29	24	42	29	14	0	
Rectum	51	36	15	33	18	2	5	8	12	11	13	0	
Anus/Anal Canal	29	13	16	15	14	14	4	3	5	1	2	0	
Liver	30	29	1	25	5	0	4	5	6	6	7	2	
Pancreas	71	62	9	33	38	0	7	14	8	39	3	0	
Other	35	34	1	19	16	0	2	2	7	7	13	4	
Respiratory System	387	336	51	191	196	0	84	33	60	153	55	2	
Nasal/Sinus	5	4	1	3	2	0	1	0	0	1	2	1	
Larynx	22	15	7	16	6	0	5	4	2	3	8	0	
Other	5	4	1	3	2	0	1	1	0	2	1	0	
Lung/Bronc-Small Cell	56	52	4	22	34	0	8	3	15	25	5	0	
Lung/Bronc-Non Small Cell	277	242	35	138	139	0	65	24	41	116	31	0	
Other Bronchus & Lung	22	19	3	9	13	0	4	1	2	6	8	1	
Blood & Bone Marrow	142	90	52	81	61	0	1	1	0	0	7	133	
Leukemia	84	49	35	50	34	0	1	1	0	0	6	76	
Multiple Myeloma	26	15	11	16	10	0	0	0	0	0	1	25	
Other	32	26	6	15	17	0	0	0	0	0	0	32	
Bone	0	0	0	0	0	0	0	0	0	0	0	0	
Connect/Soft Tissue	13	9	4	5	8	0	2	1	2	2	6	0	
Skin	157	74	83	76	81	48	54	13	8	4	29	1	
Melanoma	146	69	77	67	79	48	54	12	8	3	21	0	
Other	11	5	6	9	2	0	0	1	0	1	8	1	
Breast	917	659	258	12	905	149	355	242	57	13	101	0	
Female Genital	196	149	47	0	196	13	70	9	18	11	73	2	
Cervix Uteri	19	13	6	0	19	0	4	5	3	2	5	0	
Corpus Uteri	117	100	17	0	117	0	55	2	5	7	48	0	
Ovary	29	24	5	0	29	0	9	1	3	2	14	0	
Vulva	22	7	15	0	22	10	2	1	4	0	5	0	
Other	9	5	4	0	9	3	0	0	3	0	1	2	
Male Genital	469	277	192	469	0	1	91	166	56	38	117	0	
Prostate	457	267	190	457	0	0	90	166	56	38	107	0	
Testis	11	10	1	11	0	0	1	0	0	0	10	0	
Other	1	0	1	1	0	1	0	0	0	0	0	0	
Urinary System	273	245	28	208	65	100	62	19	15	21	51	5	
Bladder	160	143	17	128	32	91	29	17	4	8	11	0	
Kidney/Renal	100	94	6	73	27	4	33	2	11	12	37	1	
Other	13	8	5	7	6	5	0	0	0	1	3	4	
Brain & Cns	67	46	21	24	43	0	0	0	0	0	0	67	
Brain (Benign)	2	0	2	2	0	0	0	0	0	0	0	2	
Brain (Malignant)	21	21	0	9	12	0	0	0	0	0	0	21	
Other	44	25	19	13	31	0	0	0	0	0	0	44	
Endocrine	46	35	11	16	30	0	11	1	7	2	17	8	
Thyroid	38	31	7	11	27	0	11	1	7	2	17	0	
Other	8	4	4	5	3	0	0	0	0	0	0	8	
Lymphatic System	97	69	28	58	39	0	22	12	19	27	17	0	
Hodgkin's Disease	7	4	3	5	2	0	3	3	0	0	1	0	
Non-Hodgkin's	90	65	25	53	37	0	19	9	19	27	16	0	
Unknown Primary	33	22	11	13	20	0	0	0	0	0	0	33	
Other/ILL-Defined	14	12	2	5	9	0	0	2	4	3	1	4	

Number of cases excluded: 1. This report includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases



ABOUT ROCHESTER REGIONAL HEALTH

Rochester Regional Health is a leading provider of comprehensive care for Western NY, the Finger Lakes and surrounding regions. State-of-the-art technologies and treatment make Rochester Regional home to one of New York's leading and largest cardiology programs, breast care and stroke centers—treating more patients than any other system in the region. The system's global testing laboratory, ACM Global Laboratories, is one of the largest reference laboratories in New York State and a global leader in clinical trial and testing services. With five hospitals and nearly 17,000 employees Rochester Regional is one of the top two employers in the region.

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 Diagnostic Radiologist, *Kevin Lightner, MD*
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 Surgeon, General or Specialist in Cancer Care, *Stephen Ettinghausen, MD*
 Medical Oncologist, *Pradyumna Phatak, MD*
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 Cancer Registry Quality Coordinator, *Zachary Kramer, MD*
 Community Outreach Coordinator, *Sally Sackett, RN*
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Therese O'Connor Remembrance 1957–2018

When I first met Therese O'Connor in September of 1988 the first “new” Cancer Center at RGH was just opening. She was the first social worker and I was the first nurse manager. We had 2.5 medical oncologists, 1.5 radiation oncologists, 5 chemo nurses, 2 radiation nurses and Therese. Fast forward to 2018, our Lipson Cancer Institute has 13 medical oncologists, 5 radiation oncologists, 11 APPs, 30 chemo nurses, 5 radiation nurses, and a multitude of support staff, totaling 140 Cancer Center team members at 2 sites and Therese. I once asked Therese if she had any idea of how many patients she works with annually and we couldn't come up with a way to figure this out. Then I realized, Therese probably touched each one of our active patients at one time or another.

We work in an environment where *cancer* evokes so many feelings and fears. It makes the strongest of us vulnerable, and many times takes us down at the knees. It is daunting, it overwhelms, it makes mortality a reality. The one constant in our patients' lives, as well as our lives at Lipson Cancer Institute was Therese.

It was evident in Therese's everyday work that her goal for each patient was “how can I serve them better”.

From helping a grandmother whose daughter died very quickly after diagnosis gain custody of her two young children, to going with a patient to meet with a Medicaid appeal judge to secure transportation costs to a clinical trial, Therese persisted in her service to others—and in this case not once, but three times.

Dr. Kouides once wrote “Therese is remarkable in her ability to discuss the very sensitive issues of life and death. She is nonjudgmental and comfortable accepting people where they are at that moment in time.”

Therese's job did not stay within the Cancer Institute. She maintained close relationships with many community organizations—she was a team leader for the Making Strides Breast Cancer walk, she worked tirelessly for the Breast Cancer Coalition's annual teaching event, and she was a founding member of the Lipson Cancer Institute Breakfast Club where she prepared and served breakfast at the Open Door Mission. Therese managed the Christmas Project each year, carefully choosing families with the greatest need and fewest options—her office gave Santa and the North Pole a new challenge each year.

Along with our patients, Therese also took care of our team members. She had an innate way of knowing who was having a bad day, or good day. There was no one whose everyday work was done with more empathy, concern and compassion. Therese was never too busy when her help was needed. Social work was not just a career path for Therese, it was her craft—and her art. Therese personified the heart and humanity of our team at the Lipson Cancer Institute.

—Kathy Doerner, RN

Verse from a favorite song of Therese's: *Gracias a la vida*
Thanks to life, which has given me so much.
It has given me laughter and it has given me longing,
Through which I know both joy and sorrow—two qualities that form my song,
And yours, which is the same song.
And everyone's song, which is also my own.
Thanks to life, which has given me so much.

LIPSON CANCER INSTITUTE

HOURS

Weekdays, 8 am to 4:30 pm
Emergency concerns can be handled 24 hours
a day by our on-call physicians

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