STRONG HEALTH
FOR PHYSICIANS AND HEALTH PROFESSIONALS
FALL 2003
CONNECTION

3-D IMAGING ENHANCES PRECISION OF MINIMALLY INVASIVE PROSTATE CANCER SURGERY

IN THIS ISSUE

O.R. Nurse Ivelisse Vicente, R.N., prepares for a laparoscopic radical prostatectomy, performed with the aid of a robotic system.

(Right) Jean Joseph, M.D., conducts surgery from a console. The master controls and robotic "hands" let Joseph manipulate the arms and instruments during the procedure.

Surgeons at Strong Memorial Hospital and the James P. Wilmot Cancer Center are the first in upstate New York to use high-tech robotic systems to ensure greater precision while performing surgery to remove cancerous prostate tumors. This technology provides surgeons a three-dimensional view, giving them the feel of an open surgery while performing a minimally invasive procedure.

"This system truly enhances the images and is dramatically better," says **Jean V. Joseph, M.D.**, urology surgeon. "The magnified 3-D images improve the accuracy and precision."

Strong recently added the daVinci Surgical System to expand laparascopic procedures in urology and cardiac surgery. The leading-edge technology consists of a robotic arm that performs surgeries using movements that replicate a surgeon's motions. The movements are controlled from across the room, by a surgeon using virtual images provided by laparoscopic cameras. Because the cases are done laparoscopically with dime-sized incisions, patient benefits include faster recovery time and a lower chance of infection or other complications. The procedures themselves can be even more accurate than traditional surgery, with steadier "hands" at the surgical site being directed by a surgeon.

"It gives the appearance of being inside the patient," says surgeon **Edward Messing, M.D.**, chair of the Department of Urology. "The three-dimensional view provides a depth perception that is missing in traditional laparoscopic surgery. This brings us as close to the surgical site as we can get."

Joseph and **Erdal Erturk, M.D.**, have been using laparoscopic techniques for urological procedures for the past three years to repair damaged kidneys and remove cancerous tumors.

The robotic system offers surgeons the flexibility and visuals of traditional "open" surgery with fewer complications for the patient. It also enhances the accuracy of delicate maneuvers such as repetitive stitching and suturing, says Messing. "It's like comparing a sewing machine to hand stitching. The robotic system enhances the surgeon's precision," Messing says.

See 3-D Imaging, page 2

3-D Imaging (Continued from front page)

The daVinci Surgical System has been incorporated into the new operating room facilities at Strong Memorial. Patients are positioned as they would be during laparoscopic surgery, with medical personnel surrounding them, yet a surgeon is located at a console a few feet away.

Supporting surgical team members prepare small incisions in the patient, install the correct instruments, and supervise the laparoscopic arms and tools being used. The instruments are designed with seven degrees of motion that mimic the dexterity of the human wrist. Each instrument has a specific surgical mission such as clamping, suturing and tissue manipulation.

Although the surgeon is not physically in contact with the patient, the daVinci control console allows the surgeon to actually see the surgical field in enhanced detail as a result of the three-dimensional image transmitted from the laparoscopic cameras. The surgeon manipulates the robotic "hands" in real-time using master controls, seeing minute, 3-D details inside the patient with the aid of the cameras located inside the patient. The two robotic arms and one laparoscopic arm execute the surgeon's commands.

For more information please call **585-756-5469**.

Surgeons Expand Laparoscopic Procedures for Kidney, Prostate

Expanded use of laparoscopy in surgery at Strong Health is benefiting patients who undergo treatment for kidney and prostate cancers.

Urologists **Jean V. Joseph, M.D.**, and **Erdal Erturk, M.D.**, perform the laparoscopic surgeries, which offer advantages over traditional open procedures such as minimal blood loss, reduced need for pain medications, shorter hospitalization and decreased convalescence.

"This procedure has now become the standard of care for patients with cancer confined to the kidney," says Joseph, assistant professor of urology. "It gets patients back to their normal lives much faster than traditional, open surgery." In these laparoscopic surgeries, a voice-command robot is used to guide an internal camera, allowing a magnified view of internal organs and surgical instruments throughout the procedure.

The traditional method to operate on the kidney requires a large incision below the rib cage in the abdomen or back, and may also require removal of a rib. This newer procedure allows the same operation to be performed using small "keyhole" incisions.

Laparoscopic kidney surgery is offered for many reasons including kidney cancer, non-functioning kidney or long-term obstruction of the kidney. It is also used for people donating a kidney for transplantation. The urologic surgeons at Strong Memorial Hospital are also using this technique for pyeloplasty or reconstruction of ureteropelvic junction obstructions, as well as laparoscopic radical prostatectomy.

NIH-funded Study Tests Treatment for Vulvar Vestibulitis

As an international authority on diagnosing and treating vulvar pain and disease, **David C. Foster, M.D., M.P.H.***(right)*, is principal investigator for the first major trial of a medical treatment for vulvar vestibulitis, the most common cause of pain during intercourse in premenopausal women. The study is funded by a $1.2 million grant from the National Institutes of Health.

"At some point in their lives, nearly 15 percent of women experience repetitive pain with sexual intercourse," Foster explains. "Because it is such an intimate topic, women are often reluctant to tell anyone, even their doctors, and they suffer in silence. In some cases, it can be quickly resolved. In others, it becomes a long-term, chronic problem that impacts their quality of life."

Vulvar vestibulitis is an inflammation of the tissues that surround the entrance to the vagina. Foster's study will test the combined use of lidocaine and desipramine, approaching vestibulitis as a pain syndrome. "The idea is for the inflammation to heal while we are treating the pain by suppressing neurological activity," Foster says. "Our research will determine the medications' effectiveness in attacking the pain in two steps: at the nerve ending and at the spinal cord."

Foster sees an average of five new patients a week affected by the condition. "Nearly 70 percent respond to medical treatment and improve to the extent that they can stop treatment. For others, surgery is a good alternative," he says.

Foster is an associate professor and director of Ambulatory Care in the Department of Obstetrics and Gynecology at the University of Rochester Medical Center. He has dedicated much of the last 15 years of his career to unraveling the mysteries of vestibulitis in an effort to find a cure.

Those eligible for the study must be:

- Women between the ages of 18 and 50 with symptoms and/or diagnosis of vulvar vestibulitis
- Available to participate in a 12-week medical trial in Rochester, with 6 and 12-month follow-up visits.
- Willing to undergo genetic and psychological testing as well as close monitoring of pain.

To refer a patient for the study, please call Merrill Kotok, RNC, at **585-275-7919.**

URMC Part of Largest NIH Epilepsy Study

$30 Million Grant Seeks Better, Early Treatment for Life-Altering Ailment

Last year, Scotia resident Kim Morley decided to have epilepsy surgery to stop the seizures she suffered for more than 20 years. Diagnosed with mesial temporal lobe epilepsy (MTLE) at 14, even with medications she experienced seizures monthly. While in her mid 30s, Morley's seizures started to increase in frequency and duration, interfering with her life and job.

After an extensive evaluation at the Strong Epilepsy Center, Morley had epilepsy surgery and has not had a seizure since. For Morley, epilepsy surgery – often considered the last resort in treating the ailment – was something she had not heard about throughout most of her 20+ years of dealing with seizures.

Although more than 2.3 million Americans suffer from epilepsy, little standardized research has been conducted to determine which treatment protocol for epilepsy produces the best results with the fewest side effects in the shortest time possible. Now, the NIH is funding the largest epilepsy study ever undertaken to shed light on this issue. The $30 million Early Randomized Surgical Epilepsy Trial (ERSET) seeks to understand whether aggressive medication management or epilepsy surgery works best to eliminate seizures within the first two years of the diagnosis of intractable complex partial seizures in MTLE.

While medications can eliminate seizures in about 65 percent of patients with focal epilepsy, those that do not respond tend to endure a prolonged period trying different medication combinations hoping to find a regimen that will work. The latest study documented that patients live with epilepsy for an average of 17 years before seeking surgical treatment, even though about 70 percent remained free of disabling seizures after surgery.

Study Seeks to Improve Quality of Life

"This study is not about surgery. It's not about medication. It's about finding a way to get the majority of patients with epilepsy seizure-free as soon as possible," said **Michel Berg, M.D.**, medical director of the Strong Epilepsy Center. "Because epilepsy tends to surface during the most critical development timeframe for children and young adults, it has a tremendous negative domino effect on the life that person will be able to lead. We need to find a better and quicker way to help these patients beat epilepsy so they can get back to being kids and young adults, and enjoy life."

"Deciding when or whether to continue treatment with medications or to have surgery can be difficult and stressful for people with epilepsy and their families," said Eric R. Hargis, president and CEO of the Epilepsy Foundation. "The results of this study will, we hope, make those decisions easier and in the long run will improve quality of life for hundreds of thousands of patients."

When to Intervene?

Thirty percent of individuals with focal epilepsy have seizures that are intractable and prospective studies demonstrate that seizure intractability may be predicted with a high degree of confidence after two antiepileptic medications have proven ineffective. Many physicians remain uncertain about the cost, safety and success rates of surgery and consider it a last resort. The most current data available, which is from 1990, show that only 2,000 of the estimated 100,000 eligible patients actually underwent epilepsy surgery despite the failure of multiple medication trials to control their seizures.

Surgery for MTLE involves a unilateral anterior temporal lobectomy to remove the source of a person's seizures. Some medical reports, including one published in the August 2, 2001 issue of *The New England Journal of Medicine*, show that surgery is superior to the medical treatment of long-standing MTLE. There are no published randomized clinical trials evaluating the efficacy of early epilepsy surgery.

ERSET expects to enroll approximately 200 participants across the United States; Strong's Epilepsy Center is hoping to enroll at least 13. To be eligible, participants must be at least 12 years old and have experienced seizures disruptive to their lives for less than two consecutive years and must have failed at least two different antiepileptic medications. If they experienced seizures earlier in life that stopped and subsequently re-emerged, they may still be eligible for the study. Those eligible will be randomly assigned to either aggressive antiepileptic drug treatment or anterior temporal lobectomy with continued medications. After two years of follow-up, eligible participants who received medication only will have the option to undergo surgery.

For more information or to refer patients for the study, call Gerry Powers at 585-275-0589 or visit www.erset.net.

Strong Heart and Vascular Center is Regional Leader in Cardiovascular Care

The University of Rochester Medical Center recently unveiled its new Strong Heart and Vascular Center, which offers leading-edge expertise in all dimensions of heart and vascular care and provides the most comprehensive cardiovascular services available to adults and children in western and central New York.

"We're pleased to serve the patients of this region," says **Mark B. Taubman, M.D.**, chief of the Cardiology Unit. "Our staff consists of experts in cardiology, heart surgery and vascular surgery, many of whom have pioneered new procedures and medical devices."

In addition to providing clinical care, the Strong Heart and Vascular Center is involved in research and clinical trials, bringing the newest techniques and procedures to patients in upstate New York. Its physicians also are chosen to test new break-through devices because of the large volume of patients and the expertise of staff.

For instance, the daVinci Robotic Surgical System was used in the first cardiac case in upstate New York in September. The system utilizes robotic technology laparoscopically to assist in the operating room, allowing for a less-invasive treatment with smaller incisions, thus better recovery and outcomes for patients, says **George L. Hicks Jr., M.D.**, chair of the Division of Cardiothoracic Surgery. Strong is the only site in upstate to offer the robotic technology; the closest center using it is in New York City.

The Strong Heart and Vascular Center also is the only medical center in upstate New York to offer a ventricular assist device program, Hicks adds, which allows some heart transplant patients a life-saving option while they await transplantation. Its heart failure and transplantation program is serving patients, both pre- and post-transplant, from all over upstate New York, as well as northern Pennsylvania.

Strong is the only upstate hospital to offer robotic surgery technology, performing its first cardiac case in September.

In vascular care, more options in minimally invasive surgery for arterial disease are available than at any other regional hospital. Of note is a unique minimally invasive approach to treating aneurysms, says **Richard M. Green, M.D.**, chair of the Division of Vascular Surgery.

The Strong Heart and Vascular Center is the unmatched regional leader in heart and vascular care, he says.

"Our physicians remain on the leading edge of today's new medical treatments, and our unique expertise makes it possible to care for virtually every cardiovascular condition," Green says.

For more information about the Strong Heart and Vascular Center, call **585-275-2475**, or log on to www.stronghealth.com/services/cardiology/shvcenter.cfm.

APPOINTMENTS

Anesthesiology
Anna Marika Stone, M.D.

Cardiology
M. James Doling, M.D.
Jason Garringer, M.D.
Anuradha Gudavalli, M.D.
Abrar Shah, M.D.

Critical Care
Isabelle Michaud, M.D.

Dentistry
Dorota Kopycka-Kedzierawski, D.D.S., M.P.H.
Sean McLaren, D.D.S.
Oren Weiss, D.M.D.

Emergency Medicine
James Syrett, M.D.
Janet Williams, M.D.

Gastroenterology
Richard Farmer, M.D.
Parvez Mantry, M.D.

Neurology
Mark Mapstone, Ph.D.
Aureen Wagner, Ph.D.

Obstetrics/Gynecology
Tulin Ozcan, M.D.

Ophthalmology
Matthew Gearinger, M.D.

Orthopaedics
John Goldblatt, M.D.
Thomas Hansen, M.D.
Robert Molinari, M.D.

Pediatrics
Heather Adams, Ph.D.
Richard Lawrence, M.D.
Craig Mullen, M.D., Ph.D.
Susan Yussman, M.D.

Primary Care
Pamela Sloan, M.D.

Plastic Surgery
Karl Michalko, M.D.

Psychiatry
Kathryn Ann Castle, Ph.D.
Linda Gill, M.D.
Gary Horwitz, M.D.
Anthony Pisani, Ph.D.
Michael Scharf, M.D.

Radiology
Allan Bernstein, M.D.
Simone Elvey, M.D.
Talia Sasson, M.D.
Brian Tan, M.D.

Strong and Rural/Metro Bring State-of-the-Art Transport to Region

As the quantity and quality of life-saving techniques available to care for critically ill patients has increased, so have the challenges in transporting these extremely sick adult patients between hospitals. To decrease potential risks while continuing complicated care for critically ill cardiac, burn and trauma patients while en route, Strong Health is introducing a Critical Care Transport Service to the region.

At the heart of this service is a new, made-to-order vehicle created in partnership with Rural/Metro Medical Services. Strong Health's cardiac, trauma and burn physicians and nurses collaborated with specially trained Rural/Metro paramedics and engineers to custom-design all aspects of the vehicle, from its size, to its GPS navigation system, to the number of shelves in its interior cabin.

The result is a state-of-the-art vehicle that accommodates up to six health care professionals inside the cabin, and is equipped with specialized electrical power and multiple redundant systems needed to run advanced life-support equipment that is typically available only at major hospitals. Rural/Metro estimates that there are only a handful of such vehicles nationwide, usually operating out of major metro areas, or in regions with an academic medical center.

The need for such a vehicle grew dramatically over the last several years as the number of tertiary and quaternary services increased at Strong Memorial, such as the heart failure and transplantation program, solid organ transplant programs, and the expanded trauma and burn service, according to **H. Todd Massey, M.D.**, surgical director for the Strong Health Program in Heart Failure and Transplantation. In addition, overall advances in care now allow regional physicians to stabilize acute trauma and burn patients so that they can be transported to Strong Memorial.

"Technology has rapidly advanced the ability of hospitals to provide care for critically ill patients and that is a blessing, but only when the patient is at a hospital where the technology is available," Massey said. "Our new Critical Care Transport allows us to safely transport the sickest of the sick patients, along with all of the extremely sophisticated equipment that is keeping them alive, in a manner that gives them the best chance of survival."

Full-Service Ambulance and Crew

At 13 feet long and 8 feet wide, the interior cabin space is double that found in other ambulances, an important advantage when caring for patients on advanced life support equipment such as an intra-aortic balloon pump, ventricular assist device (VAD) and ventilator. Where before only EMTs and perhaps a nurse could fit safely in a traditional ambulance along with the patient and equipment, now a cardiac care nurse, perfusionist, respiratory therapist, and a physician can travel with the EMTs. The ability to transport these advanced life-support professionals as a team to regional hospitals permits them to provide specialized care the moment they arrive, and continue that care while en route to Strong.

The Critical Care Transport contains a specialized electrical system to run sophisticated cardiac equipment. In case of mechanical failure, a 7.5-kilowatt generator was installed, along with a customized ventilator and compressed air systems. The new transport's custom-designed lift, built eight inches longer than a traditional lift, can simultaneously raise the patient, gurney, and life-support equipment. This is especially important when transferring a patient on a VAD, which relies on gravity to help pump the blood back through the heart, and therefore can never be positioned lower than the patient.

Rural/Metro paramedics underwent advanced intensive care training at Strong Memorial Hospital to better assist during transport. Twelve medics spent more than 40 hours each in the cardiac ICU gaining a thorough understanding of the sensitive equipment that is now commonly used in cardiac patient transports.

"A great deal of work has gone into this project with one purpose: to provide the highest level of care for those critical patients in need of transport from one hospital to another," Rural/Metro Division General Manager Tim Czapranski said. "I am proud of the team members who made this possible through their dedication, flexibility and professionalism."

To arrange a critical care transport to Strong, please call The Strong Consult and Transfer Center at **800-499-9298** or, in the Rochester area, **585-275-4999.**

The custom-made Critical Care Transport accommodates high-tech equipment and staff needed to transfer critically ill adult cardiac, burn and trauma patients to Strong.

ENT, Audiology and Speech Pathology Services Moving to Improve Access, Expand Services

Patients of Strong Health's otolaryngology, audiology and speech pathology services will enjoy improved access to services when the practices relocate to their new state-of-the-art facilities in December.

For comprehensive care in one convenient setting, University Otolaryngology Associates and Genesee Valley Otolaryngology are merging and relocating to 2365 South Clinton Avenue, near Westfall Road in Rochester.

Eleven physicians, two nurse practitioners, 10 audiologists and two speech pathologists will provide the full range of ear, nose and throat services at the new office. With 22 exam rooms, three procedure rooms and four audiology booths, it provides three times the space of the ENT offices currently located within the Medical Center's campus.

"Our new office, with its dramatic increase in space, has allowed for the addition of four new faculty who are fellowship-trained subspecialists in pediatric otolaryngology, allergy and sinus, and laryngology," says **Arthur S. Hengerer, M.D.**, acting chair, Department of Surgery, and professor and chair, Division of Otolaryngology. "These new physicians, in addition to the seven current faculty, will have new technology in a state-of-the-art facility to meet all of your patients needs."

Every Subspecialty Covered

Each physician on the staff provides general ENT care. All are fellowship-trained in the full range of ENT subspecialties, including:

- allergy,
- cosmetic surgery,
- facial plastic and reconstructive surgery,
- head and neck surgery,
- laryngology/voice,
- microvascular reconstruction,
- neurotology,
- pediatric otolaryngology,
- sinus surgery,
- skull base surgery.

The new office is easily accessible and offers free parking and comfortable, spacious common and patient areas. To make a referral to a Strong Health ENT specialist, please call **585-275-2754**. For Strong Health audiology referrals, call **585-273-4433**, and for speech pathology call **585-275-4803**.

Strong Health Audiology and Speech Pathology

Diagnostic and Treatment Services

Audiology
- Hearing evaluations
- Hearing aid evaluation and fitting
- Newborn hearing screening
- Auditory brainstem response
- Otoacoustic emissions
- Cochlear implant
- Central auditory processing
- Electronystagmography

Speech Pathology
- Speech and language
- Voice
- Swallowing

University Otolaryngology Associates and Genesee Valley Otolaryngology, LLC

Faculty and Their Specialty/Subspecialty Areas

Timothy D. Doerr, M.D. – Facial Plastic and Reconstructive Surgery, General Otolaryngology

Paul O. Dutcher, Jr., M.D. – Otology/Neurotology, General Otolaryngology

James A. Hadley, M.D., F.A.C.S. – Nasal and Sinus Surgery, ENT Allergy, General Otolaryngology

Arthur S. Hengerer, M.D., F.A.C.S. – Pediatric Otolaryngology, General Otolaryngology

Chase H. Miller, M.D. – Nasal and Sinus Surgery, ENT Allergy, General Otolaryngology

John D. Norante, M.D. – Head and Neck Surgery, Skull Base Surgery, General Otolaryngology

C. Michael Haben, M.D. – Laryngology, General Otolaryngology

Saurin R. Popat, M.D., F.R.C.S.C., F.A.C.S. – Head and Neck Surgery, General Otolaryngology

Ronald S. Pulli, M.D. – General Otolaryngology

John W. Wayman, M.D. – Otology/Neurotology, General Otolaryngology

Kenneth R. Whittemore, Jr., M.D. – Pediatric Otolaryngology, General Otolaryngology

Donna J. Rekkerth, M.S., F.N.P.

Mary C. Rivers, M.S., N.P.

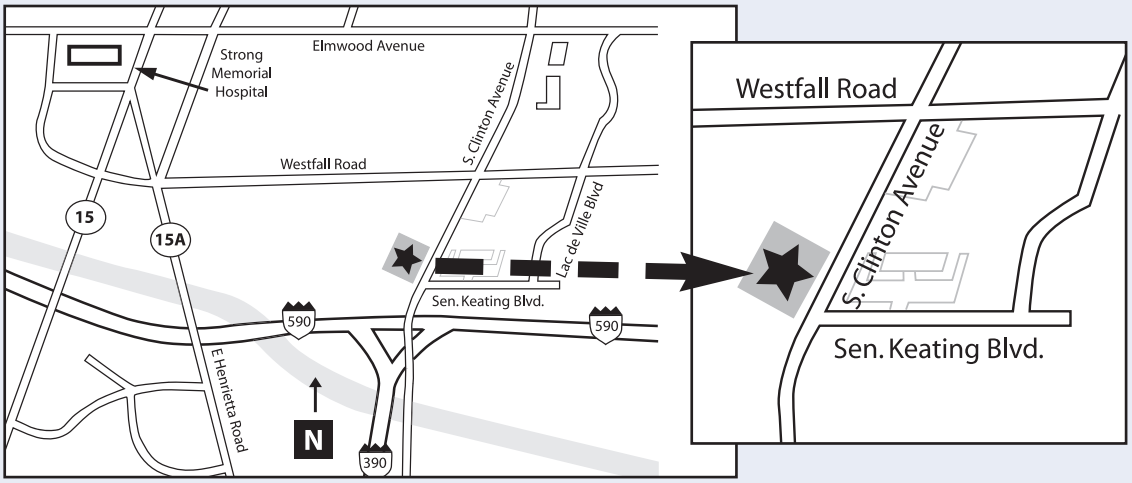
Strong Health Audiology

Carolyn M. Bennett, Au.D.
Larry E. Dalzell, Ph.D.
Todd M. Gibson, Au.D.
Cynthia A. Hogan, Ph.D.
Matthew S. MacDonald, Au.D.
Kathleen S. Merle, M.S.
Mark S. Orlando, Ph.D.
Diane S. Puccia, M.A.
John G. Schleifer, M.A.
Joseph P. Walton, Ph.D.

Strong Health Speech Pathology

Enid F. Hymes, M.A.
Judith L. Kennedy, M.S.

New Location for ENT, Audiology and Speech Pathology



KUDOS

Richard I. Fisher, M.D., director of the James P. Wilmot Cancer Center, was appointed to the Scientific Review Committee for The V Foundation, originally established by the late Jimmy Valvano to support cancer research.

Martin Gorovsky, Ph.D., received the 2003 Davey Memorial Award for outstanding contributions to cancer research. Gorovsky's RNA research was cited as a major contribution to the top breakthrough of 2002 by the journal *Science*. The Davey Memorial Award, established in 1997 in memory of R. Bruce Davey, a local businessman and community leader who died of cancer, is presented annually to a James P. Wilmot Cancer Center scientist.

Wallace E. Johnson, M.D., was appointed associate chair for Primary Care in the Department of Medicine. Johnson is a graduate of Yale University. He earned his medical degree summa cum laude from SUNY at Buffalo and completed an internal medicine residency at the University of Rochester Medical Center where he also served as chief resident in Internal Medicine. Johnson practices general internal medicine at Strong Health – Eastside Internal Medicine in Fairport. As associate chair, he will represent the primary care faculty in the Department of Medicine, as well as assisting in the development of new primary care programs.

Scott MacRae, M.D., a pioneer in the world of refractive surgery, has been selected by surgeons around the world to receive one of the field's top awards. MacRae, professor of ophthalmology and visual science at the University of Rochester Medical Center and medical director at Strong Vision, received the Lans Award at the annual meeting of the American Academy of Ophthalmology and the International Society of Refractive Surgery.

J. Edward Puzas, Ph.D., has been appointed to a National Academy of Sciences committee that will study the toxicologic risk of fluoride in drinking water. The subcommittee of the National Research Council's Committee on Toxicology will review toxicologic, epidemiologic, and clinical data published since 1993, and exposure data on orally ingested fluoride. They will evaluate independently the scientific and technical basis of the EPA's guidelines, and advise the Agency on their adequacy relative to protecting children and others from adverse effects. The subcommittee will also determine the relative contribution of various fluoride sources to total exposure and identify data gaps and make recommendations for future research relevant to setting for fluoride guidelines.

Richard Moxley III, M.D., announced that the University of Rochester Medical Center has been chosen as the home to one of three newly created muscular dystrophy cooperative research centers by the NIH and the Muscular Dystrophy Association. The designation brings with it up to $6.5 million in new funding – $5 million from NIH over the next five years, and $1.5 million from MDA during the next three years. The Medical Center was selected largely because of its strong track record in innovative research and treatment for patients with muscular dystrophy. Moxley and his colleagues will work closely with their counterparts at two other centers at the University of Pittsburgh and the University of Washington in Seattle. Each center will perform research that will closely link research in the laboratory with the care of patients. Already Strong Memorial Hospital's Neuromuscular Disease center, which Moxley heads, is internationally recognized for the care of hundreds of patients and its research on diseases like muscular dystrophy.

James Woods, M.D.'s book *What Do I Say? Communicating Intended or Unanticipated Outcomes in Obstetrics*, co-authored by Fay Rozovsky, J.D., M.P.H., was favorably reviewed in the October 1, 2003 issue of the *Journal of the American Medical Association*. Reviewer Ronald T. Burkman, M.D., recommends it "may be particularly useful in teaching more advanced communication skills to residents or medical students. Practicing physicians who want to improve their skill at managing difficult conversations will also find it of value." Woods is the University's Henry A. Thiede Professor and chair of the Department of Obstetrics and Gynecology.

For Your CME Calendar

All programs are held at University of Rochester Medical Center unless otherwise noted.

Advanced Trauma Life Support Provider Course
December 3-4
Course Directors:
Paul Bankey, M.D.,
Mark Gestring, M.D.
Contact:
Mabelle Pizzutiello,
585-275-3802
or Sheila McCart,
585-275-4392

Neurology for the Primary Care Provider: Updates in the Diagnosis and Treatment of Common Neurologic Disorders
December 4
RIT Inn &
Conference Center
Course Director:
Ralph Jozefowicz, M.D.

Advanced Cardiac Life Support Provider Course
December 5 and 12
Course Director:
J. Russell Norton, M.D.

Major Cardiovascular Dilemmas of the 21st Century: Overcoming the Insurmountable Challenges of Dyslipidemia, Obesity, Hypertension, and Heart Failure
December 13
Course Director:
Thomas Pearson, M.D.

Pediatric Advanced Life Support Provider Course
January 16 and 23, 2004
Course Director:
Elise van der Jagt, M.D.

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Lori Barrette, Editor

Shirley D. Zimmer, Art Director

Rita Ciarico, Editorial Assistant

Around the Region

Courses offered by the University of Rochester School of Medicine and Dentistry

CANANDAIGUA

VA Medical Center
Call 585-393-7211

Monthly Migraines in Women
December 5, noon
Heidi B. Schwarz, M.D.
Assistant Professor
of Neurology

Diabetic Foot Problems
December 19, noon
Steven D. Wittlin, M.D.
Associate Professor
of Medicine
Endocrine/Metabolism Unit

WELLSVILLE

Jones Memorial Hospital
Call 585-596-4003

New National Recommendations on the Treatment of Hypertension (teleconference)
December 18, 9:00 a.m.
John D. Bisognano, M.D.
Assistant Professor
of Medicine
Cardiology Unit

BATH

VA Medical Center
Call 607- 664-4799

Diagnosis and Treatment of Epilepsy
January 8, 2004, 10:00 a.m.
Michel J. Berg, M.D.
Associate Professor
of Neurology
Epilepsy Unit

ITHACA

Cayuga Medical Center
Call 607-274-4225

Women's Health: Obesity/Nutrition
January 9, 7:30 a.m.
Diana Fernandez, M.D.
Assistant Professor of
Community and
Preventive Medicine

For further information:
Continuing Professional Education
University of Rochester Medical Center
601 Elmwood Avenue, Box 677
Rochester, NY 14642-8677
Telephone: (585) 275-4392
Fax: (585) 275-3721
Email: office@cpe.rochester.edu
Web site: www.urmc.rochester.edu/cpe

STRONG HEALTH
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The Highlands • Eastman Dental Center • Visiting Nurse Service

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Golisano Children's Hospital at Strong

Fall 2003

For Physicians and Health Professionals

CONNECTION

Respected Clinician-Researcher Guides Division of Hematology/Oncology

Craig Mullen, M.D., Ph.D., a respected clinician, researcher, and educator, is the new chief of pediatric hematology/oncology at Golisano Children's Hospital at Strong. In addition to providing clinical care for children, he serves as division administrator, and is pursuing his research interests.

Mullen, who received his Ph.D. in pathology from the University of Chicago, completed a pediatric hematology/oncology fellowship at the National Cancer Institute in Bethesda, Md. Most recently, he worked for nearly a decade at M.D. Anderson Cancer Center in Houston. The author of nearly 50 peer-reviewed studies, his work has appeared in publications such as *Journal of Cellular Biochemistry*, *Blood*, and *Journal of Clinical Oncology*. Mullen has written 18 chapters or invited reviews, and is a member of the American Society of Hematology and the Children's Oncology Group.

The hematology/oncology program at Golisano Children's Hospital provides treatment for children who have blood and cancer disorders. As chief of the division, Mullen quickly has set several goals. For instance, he wants to develop a multidisciplinary program at the University of Rochester Medical Center in which participants will study the factors involved in the development of blood disorders; he plans to enhance the academic rigor of the division, understanding that high-quality scholarly activity leads to better clinical care; and he is focused on providing more community outreach, as well as tweaking the division's infrastructure so even more children can receive timely consultations and treatment when facing major illness.

Mullen, who receives research funding from the American Cancer Society, is interested in preventing graft vs. host disease among children and adults undergoing bone marrow transplants. "I want to know how we can use the immune system in novel ways to reduce the risk of relapse after a bone marrow transplant," Mullen says.

Golisano Children's Hospital offers a successful, growing program that provides high-quality bone marrow transplantation services for children throughout the region. It also provides access to some of the nation's top oncologists; offers a specially designed clinical program for children who have hemoglobin disorders such as sickle-cell anemia and thalassemia; and is home to a comprehensive pediatric brain tumor program that offers nationally known expertise in the treatment of children with brain tumors.

Craig Mullen, M.D., PhD., shows his playful side, helping a child create letters out of drinking straws. Mullen recently joined Golisano Children's Hospital.

Each year, more than 50 children with newly diagnosed cancers are cared for at Golisano Children's Hospital. Staff members work closely with the child's pediatrician or family practitioner to formulate a treatment plan that everyone supports. On any given day, there are more than 100 children actively receiving therapy. The hospital has more than 300 long-term survivors, and features an impressive Long-term Survivors' Clinic that is run by physicians who have nationally recognized expertise in the late effects of cancer treatment.

The division of pediatric hematology /oncology is staffed by **Craig Mullen, M.D., Ph.D.; Barbara Asselin, M.D.; Lauren Bruckner, M.D., Ph.D.; Andrea Hinkle, M.D.; John Horan, M.D.; David Korones, M.D.; Norma Lerner, M.D.; Laurie Milner, M.D.; Jim Palis, M.D.;** and **George Segel, M.D.** They work closely with an outstanding nursing team and one of the most comprehensive psychosocial teams in the country. The psychosocial team – led by **O.J. Sahler, M.D.** – includes a pediatric behavioral specialist, social worker, parent advocates, and an education liaison.

For more information about the division of hematology/oncology, to discuss a patient, or refer a child for further evaluation or treatment, call **585-275-2981**.

GOLISANO CHILDREN'S HOSPITAL AT STRONG

Study Shows Aggressive Chemotherapy Cuts Leukemia Deaths By 37 Percent

More than a third of children who die from a particularly deadly form of leukemia would live if doctors used three existing drugs more aggressively, administering them at much higher doses and over a longer period of time.

"This study tells us, without question, that we should be using these drugs much more aggressively," says **Barbara Asselin, M.D.**, of Golisano Children's Hospital at Strong, who led the research, published in the October issue of the *Journal of Clinical Oncology*.

The study focused on children with T-cell acute lymphoblastic leukemia, which accounts for 15 percent of all childhood leukemia cases. While dozens of drugs are routinely used to treat children with the disease, the study sheds new light on the fundamental questions about their use, effectiveness, and side effects.

Physician-researchers drew on earlier studies that pointed to the effectiveness of three cancer-killing drugs, methotrexate, asparaginase, and doxorubicin. They devised an experimental regimen in which all three would be administered at whopping doses – up to five times greater than usual – and for durations of several months instead of weeks. Between 1981 and 2000, 125 children with T-cell acute lymphoblastic leukemia received the experimental treatment.

Afterward, they followed each child's progress for an average of nine years. More than 25 percent of the patients were followed into adulthood. The researchers were interested not only in whether the children survived the cancer, but also whether the high-dose chemotherapy produced any debilitating long-term effects.

Of the 125 children studied, 93 of them were cured, yielding a survival rate of 75 percent, compared to survival rates of between 60 and 65 percent for treatment regimens that used much lower drug doses. Years after treatment, despite the more aggressive chemotherapy, the patients did not experience medical problems beyond those reported in patients who had received lower doses of the drugs. There was one exception: Patients who had received higher doses of doxorubicin experienced slightly higher rates of cardiomyopathy, a weakening of the heart muscle that can usually be controlled with medication.

"Giving these drugs at much higher dosages dramatically improves a child's chances for survival, and does not pose a significantly greater risk for long-term negative effects," Asselin says. "The evidence is so compelling that we are recommending that this new approach become the standard treatment for all children diagnosed with this form of leukemia."

Terrance Walborn, of Elmira, is cared for at Golisano Children's Hospital by Barbara Asselin, M.D.

In addition to high-dose chemotherapy, children in the study received low-dose radiation therapy to the brain, where cancerous cells are most likely to survive chemotherapy and cause a relapse of leukemia in the future. Asselin and her colleagues credit the combination of chemotherapy and radiation with preventing relapse among the majority of children in the study, thereby minimizing the greatest threat to their long-term survival. Equally important, the use of low-dose radiation to the brain did not result in a decline in cognitive abilities that had been reported in earlier studies in which children had received higher does of radiation.

"Our goal in this study, and in our careers as researchers, is to find the right balance of treatment for these children," Asselin says. "We want to deliver treatment that is powerful enough to kill their cancer, yet not so toxic that the treatment itself robs them of a normal life afterward."

The study was funded by the National Institutes of Health and conducted by the Dana-Farber Cancer Institute Acute Lymphoblastic Leukemia Consortium.

To speak with Asselin or to learn more about her research, call **585-275-2981.**

Educational Liaisons Help Ill Children Stay on Top of School

When a child is diagnosed with cancer, family members rally to create a supportive environment to meet the youngster's immediate needs. Matters that were previously of utmost importance – school, for instance – are often relegated to the background as learning takes a backseat to healing. In Rochester, however, a unique program helps children continue learning as they overcome cancer. And, often, long after they beat it.

Golisano Children's Hospital at Strong is one of less than five hospitals nationwide to offer children who have cancer the services and expertise of educational liaisons. The liaisons – **Kathryn Wissler** and **Georgia Beyer** – play a crucial role in ensuring that a child's education doesn't cease during cancer therapy. "The majority of my time is spent monitoring children for learning problems, conducting school visits, and making school districts and parents aware of potential late effects of treatment, which can affect a child's success in school," says Wissler, a liaison since 1993.

"One of the most important parts of the job is to visit the classrooms of children recently diagnosed with cancer," Wissler says. "I usually make these visits within the first month of diagnosis, or when a child who is still receiving treatment is entering a new classroom or school. My presentations are tailored to the child's diagnosis and treatment. The main reason for these school re-entry visits is to ease the child's transition back to school. Cancer therapy can change the way a child looks, either through hair loss, weight gain or loss, stamina, or mobility. My visit is designed to explain these changes, and to encourage classmates to be kind and welcoming to the child upon his or her return."

Beyer was hired in May, bringing the educational liaison position to a full-time equivalency. The move allows Golisano Children's Hospital to offer its liaison services to a broader population. In addition to serving children who have cancer, the educational liaisons help children who have hematological disorders, such as sickle-cell anemia. Beyer has first-hand knowledge of the program and its benefits, using it for support and information when her son, Russell, now 21, was treated for cancer a decade ago. The educational liaison program started at Golisano Children's Hospital in 1990.

"The educational liaisons work closely with the children, families, and school districts to ensure that patients can participate in school as fully as possible, with the appropriate educational plan and resources during and after therapy," says **Andrea Hinkle, M.D.**, a pediatric oncologist and medical director of the Long-term Survivors' Clinic at Golisano Children's Hospital. "They are essential members of a team that works to balance medical needs with the need to continue as much as possible the usual school and social activities of children, adolescents, and young adults."

Last year, 222 children received at least one service from an educational liaison. Nearly 100 of those children benefited from a school visit by the liaison, while 39 received help finding a tutor.

CURE Childhood Cancer Association, Monroe County BOCES No. 1 and the Division of Hematology/Oncology sponsor the educational liaisons. CURE has a long history of partnership with Golisano Children's Hospital that dates back to the organization's inception in 1977. "With more children surviving childhood cancers, we are seeing an increase in the number of patients with late effects of chemotherapy and radiation treatments," says Marynell Noonan, CURE's executive director. "Many of these late effects are cognitive and educational, and affect the way a survivor learns."

There are always at least 100 children actively receiving therapy, and the hospital has more than 300 long-term survivors. "Our goal is to maintain contact with each child who may have educational issues stemming from their treatment," Beyer says. "Sometimes, this means working with a teacher to explain the effects of cancer therapy on a student's learning. Other times, it means writing a letter of support to a college admissions officer on behalf of a teen who had cancer as a child."

For more information about the educational liaison program, call **585-275-2981.**

GOLISANO CHILDREN'S HOSPITAL AT STRONG

Music Therapy Strikes a Chord with Cancer Patients

Music therapy for patients who undergo a bone marrow transplant can reduce their reports of pain and nausea, and may even play a role in quickening the pace at which their new marrow starts producing blood cells. These findings are from a pilot study to be published in *Alternative Therapies in Health and Medicine.*

The study, led by **O.J. Sahler, M.D.**, of Golisano Children's Hospital at Strong, was done with 42 patients in the bone marrow transplant unit. Students at nearby Nazareth College provided music therapy to 23 patients after their transplants, while 19 control patients received standard follow-up treatment. Patients ranged in age from 5 to 65 years of age; most were being treated for various types of cancer, including leukemias, lymphomas, and solid tumors.

The patients who met twice each week for music-assisted relaxation and imagery reported significantly less pain and nausea – on average, they rated both their pain and nausea "severe" before sessions, but "moderate" after sessions. Their new bone marrow took hold faster, too.

The average time until patients began producing their own white blood cells was 13.5 days in the group receiving music therapy, compared to 15.5 days in the control group. The length of this span of time, when patients are most vulnerable to infection, is crucial.

In some health care settings, such as mental health services, music therapy has been used widely to decrease patients' perception of pain, anxiety and depression, and boost their feelings of relaxation. It is also used in hospice to comfort terminally ill patients. But it's not commonly used with bone marrow transplant patients, who are often hospitalized for a month or more. Because their immune systems have been severely suppressed, visits are kept to a minimum to avoid infections, and feelings of isolation often occur. Patients can have a variety of side effects, including pain, nausea, fatigue, anemia, and dehydration.

"One reason we began this study was because patients were requesting new ways of treatment," says Sahler, a behavioral pediatrician who works with children who have chronic and terminal illnesses. "The patients told the staff, 'I know I'm about to go through a major challenge that will be very painful and isolating. What do you have to offer me to help me get through this?' Music therapy was one answer. We originally began the study with children but quickly decided to enroll adults as well."

Sahler teamed up with **Bryan Hunter, Ph.D.**, an associate professor of music and the coordinator of music therapy at Nazareth College, and adjunct associate professor of pediatrics at Golisano Children's Hospital, who has established music therapy programs in several hospitals. Hunter's students visited patients at the James P. Wilmot Cancer Center, which works hand in hand with Golisano Children's Hospital, providing a range of music-therapy services. Sometimes students simply brought and played music the patients requested; other times they helped the patients play music themselves, or write their own songs, or talk about a favorite set of lyrics. Patients were also encouraged to visualize a peaceful and joyful setting during each session.

Photo by Adrian Kraus courtesy Messenger Post Newspapers

O.J. Sahler, M.D.,of Golisano Children's Hosptial, is a national leader in studying the benefits of music therapy.

With funding from the National Institutes of Health, the team is conducting a larger study to confirm its results. In the current study, scientists will also measure the amount of medicine that patients receive for pain and nausea, and they will monitor levels of the patients' cytokines – molecules in the body that are key to helping a patient's immune system establish itself after a transplant.

In addition to Sahler and Hunter, immunologist **Jane Liesveld, M.D.**, medical director of the blood and bone marrow transplant unit, helped direct the study.

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