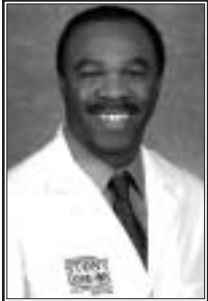


## DIRECTOR'S MESSAGE

MARTIN S. KARPEH, JR., MD



### STONY BROOK'S EXPANDING CANCER PROGRAM COMES AT A NEEDED TIME

This is a critical time for cancer care on Long Island, particularly in Suffolk County. The population of the county is at its highest ever at 1.5 million, the incidence of many types of cancers is high in relation to other counties in New York State, and the need for complete cancer care closer to home remains important to most patients.

New leadership at Stony Brook University Hospital and the School of Medicine is committed to providing patients complete cancer care close to home, at the Stony Brook University Cancer Center, formerly known as the Long Island Cancer Center.

Our program is growing stronger. The Stony Brook University Cancer Center has been successful in recruiting top surgical and medical oncologists. Newly recruited and nationally recognized experts in the fields of colorectal, pancreatic, and other gastrointestinal cancers, as well as for breast, prostate, head and neck, and blood cancers, have enhanced treatment and research capabilities of the Cancer Center. Multidisciplinary teams include medical, surgical and radiation oncologists, as well as oncology nurses, pathologists, and others working to diagnose disease and set the treatment course that is necessary for each patient.

These disease-focused teams will place an emphasis on providing patients with access to new and promising treatments, often available through clinical trials conducted at the hospital. The most advanced forms of cancer care often result from successful clinical trials. Because Stony Brook University is a research and teaching institution, patient enrollment in clinical trials has always been significant. As our program progresses, we expect to enroll more patients interested in specific clinical trials conducted by the hospital for many forms of cancer.

#### New Outpatient Center on the Horizon

The focal point of multidisciplinary care will soon be our new outpatient center, expected to be operational sometime in 2006 (see 'Focus On' feature). It will be here where disease-focused teams work side-by-side. In many cases, the outpatient center will be one stop for patients - a place where they can see specialists and receive multimodality treatment. Patient navigators will be available at the center to guide patients throughout all

phases of their care. Navigators will help patients make their way through the complicated process of diagnostic testing, treatment, and follow-up with various specialists.

Critical to bringing new and promising treatments to the forefront by way of clinical trials is translational research, where knowledge obtained from basic cancer research on cells or in animals is applied to clinical investigation in patients. The Cancer Center is working closely with research basic science departments, such as Molecular Genetics and Microbiology, to develop targeted therapies that may be superior to standard chemotherapy and have fewer adverse effects. Ongoing collaboration between the clinical and research arms of the Cancer Center is essential for such treatment options to emerge.

#### Community Outreach

The Cancer Center is also committed to reinforcing to the community that preventing cancer or detecting it early is essential in the struggle to reduce cancer mortality. Community outreach programs focus on educating people about cancer and reinforcing screening guidelines for breast, prostate, or colorectal cancer, which still claim thousands of lives each year on Long Island. Programs in underserved communities that address disparities in cancer care are a major component of our outreach.

One powerful program underway is The Witness Project® of Long Island, a joint program between the Stony Brook University Cancer Center and the Town of Babylon. This program raises community awareness about breast cancer within Suffolk County's African American population. It is part of a national Witness Project Program that has been successful in educating women about breast cancer and increasing screening rates in communities nationwide. The Long Island program is expanding to other communities in the eastern portion of Suffolk County.

As a whole, all of the Cancer Center programs provide Long Islanders with education on cancer prevention, screening and treatment, and easy access to the latest and best treatments. These efforts should decrease cancer incidence on Long Island and improve outcomes for those treated at the Cancer Center. As the new director of the Stony Brook University Cancer Center, I encourage your feedback and support to reach this goal.

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# HAPPENINGS...

**March 9 Little Miracles Dinner and Fashion Show**  
6 PM to 9 PM  
Tickets: \$60  
Villa Lombardi's, Holbrook, NY  
Contact: HealthConnect®  
at 631-444-4000

This is an evening to celebrate "Little Miracles," children who have survived cancer and are the stars of the show. They model fashions along with their families and staff from Stony Brook University Hospital. Funds raised will help support the Sunrise Fund, which benefits pediatric oncology programs at Stony Brook University Hospital.

**March 13 Support Group for Leukemia and Lymphoma Patients**  
5 PM to 6 PM  
Stony Brook University Hospital  
Heart Center Conference Room  
Contact: HealthConnect® at  
631-444-4000 or Michelle Stevens  
at 631-444-1723

This support group meets on the second Monday of every month. It is for patients who have a hematological malignancy (leukemia, lymphoma, multiple myeloma, etc.) and any of their family members.

**April 3 Look Good...Feel Better Program**  
6 PM to 8 PM  
Stony Brook University Tech Park  
Contact: 1-800-862-2215

For women cancer patients undergoing treatment, this 2-hour beauty program includes tips on skin, hair care, and makeup, as well as demonstrations of wig, turban and scarf use. The program is facilitated by a licensed cosmetologist. Registration is required.

**April 5 Breast Cancer Education**  
"Eating Right for Cancer"  
Speaker: Lawrence Jacobs, MD  
Starts at 7 PM  
Holiday Inn Express, Stony Brook  
Contact: Shirley Calhoun at  
631-444-2108

For individuals diagnosed with breast cancer, this ongoing support group is sponsored by the Carol M. Baldwin Breast Care Center. Each educational session features guest speakers who discuss a specific topic related to breast cancer treatment and recovery.

**April 20 GIFT for Kids**  
6:30 to 8:30 PM  
Holiday Inn Express, Stony Brook  
Contact: Linda Bily at 631-444-1386  
(or) Cynthia Lombardo at  
631-444-8035

This education and support program is for children ages 5-19 whose mother, father or primary care giver has been diagnosed with cancer. GIFT (Giving Inspiration, Fighting Together) is hosted by Stony Brook University Hospital, and made possible partially through a grant from the Greater New York City Affiliate of the Susan G. Komen Breast Cancer Foundation. GIFT meets once a month, usually on Thursdays. Group discussions, lunch, and a recreational therapy session are provided.

**SAVE THE DATE**  
**June 4 National Cancer Survivor's Day**  
**Ward Melville Cultural Center**  
**In Stony Brook Village**

## SUNRISE FUND AWARDS HIGHER EDUCATION SCHOLARSHIPS TO PATIENTS

The Sunrise Fund at Stony Brook has awarded 13 pediatric oncology patients \$1000 each for higher education. This is the second year that the fund sponsored the Daniel Brooks Memorial Educational Award.

The Daniel Brooks Memorial Educational Award was established in memory of Dan Brooks, a young man who completed treatment for leukemia at Stony Brook University Hospital. Dan went on to obtain his degree in Special Education.

He felt his experience with childhood cancer motivated him to pursue a career helping children who also faced

challenges. Tragically, Dan died in an auto accident in 2002.

All patients who have been treated by Stony Brook's Pediatric Oncology Program and are pursuing post High School education/training are eligible for this award.

The Sunrise Fund was established to raise awareness about childhood cancer and to raise funds for specific projects that meet the needs of children with cancer and their families. For more information about the Daniel Brook Memorial Education Award or other Sunrise Fund programs, please call 631-444-7720, or visit [www.sunrisefund.org](http://www.sunrisefund.org).

### News & Views

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# DELIVERING RADIOTHERAPY TO CHILDREN: A SPECIALIZED COMPONENT OF RADIATION ONCOLOGY

**T**amara Weiss, MD, a radiation oncologist, has worked in Stony Brook University Hospital's (SBUH) Department of Radiation Oncology for 18 years. During this time she has seen radiotherapy improve, largely due to advancing technology and new treatment methods. She says that technological advances in the delivery of radiotherapy, improved chemotherapy, and the department's approach to specialized care, have all contributed to the effectiveness of radiotherapy in children.

"The process is often a delicate one for a lot of reasons," says Dr Weiss, who coordinates radiotherapy for nearly all of the pediatric patients undergoing treatment at the Stony Brook University Cancer Center. "Supervision of treatment administration is particularly important because you are dealing with parents and the entire family structure," she adds. Dr Weiss points out that in addition to the sensitive nature of coordinating treatment, resolving issues such as patient comfort and safety are often more difficult with children than adults.

All this makes the radiotherapy treatment process for children more time consuming and complicated than for adults. To make the process a smooth one, and to ensure safe delivery of radiotherapy to children, Radiation Oncology works closely with Pediatric Hematology/Oncology and Anesthesiology.

An example of this close coordination of care is when young children need to be sedated during radiotherapy. Dr Weiss works side by side with Anesthesiology and the Ambulatory Surgery Unit (ASU) when treating these children. She oversees the treatment process from start to finish, focusing on the treatment to be given and comfort and safety of the child.

First, Dr Weiss determines the type of radiation treatment to be given and number of sessions necessary. This is based on tumor type, location and dose to be administered. Typically, the child arrives to the ASU one hour before treatment. The ASU staff prepares the patient for sedation by establishing an intravenous line. The child is then brought to Radiation Oncology where an anesthesiologist administers sedation.

While in Radiation Oncology, the patient receives any necessary pre-treatment, such as administration of contrast agents or devices to immobilize the child. Once that is completed, radiotherapy is given. When the treatment is complete and patient recovers from sedation, the child is then brought back to the ASU. He/she is cared for in the ASU until fully recovered and ready to return home.

## Chemotherapy Improvements Lessen Radiation Exposure

An important factor in improving the effectiveness of radiotherapy, and potentially reducing long-term toxicity in children, is better chemotherapy over the past decade.

"Many pediatric patients need less and less radiation because of the effectiveness of chemotherapy," says Dr Weiss, emphasizing that although the long-term toxic effects of radiotherapy are not clearly quantifiable, giving less radiation will certainly reduce long-term complications. Children treated for Hodgkin's disease, for example, benefit because during combined radiotherapy and chemotherapy, fewer doses of

radiation are now necessary to maximize treatment results.

For more complicated cases, or when chemotherapy is not as effective in pediatric cancers, the importance of radiotherapy cannot be underscored. Choosing the most effective radiotherapy method and dosing for children is different than choosing one for adults, mainly because tumor types are different in children and they have a smaller body size.

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**“Many pediatric patients need less and less radiation because of the effectiveness of chemotherapy.”**

—*Tamara Weiss, MD*

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"We are using more intensity-modulated radiotherapy (IMRT) on some tumor types in children, like rhabdomyosarcoma and soft tissue sarcomas," says Dr Weiss, adding that more protocols call for use of IMRT in children because of its precision.

An advanced form of external radiotherapy, IMRT incorporates computer programs to pinpoint the three-dimensional map of a tumor. The intensity of radiation beams with IMRT can be adjusted, and the beams are delivered to the tumor from several directions. This dual approach allows for more intense beams to strike cancerous tissue yet minimize damage to healthy surrounding tissue.

Dr Weiss explains that more protocols call for use of IMRT in children because the fields conform so precisely to the tumor dimensions that stronger beams can be effectively targeted on larger areas of tumor and weaker beams directed only to the smaller areas.

Using internal radiation methods, or brachytherapy, on pediatric patients is becoming more common. This form of therapy involves placing radiation sources close to the tumor site or directly in the tumor by way of wires, seeds, or other tiny devices. The approach is effective in treating adult diseases, such as cancers of the cervix, uterus, rectum, or prostate. The advantage of brachytherapy is that a high dose of radiation can be delivered to a smaller area than can be administered with external radiation methods.

While effective as treatment for some children, Dr Weiss warns that brachytherapy remains a difficult procedure with children because the patient has to be very still during the entire time so the sources of radiation do not shift.

Dr Weiss believes that all forms of radiotherapy will become even more effective and safer when treating children with cancer. Upgrading the technology to deliver radiotherapy, and working closely with other specialists to provide complete care for pediatric and all patients, are two key elements that will advance radiotherapy as an effective treatment method against cancer.

(See related article on page 4).

## RADIATION ONCOLOGY: ADVANCING TECHNOLOGY, COORDINATING TREATMENT

**R**adiotherapy for cancer patients will remain a service within Stony Brook University Hospital (SBUH) when the new outpatient cancer center opens in 2006. Under the leadership of Allen G. Meek, MD, Chair, Department of Radiation Oncology, the clinical area for radiotherapy is completing renovations that reflect the look of the new outpatient center. In addition, a new entrance with dedicated parking for patients will greatly improve access to the hospital department. This entrance is expected to be completed by the end of 2006.

"The new cancer center will improve the speed, efficiency, and coordination among doctors treating cancer outpatients," says Dr Meek. New patient evaluations and follow-up visits will be carried out at the outpatient center, but all patients in need of radiotherapy will receive it at the hospital.

In addition to caring for patients in Radiation Oncology, Dr Meek and colleagues will evaluate patients and consult with physicians at the outpatient cancer center. This one setting will allow for efficient and quicker physician collaboration, as radiologists from the diagnostic imaging center will collaborate with radiation oncologists to confirm radiologic findings and extent of disease.

### Stereotactic Radiotherapy for Many Forms of Cancer

Radiation Oncology continues to add state-of-the-art treatment systems for specific cancers. Equipment and software upgrades in Radiation Oncology have been ongoing for the past two years. Dr Meek says these upgrades should be completed by the time the new center opens.

A more recent addition is stereotactic radiotherapy, a treatment method that precisely targets a lesion and delivers radiation at higher doses than conventional radiation, and in

multiple fractions, to kill cancer cells yet minimize damage to surrounding healthy tissue. Stereotactic radio has been applied to primarily brain tumors, both primary and metastatic ones.

"This technology has now advanced allowing the same precision of therapy for extracranial targets, such as in the lung, spine, liver and prostate," says Dr Meek. A critical tool in planning these pinpoint treatments for patients is the computerized axial tomography (CAT) scan unit that is routinely used in the department.



*Allen G. Meek, MD, Chair, Department of Radiation Oncology, will be working alongside colleagues in Stony Brook University Hospital's new outpatient center when coordinating care between the hospital and outpatient center. (Photo: Media Services, SBU)*

Dr Meek believes that all patients receiving radiotherapy will benefit from the implementation of the most sophisticated radiotherapy systems and by having one location for multidisciplinary patient care at the outpatient center. He particularly cites patients who need concurrent administration of radiotherapy and chemotherapy. Coordination among physicians and other specialists to safely administer radio-chemotherapy and to ensure maximum benefit to patients is essential. Patients with lung cancer, head and neck cancers, and gastrointestinal cancers are the most frequent candidates for concurrent therapy.

## TORNOS NAMED HEAD OF ANATOMICAL PATHOLOGY EXPERIENCE IN CANCER PATHOLOGY BOOSTS PROGRAM

**C**armen Tornos, MD, has joined the Stony Brook University Cancer Center as Director of Anatomical Pathology for Stony Brook University Hospital (SBUH). As a pathologist who previously worked at two comprehensive cancer centers -- M.D. Anderson Cancer Center, Houston, Tex., and most recently Memorial Sloan Kettering Cancer Center, Manhattan, N.Y. --- she knows that accurate pathological classification of disease is critical to any cancer program.



*Carmen Tornos, MD*

"We need to continue to develop a strong program to meet the needs of physicians and patients when the new outpatient center opens," says Dr Tornos. She has practiced surgical pathology for nearly 20 years, and much of her research focus has centered on cancer, particularly endometrial and ovarian cancer.

"Dr Tornos brings extensive experience in the diagnosis of cancer, and we are fortunate to have her leading Anatomic Pathology at Stony Brook," says Martin S. Karpeh, Jr., MD, Director of the Stony Brook University Cancer Center.

Dr Tornos is a member of the American Society of Clinical Pathology. She is also a member of several international societies for pathologist and has taught continuing education courses for surgical pathologists around the world.

From December 1998 to November 2002, Dr Tornos was Chief of Surgical Pathology at SBUH. During those years she held both clinical and administrative positions. In 2000, she received the Carol M. Baldwin Breast Cancer Research Award under the Targeted Research Opportunities Program to investigate the clinical significance of axillary lymph node micrometastases in breast cancer patients, detected only by a certain type of staining.

# CANCER PROGRAM RECEIVES HIGHEST APPROVAL RATING

## *American College of Surgeons Cites Broad Clinical and Outreach Programs*

Stony Brook University Hospital (SBUH) has received the highest approval rating for a teaching hospital cancer program by the American College of Surgeons (ACS) Commission on Cancer. The Commission instituted new and more stringent standards for multidisciplinary cancer programs in 2004, and the hospital's rating of Three-Year Approval with Commendation is the result of the institution's commitment to integrating academic excellence, research, clinical programs and community outreach.

Approval by the Commission on Cancer is given only to facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer and agree to undergo a rigorous evaluation process and a review of performance. In order to maintain approval, facilities must undergo an on-site review every three years.

SBUH received commendation in six main categories. In one of the categories, clinical trial accrual, the Commission cited the hospital's "phenomenal clinical trial enrollment." Stony Brook participates in many National Cancer Institute-sponsored clinical trials that provide some of the most promising treatments for various forms of cancer, such as cancers of the gastrointestinal tract and pediatric cancers.

The institution also received commendation for its many outreach programs that emphasize prevention and early

detection of cancer. SBUH provides screening and early detection programs for some of the most deadly forms of cancer, such as lung, colorectal and prostate cancers. Another asset to the program is the community's access to many support groups and services, such as the Breast Cancer Support Group, Partner/Caregiver Support Group, Pastoral Care, and Genetic Counseling.

"I believe this commendation by the ACS reflects the continuing level of personal, professional and institutional dedication to cancer prevention, early detection and multidisciplinary treatment by Stony Brook University Hospital," says Ted Gabig, MD, Chairman, Stony Brook University Hospital Cancer Committee, and head of the Division of Hematology/Oncology.

Dr Gabig is one of several clinical cancer experts who joined Stony Brook University Cancer Center during the past few years. These experts include medical and surgical oncologists for breast, colorectal, and urological cancers.

Established in 1922 by the ACS, the Commission on Cancer sets standards for cancer programs. It is a consortium of some 40 national organizations dedicated to improving survival rates and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive, quality care.



## NEW APPOINTMENT STRENGTHENS UROLOGY EXPERTISE, TRANSLATIONAL RESEARCH

Christopher S. Lee, MD, has joined the Stony Brook University Cancer Center as Assistant Professor in the Departments of Urology and Molecular Genetics and Microbiology. Dr Lee comes to Stony Brook from New York University (NYU) Medical Center where he practiced in the Department of Urology and was director of Translational Research at the NYU Cancer Institute.

He serves as the Cancer Center's Director of the Genitourinary Cancer Vaccine Program and the Minimally Invasive Urologic Oncology Program. His clinical focus is treating prostate cancer and bladder cancer patients by using minimally invasive approaches, namely advanced laparoscopic and robotic applications in surgery, as well as the use of adjuvant immunotherapy and chemotherapy. He is an expert in the field of robotic surgery, and in 2003 performed the first successful robotic prostatectomy in the Washington, DC, area while practicing at Walter Reed Medical Center.

While at NYU Medical Center, Dr Lee was the principal investigator on numerous clinical trials, including two trials evaluating prostate cancer vaccines for hormone-refractory prostate cancer. He is working to reopen these prostate cancer vaccine trials at Stony Brook.

Dr Lee's joint faculty appointment is a natural fit for promoting translational research within the Department of

Urology and helping the Cancer Center remain at the forefront of cancer vaccine research. His lab concentrates on developing prostate and bladder cancer vaccines. Dr Lee has conducted extensive studies developing preclinical vaccine models for bladder and kidney cancers and has studied the pathogenesis of cancer through gene arrays and proteomics.



*Christopher S. Lee, MD*

Another new research scientist is working with Dr Lee on building the translational vaccine research program. Sandra Reynolds, PhD, comes to the Cancer Center from New York University School of Medicine in Manhattan where she worked on clinical trials for cancer vaccines. She and Dr Lee are co-principal investigators for a prostate cancer peptide vaccine that is currently in a clinical trial there. They hope to open this trial in Stony Brook for patients with prostate cancer.

Dr Reynolds expertise is in the area of immune monitoring of patients during cancer vaccine trials. She has also worked to develop new serum markers for melanoma and plans to continue this work at Stony Brook.

## NEW CENTER TO ENHANCE PATIENT CONVENIENCE, COMFORT

By Greg Filiano

When medical oncology services are moved from Stony Brook University Hospital (SBUH) to the new cancer center, slated for completion in 2006, patients will experience improved access to care and physicians will practice in an environment conducive to multidisciplinary collaboration within one setting. The building will include outpatient services of the Stony Brook University Cancer Center, including the Carol M. Baldwin Breast Care Center, as well as a diagnostic imaging center and pain center.

All services currently provided within SBUH's Hematology/Oncology Division - new patient evaluations, patient examinations, chemotherapy treatment, and follow-up care - will be moved to the new outpatient center. The move will create more rooms for examinations and treatment, feature the most up-to-date clinical equipment, include an outpatient pharmacy and make patient registration easier.

The additional space within the outpatient center will allow for more patients to be treated and for more privacy. Right now the hospital's oncology suite includes 7 examining rooms and 11 stations for chemotherapy infusion. These will be increased to 11 examining rooms and 20 stations for chemotherapy infusion. Four of the examining rooms will be set aside from the others, ensuring close one-on-one patient/physician communication in a completely private setting.

### Enhanced Registration Process

Once Hematology/Oncology moves to the new outpatient center, a number of changes will help to enhance patients' comforts and maximize their time. These changes include implementation of new equipment and amenities, such as chairs designed for optimum comfort during chemotherapy treatment. An in-house pharmacy will serve outpatient needs only. Currently, the pharmacy within SBUH is for inpatient and outpatient prescriptions.

The dedicated outpatient pharmacy in the new center will reduce patient waiting time for prescriptions.

A streamlined registration process is expected to make patient entry easy, whether that patient is a new one coming for an evaluation, or a long-term one receiving care and follow-up from different specialists. More patient pre-registration via telephone will be completed, and that will help to reduce patient waiting time and minimize time to complete registration forms.



**Front Entrance of the Outpatient Cancer Center**

*Much of the outside of Stony Brook University Hospital's new outpatient cancer center, under construction since spring 2005, is complete. During 2006 the inside will be completed and patients will begin to receive their care in the facility. (Photo by Media Services, Stony Brook University)*

### Designated Space for Pediatric Clinic, and Breast Center

The pediatric outpatient clinic will be a separate component to the cancer services within the new building. More space will be allocated for examining rooms and chemotherapy infusions. Because the clinical space is separate, scheduling pediatric patients will be easy. Unlike at the current hospital setting, the new location will add flexibility to scheduling physician appointments, which may permit for patient sessions any day of the week.

Robert I. Parker, MD, Chief, Pediatric Hematology/Oncology, says that the move to the center will allow the medical team to group patients to improve services. Such "groupings" would feature patients slated for certain forms of care, such as brain tumor or long-term follow-up.

As a stand alone center within the outpatient facility, the Carol M. Baldwin Breast Care Center will provide comprehensive breast care as it does now in its Stony Brook University Technology Park location.

Brian J. O'Hea, MD, Director of the Carol M. Baldwin Breast Care Center, says that breast imaging, surgical consultation, image-guided biopsies, and comprehensive breast cancer evaluation and management will remain the focus of outpatient care when the breast center moves to the new location. In addition, the breast care center will be located near the diagnostic imaging area within the outpatient facility.

This location is an added convenience for patients in need of imaging services aside from mammography and other imaging completed at the breast care center.

"Another positive aspect to the relocation will be that the building is immediately adjacent to the Ambulatory Surgery Center, and this will streamline care for patients who require surgery," adds Dr O'Hea.

### Same Day Care

Many patients undergoing chemotherapy will be able to complete much of their treatment and follow-up cancer care at the center within a single day. The main reason for this is that many physicians from various disciplines will practice at the center on the same days, and by having a central outpatient location, multidisciplinary physician-physician consultation easier and more efficient.

Several other features of the center should make patient visits a more pleasant and convenient experience, even though not related to outpatient treatment per se. The patient waiting area will be easily accessible and is designed with patients' needs in mind, namely for comfort, safety and ample space. Parking will be adjacent to the building, with two major lots designated for patient parking, all within comfortable walking distance of the outpatient area. An on-site cafeteria will provide patients and visitors with quick snacks and meals, and a Community Resource

Center with internet availability will provide numerous educational materials for patients and others.

As the workings of the new outpatient cancer center take hold, other elements designed to add to patient convenience will take shape. These include refining patient scheduling for treatment and follow-up that is in tune with multidisciplinary care, developing a close-knit system with the imaging center to schedule diagnostic tests for patients, and incorporating more support staff dedicated to arranging tests for patients and retrieving results.



*The patient waiting area will be spacious and well lit, designed with the patients' needs in mind.*

## **FUTURE OF STONY BROOK UNIVERSITY CANCER CENTER OUTPATIENT CARE**

### **FAST FACTS:**

- All services currently provided within the hospital's Hematology/Oncology Division will be moved to the new outpatient center.
- The pediatric outpatient clinic will be a separate component to the cancer services within the new building.
- The move to the new outpatient center will create more rooms for examinations and treatment, plus feature the most up-to-date clinical equipment.
- Many patients undergoing chemotherapy will be able to complete much of their treatment and follow-up care at the center within a single day.
- A streamlined registration process is expected to make patient entry easy.
- An outpatient pharmacy will be included within the cancer center.
- The Carol M. Baldwin Breast Care Center will be a stand alone center that provides comprehensive breast care within the facility.
- Parking will be adjacent to the building, with two lots within a comfortable walking distance of the outpatient area.

# NEW CANCER CENTER DIRECTOR APPOINTED

## LEADERSHIP TEAM TO FOCUS ON NEW THERAPIES, RESEARCH

**M**artin S. Karpeh, Jr., MD, Chief of Surgical Oncology at Stony Brook University Hospital (SBUH), has been named Director of the Stony Brook University Cancer Center, formerly known as the Long Island Cancer Center. He succeeds founding director John S. Kovach, MD, who was named Chair of the Department of Preventive Medicine.

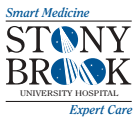
In this position, Dr Karpeh oversees the development of the Cancer Center's research programs, clinical trials, and the hospital's cancer treatment programs. He is also responsible for supervising the development of Stony Brook's new outpatient cancer center, which is expected to open by fall 2006 (see *'Focus On' feature article*).

"Dr Karpeh believes firmly in bringing new treatments and technologies to patients in our community," says Richard N. Fine, MD, Dean of Stony Brook University's School of Medicine. He adds that Dr Karpeh's appointment comes at a significant period in the growth and development of the Cancer Center and SBUH.

According to Dr Karpeh, the Cancer Center will continue to build on this momentum (see *Director's Message page 1*).

"Our goal is to continue recruiting high quality physicians, implement novel and more effective forms of cancer care, and increase the availability of clinical trials that feature new and groundbreaking therapies to our patients," says Dr Karpeh, known worldwide for his surgical expertise and management of colorectal cancer and other cancers of the gastrointestinal tract; soft tissue cancers, such as melanoma and sarcoma.

Bridging basic and translational cancer research at Stony Brook to clinical uses will be another focus and goal as the new leadership takes hold. Also appointed as Associate Directors are Ted Gabig, MD, Chief of the Division of Hematology/Oncology, and Robert I. Parker, MD, Chief of Pediatric Hematology/Oncology.



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