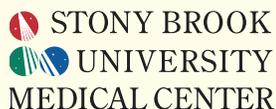


Better Health *Health information for the community*

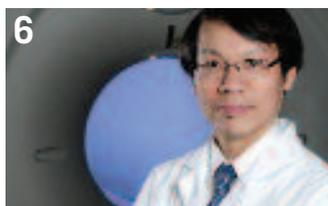
Better Living



Summer 2010

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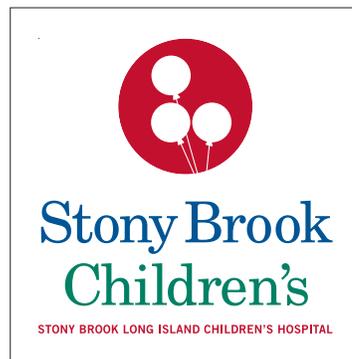
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NEW INITIATIVE SERVES THE HEALTHCARE NEEDS OF SUFFOLK COUNTY'S CHILDREN

**A Message from Steven L. Strongwater, MD
Stony Brook University Hospital CEO**

Stony Brook is building on the strong foundation of our pediatric expertise with a “hospital-within-a-hospital” approach. Our newly named pediatric services, “Stony Brook Long Island Children’s Hospital,” encompasses more than 100 pediatric specialists and 30 clinical specialties. Our goal is to continually raise the standard of children’s healthcare on Long Island with a full range of medical services.



The services at Stony Brook Long Island Children’s Hospital, under the leadership of Physician-in-Chief, Margaret McGovern, MD, PhD, provide the most advanced pediatric healthcare in the region within a family-centered model of care. In taking this step to bring our pediatric services together under Stony Brook Long Island Children’s Hospital, we aim to be the first choice of families in Suffolk County for pediatric and adolescent care. Stony Brook Children’s will initially be located within Stony Brook University Hospital, and will continue to grow with the goal of constructing a new facility to house select pediatric services. Stony Brook was recently accepted as an associate member to the prestigious National Association of Children’s Hospitals and Related Institutions (NACHRI), which is committed to excellence in providing healthcare to children.

Earlier this year, Stony Brook officially opened a dedicated Pediatric Emergency Department, the only one of its kind in Suffolk County (see page two for details). Stony Brook’s NICU—the County’s only Level III unit, offering the highest level of care—will be newly modernized next year. These facilities join the many specialized children’s services, including the Adolescent Medicine Program, Child Psychiatry, the Cody Center for Autism and Developmental Disabilities, Cystic Fibrosis Center, Diabetes Center, National Pediatric Multiple Sclerosis Center, Pediatric Cardiology Program, Pediatric Hematology/Oncology Program, and the Pediatric HIV and AIDS Center. And, Stony Brook doesn’t only provide advanced pediatric care, it also advances pediatric research with clinical trials in asthma, autism, cardiology, cystic fibrosis, celiac disease, and many other areas.

Pediatric expertise, state-of-art technology, and leading-edge research—all in a child-friendly environment. As part of an academic medical center, Stony Brook Children’s is dedicated to expanding services and building a hospital around the kids of Long Island. ■

THE NEW PEDIATRIC EMERGENCY DEPARTMENT AT STONY BROOK UNIVERSITY MEDICAL CENTER

Setting the Standard for Pediatric Emergency Care in Suffolk County

The standard of emergency care for children in Suffolk County took a giant step forward with the recent opening of Stony Brook University Medical Center's new Pediatric Emergency Department (ED). With state-of-the-art technology and a child-centered approach, this department delivers highly specialized pediatric emergency services in a safe, comfortable, and age-appropriate environment.

What does this mean for Suffolk County?

"First and foremost, it means that children can have access to the highest level of emergency care in their own community," says Margaret McGovern, MD, PhD, Professor and Chair, Department of Pediatrics at Stony Brook University Medical Center. "It also means that, because we are a tertiary care hospital with the full spectrum of specialties, including one of only two pediatric intensive care units in Suffolk County, children do not need to be transferred to another

facility for follow-up treatment, which is important for the child's health and the family's well being."

"In addition, starting in 2011, we will be the only Pediatric Emergency Department in Suffolk County with a fellowship training program for physicians. This means that not only will we be training the next generation of top doctors, we will also be immersed in the latest clinical protocols, a lively exchange of ideas among medicine's top minds, and a continual focus on raising the standard of care in the community."

Children's Medicine Is Different

Why a separate Pediatric Emergency Department? It is important for a number of reasons, the most basic being the core premise that children are not small adults. As Eric Niegelberg, Administrative Director of the Emergency Department at Stony Brook, explains: "In medicine, one size does not fit all. Children need a different focus, which includes added



Mother and son in the waiting room of the Pediatric Emergency Department. Below, left: a patient room; Below, right: a physician examines a baby prior to being discharged.

resources, child-sized equipment, and specially trained staff. At Stony Brook, we are experts on the social and psychological aspects of emergency care, with an emphasis on what a child needs at every developmental stage, from infancy through adolescence."

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CYSTIC FIBROSIS CENTER EXPANDS PULMONARY SERVICES

The Cystic Fibrosis Center and Department of Pediatrics at Stony Brook are advancing services with new specialized infant pulmonary function testing (iPFT) equipment capable of measuring the lung function of tiny premature babies, infants, and toddlers. The Division of Pediatric Pulmonology, led by Dr. Catherine Kier, who is also Director of the Cystic Fibrosis Center, has received a generous gift from the Stony Brook University Hospital Auxiliary which will be used to purchase new iPFT equipment, valued at approximately \$100,000.

“Very few cystic fibrosis centers in the country have infant pulmonary testing equipment, and we are so grateful to the Auxiliary for their generosity, and recognizing this important need,” said Dr. Kier. “This technology will give us more answers for babies with breathing problems, especially for children under two years of age and premature infants.” Dr. Kier explained that the new iPFT machine will also help assess the smallest premature and most vulnerable patients with bronchopulmonary dysplasia, congenital abnormalities like diaphragmatic hernia, and bronchiolitis.

To further broaden services, the Division of Pediatric Pulmonology has appointed Khalid S. Ahmad, MD, and Kevin N. Kuriakose, MD. Dr. Ahmad specializes in the diagnosis and management of pediatric sleep disorders including sleep apnea, insomnia, parasomnias (night terrors, sleep walking), and delayed sleep phase syndrome. Dr. Kuriakose’s clinical interests are in pediatric asthma management and education.

DRUG DISCOVERED BY SBUMC ORTHOPAEDIC RESEARCHERS RECEIVES FDA APPROVAL

With recent approval from the U.S. Food and Drug Administration (FDA) for the new drug, Xiaflex[®], Stony Brook University Medical Center (SBUMC) researchers have accomplished something that Lawrence C. Hurst, MD, Professor and Chairman of the Department of Orthopaedics, characterized as “very rare”; that is, they developed a new nonsurgical drug therapy that may change how Dupuytren’s disease is treated. Obtaining FDA approval for use of a drug is often the pinnacle of success in a bench-to-bedside journey. Xiaflex is manufactured by Auxilium Pharmaceuticals, Inc., based in Pennsylvania.

For more than 15 years, Dr. Hurst and Marie A. Badalamente, PhD, from the Department of Orthopaedics, led the research team working to develop a novel treatment for Dupuytren’s disease and frozen shoulder. Dupuytren’s disease, also known as Dupuytren’s contracture, affects millions of people worldwide. It is a debilitating hand disorder that deforms fingers, such that patients are unable to fully extend their fingers and limits motion caused by an accumulation of collagen, called “cords.” [See the fall 2009 issue of *Better Health, Better Living* for a feature story at www.StonyBrookMedicalCenter.org/medicalcenter/publications.] They came up with the idea that the enzyme, collagenase, might work as a nonsurgical treatment for Dupuytren’s disease, since the disease involves collagen tissue.

Drs. Hurst and Badalamente co-hosted a Dupuytren’s Disease International Symposium, a Continuing Medical Education (CME) event, at Stony Brook University in April. The Department of Orthopaedics at SBUMC will soon open the “Dupuytren’s Institute.” The Institute will help educate physicians, surgeons, and therapists about Dupuytren’s disease, and further support patient care, research, and educational aspects of the disease.

Currently, Dr. Badalamente and Edward Wang, MD, of Stony Brook Orthopaedics, continue to develop the use of Xiaflex for treating frozen shoulder syndrome in FDA-regulated clinical trials. Patients who have frozen shoulder, also called adhesive capsulitis, cannot lift their arms above the 90-degree mark and are often in pain.

Stony Brook has the most active and successful technology licensing program in the SUNY system and is consistently ranked within the top 25 programs nationally according to the Association of University Technology Managers, with Stony Brook faculty responsible for more than 1,400 inventions and 400 active patents. Stony Brook University accounts for more than 95 percent of the aggregate licensing revenues system-wide. Stony Brook co-manages Brookhaven National Laboratory, joining an elite group of universities, including Berkeley, University of Chicago, Cornell, MIT, and Princeton, that run federal research and development laboratories. The Offices of the Vice President for Research include the Offices of Sponsored Programs, Grants Management, Multidisciplinary Research, Research Compliance, Economic Development, and Technology Licensing and Industry Relations. For more information about Stony Brook’s research enterprise visit www.stonybrook.edu/research/. ■

NEW PEDIATRIC EMERGENCY DEPARTMENT

continued from page 2

“Another thing that is different about children’s medicine is the level of family involvement,” he says. “Parents and other family members need to be involved in the decision making. At Stony Brook, we make them part of the team. Our new ED not only accommodates families, it was designed to make them comfortable for the duration of the child’s visit.” A key element of the new Pediatric ED is its dedicated entrance that is completely separate from the general ED. This ensures that children are not exposed to seeing cases that are typical to adult emergency rooms. “We want children to feel safe and protected here,” says Mr. Niegelberg.

What You Can Expect: Comfort, Convenience, and Clinical Expertise

At Stony Brook, you can always expect the best possible care and a host of things you can consistently rely upon: compassionate delivery of care, a family-centered approach, the latest technology, continual innovation, and access to some of the most experienced and highly trained physicians in the region.

Newly recruited, nationally recognized physician Sergey Kunkov, MD, MS, is Chief of the Pediatric ED. He leads a healthcare team consisting of board-certified pediatric emergency medicine physicians and an experienced staff, including nurses, physician assistants, and technologists with specialty pediatrics training, and all are trained in pediatric advanced life support.

The Pediatric ED has been designed to meet both the needs and expectations

of children and families. It includes:

- Nine private treatment rooms that protect patient privacy and accommodate up to two family members with the child. The medical equipment is hidden behind sliding panels to further “normalize” the situation for children.
- Child-sized equipment, gowns, IVs, airway management tools, and other medical necessities.
- A new 320-slice CT scanner, the fastest in Suffolk County, that improves the speed so much that most children will no longer need sedation when undergoing diagnostics. Because of new protocols developed at Stony Brook, the scanner also delivers the lowest dose of radiation possible, which is particularly important for children who are still developing.
- Negative pressure isolation rooms for the evaluation of children with potential airborne infectious diseases.
- An efficient check-in, evaluation, and treatment process. Children are seen immediately by a triage nurse, placed in the next available room, and seen as quickly as possible.

Of course, when treating children, it is not all about equipment and medical skill. It is also about comfort. Our new Pediatric ED was designed with kid-friendly decor, child-sized furniture, an aquarium, and a waiting room stocked with toys. As for parents, free valet parking is provided so they can focus on their child without distraction.

The Pediatric Emergency Department’s commitment to children goes beyond emergency and trauma care. The Department is also involved in a



Patient examined in the triage area of the Pediatric Emergency Department

number of outreach efforts and initiatives, including bicycle helmet safety and making teen driving safer. So whether it is providing advanced trauma care to the most ill or injured, or sharing information with the community about ways to prevent injury, Stony Brook University Medical Center’s Pediatric Emergency Department is keenly focused on its primary mission—to keep the children of Suffolk County safe and provide them with the highest standard of care. ■

BEST IDEA

Summer Safety Tips

- Limit sun exposure. Wear sunscreen with an SPF of 15 or higher and reapply as needed.
- Swim only in designated areas and never swim alone. A responsible adult should be within arm’s length of an infant or toddler.
- Use insect repellents to prevent Lyme disease and West Nile virus. Check repellent restrictions for young children.

SBUMC STUDY INVESTIGATES STEM CELL TREATMENT FOR TISSUE REPAIR IN HEART ATTACK PATIENTS

Stony Brook University Medical Center (SBUMC) is one of just two sites in New York State—the only one on Long Island—participating in a clinical trial to treat people who have had a first heart attack, or myocardial infarction (MI), using mesenchymal stem cells (MSCs). The study, officially titled the OSIRIS 403 Study, is part of a multi-national National Institutes of Health (NIH)-approved clinical trial, involving 40 sites across the United States and Canada. The Division of Cardiology is conducting the SBUMC arm of the study.

The American Heart Association estimates that in the course of this year, 600,000 Americans will experience a first MI. Some individuals suffer permanent cardiac damage, and approximately 18 percent of men and 23 percent of women over the age of 40 will die within a year after experiencing a first MI. Many patients with an MI can undergo coronary interventions to help limit damage to the heart, providing they get to a hospital soon enough after the event, usually within 6 to 12 hours. However, only a minority of MI patients reach the hospital within the allotted time. Consequently, many may have permanent cardiac damage that can lead to heart failure.

Luis Gruberg, MD, SBUMC's Director of the Cardiovascular Catheterization Laboratories, and Professor of Medicine in the Division of Cardiology, is the Principal Investigator of the study. "Although mesenchymal stem cells are not completely understood, there is evidence from research that these cells seek out and move to damaged areas of the body to aid in repair of damaged tissues," says Dr. Gruberg. "We hope that the MSCs will help the



Dr. Luis Gruberg

heart muscle recover following a myocardial infarction by reducing the inflammation, as well as repairing the damaged heart tissue."

Dr. Gruberg explains that MSCs, which reside in human bone marrow, have shown potential in treating many types of diseases and conditions, including cancer, heart, orthopedic, and gastrointestinal. The nature of MSCs is that they differentiate into various cell types, including those for nerves, bone, and muscle. And, because they are considered universal stem cells, MSCs are not likely to provoke an immune response.

Dr. Gruberg adds that a number of preclinical studies suggest that MSCs

could limit pathological changes to the heart muscle and preserve or improve cardiac function.

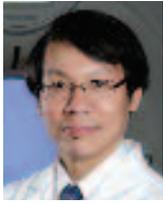
Approximately 220 patients will be enrolled in the study. Men and women who have had a first MI and are between the ages of 21 and 85 are eligible. To qualify, all patients must have experienced a first MI within seven days prior to trial entry and have an infarct-related artery confirmed by coronary angiography at the start of the trial.

Patients participating in the trial will receive either MSCs or a placebo through an intravenous line as treatment. All will be followed for two years and undergo follow-up examinations at SBUMC, including lung function tests, echocardiogram, cardiac magnetic resonance imaging, and stress tests.

According to Dr. Gruberg, the study is a highly demanding one, requiring careful collaboration among all branches of Cardiology and other SBUMC departments, including teams from Bone and Marrow Stem Cell Transplantation, Cardiovascular Medicine, and Echocardiography.

"We are fortunate to have the highly qualified staff at Stony Brook University Medical Center necessary to support this kind of research, which has the potential to greatly advance the care offered to patients everywhere."

For more information about the clinical trial of MSCs for patients with a first MI, call (631) 444-7238. ■



ASK THE EXPERT

Michael Poon, MD
Professor of Medicine and Radiology
Director of Cardiac Imaging

Expertise and State-of-the-Art Technology Advance Emergency Care

Recently, Stony Brook University Medical Center became the first on Long Island to have a 320-slice CT scanner installed in its Emergency Department (ED) for use, in particular, with patients who have chest pain or a suspected heart attack. World-renowned cardiologist and imaging specialist Michael Poon, MD, explains what this means for both individuals and the community.

Q. What is a 320-slice CT scanner and how does it differ from other CT scanners?

In essence, a 320-slice CT scanner is a faster and more accurate CT scanner. Where typical CT scanners take 10 to 20 seconds to get an image of the heart, this state-of-the-art technology acquires it in less than one second—in a single heartbeat. In addition, an extremely low dose of radiation is delivered due to the way we are using these machines at Stony Brook.

Q. Why is this speed so important?

Speed is important for several reasons. One is that the longer you scan someone, the more radiation he or she is exposed to, making a faster imaging technique a safer one. Second, because the scan takes just one second, it will obtain a more accurate image. During a scan, a patient must not breathe, blink, or swallow. It is a lot easier to do this for just one second's duration

than for the typical 10 to 20 seconds that less advanced machines take. If a patient moves, we have to repeat the scan, which exposes them to more radiation.

Q. What's the reason for placing this equipment in the Emergency Department?

This is the perfect location because chest pain is one of the most common reasons people come to the emergency room. In fact, there are almost six million visits to the ED across the country each year by people with chest pain symptoms. In many cases, heart attacks are difficult to diagnose, but with the 320-slice CT scanner we can tell if a patient has had a heart attack or not, then treat that patient immediately and appropriately.

To illustrate what a difference this technology makes, I need to first explain how emergency rooms typically treat chest pain. Most take what I call a “one-size-fits-all” approach, which can keep someone at the hospital for up to 24 hours. Typically, patients who complain of chest pain will first have an EKG (electrocardiogram). If a blockage is revealed, the patient will be sent to the cardiac catheterization lab for treatment. If the EKG is normal, patients then have a blood test that looks for evidence of heart damage through the presence of certain enzymes. If this test is

inconclusive, patients are kept at the hospital in order to repeat the blood test six hours later. If that is still inconclusive, doctors will schedule a stress test, which is done only during business hours. This may mean an overnight stay at the hospital, then more blood work. It can be a long, stressful, and disruptive process.

At Stony Brook, however, after the first blood test, patients can have the CT scan. If it is negative, they can go home knowing that they did not have a heart attack. The CT scan can also reveal other conditions, such as blockages and the presence of soft plaque that hasn't yet hardened. This provides patients information about the early signs of disease that they can then work to control. In addition, the entire process from admittance to the ED to discharge typically takes about six hours, which is more than two-thirds less time than the more conventional approach, and it also involves less stress and less disruption to a patient's life.

Q. Why is Stony Brook the only ED in Suffolk County to have this technology?

It comes down to a couple of key things: The Hospital's focus on staying on the cutting edge of technology, Stony Brook's commitment to being a community resource, and the expertise of the people who run the

program and operate the equipment. When I was recruited to Stony Brook a year ago, I began building a program—training nurses, technologists, physician assistants, and other support staff, and putting protocols in place—so we could maximize the CT scanner technology. We started performing cardiac CT scans every day and documented the difference it made in patient care, outcomes, and costs. We purchased a 320-slice CT scanner for the ED because of the vast benefits it offers, and it has changed the way the ED assesses chest pain.

Q. So you are saying the real Stony Brook difference in this case is the expertise behind the equipment?

Absolutely. At Stony Brook University Medical Center, every cardiac scan is either done by me or in the presence of a physician trained by me in low-dose cardiac imaging. Since I joined Stony Brook, I have been available 12 hours a day, 7 days a week to either perform or oversee and read every scan.

It is critically important to have an experienced physician perform and

read the scan versus a technologist. It takes years of study to perfect the precise nuances of delivering the lowest dose possible for each individual patient. It is a very particular specialization that takes into account a number of factors. A trained eye and extensive experience are necessary for optimal results.

Since January 2009, more than 600 scans have been performed at Stony Brook University Medical Center for evaluation of acute chest pain, with no adverse outcomes to our patients. ■

With the Only Accredited Chest Pain Center on Long Island, Stony Brook Offers Advanced Care

For patients with chest pain and other heart attack symptoms, there is no question that Chest Pain Centers, which offer fast, appropriate intervention during the critical early stages of heart attack, are a good choice. The question then becomes, how do you know which one to go to?

Look for accreditation by the Society of Chest Pain Centers, the only national organization that accredits Chest Pain Centers. Currently, Stony Brook University Medical Center's Chest Pain Center is the only one on Long Island to earn this accreditation. It was first accredited in 2005, and then reassessed in 2008, again receiving full Cycle III accreditation with PCI (percutaneous coronary intervention) from the accreditation review committee. This means that Stony Brook demonstrates expertise in:

- Integrating the Emergency Department with the local emergency medical system
- Assessing, diagnosing, and treating patients quickly
- Effectively treating patients with low risk for acute coronary syndromes and no assignable cause for their symptoms
- Continually seeking to improve processes and procedures
- Ensuring Chest Pain Center personnel competency and training
- Maintaining organizational structure and commitment
- Having a functional design that promotes optimal patient care
- Supporting community outreach programs that educate the public to promptly seek medical care if they display symptoms of a possible heart attack

If you experience chest pain or other signs of a heart attack, call 911 or go the nearest accredited Chest Pain Center. Stony Brook's Chest Pain Center is located within its Emergency Department.



How to Safeguard Against Falls

Are you or someone you know at risk for a fall? Certain medical conditions, medications, and decreasing activity and balance problems associated with aging can all contribute to the risk of falling.

Regular physical activity can help prevent a fall. Check with your physician before beginning an exercise program. Proper fitting shoes can help with balance and stability. Be diligent about your eyesight and eye health by having your eyes checked regularly. Take your time and plan your activities in a safe manner.

About half of all falls occur at home. To help safeguard against a fall, remove tripping hazards such as small throw rugs and clutter. Install grab bars in the bathroom and handrails for all steps. Be mindful of pets underfoot. Improve the lighting in and around your home. Keep your yard free of debris. In winter-time, make sure that walkways are clear of snow and ice.

If you have difficulties with balance or dizziness, or have fallen, talk to your doctor. You may benefit from therapy. At Stony Brook University Medical Center, physical therapists will assess your strength, balance, flexibility, walking, and other factors. Occupational therapy is available if you are experiencing difficulties carrying out daily activities, or having problems with memory or cognition. We offer state-of-the-art balance testing and treatment, including the NeuroCom Balance Master® and a body weight-supported treadmill. Aquatic therapy is available, as is therapeutic yoga. For information or to schedule an appointment, please call (631) 444-4240.

ELIMINATING CANCER BEFORE IT TAKES HOLD: NEW OUTPATIENT PROCEDURE ADDRESSES BARRETT'S ESOPHAGUS

You may never have heard of Barrett's esophagus, but if you have gastroesophageal reflux disease (GERD), you're at risk, and may want to learn about the condition. Barrett's esophagus is a premalignant condition that occurs when the cells of the esophagus are replaced by precancerous cells. It doesn't mean you have cancer, but you could develop it over time. Esophageal cancer is difficult to treat and carries a poor outcome and a greatly compromised quality of life, so preventing it is key, which is exactly what a new procedure at Stony Brook University Medical Center called radiofrequency ablation can do.

Performed on an outpatient basis, this minimally invasive procedure uses highly targeted heat energy to irradiate and eliminate the precancerous tissue in the esophagus. Studies show that this treatment completely eliminates the precancerous tissue associated with Barrett's in 98.4 percent of patients, and that it remains effective for at least five years—the “magic number” when it comes to being declared cancer-free.

Stony Brook is currently the only hospital in Suffolk County to offer this treatment, thanks to the recruitment last year of Satish Nagula, MD, and Gina Sam, MD, MPH, to the Division of Gastroenterology and Hepatology. Each have advanced training and experience in the procedure. “This is a procedure with no significant drawbacks,” says Dr. Nagula. “It is safe and effective with no side effects other than a small bit of discomfort in the chest that disappears after a few days.

Most important, it really does eliminate the precancerous cells.”

Adds Dr. Sam, “Nearly everyone with the condition is eligible for the procedure. It's that safe. As with everything we do, though, we take an individualized approach with each patient.”

The Reflux Index

People who have GERD—in particular Caucasian males over age 40—are at high risk for developing Barrett's esophagus. Here are the symptoms to watch for:

- Burning sensation after eating certain foods
- Sour taste in mouth
- Excessive burping
- Chest pressure or chest pain
- Burning sensation in stomach or chest

Barrett's esophagus has no symptoms. It is usually discovered only during an endoscopic evaluation of long-term reflux. At Stony Brook, evaluations take place in the Endoscopy Center, which has been recognized by the American Society for Gastrointestinal Endoscopy (ASGE) for promoting quality and safety in endoscopy.

Esophageal cancer rates are growing rapidly, and the number one risk factor is long-term reflux. If you've had reflux for six months or more, check with your physician, who can refer you to a gastroenterologist or Stony Brook's endoscopy program for evaluation. ■

Communication—Key to Patient Safety

At Stony Brook University Medical Center (SBUMC), when we hear the words “patient safety,” we immediately think “communication”—clear, effective communication. To enhance communication, SBUMC recently kicked off a new initiative, “Patient Safety Fridays.” While patient safety is practiced every day, Friday is the day set aside to measure progress hospital-wide, discover areas for improvement, and gain a better understanding of just how good our patient care is. On Patient Safety Fridays nearly 200 physicians, nurses, and administrators visit inpatient units and outpatient areas to focus on specific patient safety issues. The group reconvenes to report their findings, with a goal toward developing and instituting plans of action quickly and effectively.

Of course, attention to patient safety is nothing new at SBUMC. Among the many measures in place to ensure patient safety are:

- **Safe Surgery Checklist.** The surgical team and the patient or a family member confirm and reconfirm a patient’s identity, the surgery site, type of procedure, and consent prior to the beginning of surgery.
- **Falls Prevention.** Every patient is viewed as an assumed risk for falls from the moment they’re admitted to the moment they’re discharged. The healthcare team performs a safety check of each patient’s room, the results of which can be adapted to at-home situations upon discharge.
- **Safety Huddles.** Held twice daily, huddles require the nursing staff to meet to ensure that the safety measures put in place remain in place at all times.

- **Infection Control.** The Hospital’s Infection Control Team carefully monitors what goes on in each unit, and provides ongoing training for each patient-care task performed, including even the most basic, like hand hygiene. Employees are trained to follow infection control safety protocol at all times. For the most ill patients, intensive care unit staff work around the clock to help prevent ventilator-associated pneumonia and central line infection.
- **Early Warnings.** Adult, Pediatric, and Obstetric Modified Early Warning Systems (MEWS, PEWS, and OB-EWS respectively) monitor patients for change in vital signs that may signal an at-risk situation.

BEST IDEA

Patient Safety Tips

One of the best things you can do as a patient is to pay attention to the care you receive. Always make sure you are getting the right treatments and medicines by the right healthcare professionals. Speak up—and don’t assume anything. [The Joint Commission, *Speak Up* brochure]

- **Rapid Response Team.** During a visit, a family member or friend can call for assistance if they sense a rapid deterioration in the patient’s condition. The Hospital’s Rapid Response Team (RRT), a group of critical care experts, will arrive at the patient’s bedside within minutes to assess the situation and step up medical care, if needed. The RRT is also used by Hospital staff to bring help quickly to the bedside.



Proper documentation helps ensure medication safety.

- **Medication Safety.** When a patient is admitted, moved from one setting to another, or discharged, the name of each medication they’re taking, dosage, and frequency are noted and compared with any previous list available for that patient. Patients and their families are asked to participate in this “medication reconciliation process.” It is important that everyone keeps a copy of his or her medical history and keeps their healthcare providers informed about the medications taken.

Because communication is so key to patient safety, SBUMC has resources on its Web site to help patients maintain their medication and medical histories, along with more in depth information about each of the patient safety initiatives mentioned here. Visit www.StonyBrookMedicalCenter.org/QualityandSafety/patientsafety.

Everyone who visits Stony Brook should expect a world-class organization, and experience the peace of mind that comes with it...every minute, every hour, every day. So let’s all keep communicating! ■

STONY BROOK UNIVERSITY MEDICAL CENTER OPENS STATE-OF-THE-ART FACILITY DEDICATED TO COMPREHENSIVE CARE OF 9/11 FIRST RESPONDERS

For many Long Islanders, the aftereffects of September 11 are a day-to-day struggle. Those who answered the immediate call for help, whether uniformed responders, laborers, or everyday citizens, are today suffering health consequences as a direct result of their selfless acts and heroism.

Stony Brook University Medical Center's (SBUMC) World Trade Center Medical Monitoring and Treatment Program (WTCMMTP) opened its new site in Islandia in June 2009. Medical staff, patients, and government officials attended a ribbon cutting of the state-of-the-art facility, which will serve as the permanent home for the program. The new site holds double the clinical space of the previous location, with added offices for patient consults and additional space for administration and collaboration among on-site SBUMC physicians and other healthcare professionals. Long Island WTCMMTP clinics are also located in Nassau County, in East Meadow and in Hicksville.

The WTCMMTP was established soon after 9/11 to provide the much needed and specialized care for first responders. A federally funded program, WTCMMTP is largely supported by the National Institute for Occupational Safety and Health (NIOSH), an arm of the Centers for Disease Control and Prevention. The SBUMC program is part of a consortium of healthcare institutions in the tri-state area. Its mission is to identify World Trade Center-related medical conditions and to develop and provide new treatment modalities. There are a

total of eight clinical locations, including the three on Long Island administered through the SBUMC program.

Many who immediately responded to the disaster—the likes of which had never before been experienced—continue to suffer a multitude of illnesses. Referring to the need for the medical monitoring program and its subsequent growth, Benjamin J. Luft, MD, Medical Director of Stony Brook's WTCMMTP, explains, "We decided to dedicate ourselves to the care of those who so valiantly responded." He describes his work with the program as the most satisfying of his career, and emphasizes that those who work at the center, from the receptionists who greet the patients to the social workers, nurses, and physicians, are all part of a unique coordinating healthcare team whose mission is to treat the many conditions and diseases experienced by first responders and to help prevent other health problems. The program has specialists in pulmonology, psychiatry, radiology, orthopedics, neurology, gastroenterology, radiology, and neurology, and all personnel receive special training.

To date, Stony Brook's WTCMMTP team has cared for approximately 5,000 Long Islanders who were first responders. Among them are police officers, firefighters, and construction workers, who suffer from such things as asthma, pulmonary conditions, post-traumatic stress disorder, and other conditions related to their work at Ground Zero. The program assists 25 to 30 new patients on average each month. It has an annual budget of more than \$8 million. Initially, Stony Brook's program was voluntary,



First responder at Ground Zero.

however, it received continuous support through federal, state, and private (American Red Cross) agencies. Federal funding during fiscal year 2009 reached approximately \$6.5 million. Total NIOSH funding, including a 2009 grant, will reach \$21 million during 2010.

"I am not sure where I would be in life without the Stony Brook doctors and other medical professionals who have cared for me through the medical monitoring and treatment program," said Mike Valentin, a disabled New York Police Department detective who has multiple and chronic health conditions resulting from many hours and months working at Ground Zero after the attacks. He added, "We don't know what all the long-term health effects from our exposures will be, which is another important reason why this medical program needs to continue for many years to come."

For more information, visit www.wtcexams.org or call the Islandia office at (631) 855-1200. ■

KEEPING TEEN DRIVERS SAFE: WHAT PARENTS CAN DO

Fact: The number one killer of children is not cancer or heart disease, but injuries, a high percentage of which are sustained in motor vehicles.

Fact: Teen drivers represent just 6 percent of the population in Suffolk County but account for 12 percent of motor vehicle fatalities.

Fact: Between 2004 and 2006, 15- to 19-year-olds in Suffolk County had the highest crash rate per 1,000 in all of New York.

Another fact is that almost all of these injuries and fatalities can be avoided. That's the focus of the outreach and prevention program that Stony Brook University Medical Center has spearheaded in conjunction with other key community groups, including Suffolk County Safe Kids and the Suffolk County Regional Trauma Advisory Committee. According to Thomas K. Lee, MD, Chief of Pediatric Surgery at Stony Brook University Medical Center, three proven strategies promote safe driving among teens: graduated licensing laws; enforcement

by area law enforcement agencies and schools; and parental controls. It is this last that Dr. Lee believes can make a significant difference. "We do so much to keep infants and children safe, but when a child turns 16, we hand them the keys to the car after only about 20 hours of driving training! Further, the part of their brain that can evaluate consequences and risks will not be fully developed until age 25. It is a recipe for potential disaster. Parents need to get more involved in the decision making around teens and driving."

Dr. Lee and Jane McCormack, RN, Trauma Nurse Coordinator at Stony Brook, have developed a program aimed at educating parents about specific risks. "Parents tend to worry about driving and alcohol and that message has been effective; what they may not think about are speed-related crashes, or the fact that each passenger in the car with a teen driver increases the risk of a crash. It is estimated that 100 lives a year would be saved if teens drove alone," says Ms. McCormack. ■



Before handing over the keys, young drivers should have sufficient experience and be educated about safe driving.

Advice for Parents

Here are recommendations from Dr. Lee and Ms. McCormack:

- Limit distractions. Do not allow cell phones or text messaging while driving. Don't ask your teen to call you "on the way home." Restrict the use of a GPS. If your teen does not know where he or she is going, he or she shouldn't be driving.
- Restrict the number of passengers in a car driven by a teen driver. Passengers are the biggest distraction for new drivers.
- Be involved in the decision to drive. Don't provide a vehicle to your teen until he or she has several months experience. Parents should evaluate on a case-by-case basis if using the car is appropriate for a new driver. Teens should have to "ask" to use the car.
- Require your teen (and all passengers) to wear seatbelts at all times. Seatbelts should be used in the back seat as well as in the front.
- Talk with other parents and support each other. Agree that you will call them if their teen is not wearing a seatbelt if they will do the same.
- Consider the use of a written contract for your teen driver. Such a contract spells out the rules and the consequences. For a copy of a contract, call Jane McCormack at (631) 444-3116.

Want More Information?

The parental education program runs for about 45 minutes and has been presented at a number of venues from libraries, houses of worship, and schools to workplaces. It may soon be available at pediatric physician offices as well. If you are interested in having a presentation at your organization, we are happy to arrange it. Simply call (631) 444-4000.

The Four Things Everyone Should Know About Stroke

Stroke is the third leading cause of death—behind heart disease and cancer—in the U.S., and the leading cause of serious, long-term disability. Yet most people are not aware of the warning signs or what to do if they suspect a stroke. We asked two of Stony Brook University Medical Center’s most esteemed physicians, cerebrovascular and endovascular neurosurgeon Henry Woo, MD, and neuroradiologist and neurointerventional radiologist David Fiorella, MD, PhD, about what people need to know to protect their health and make the smart choices about treatment, if needed.

1. Familiarize Yourself with Stroke’s Warning Signs

Typical warning signs of ischemic stroke, which accounts for 80 percent of stroke cases in Suffolk County, are paralysis, particularly on one side of the body, difficulty with speech or vision, overall weakness, or total loss of consciousness. People also may experience more subtle signs, such as numbness and tingling, which may indicate what is commonly called a mini-stroke, or transient ischemic attack (TIA). TIAs tend to quickly resolve themselves. Often a precursor to a major stroke, it is important to take TIAs seriously and see a doctor if you suspect you had one.

2. Fast Action and Early Intervention Are Key

Like a heart attack in which time equals heart muscle, with a stroke, time equals brain cells. And like heart muscle, brain cells do not grow back. In a now classic study called “Time Is Brain Quantified,” researchers found that 1.9 million neurons are lost every minute during a stroke and that the brain ages 3.6 years for every hour a

stroke remains untreated. “Unfortunately, people may delay seeking medical treatment because they are not in severe pain, but every hour you delay treatment after the onset of symptoms decreases your chances of full recovery,” says Dr. Fiorella.

BEST IDEA

Signs of Stroke

To help identify if someone is having a stroke, use the first three letters of the word “stroke” as follows:

- S** (Smile) Ask the person to smile.
- T** (Talk) Ask the person to speak coherently by repeating a simple sentence like “Today is a sunny day.”
- R** (Raise) Ask the person to raise both arms.

If the person has trouble doing any of these tasks, call for medical assistance immediately.

There are two kinds of strokes: ischemic, in which a blockage prevents blood flow to the brain, and hemorrhagic, in which there is bleeding in the brain. In the case of ischemic stroke, it is most important to unblock the artery, either through medication or direct intervention, and get oxygen via the blood, back to the brain. Although this cannot revive the dead brain cells, it restores blood flow and prevents further damage. With hemorrhagic stroke, a painful condition often described as “the worst headache of my life,” survival odds are lower—10 to 15 percent of the individuals with this form of stroke can die instantly, with

up to another one-third dying upon arrival to the hospital due to the severity of the initial injury—so it is important to get treatment immediately, and to get it at a place that specializes in advanced neurosurgical procedures. Far preferable is to treat the condition before a rupture or bleeding occurs.

3. Where You Go for Treatment Makes a Difference

Since speed of treatment is so critical following a stroke, being at the right place at the right time is key. The Cerebrovascular Center at Stony Brook is designated by The Joint Commission as a Primary Stroke Center. Staffed by specialized and highly trained endovascular teams, the Center offers the latest equipment including three angiography suites that have the capacity to cover all of Suffolk County 24/7; leading-edge procedures including every FDA-approved minimally invasive stroke intervention technique; high-tech diagnostics, including a new mobile CT scanner; and access to virtually all the major ongoing clinical trials in the U.S.—in fact, many patients treated at Stony Brook’s center are offered enrollment in clinical trials with the newest devices available.

Some of the innovative interventions available at Stony Brook are:

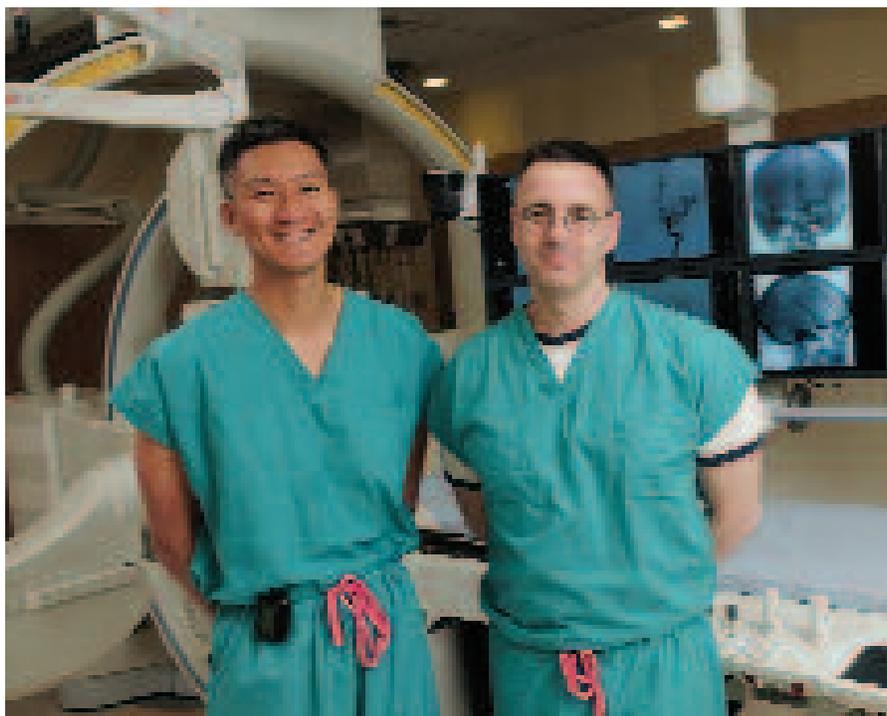
- Intravenous tPA (tissue plasminogen activator) to break up blockages
- Intra-arterial therapy, in which a catheter is inserted in the femoral artery into the brain, delivering medicine to destroy the clot at 1,000 times the concentration of medicines delivered via the bloodstream
- Revascularization procedures including the opening or stenting of narrowed or blocked arteries

- Mechanical thrombectomy devices that can grab onto a blood clot to either pull it out or break it up
- Repair of aneurysms, including previously untreatable ones

4. It Is Possible to Prevent a Stroke Through Intervention

“Good screening is key. Even if you have minor symptoms, you can get imaged to see if you are at high risk for a future stroke,” says Dr. Woo. Typically, coronary artery disease, hypertension, diabetes, and family history of stroke put you at higher risk; this is when you should work with your primary care physician to manage your risk factors. If testing reveals a blockage, it can be removed before stroke occurs through several minimally invasive techniques, most of which are offered only at Stony Brook. This includes opening the carotid artery with a stent or through surgery.

Conditions that could cause bleeding on the brain, such as an aneurysm or arteriovenous malformation, can be treated before vessels rupture. One way is an open surgical technique that clips and repairs the aneurysm. Another is a minimally invasive technique that drives a catheter into the aneurysm, inserts a platinum coil, then fills and repairs the aneurysm. While the first is major brain surgery, the second is a minimally invasive, one-day procedure that involves a small puncture in the femoral artery. Patients can usually return to work in one to two days. “This is the most innovative technique, viable for both ruptured and unruptured aneurysms,” says Dr. Woo. “The kinds of innovations we are pioneering at Stony Brook.”



Dr. Henry Woo (left) and Dr. David Fiorella

Meet Our Internationally Recognized Stroke Experts

If it's a pioneering treatment or a minimally invasive innovation for stroke, chances are that Stony Brook's Dr. Henry Woo and Dr. David Fiorella have had a hand in it. Over the past decade, these acclaimed endovascular experts have been leaders in North America, first at the Cleveland Clinic, and today at Stony Brook University Medical Center. They rank among the most experienced in the world, and they continue to innovate and bring novel approaches to the field.

Dr. Woo is a world-renowned expert on the treatment of aneurysms and vascular malformations of the central nervous system, and is one of the few neurosurgeons in the country trained in performing both open surgical and endovascular techniques. He holds a number of patents and was the first physician on Long Island to use the Wingspan™ Stent System with Gateway™ PTA Balloon Catheter to open blocked arteries in the brain.

Dr. Fiorella is one of three co-principal investigators in the U.S. running a five-year National Institutes of Health multisite clinical trial called Stenting and Aggressive Medical Management for Preventing Recurrent Stroke in Intracranial Stenosis (SAMMPRIS). This landmark trial, which compares using medication versus using medication along with angioplasty and stenting, will help establish a foundation for evidence-based practice. Stony Brook is the only medical center on Long Island participating in the study, which will be open to patients through 2013.

GROUNDBREAKING TREATMENT AND RENOWNED BONE MARROW TRANSPLANT TEAM ADVANCE CANCER CARE

A constant infusion of new ideas. Pioneering medical and surgical advancements. Best-in-field physicians. Access to clinical trials and leading-edge treatments. This is what you find at an academic medical center. And this is why the oncology program at Stony Brook University Medical Center (SBUMC) can offer such comprehensive, state-of-the-art cancer care.

At the heart of the oncology program is a commitment to advancing the standard of cancer care not just in the community, but throughout the region and even the nation and the world. Two doctors at Stony Brook are doing just that.

Breakthroughs in Pancreatic Cancer Treatment

Surgical oncologist Kevin Watkins, MD, Chief of the Upper Gastrointestinal and General Oncologic Surgery Group at SBUMC, became the first surgeon in the world to treat a pancreatic tumor with a technique called irreversible electroporation (IRE), also known as the NanoKnife®, that kills cancer cells with electrical pulses.

This surgical technique disrupts the cell membrane by using brief and controlled electrical pulses to open microscopic pores in the cells of the targeted area. As a result, the microscopic damage to the cells kills them off, and the body rids itself of the dead cells permanently. Since IRE works at the cell membrane level, it does not damage the surrounding support structure, which allows a lattice for new cell in growth. This also almost completely eliminates local scarring and helps promote faster recovery.

“It’s a remarkable technique because it opens doors for us to offer treatment to patients we have previously had no options for,” says Dr. Watkins. “However, it is important to keep in mind that while a breakthrough, the procedure is not magic. Right now we can only use it on localized tumors. It will not be effective if the cancer has already metastasized.”

That said, the procedure is an enormous boon for patients. “Quality of life is of utmost concern for people suffering from pancreatic cancer,” explains Dr. Watkins. “Many have limited life expectancies, so our hope is this procedure will allow them to enjoy the time they have.”

Although Dr. Watkins was the first to use IRE for pancreatic cancer, it has been used in the treatment of liver, colon, renal, urologic, and lung cancers. “It is ideal for getting tumors in hard-to-reach locations or for tumors close to vital structures such as large blood vessels that could be damaged by conventional surgery,” says Dr. Watkins.



Dr. Kevin Watkins

Dr. Watkins’ group is also at the forefront of other leading-edge cancer treatment strategies such as regional perfusions. These strategies involve infusing high doses of chemotherapy directly to a tumor bearing area but removing the drug before it reaches the systemic circulation. This allows for higher doses to be delivered to the tumor with less side effects to the rest of the body. His group is among a few in the northeast utilizing Heated Intraperitoneal Chemotherapy (HIPEC) for intra-abdominal cancers. This procedure occurs during surgery after the surgeon has removed the gross tumor. Chemotherapy is then infused through a catheter directly into the abdomen to “kill off” any microscopic residual cancer cells. It can be highly effective if the gross tumor can be completely extracted.

Creating a World-Class Bone Marrow Transplant Program

Over the last 20 years, Michael Schuster, MD, has devoted himself to building state-of-the-art bone marrow transplant and hematologic malignancy programs in New York. More than 12 years ago, he started the allogeneic transplant program at the NewYork-Presbyterian/Weill Cornell Medical Center in Manhattan and before that, the adult transplant program at North Shore University Hospital. Most recently, he was recruited to Stony Brook University Medical Center to dramatically expand the existing program by bringing not only his own expertise, but also that of the team that he has worked with for the better part of two decades.



Dr. Michael Schuster

“The most important thing about the program we are building is to give the people on Long Island the same level of care that they would find in New York City,” he says. “Now people will no longer have to travel for world-class care when they are critically ill.”

Dr. Schuster says that when Stony Brook University Medical Center first approached him, he was excited by the opportunity and saw the tremendous potential for growth. “Stony Brook has all the right ingredients in place—a large patient population, a need in the community for these services, a strong research program, and the willingness to commit significant resources to building a stem cell transplant program.”

Some of these resources are going toward building a new wing to accommodate the anticipated hundreds of patients who will be able to receive treatment for diagnoses such as acute leukemia, chronic leukemia, non-Hodgkin’s disease, Hodgkin’s lymphoma, multiple myeloma, myelodysplastic disease, and aplastic anemia. However, patients do not

need to wait for the new wing. Beds have already been added to the existing program and Dr. Schuster and his team have joined with the original Stony Brook University Medical Center team to offer treatment.

Dr. Schuster also will be bringing his ongoing research and clinical trials, making Stony Brook University Medical Center just one of two centers in the United States investigating a novel technology called “haplo identical transplants.” Essentially, this allows doctors to transplant cells from family members even if they are not a perfect match and avoid immunological complications and infections. Dr. Schuster has also been involved in the development of revolutionary drugs for chronic myelogenous leukemia and multiple myeloma that have dramatically changed the way these patients are treated.

“This is what got me into the field,” he explains. “Early on, I saw that we were able to better treat and even cure patients by developing novel drugs that target underlying disease mechanisms. In fact our cure rates have been steadily rising. In fact, bone marrow transplant and hematologic malignancy research has some of the shortest transit times from being an idea in the laboratory to helping patients in the form of a new medication than almost any area of medicine. We’re developing more and more effective treatments every day. Stony Brook University Medical Center will be a big part of this.” ■

STONY BROOK HELPS SOLVE CROWDING IN EMERGENCY DEPARTMENTS ACROSS THE NATION

Selected as one of six hospitals to participate in Urgent Matters Learning Network II (LNII) initiative, Stony Brook is working to identify, develop, and implement strategies to improve patient flow and reduce ED crowding. The 18-month initiative, funded by the Robert Wood Johnson Foundation and managed by the Urgent Matters Team at the Center for Health Care Quality at the George Washington University Medical Center School of Public Health and Health Services, concluded on April 30, 2010.

Crowding is a problem faced by any hospital operating an ED, with the potential for serious negative consequences for healthcare access, quality, and patient safety to result. The six LNII hospitals collaborated through a “learning network” structure to test new ideas, quantify results, and share lessons learned. Successes will be shared nationwide to give other hospitals and stakeholders concrete and tested examples of those practices and interventions that hold promise so that they can be adopted in their own EDs.

The changes developed and implemented in Stony Brook’s ED have met with great success, resulting in reduced waiting times for patients, and subsequently less crowding in the ED. Robert Wood Johnson is featuring Stony Brook’s electronic consult process on their Web site video, “New Promising Practices,” as a resource for other hospitals from which to learn. ■

Classes and Programs

For information on classes, programs, and events visit www.StonyBrookMedicalCenter.org to view the “Calendar of Events” on the home page. For questions, call (631) 444-4000.

Amyotrophic Lateral Sclerosis (ALS)

ALS SUPPORT GROUP

For patients with ALS, family members, and caretakers.

Tuesday, August 3, 6-8 pm
Meets: First Tuesday of month

179 Belle Mead Road
East Setauket

Autism Education and Support

CODY CENTER PARENT INFORMATION AND SUPPORT GROUP

For parents of children recently diagnosed with autism, Asperger syndrome, or PDD-NOS. Learn more about the condition, and services and resources in the community.

Tuesday, August 3, 7-8:30 pm
Meets: First Tuesday of month

Stony Brook University

Cancer Care

CAROL M. BALDWIN BREAST CANCER EDUCATION/SUPPORT GROUP

Wednesday, August 4, 7-9 pm
Meets: First Wednesday of month

Holiday Inn Express
3131 Nesconset Highway
Stony Brook

GIFT FOR KIDS SUPPORT PROGRAM

For children first grade through high school, who have a parent or caregiver diagnosed with cancer. Child must be aware of parent's/caregiver's diagnosis.

Thursday, August 5, 6-7:30 pm
Meets: First Thursday of month

Cancer Center

GYNECOLOGIC ONCOLOGY SUPPORT GROUP

Tuesday, August 31, 7-9 pm
Meets: Last Tuesday of month

Cancer Center

LEUKEMIA/LYMPHOMA FAMILY SUPPORT GROUP

Monday, July 12, 7-8 pm
Meets: Second Monday of month

Cancer Center

LONG ISLAND OCEANS (OVARIAN CANCER EDUCATION ADVOCACY NETWORKING SUPPORT)

For those surviving or undergoing treatment for ovarian and other gynecologic cancers.

Wednesday, July 21, 6-8 pm
Meets: Third Wednesday of month

30 Orville Drive
Bohemia

LOOK GOOD, FEEL BETTER

Offered in conjunction with the American Cancer Society for women with cancer having treatment. Included are tips on skin and hair care, make-up instructions, and demonstrations of wig, turban, and scarf use. Classes available in Spanish. Registration required.

Monday, August 2, 3:30-6 pm
Meets: First Monday of month

Cancer Center

LUNG CANCER SUPPORT GROUP

Tuesday, July 20, 7-8 pm
Meets: Third Tuesday of month

Cancer Center

PEDIATRIC ONCOLOGY BEREAVEMENT QUILTING GROUP

Wednesday, August 4, 7-9 pm
Meets: First Wednesday of month.

Cancer Center

PROSTATE CANCER SUPPORT GROUP

Monday, August 2, 5:30-7 pm
Meets: First Monday of month

Cancer Center

SUPPORT FOR PEOPLE WITH ORAL, HEAD, AND NECK CANCER (SPOHNC)

Patients, family members, and friends are welcome.

Wednesday, August 4, 7 pm
Meets: First Wednesday of month

Cancer Center

UPPER GI CANCER SUPPORT GROUP

To increase awareness of resources and help patients with adjusting after surgery.

Wednesday, July 14, 7 pm
Meets: Second Wednesday of month

Cancer Center

Cerebrovascular and Heart Health

HOPE FOR HEARTS SUPPORT GROUP

For parents of children with congenital heart defects.

Monday, August 2, 8 pm
Meets: First Monday of month

Pediatric Conference Room
HSC, Level 11

MENDED HEARTS SUPPORT GROUP

For cardiac patients, family members, and caretakers.

Meets: Third Sunday of month (no meetings in July and August)

Heart Center Conference Room

STROKE SUPPORT GROUP

Offering educational and therapeutic opportunities for survivors, family members, and caregivers.

Tuesday, July 27, 7-8 pm
Meets: Last Tuesday of month

Stony Brook Technology Park

Cystic Fibrosis

CYSTIC FIBROSIS SUPPORT GROUP

For parents or caregivers of children with cystic fibrosis.

Monday, July 19, 7-8 pm
Meets: Third Monday of month

Middle Country Public Library
101 Eastwood Boulevard
Centereach

Diabetes

DIABETES SELF-MANAGEMENT EDUCATION CLASSES

A three-day education program for those with type 1, type 2, and gestational diabetes. Covers meal planning, blood glucose monitoring, exercise, use of medications, acute and chronic complications, stress, travel, vacationing, and community resources. Registration required.

July 19-21, 9 am-noon
Sept. 13-15, 6-9 pm
Oct. 4-6, 9 am-noon

14 Technology Park
Fee: Insurance accepted where applicable

Diet, Nutrition, and Fitness

TARGET FITNESS WEIGHT MANAGEMENT PROGRAM

A 12-week interactive program that uses research-based strategies to lose weight.

Tuesdays, 5:45-6:45 pm

Family Practice Center
181 Belle Mead Road
East Setauket
Fee: \$225

Hip and Knee Pain

HIP AND KNEE PAIN SEMINAR

Covers normal anatomy and various causes of hip and knee pain; signs and symptoms; getting a good diagnosis; the latest treatments for arthritis; and knee arthroscopy and hip and knee replacements.

Speaker: Maria Juvan RPA-C, Joint Replacement Center

Monday, August 9, 9-11 am

Stony Brook Technology Park

Illness and Healing

ASTONISHED HARVEST POETRY WORKSHOP

Offered by the Center for Medical Humanities, Compassionate Care, and Bioethics to promote reading and writing poetry through the experiences of illness and healing.

Meets: First and Third Monday of month, 5:30-6:30 pm

Preventive Medicine Conference Room

KIDNEY DISEASE PEDIATRIC NEPHCURE SUPPORT GROUP

For parents and caregivers of children with kidney diseases, nephrotic syndrome, and focal

segmental glomerulosclerosis (FSGS).

Wednesday, July 28, 7-8:30 pm
Meets: Fourth Wed. of month

Cancer Center

Mall Walkers

MALL WALKERS CLUB

Co-sponsored by the Medical Center and Smith Haven Mall. Blood pressure screenings begin at 8 am, followed by a lecture at 9 am.

July 28, August 25, September 29, October 27

Smith Haven Mall, Food Court
Lake Grove

Massage

INFANT MASSAGE

Instruction for parents to soothe a cranky baby, reduce stress and pain, relieve symptoms of gas and colic, and develop bonding skills. Bring baby or doll and a blanket.

Stony Brook Technology Park
Fee: \$60

Multiple Sclerosis

TEEN ADVENTURE CAMP PROGRAM (TAP)

A safe and fun all-day summer camp for teens with MS, providing peer support and mentoring, through team-building programs, exercises, water sports, and art recreation.

July 11-17

Camp Canonicus
Exeter, Rhode Island

Pregnancy and Child Birth

PREGNANCY EDUCATION CLASSES

Topics include “Breastfeeding and Infant Feeding Choices,”

“Staying Healthy During Pregnancy,” and “Taking Care of Yourself and Baby.” Registration required.

Thursdays, 11 am-noon
Sept. 2, 9, 16; Oct. 7, 14, 21

Medical Center

PRENATAL BREASTFEEDING CLASS

Learn about breastfeeding to help get you and your baby off to a good start. Registration required.

Wednesday, Aug. 4, 7-9:30 pm
Meets: First Wed. of month

Medical Center

SUPPORT GROUP

For those who have had cancer and have concerns about infertility.

Tuesday, Aug. 3, 7-8 pm
Meets: First Tuesday of month

Cancer Center

SPECIAL EVENTS

KIDS HEALTH & SAFETY EXPO

Health screenings, information, nutrition tips, and demonstrations on how to preserve safety and prevent injuries to children.

Wednesday, July 14
10 am-3 pm

Flowerfield,
199 Mills Pond Rd., St. James

5TH ANNUAL SUMMER SOIREE

An evening of dining and dancing to raise funds for Stony Brook’s National Pediatric MS Center.

Thursday, August 5; Cocktails:
6:45 pm; Dinner: 7 pm

Crest Hollow Country Club
8325 Jericho Tpke., Woodbury

LONG ISLAND 5K WALK TO DEFEAT ALS™

To support the ALS Association’s research and community-based programs.

Sunday, September 26
Check in: 9:30 am
Walk Start: 11 am

Eisenhower Park
899 Hempstead Turnpike
East Meadow

WALK FOR BEAUTY, WALK FOR LIFE

To raise awareness about breast and prostate cancer, and to raise funds for research at Stony Brook University.

Sunday, October 3
Registration: 8:30 am
Walk Start: 9:30 am

Distance: 6K/4K
Stony Brook Village

LONG ISLAND START! HEART WALK

A 5K walk to benefit the American Heart Association.

Saturday, October 16
Donation Turn-in/Registration:
8:30 am
Walk Start: 10 am

Stony Brook University

5K RUN/WALK FOR CHILDREN

A 5K run to benefit the Child Life Program at Stony Brook.

Sunday, October 17
Registration: 7:30-9 am
Run/Walk Start: 9:30 am

Gelinas Jr. High School
Setauket

Research Studies

THE BEST IDEAS IN TREATING OSTEOARTHRITIS

The Department of Orthopaedics is looking for volunteers to participate in a study on the effectiveness of an injection to improve function and to relieve pain caused by osteoarthritis at the joint at the base of the thumb.

Current treatments to relieve pain include cortisone injections and surgery, if the thumb joint osteoarthritis is severe. Researchers have been investigating the use of an injection called Synvisc® that is FDA approved in the treatment of osteoarthritis of the knee joint.

Led by co-investigators Marie A. Badalamente, PhD, Edward Wang, MD, and hand fellow Samantha Mulhrad, MD, the Stony Brook placebo-controlled study consists of either two injections of Synvisc or two injections of saline placebo one week apart. In addition, all participants will receive a nonsteroidal anti-inflammatory transdermal patch and will be asked to return for follow-up visits.

Participants should not have serious gastrointestinal problems, be on anticoagulant therapy, have asthma, or be prone to hives. For more information about the thumb joint osteoarthritis study, please call (631) 444-2215.

For more information or to enroll in studies, call (631) 444-4000.

TREATMENT STUDY FOR CHILDREN'S BEHAVIORAL CONTROL PROBLEMS

The Division of Child and Adolescent Psychiatry is conducting a study, supported by the National Institutes of Health, of treatment steps for children, ages 6 to 12, who have attention deficit hyperactivity disorder and other behavioral control problems such as aggressiveness, explosiveness, and low frustration tolerance. Eligible children receive free evaluation and study treatment, including medication and help with behavioral support strategies.

DO YOU HAVE A LEG WOUND THAT WON'T HEAL?

If so, you may be eligible to participate in a research study that investigates a product that may aid in the healing process. You will be compensated for your travel and time up to \$50 per visit.

INFLUENZA MEDICATION RESEARCH STUDY

If you have the flu, you may be interested in participating in a clinical research study testing a new investigational study medication for the treatment of all types of flu including the 2009 H1N1 flu (swine flu).

VOLUNTEERS NEEDED WITH LOWER EXTREMITY LIMB LOSS (AMPUTATION)

Many people with a leg amputation have difficulty walking even after rehabilitation. We are conducting a training study that involves a large amount of walking practice on a treadmill. To be eligible you must have a leg amputation above the knee, through the knee or below the knee. Participants are required to attend 15 sessions and will receive \$300.

HEART FAILURE SYMPTOM MONITORING TRAINING STUDY

We are seeking adults with heart failure who live in a community dwelling (not a nursing home) to participate in our study. Participants will receive paid compensation and a weight scale.

TOSCA (TREATMENT OF SEVERE CHILDHOOD AGGRESSION)

Children, ages 6 to 12, are needed to participate in a treatment study of aggressive behavior in children with ADHD. If qualified to participate, children will receive a thorough diagnostic evaluation, and be treated with one or two medications. Parents will receive 9 weeks of parent management training. Compensation paid and confidentiality maintained.

ARE YOU HEALTHY AND OVER THE AGE OF 18?

Individuals are needed to participate in a screening study that includes a brief questionnaire and blood draw. Participants will be compensated \$25.

ARE YOU HEALTHY AND IN YOUR TWENTIES?

Healthy men and women with no medical problems and not taking medication for any chronic health issues, ages 21 to 30, are needed to participate in a research study as a control group. Women cannot be on birth control pills. Participants will receive compensation up to \$250.

VOLUNTEERS NEEDED WHO ARE TAKING STATINS TO LOWER CHOLESTEROL

Are you taking statins to lower cholesterol (such as Lipitor®, Zocor®, Pravachol®, Mevacor®, Crestor®, Lescol®, etc.), and experience muscle pain or soreness, weakness, or fatigue? If you are 21 years of age or older, you may be eligible to participate in a study for treatment with a nutritional supplement. If you meet the criteria for the study and choose to participate, you will be given a stipend of up to \$500.

THE GOOD AND THE BAD CHOLESTEROL

Did you have a recent heart attack and have high cholesterol? If so, you may be eligible to participate in a research study that might increase your HDL cholesterol and possibly prevent another cardiac event. The Division of Cardiovascular Diseases is studying a new investigational medication (dalcetrapib) to see if it increases the HDL cholesterol.

Gift Makes a Difference to Students and Staff

Over the years, faculty and staff members have been very supportive of the “It’s About Us” campaign, in which Stony Brook staff pledge financial support for services and programs benefiting the University community, including the Medical Center and Long Island State Veterans Home. This year, more than 1,400 employees participated. In this campaign, one of our faculty members clearly stands out: Frances Brisbane, PhD, the Dean of the School of Social Welfare. In addition to her decades-long weekly payroll contributions, she has made an incremental gift to support some of the areas near and dear to her heart.



Dr. Frances Brisbane

“Dr. Frances Brisbane is an ideal example of Stony Brook’s exceptional faculty and staff,” says University President Samuel L. Stanley Jr., MD. “Through her insight and enthusiasm, she recognizes the value of giving back to our community. She initiates positive change by putting her concern for others’ welfare into action, and I’m proud she’s a part of Stony Brook. Leadership, vision, and generosity such as Frances’ further our mission and contribute immensely to the continued strength and excellence of this University.”

Dean Brisbane is allocating her \$51,000 gift to scholarships at the School of Social Welfare to financial assistance for Stony Brook’s student athletes (PAWS—Providing Athletes with Support), and for use as a financial safety net for fellow Stony Brook employees who are experiencing financial challenges (The Hardship Fund).

In addition to being a Professor and Dean of the School of Social Welfare, Frances Brisbane is the Dean of the Black Alcoholism and Addictions Institute, co-sponsored by Morehouse Research Institute of Morehouse College in Atlanta, and the National Black Alcoholism and Addictions Council (NBAC) in Washington, D.C. In 2007, for her lifetime work in volunteerism, she received the U.S. President’s highest honor, the President’s Call to Service Award. She is also a recipient of the University President’s Award for Excellence in Diversity and Affirmative Action.

While faculty and staff donate to an incredibly broad range of worthy programs and projects, the reason most choose to support the “It’s About Us” faculty and staff campaign is strikingly similar to Dean Brisbane’s: to make a difference.

“I decided to ‘pool’ all my giving (except contributions to church and religious activities),” she says, “to one place—Stony Brook, so it would be large enough, hopefully, to make a difference in the areas where it is most needed.” ■

HOSPITAL AUXILIARY RECEIVES PRESTIGIOUS AWARD

In recognition of years of dedicated service and ongoing support to the community, the Healthcare Association of New York State (HANYNS) awarded the Stony Brook University Hospital Auxiliary its Distinguished Service Award.

Since its formation in 1981, soon after the Hospital first opened its doors, the Auxiliary has raised more than \$6 million for Hospital projects, services, and the purchase of equipment, including three state-of-the-art ambulances. The organization initiated the Vial of Life program (a medication record-keeping program) for the local community, and has a network of volunteers from the local area who knit baby hats and blankets for babies born in the Hospital, as well as blankets for patients with cancer.

“We are dedicated to the patients at Stony Brook University Hospital,” said Auxiliary President Caroline Levine. “Like me, several Auxiliary members are healthy today because of the outstanding lifesaving care we’ve received at Stony Brook.”

The Auxiliary derives its funding from the newly designed Auxiliary Gift Shop located in the Hospital lobby, in-house vendor sales, new and used sales, fundraising events, and membership fees. Auxiliary membership benefits include an invitation to the annual luncheon, advance notice of all special events, newsletters, and an annual report. For more information about the Auxiliary, call (631) 444-2699. ■

Better Health Better Living

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