Fostering a Multi-Disciplinary Team

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

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

Respectfully,

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

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

Meri Atanas, MD
Chief, Radiation Oncology

Lori Medeiros, MD CM FRCSC FACS MBA
Executive Director RRHS Breast Service Line
Director RRHS Breast Center of Excellence

Eugene Toy, MD
Chief, Gynecologic Oncology
The devastating diagnosis came back quickly: stage 4 colon cancer. Initially overwhelmed, Bajro was immediately comforted by the rapid response from the team of doctors and nurses at Rochester General. “They took action right away, finding the right doctors, and the right care and medicine. Everything was in place,” Bajro says. “They consistently kept me informed and let me know where we were with the treatment, which gave me confidence that there was a good chance that this one day would be over.” The cancerous tumor was large and had spread from his bowel to the liver. The cancer responded well to several months of chemotherapy and he was able to undergo safe removal of both the primary tumor in his bowel and the tumor in the liver. Today Bajro is cancer-free.

And so is his 27-year-old sister Dzevada. The discovery that she had stage 3 colon cancer—even though she had not experienced any symptoms—was thanks to the recommendation of Gregory Connolly, MD, a medical oncologist at the Lipson Cancer Institute. Dr. Connolly, who oversaw the chemo treatment that shrunk Bajro’s tumor, and allowed for a safe surgery, recommended that Bajro’s immediate family undergo genetic testing. “Without that recommendation, we probably would not have done that,” Bajro says. “Obviously, my sister never thought of any such thing.”

Dr. Connolly says getting to know a patient’s family is a critical component to treating any patient. “We want to make sure there is the support the patient needs at home, and also the support for the family members who are going through a challenging time,” he says.

It’s little wonder that Bajro calls Dr. Connolly his “guardian angel.”

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

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

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

**OUR LUNG CANCER SCREENING PROGRAM LOCATIONS**
- Newark-Wayne Community Hospital
  1200 Driving Park Ave.
  Newark, NY 14513
- Rochester General Campus - Wilson Building
  800 Carter Street
  Rochester, NY 14621
- Unity Hospital - Professional Office Building
  1561 Long Pond Rd, Suite 408
  Rochester, NY 14626

LEARN MORE AT ROCHESTERREGIONAL.ORG/LUNGCANCERSCREENING
Screening mammograms can help detect breast cancer in its earliest form, making treatments more successful and increasing survival rates.

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

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

**2018 MOBILE MAMMOGRAPHY DATA**
*August 2018–December 2018*

- **Participants**
  - Residents of Monroe, Cayuga, Livingston, Ontario, Seneca, Steuben, Wayne and Yates counties.
  - 64 screening events with a total of 456 women screened.

- **Outcomes**
  - Of 456 women who had a mammogram screening:
    - 31 were enrolled into the Cancer Service Program.
    - 36 had a BI-RAD score of 0 and they were called for further imaging: 1 refused, 32 completed second image and biopsy—negative, 1 left to have imaging at another medical system, 2 women began cancer treatment after positive malignancy results.

- **Effectiveness**
  - Results indicate successful identification of patients for diagnostic screening and continued care. We have also enrolled a number of patients into The Cancer Services Program, which pays for cervical and colorectal cancer screening for uninsured and underinsured individuals.
and heavy menstrual bleeding. Haemophilia. and provider interventions in postmenarchal adolescents
Srivaths LV, Zhang QC, Byams VR, Dietrich JE, James AH, Kouides, Peter A MD

Symposium: Advancing Care and Research abstract 53. Poster presentation at Cancer Survivorship
N Pictor, CR Cheplowitz, JS Santelli, Saad Jamshed; ASCO 2018, Abstract #4704
Raseen Tariq, Fateeha Furqan, MD, Saad Jamshed, Jonathan Bress, Qiu Tong, Roberto Vargas; ASH 2018, Abstract
Sahil Khanna; ASH 2018, Abstract, Blood 2018, #4704

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

Kouides, Peter A MD


Medeiros, Lori MD

Phatak, Pradyumna MD

Girbhos in Hemochromatosis: Independent Risk Factors in J glob HFU.p:282 Homozygotes
Sham, Ronald MD

"Case Studies in Hematology and Coagulation" 2nd ed
Toy, Eugene MD

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

2018 PRESENTATIONS/EDUCATION

Connolly, Gregory MD

Lecture, RIT Physician Assistant program, Venous Thromboembolism, February 2018
Hematology Updates for Primary Care Physicians, speaker “Cancer Associated Thrombosis”, April 2018
Rochester General Hospital, Resident Lecture, “Thrombocytopenia”, October 2018
Entinghausen, Stephen MD

Invited Presentation, Rochester General Hospital Advanced Practice Provider Conference, “Hot Topics in Hematology” 2018 Rochester, NY, “The role of the surgeon in the multidisci-
ciplinary care of the cancer patient”, November 9, 2018
Haynes, Jeffrey C MD

"Local and Neocutaneous Radiation: Preparation and Management of complications", RGH Dental Residents, July 2018

Jamsbad, Saad MD

Hematology Updates for Primary Care Physicians, Moderator and presenter. “Dangerous Small Clones—When unknown significance is significant”, April 2018
Lecture, RIT Physician Assistant program, Lymphoproliferative disorders
Rochester General Hospital IMRP lecture, Plasma cell neoplasms
Khan, Mohamad Talal DO

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

“Hemophilia, the New and the Old” - University of Rochester Medical Student program March 2018
“Hemophilia Update” - University of Rochester Hematology Fellowships program March 2018 and April 2018
“Antifibrinolytic Therapy for Treatment and Prevention of VWD-related Thrombosis: Hemorrhagic, Indications and Limitations” - International Society of Thrombosis and Hemostasis Von Willebrand Factor subcommittee, Dublin Ireland July 2018
“Research update in PPH and Menorrhagia” - Foundation for Women’s Health, March 2018 and April 2018
“Dangerous Small Clones–When unknown significance is significant”, April 2018

Kouides, Peter A MD

American Society of Hematology, liaison to ASH Foundation committee
American Society of Hematology/International Society of Thrombosis and Hemostasis/National Hemophilia Foundation/ World Federation of Hemophilia, appointed member to von Willebrand disease management guideline writing group
American Thrombosis and Hemostasis Network, member of research study group
American Thrombosis and Hemostasis Network, mentor for DREAM Award to Dr. Ravi Schaeffer Buffalo Children’s Hospital project on WVF levels and obesity
Cancer Related Thrombosis, Hemophilia branch-appointed member – Project review committee

2018 AWARDS

David, Rachel J MD

2018 ASCO Innovation in Clinical Immunology-Oncology Symposium, Merit Award Winner
Abstract: Immunotherapy use, outcomes, and toxicities in gastrointestinal malignancies
Khan, Mohammad Talal DO

First Place, Rochester General Hospital Internal Medicine Residency Program Research Symposium for clinical Vignette
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Multicenter U.S. Study of Wilate in Von Willebrand Disease related Post-Partum Hemorrhage, Co-principal investigator
National Hemophilia Foundation, appointed member to Medical Advisory and Scientific Board
National Hemophilia Foundation, appointed member to Women with von Willebrand committee
National Blood Clot Alliance, appointed member to Medical Advisory and Scientific Board
Region I/II MCHB/CDC, Hemophilia Treatment Centers—Executive committee member
RGH Anticoagulation Stewardship Team member
RGH Institutional Review Board since 1993
RGG Transfusion Committee since 1993
Roswell Park Hematology Oncology Fellowship, RGH contact person/supervisor
Thrombosis and Hemosistasis Societies of North America, President 2018-2020
World Federation of Hemophilia Twinning with Nepal, Team leader-2014-present
Williams, James
Board of Advisors American Cancer Society Institute

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At the Lipson Cancer Institute Cancer Registry, team members work diligently with physicians and the Cancer Committee to maintain accreditation as an Academic Comprehensive Cancer Program by the American College of Surgeons (ACS). In 2017, 3,282 cases were accessioned into the registry database. Of those cases, 2,389 were analytic and 896 were non-analytic. The five most common sites (breast, lung, prostate, colorectal, and bladder) account for 64% of the total analytic cases. The ten most prevalent sites at RGH/Lipson correlate closely with NYS and US data, although RGH sees a greater number of breast cancer than state and national rates, and a lower number of colorectal cancer.

Daily functions maintained by the Lipson Registry team include the timely and accurate collection of information on cancer cases diagnosed and/or treated at RGH. The registry has continued to submit data to NYS Cancer Registry and received the award of “Completeness and Timeliness” for 2017 submissions. Data collected—including demographics, anatomic site, tests, treatment and extent of disease—can be used in outcome reporting, clinical research, physician education, and hospital planning. This information is also shared with the New York State Cancer Registry (NYSOR) and the National Cancer Database (NCDB), allowing for comparison of our patient data with other hospitals, and helping to establish national patterns of patient care and survival. Registry data is used in many areas:
- Evaluating patient outcomes and quality of life
- Providing follow-up information for cancer surveillance
- Calculating survival rates
- Providing information for cancer program activities
- Analyzing referral patterns
- Allocating resources at the health care facility and the community
- Reporting cancer incidence as required under state law
- Evaluating efficacy of treatment modalities

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

RGH CANCER CASES DIAGNOSED 2017
NATIONAL COMPARISON OF SELECTED CANCER SITES

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>RGH</th>
<th>RGH Percent</th>
<th>NEW YORK</th>
<th>NATIONAL</th>
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<tr>
<td></td>
<td>Cases</td>
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<td>TOTAL CASES</td>
<td>2,389</td>
<td>100.0%</td>
<td>107,530</td>
<td>1,688,780</td>
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<td></td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>BREAST</td>
<td>659</td>
<td>27.6%</td>
<td>16,310</td>
<td>252,710</td>
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<tr>
<td>LUNG</td>
<td>313</td>
<td>13.1%</td>
<td>12,700</td>
<td>222,530</td>
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<tr>
<td>PROSTATE</td>
<td>267</td>
<td>11.2%</td>
<td>10,060</td>
<td>161,360</td>
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<tr>
<td>COLORECTAL</td>
<td>145</td>
<td>6.1%</td>
<td>8,490</td>
<td>135,430</td>
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<tr>
<td>BLADDER</td>
<td>143</td>
<td>6.0%</td>
<td>5,410</td>
<td>79,030</td>
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<tr>
<td>NH LYMPHOMA</td>
<td>65</td>
<td>2.7%</td>
<td>4,760</td>
<td>72,240</td>
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<tr>
<td>CORPUS UTERI</td>
<td>100</td>
<td>4.2%</td>
<td>4,420</td>
<td>61,380</td>
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<tr>
<td>MELANOMA</td>
<td>49</td>
<td>2.1%</td>
<td>4,900</td>
<td>87,110</td>
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<tr>
<td>LEUKEMIA</td>
<td>49</td>
<td>2.1%</td>
<td>4,320</td>
<td>62,130</td>
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<tr>
<td>CERVIX</td>
<td>13</td>
<td>0.5%</td>
<td>810</td>
<td>12,820</td>
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<tr>
<td>ALL OTHERS</td>
<td>566</td>
<td>23.7%</td>
<td>35,350</td>
<td>542,040</td>
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* Estimated Numbers of New Cases from: The American Cancer Society Cancer Facts & Figures 2017
At the Lipson Cancer Institute, our patients have the opportunity to participate in a broad range of clinical trials for the treatment of cancer. As active clinical trial investigators, we are able to provide our patients with access to the latest treatments and technology, while also helping to establish a foundation of knowledge that will form the future standards of cancer treatment for all patients. Studies often provide access to cutting-edge therapies and may afford patients with alternative treatment options that would otherwise not be available.

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

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

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

**ONCOLOGY RESEARCH TEAM**

- Peter Bushunow, MD  
  Medical Oncologist and Director of Oncology Research
- Saad Jamshed, MD  
  Hematologist/Medical Oncologist and Director of Hematology Research
- Heather Bacchetta  
  Clinical Research Manager
- Abby Welch, RN  
  Clinical Research Nurse
- Lisa House  
  Clinical Research Associate
- Alexis Bozza  
  Clinical Research Associate

**RESEARCH IN THE NEWS**

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

Today, this research is giving new hope to patients battling this aggressive form of breast cancer.

RGH Hematologist/Medical Oncologist, Farhan Imran, MD, also debuted in the news as a result of the 2018 New England Journal of Medicine publication on adjuvant chemotherapy for breast cancer patients. This publication reported results from the TAILORx clinical trial. This was a very important study sponsored by the National Cancer Institute, and led to a significant decrease in the use of adjuvant chemotherapy in patients with early stage breast cancer. The Lipson Cancer Institute was one of the sites that participated in this nationwide study. We successfully enrolled patients onto this trial, helping to enable this research. Trial results were also presented at the annual ASCO meeting in June 2018. We are proud to have been a part of such important research.
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<th>Primary Site Class</th>
<th>Sea</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
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<th>III</th>
<th>IV</th>
<th>Unknown</th>
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<td><strong>All Sites</strong></td>
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<td>2389</td>
<td>1861</td>
<td>333</td>
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<td><strong>Oral Cavity</strong></td>
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<td><strong>Rectum</strong></td>
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<td><strong>Digestive System</strong></td>
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<td><strong>Respiratory System</strong></td>
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<td><strong>Nasal/Sinus</strong></td>
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<td><strong>Blood &amp; Bone Marrow</strong></td>
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<td><strong>Breast</strong></td>
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<td><strong>Skin</strong></td>
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<td><strong>Bone</strong></td>
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<td><strong>Connect/Soft Tissue</strong></td>
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<td><strong>Urinary System</strong></td>
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<tr>
<td><strong>Bladder</strong></td>
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<td><strong>Kidney/Renal</strong></td>
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<td><strong>Brain &amp; CNS</strong></td>
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<td><strong>Brain (Benign)</strong></td>
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<td><strong>Brain (Malignant)</strong></td>
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<td><strong>Thyroid</strong></td>
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<td><strong>Lymphatic System</strong></td>
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<td><strong>Non-Hodgkin's</strong></td>
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<td><strong>Unknown Primary</strong></td>
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<td><strong>Other/Ill-Defined</strong></td>
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Number of cases excluded: 1. This report includes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.
When I first met Therese O’Connor in September of 1988 the first “new” Cancer Center at RGH was just opening. She was the first social worker and I was the first nurse manager. We had 2.5 medical oncologists, 1.5 radiation oncologists, 5 chemo nurses, 2 radiation nurses and Therese. Fast forward to 2018, our Lipson Cancer Institute has 13 medical oncologists, 5 radiation oncologists, 11 APPs, 30 chemo nurses, 5 radiation nurses, and a multitude of support staff, totaling 140 Cancer Center team members at 2 sites and Therese. I once asked Therese if she had any idea of how many patients she works with annually and we couldn’t come up with a way to figure this out. Then I realized, Therese probably touched each one of our active patients at one time or another.

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

It was evident in Therese’s everyday work that her goal for each patient was “how can I serve them better”. From helping a grandmother whose daughter died very quickly after diagnosis gain custody of her two young children, to going with a patient to meet with a Medicaid appeal judge to secure transportation costs to a clinical trial, Therese persisted in her service to others—and in this case not once, but three times.

Dr. Kouides once wrote “Therese is remarkable in her ability to discuss the very sensitive issues of life and death. She is nonjudgmental and comfortable accepting people where they are at that moment in time.” Therese’s job did not stay within the Cancer Institute. She maintained close relationships with many community organizations—she was a team leader for the Making Strides Breast Cancer walk, she worked tirelessly for the Breast Cancer Coalition’s annual teaching event, and she was a founding member of the Lipson Cancer Institute Breakfast Club where she prepared and served breakfast at the Open Door Mission. Therese managed the Christmas Project each year, carefully choosing families with the greatest need and fewest options—her office gave Santa and the North Pole a new challenge each year.

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

—Kathy Doerner, RN

Verse from a favorite song of Therese’s:

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

Therese O’Connor Remembrance 1957–2018