

# FOCUS ON A Cure

SUMMER 2007

A publication of the Monter Cancer Center and LIJ Division of Hematology/Oncology

## Cancer Care Comes Home

Getting top-notch outpatient cancer care close to home is easier than ever, thanks to the Monter Cancer Center in Lake Success. The \$17 million facility includes 32 chemotherapy stations, 18 exam rooms, 5 consultation rooms and physicians' offices in a soothing environment filled with natural light, high ceilings and a garden. The Monter Cancer Center is part of the comprehensive Center for Advanced Medicine, which is also home to the Ambulatory Surgery Center and the Diagnostic Imaging Center. Two new services were recently added to the location – the Breast Imaging Center and the Arthur Smith Institute for Urology.

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*THE MONTER CANCER CENTER PROVIDES STATE-OF-THE-ART, OUTPATIENT SERVICES IN ONE INTEGRATED FACILITY.*

### Breast Imaging Center

The new North Shore-LIJ Breast Imaging Center combines the full depth and breadth of breast imaging services by uniting radiologists from North Shore University Hospital's (NSUH) and LIJ Medical Center's divisions of breast imaging. Totalling 7,500 square feet, the new center was built at a cost of about \$2.9 million and the facility is home to a clinical team comprised of six radiologists. The facility and program structure are designed to accommodate

approximately 32,000 to 35,000 clinical studies, which will occur on an annual basis. Among the features of the new center are four digital mammography systems with computer-assisted diagnosis (CAD), breast ultrasound, magnetic resonance imaging (MRI) and stereotactic biopsy equipment, bone density testing, as well as other modality-guided instruments.

In addition to diagnostic mammography services for patients who are symptomatic or have a personal history of breast cancer, the center also offers regular breast screening for asymptomatic individuals. To reduce waiting times, this new program allows patients to be seen by a technologist who will perform their mammograms. These patients receive their results shortly thereafter. If additional views and/or an ultrasound are required, the patient will return for a diagnostic study.

### Institute for Urology

The Arthur Smith Institute for Urology, a \$7.8 million, 18,000-square-foot facility, was created for the care and treatment of people with urological disease. The full-time staff represents internationally renowned experts in the minimally invasive treatment of urological diseases. Faculty are considered leaders in the areas of prostate cancer, bladder cancer, renal cell carcinoma, testes cancer, interstitial cystitis, kidney and ureteral calculi,

*continued on page eight...*



Advanced imaging services are available at the Center for Advanced Medicine.

## Battling a “Silent Killer”

By Liz Seegert

It’s deadly, strikes at random, often has no specific symptoms and may not be diagnosed until it’s too late for effective treatment. “It” is ovarian cancer – frequently called the “the silent killer.”

Proportionately, it is the most fatal gynecological cancer; nearly 15,000 women died from ovarian cancer in 2006, according to the American Cancer Society.

“This disease is so difficult to diagnose, because there is no ‘typical’ ovarian cancer patient, and we don’t have an early test to identify women who may be at risk,” said John Lovecchio, MD, chief of gynecologic oncology at North Shore University Hospital and LIJ Medical Center. “If we can catch it early, we can make a significant impact. The survival rate at stage I, when the disease is confined to the ovary, is 90 percent. Unfortunately, 75 percent of all patients initially present with the disease at stage III, when it has spread throughout the abdominal cavity, and survival drops to 30 percent.”



Dr. John Lovecchio and patient Geri Cousland.

Dr. Lovecchio noted that recent research indicates that there are some hereditary components to this disease. For example, women of Ashkenazi descent, those who have the BRCA1 and BRCA2 genes, or those with a strong family history

### Cancer Support Groups

Cancer support groups help many patients and their families cope with their diagnosis and treatment. Please call (516) 734-8814 for information about North Shore-LIJ’s many support groups.

of ovarian cancers, are at increased risk. Despite advances in identifying patients at high risk for ovarian cancer, “Genetic testing can only pick up a small percentage of those at risk, since only 10 percent of ovarian cancer is of the hereditary type,” he said.

### Ongoing Research, New Protocols

Researchers are working to develop new screening tests, similar to the PSA (prostate) test for men, to help diagnose this cancer sooner. “It’s still investigational,” Dr. Lovecchio said, “but this is a critically important and exciting new research tool.”

North Shore-LIJ clinical specialists are also developing new treatments that can significantly lengthen survival time, including new chemotherapy protocols. Some patients who meet specific criteria now receive intraperitoneal chemotherapy – delivery of chemotherapy directly into the abdomen. “We have found that patients on this protocol live 15 to 20 months longer compared to chemotherapy given exclusively intravenously,” Dr. Lovecchio said.

### The Best Prevention Is Awareness

Dr. Lovecchio advises women to make sure that their gynecologist knows of any family history of breast or other ovarian cancers, their ethnic background, and any symptoms such as persistent urinary frequency or urgency, pain in the pelvic or abdominal area or a feeling of fullness that last for more than a month.

“This disease only whispers its presence,” he said, “so it’s important to pay attention to your body and tell your doctor about these symptoms.”

## Two Women’s Stories

Five years ago, **Rosa Miranda**, a 40-year-old beauty consultant from Hicksville, tried unsuccessfully to conceive. A visit to her gynecologist revealed a blocked fallopian tube, leading to the eventual discovery of a tumor. Ms. Miranda was referred to Dr. Lovecchio at North Shore University Hospital (NSUH) in Manhasset.

“I was devastated,” she said. She was depressed for about a week, but after meeting with Dr. Lovecchio, she found inspiration to fight her illness. “He gave me a lot of hope and was very positive,” she said. “I was diagnosed between stages I and II, so my outlook was very good.”

Because of the aggressive nature of this cancer, Dr. Lovecchio performed a full hysterectomy. Ms. Miranda began chemotherapy shortly afterward.

Nearly five years after her diagnosis, she has a clean bill of health. Last year, she and her husband adopted an infant son, Patrick, who is the light of her life. “I’m grateful for everything I have now, even going through what I did,” she said.

Another Hicksville resident, **Geri Cousland**, didn’t learn she had cancer until it was already at stage III. “I was in good health with no family history,” she explained. “About two years ago, I noticed I was getting a tummy, but thought it was because I wasn’t exercising much,” said the 59-year-old wife and mother of two.

Ovarian cancer was revealed during a subsequent visit to her gynecologist and an ultrasound. She immediately decided that “cancer was not going to get the best of me.” She was referred to Dr. Lovecchio, and following surgery, began chemotherapy.

“He was very compassionate, very thorough. He and the nurses had such a positive attitude, I couldn’t help but have one, too,” she said. Ms. Cousland joined the Long Island chapter of the National Ovarian Cancer Coalition, an ovarian cancer support group.

Ms. Cousland has been in remission for 18 months and is looking forward to a long, healthy life.

# National Cancer Institute-Sponsored Clinical Trials Available in the North Shore-LIJ Health System

The North Shore-LIJ Health System has nearly three decades of affiliation with the National Cancer Institute to provide state-of-the-art treatments for cancer patients on Long Island and Queens. Some of the national trials available for patients are described below. **Additional trials are also available** and can be found at [www.cancer.gov/clinicaltrials](http://www.cancer.gov/clinicaltrials) or by contacting the people listed below.

## BREAST CANCER

**MA-27:** This North American study compares two commercially available hormonal therapies in post-menopausal women who have undergone a breast cancer operation. The purpose of this trial is to compare these drugs for efficacy and toxicity to determine whether there is a difference between them and if they can be used interchangeably. Participants are treated with pills for five years.

**NSABP B-42:** The optimal duration of hormonal therapy after a breast operation is currently unknown. Five years is regarded as a reasonable length of treatment time, but it is unknown whether longer treatment with drugs is more beneficial. There is also the possibility that longer treatment may produce negative side effects. This national study is geared toward post-menopausal patients who have been treated with an aromatase inhibitor (the current standard of care) for five years. The study continues them on an aromatase inhibitor (letrozole) for an additional five years to determine whether treatment should be continued.

**PACCT-1:** This national study, termed “Program for the Assessment of Clinical Cancer Tests,” involves the use of a new gene test to determine which therapy is appropriate for patients after a breast cancer operation. Currently, there is early evidence that certain patients benefit more from chemotherapy than from hormonal therapy; the converse is also true. The study enters patients with early operable breast cancer and analyzes the cancer for the expression of genes. This analysis produces a “recurrence score,” estimates the risk of relapse and recommends whether patients should then receive treatment based on their recurrence score. Patients with a low risk of relapse of their disease are spared chemotherapy, patients with a high risk receive chemotherapy, and the group in between is randomized (assigned by chance) to either receive chemotherapy or not – it is unknown whether this group benefits from chemotherapy.

## LEUKEMIA

For more than two decades, the North Shore-LIJ Health System has emphasized cutting-edge treatment for leukemia and has been closely involved in national treatment programs.

**CALGB 10503:** Acute myelogenous leukemia remains a deadly disease, although changes in molecular biology and drugs have resulted in a cure for many patients. Many trials are now devoted to increasing this cure rate by incorporating new agents into the treatment plan. For patients under the age of 60, decitabine is a new drug that is active in recurrent leukemia and is being introduced into earlier treatment settings. The purpose of this national study is to find out what effects decitabine has on leukemia after standard-combination chemotherapy treatment. All patients receive standard therapy, with half also receiving the new drug.

## COLORECTAL CANCER

**CALGB 80405:** This is a phase III trial of drugs used to treat colon or rectal cancer. The treatment of bowel cancer has undergone profound changes with the development of several new active drugs. A major problem has been to determine which combination of drugs offers the greatest benefit with the least toxicity. This national trial looks at two of these new targeted therapies in combination with standard chemotherapy. Patients with advanced bowel cancer who have not received previous treatment for their recurrent disease are potential participants. The purpose of this study is to determine whether one of the following two combinations – cetuximab plus chemotherapy, or cetuximab plus bevacizumab plus chemotherapy – is better than the combination of bevacizumab with chemotherapy.

## PROSTATE CANCER

**CALGB 90401:** This is a randomized, double-blinded, placebo-controlled, phase III trial of drugs used to treat prostate cancer. The study is designed to test the value and toxicity of the addition of bevacizumab to standard chemotherapy with docetaxel and prednisone in men who have prostate cancer that has progressed, despite standard hormonal treatments. All patients receive docetaxel and prednisone, along with an intravenous infusion of either a placebo (not the real drug) or bevacizumab.



## CANCER SURVIVOR CELEBRATES LANDMARK

Breast cancer survivor Barbara Darby, center, recently celebrated being the 7000th participant to enroll in cancer clinical studies at the Monter Cancer Center. She received treatment from Vincent Vinciguerra, MD, right, the center’s chief of hematology/oncology, who also cares for Ms. Darby’s mother, Martha Williams, a colon cancer survivor.



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FOR FURTHER INFORMATION, PLEASE CONTACT KERRY WALLACE AT THE MONTER CANCER CENTER AT (516) 734-8913 OR DALE JANSON AT LIJ MEDICAL CENTER AT (718) 470-4408.

# One Woman's Journey: A Story of Hope

By Liz Seegert



Vicki Murphy knows she is incredibly lucky to be alive. When she went to the North Shore University Hospital (NSUH) emergency room one day in 2000, she thought the spots on her stomach and legs might have been the measles.

Doctors took one look at her symptoms and immediately ordered blood tests to confirm their suspicions. Ms. Murphy was admitted right away and shortly thereafter received the diagnosis: she had leukemia. “At the time they admitted me,” Ms. Murphy said, “I basically had no immune system left. I was days away from dying.”

Physicians determined that she had acute promyelocytic leukemia, or APL – a rare subtype of acute myeloid leukemia (AML). Ms. Murphy received several transfusions while she and her doctors decided on the best course of therapy. She began her first round of chemotherapy just five days later.

Jonathan Kolitz, MD, director of the leukemia service at NSUH’s Don Monti Division of Medical Oncology at the Monter Cancer Center in Lake Success, told Ms. Murphy that there was an excellent chance of her leukemia going into remission with the chemotherapy treatment. “If APL is treated immediately and aggressively, the remission rates can be as high as 85 percent,” he explained.

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## Joining a Clinical Trial

After 23 days of chemotherapy, Ms. Murphy’s leukemia went into remission. Dr. Kolitz told her about an opportunity to participate in a new phase III clinical trial, conducted under the auspices of the National Institutes of Health’s National Cancer Institute. The multi-year cooperative study was a randomized trial that looked at whether adding arsenic trioxide therapy to the

standard chemotherapy protocol for APL would boost remission and survival rates.

Ms. Murphy signed on for the study and was assigned to the arsenic arm, following the study protocol exactly and undergoing weekly blood tests and periodic bone marrow biopsies.

“Chemo makes you very weak,” said Ms. Murphy. “You go way down, to the point where you may feel you want to just give up hope. Then you come up again.” She said that despite the bad days, the incredible support and encouragement from her family, physicians and staff at North Shore kept her outlook positive.

As her condition stabilized, she became well enough to drive herself to the hospital for the arsenic treatments. “I felt like I was getting back to normal, although it was a new normal,” she said. With prep time, the daily two-hour infusion usually became a three- to four-hour process. “It was my new project, and I was thrilled that I could get myself there, actually walk up the steps, do the treatment and return to work.”

## Significant Findings

The study results of the trial, which included 582 patients and ran from June 1999 through March 2005, were dramatic. Patients on the arsenic therapy had significantly better remission and survival rates than those without it. “This is a disease that is already highly responsive to chemotherapy and ATRA,” Dr. Kolitz said. “It was clear that those patients on the arsenic arm of the trial were doing even better with respect to lower probability of relapse and greater probability of overall survival.”

Ms. Murphy’s leukemia has been in remission nearly seven years. Dr. Kolitz considers her cured. “All I can say is that I’m lucky,” Ms. Murphy said. “It was tough work but I got through it. I was told this trial could be a breakthrough, and I participated because it would mean progress and give others hope.”

Shown here with Cindy Maiello, RN, Mindy Cohen found that chemotherapy side effects were manageable.



## Life Goes On During Chemo

When Mindy Cohen was diagnosed with breast cancer, her first concern was not for herself but for her children. That's a response every mother can understand, but for Mrs. Cohen, the prospect of not being there for her children was particularly upsetting – two of her children have juvenile diabetes and might require special care at any hour of the day or night.

Her cancer was diagnosed by fine needle aspiration in August 2006, and the following month, a surgeon performed a lumpectomy with axillary dissection. At a follow-up appointment, Mrs. Cohen told her surgeon, "Chemotherapy is out of the question. I can't be incapacitated – I have to take care of my children." Her doctor responded simply, "I've already made the appointment for you. Here's the date."

With trepidation, Mrs. Cohen kept the appointment with Lora Weiselberg, MD, chief of breast cancer services for North Shore University Hospital's Don Monti Division of Hematology/Oncology. A medical oncologist, Dr. Weiselberg prescribes chemotherapy for her patients. Then, along with her faculty practice nurses Victoria Miller, RN, and Eileen Brennan-O'Neill, RN, she carefully monitors the patients for unusual reactions or side effects during the chemo phase. For Mrs. Cohen, who was diagnosed with infiltrating ductal carcinoma (IDC) of the right breast (the most common form – about 80 percent of breast cancers are IDCs), Dr. Weiselberg prescribed the standard protocol, Adriamycin and Cytosin, in four rounds followed by Taxol for 12 weeks. It was administered at the North Shore-LIJ Health System's Monter Cancer Center in Lake Success.

"Dr. Weiselberg and her staff were just wonderful," Mrs. Cohen said. "They were reassuring and supportive – they did everything possible to prepare me for chemo and get me through it. Eileen even came with me to my first chemo session. The Monter facility is simply state-of-the-art, and the nurses there are the best. I was so anxious about being weak and sick and nauseated and unable to function, but the fact is that although I had some tired spells, I was still the mother that my children depend on. That meant everything to me."

Because of a recent, rather dramatic breakthrough in cancer treatment, Mrs. Cohen is also receiving a drug called Herceptin. It has been discovered that in about 25 percent of women with breast cancer, including Mrs. Cohen, there is an alteration in the HER2 gene. Through a very complex process, it causes cancer and is therefore called an oncogene. Not long ago, being diagnosed with a HER2-positive tumor was bad news; it was associated with aggressive tumor spread and a poor prognosis. Today, however, it's good news, thanks to a very effective drug called Herceptin. "A study that came out in 2006 indicated that Herceptin decreases recurrence in women with HER2-positive tumors by 50 percent," said Eileen Brennan-O'Neill. "That's huge."

So as Mrs. Cohen sits in her comfortable lounge chair in one of the Monter Cancer Center's roomy private chemotherapy suites, she looks forward to getting back to her old life at full speed. Actively involved with the Juvenile Diabetes Research Foundation for many years, she tells herself, "Chemo is temporary. Juvenile diabetes is lifelong – at least until we can find a cure."

## Some Hereditary Cancer Syndromes

**Hereditary Breast and Ovarian Cancer Syndrome.** Mutations in either the BRCA1 or the BRCA2 gene are responsible for most (but not all) of hereditary breast and ovarian cancer and may cause a slightly to moderately increased risk of breast and prostate cancer in men.

**Hereditary Nonpolyposis Colorectal Cancer (HNPCC).** Most HNPCC is the result of a mutation in the MLH1, MSH2 or MSH6 genes. It predisposes the carrier to colorectal, endometrial (uterine) and ovarian cancers, with a slightly elevated risk of developing other cancers.

**Familial Adenomatous Polyposis Syndrome (FAPS).** This rare syndrome is due to a mutation in the APC gene, causing risks for colorectal cancer to increase 80 to 100 percent.

**Li-Fraumeni Syndrome.** More than 50 percent of those diagnosed have a mutation of the TP53 gene. It predisposes to soft tissue sarcoma, breast cancer, leukemia, osteosarcoma, melanoma and cancers of the colon, pancreas, brain and adrenal cortical carcinomas.

## Genetic Counselor Is on the Trail of Hereditary Cancer Syndromes

While all cancers – even those associated with environmental risk factors such as smoking or exposure to UV radiation – involve gene mutations, about five to 10 percent of cancer cases are called hereditary versus sporadic, because they result from a gene mutation that is passed from parent to child.

This inherited gene mutation increases the chances that family members will develop a specific type or types of cancer. Many hereditary cancer syndromes have been identified (see at left for examples), and tests are available to help pinpoint the mutations through North Shore University Hospital's Department of Medical Oncology, Division of Medical Genetics.

Using sophisticated testing techniques, genetic counselor Sharona Cohen, MS, determines whether a syndrome is present in a patient's family. Ms. Cohen counsels self-referrals as well as people whose physicians have referred them because they have already been diagnosed with cancer that the doctor suspects is hereditary, and/or because something in the family history has raised a red flag.

At the first appointment, Ms. Cohen works with the client to create a detailed family history, called a pedigree, that looks at three generations or even more. Some of the clues that an inherited gene mutation is at work are:

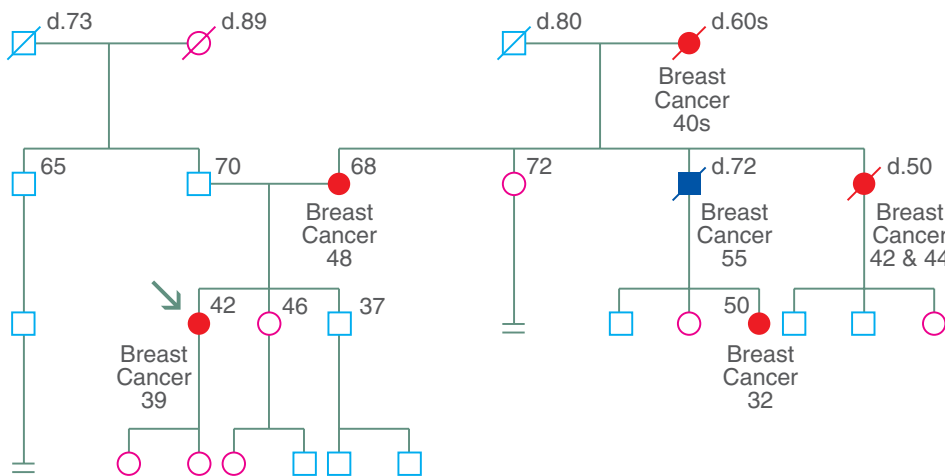
- Multiple relatives in more than one generation with the same type of cancer, or related cancers
- Cancer diagnosed at a younger age than is typically seen
- More than one type of related cancer in the same individual
- Certain ethnic descent with a personal or family history of cancer

Some pedigrees reveal a very small likelihood of a familial cancer syndrome; others indicate a strong possibility. There are many reasons why a family may or may not wish to pursue genetic testing for a cancer predisposition gene. Ms. Cohen helps patients reach a decision that is best for them on a case-by-case basis.

### The Breast Cancer Gene

Because breast cancer is so prevalent (one in eight women will be diagnosed with the disease), about 75 percent of the people Ms. Cohen counsels are women who are concerned about the possibility that they carry a breast cancer predisposition gene. The vast majority of hereditary breast cancer cases (remember, that is only five to 10 percent of the total number) are the result of a mutation in the BRCA1 or BRCA2 genes. Mutations in these genes are associated with the hereditary breast-ovarian cancer syndrome. As the name implies, there is also a risk of developing ovarian cancer. BRCA1 and BRCA2 mutations can be inherited from *both* the maternal and paternal sides of the family. Therefore, while most men who carry a mutation in these genes do not develop cancer, they can still pass on the mutation to their children.

There is no doubt that testing has saved lives through informed medical management. "A person who tests positive for the BRCA1 or BRCA2 mutation has the option of increased surveillance or preventive measures including prophylactic surgery and chemoprevention," Ms. Cohen said.



### Key

□ Unaffected Male   ○ Unaffected Female   ■ Affected Male   ● Affected Female

This diagram is consistent with a hereditary breast cancer condition. Arrow points to person receiving genetic counseling; she was diagnosed with breast cancer at age 39 and is now 42 years old.

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# Colon Cancer Screening Saves Lives

Emily Andrews of Long Island and Lea Zabar of Queens had never met before a news conference to promote colon cancer awareness brought them together at LIJ Medical Center. Both had very different stories to tell about their respective journeys along the difficult road of colon cancer diagnosis and treatment, but both spoke that day with one voice – regular colon cancer screenings and follow-up treatment are vital for adults who wish to live a long and healthy life.

Those sentiments were echoed by Bhoomi Mehrotra, MD, the oncologist at LIJ Medical Center who treated both women. Dr. Mehrotra noted that, in 2006, more than 291,270 men and 273,560 women died from various cancers, according to the American Cancer Society. Of those numbers, 10 percent of men and 10 percent of women succumbed to cancers of the colon and rectum, making it the second leading cause of cancer deaths among men and the third among women, following lung and breast cancer. “The general public might not realize the prevalence of colon cancer, which makes it all the more important to get the message out about regular colon cancer screenings,” he said.

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*“THE GENERAL PUBLIC MIGHT NOT REALIZE THE PREVALENCE OF COLON CANCER, WHICH MAKES IT ALL THE MORE IMPORTANT TO GET THE MESSAGE OUT ABOUT REGULAR COLON CANCER SCREENINGS.”*

– DR. MEHROTRA

## The Benefits of Screening

Dr. Mehrotra said a colonoscopy is generally the first step in diagnosing the disease. “Many people might find this test to be uncomfortable,” he notes, “but its value in terms of early diagnosis for a better outcome cannot be overstated.”

And that advice held true for Ms. Andrews and Ms. Zabar. Ms. Andrews had never had a colonoscopy when she was first diagnosed with colon cancer in 1998. Her symptoms – constant nausea, weakness, stomach pains – had originally been misdiagnosed. After three trips to her doctor, she was finally



Emily Andrews (L.) of Long Island and Lea Zabar (R.) of Queens with Bhoomi Mehrotra, MD.

sent to a hospital where she received her correct diagnosis. Following a surgery for the recurrence of the disease in 2003 for a colonic resection, Ms. Andrews continues to be treated for the disease but her condition is now stable. An interfaith counselor, she is proud of the fact that she has influenced many people in her community to seek regular colon screenings. “It’s all worth it if I can help even one person avoid what I had to go through,” she said.

Ms. Zabar’s journey has been quite different. After having her thyroid gland removed as a result of thyroid cancer in 2002, she underwent further surgery that same year to remove cancer that had spread to her right lung. She continued with chemotherapy and radiation treatments. In 2005, her doctor suggested that she also get a colonoscopy, resulting in the removal of pre-cancerous polyps. A follow-up colonoscopy in 2006 revealed full-blown

colon cancer, resulting in the removal of her entire colon. Ms. Zabar, beloved by friends and family for her feisty spirit and perpetual courage, continues to receive treatment for this condition. A proud new grandmother, she recalled her mother’s advice: “Never be a quitter. There’s too much of life ahead.”

## Take Steps to Better Health

According to Dr. Mehrotra, colorectal cancer is largely preventable through regular screenings that can identify precancerous polyps and a healthy lifestyle that includes proper diet and exercise. And, when found early, colon cancer is highly treatable.

## Genetic Counselor

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While new discoveries regarding cancer genetics are occurring at a tremendous pace, there is still more to be learned, and Ms. Cohen is very enthusiastic about medical and scientific advances being made. “Genetic testing for cancer syndromes has been clinically available for only about 10 years,” she said, “and today the field is simply exploding. For instance, researchers at the University of Pittsburgh announced that they have found the gene that causes hereditary pancreatic cancer, and they are developing a test. Genetics is going to revolutionize the way we look at cancer.”

## Hereditary Cancer Syndromes

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**Cowden Syndrome.** Very rare, it is characterized by facial and oral lesions and benign tumors called hamartomas that frequently appear in the gastrointestinal or genitourinary tract. Of those diagnosed with Cowden syndrome, 80 percent have a detectable mutation on the PTEN gene.

## **FOCUS ON A Cure**

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**North Shore LIJ Center for  
Advanced Medicine**  
North Shore-Long Island Jewish Health System

## **Comprehensive Cancer Care** ...continued from page one

prostatitis, infectious diseases, benign prostatic hyperplasia and incontinence.

In addition to current urological services offered to patients, future plans include the establishment of a Pelvic Pain Center and Men's Health Center. The goal of the Pelvic Pain Center is to develop the first comprehensive academic Center for the Treatment of Urological Pelvic Pain. The center is designed to advance the field of pain management while providing patients with the most up-to-date clinical care possible. The Men's Health Center will be a comprehensive initiative,

focusing on common health issues that affect men including urinary incontinence, prostate cancer, heart disease, erectile dysfunction, and other urological disorders.

### **Compassionate Treatment, Close to Home**

With this full complement of services, the Center for Advanced Medicine is set to serve as the region's preeminent ambulatory care facility, providing a full spectrum of services for today's cancer patients.



The Monter Cancer Center in Lake Success, NY.