

# Alzheimer's SPECIALIZATION

## UPSTATE EARNS \$2.35 MILLION GRANT, CENTER OF EXCELLENCE DESIGNATION

Upstate has received a New York State Department of Health award of up to \$2.35 million over five years and the new designation as a Center of Excellence for Alzheimer's Disease.

"The distinction as a Center of Excellence for Alzheimer's Disease affirms Upstate's role as a leader in the region in the management of Alzheimer's disease and other dementias," says Sharon A. Brangman, MD, a SUNY Distinguished Service Professor of Medicine and chief of geriatric medicine at Upstate.

Brangman says that the funding will be used to expand the center's efforts to diagnose those with Alzheimer's disease and other dementias in the early stages of their illness.

She says there are many advantages to receiving an early diagnosis, including access to medications that have been shown to manage the symptoms of the disease. "Patients who receive an early and accurate diagnosis will have access to new courses of treatment as they become available, may participate in clinical trials, and will be at a stage in their disease where they can have a say in their advanced care planning to address their financial, legal, medical and caregiving needs."

Brangman and her team will use various strategies to promote early detection, including outreach to physicians in rural areas of New York, as well as educational programs for health professionals and the general public.

Designation as a Center of Excellence for Alzheimer's Disease means that patients will receive integrative, comprehensive and coordinated medical services for the diagnosis of Alzheimer's disease and other dementias. These centers also train health care providers and students on the detection, diagnosis and treatment of dementias.

In addition, they serve as a regional resource and referral source, providing coordinated delivery of services to dementia patients and their families, which is essential to allow these individuals to remain in their communities as long as possible.

They also collaborate with Alzheimer's Association chapters and other social service and health care providers in the region to promote public and professional education and support for patients and caregivers.

Upstate's Division of Geriatrics serves as the clinical site for the Center of Excellence for Alzheimer's Disease. The center is located in Suite A, 550 Harrison St., Syracuse.

**Upstate's Center of Excellence for Alzheimer's Disease is accepting new patients. Call 315-464-5166. ■**



*Sharon A. Brangman, MD, SUNY Distinguished Service Professor of Medicine, is chief of geriatric medicine at Upstate. She is also medical director of Upstate's Center of Excellence for Alzheimer's Disease.*

## UROLOGY JOURNAL COVER FEATURES FIRST-OF-ITS-KIND ROBOTIC-ASSISTED SURGERY AT UPSTATE



*Gennady Bratslavsky, MD*

In the December issue of *Urology*, Upstate physicians describe the first case in the world in which doctors used minimally invasive robotic surgery to perform a radical nephrectomy with a level III inferior vena cava thrombectomy. The procedure also included the removal of numerous lymph nodes.

The surgery, performed in 2013, was featured on the cover of the journal *Urology*.

The tumor thrombus in this case was 11 centimeters in size. Prior to that, the largest inferior vena cava tumor removed by robotic surgery has been reported in literature as 5 centimeters.

In about 10 percent of kidney cancer cases, tumors grow into the inferior vena cava. Eventually, such a tumor can reach the patient's heart, with deadly consequences.

Surgery to remove this tumor can be complicated depending on its proximity to the heart. In the case performed at Upstate, doctors say the tumor came within 2 inches of the patient's heart.

Previously, removal of this type of tumor was done by making large incisions that often required patients to remain in the hospital for many days or even weeks. Recently, with the introduction of the robotic-assisted surgery, a few centers have performed this tumor removal without large incisions, allowing patients to go home earlier than after the traditional open approach.

The Upstate case is important in that it expands the surgical limits of minimally invasive laparoscopic and robotic surgery, says Gennady Bratslavsky, MD, chief of urology at Upstate. He wrote about the case with Jed-Sian Cheng, MD, who trained in urology at Upstate and went on to complete a fellowship in urologic oncology at Massachusetts General Hospital/Harvard Medical School.

Robotic surgery for this complex case provided the benefit of three-dimensional vision, articulating instruments and precise instrument control and was able to handle challenging and delicate procedures, Bratslavsky says.

He suggests that for minimally invasive surgery to be a realistic option, the procedure should not be prohibitively



long. The procedure at Upstate ran six hours and six minutes. Removal of smaller IVC thrombi have taken from 240 to 411 minutes, according to the literature.

Successful use of robotic surgery in this complex case also can be seen by the relatively short hospital stay for the patient, who was discharged to home after 36 hours with no post-operative complications.

While this report offers encouraging progress for using robotic-assisted surgery in a complex IVC thrombus case, Bratslavsky warns that maximum caution should be exercised when using this approach and that centers providing this surgical option have the appropriate infrastructure for management of these complex patients.

For consults with Gennady Bratslavsky, MD, call 1-315-464-1500. ■

## PATIENTS WITH BROKEN JAWS MAY ALSO HAVE CONCUSSIONS

Concussions caused by sports injuries and active-duty military combat have garnered lots of publicity lately. Specialists at Upstate are now calling attention to a concussion that can result from a forceful punch to the jaw.

Patients with isolated mandible fractures should be screened for concussion and referred to a concussion clinic, say the authors of a paper published in October in *Facial Plastic Surgery*, a publication of the *Journal of the American Medical Association*.

Seventy-five percent of patients with mandibular fractures were found to have concussions during a yearlong study at Upstate University Hospital, according to research by otolaryngologists Robert Kellman, MD and Robert Kopp, MD, nurse practitioner Ronald Walsh and Lindsay Sobin, MD, an Upstate otolaryngology resident who is doing a fellowship at Boston Children's Hospital.

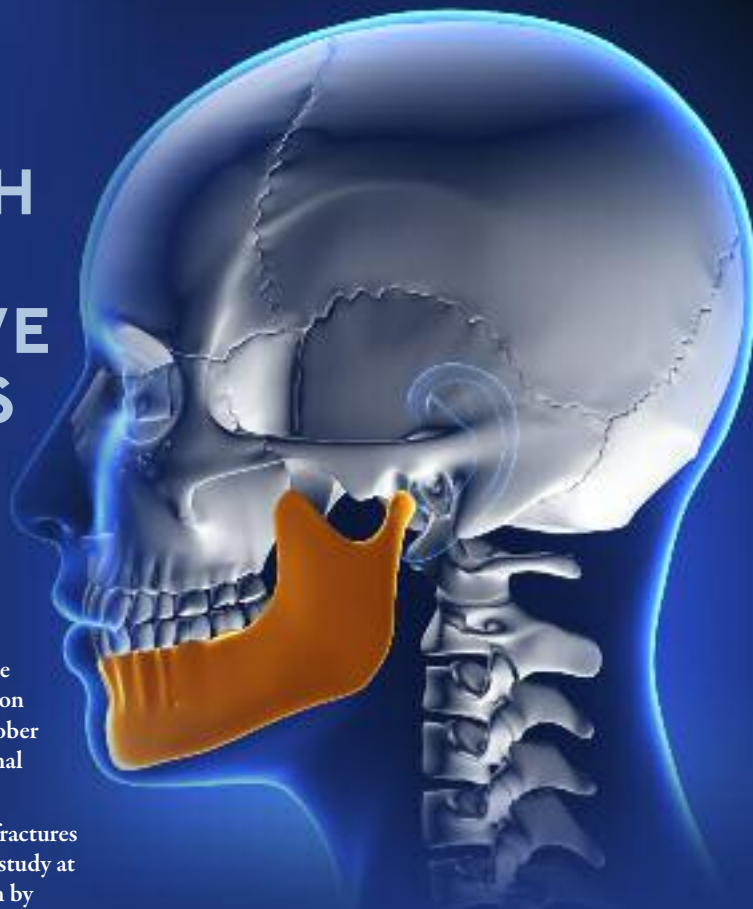
Their research included 16 patients between June 2013 and June 2014 with a median age of 27 ½ years. Fourteen were male. Twelve were injured in assaults. Twelve broke their jaws in two places. Eleven reported losing consciousness.

Although half of the patients admitted drinking alcohol, the authors found no relationship between the rates of concussion and the use of alcohol.

Significant force is required to break a human jaw, which is designed to protect the brain.

"The horseshoe shape of the mandible and its relationship with the skull base allows it to absorb rather than transmit forces to the middle cranial vault, which often leads to fractures in two locations, providing a degree of protection to the brain," the authors write, pointing out that high-velocity impact can overcome such evolutionary advantage.

Also, they note, with increasing force, the likelihood of intracranial and cervical spine injury increases.



Robert Kellman, MD

Lindsay Sobin, MD

Ronald Walsh, NP

The otolaryngologists urge medical colleagues to be alert for concussions in patients with jaw fractures. "Given the high rates of potential concussion seen in our study, and the low rates previously reported, we recommend an awareness of concussive symptoms and a high index of suspicion for mild traumatic brain injury," they conclude.

Reach Upstate's Department of Otolaryngology at 315-464-4636. Contact Upstate's Concussion Management Program at 315-464-8986. ■

## WHAT YOU THINK YOU KNOW ABOUT THE IMPORTANCE OF TOUCH IS PROBABLY INCORRECT

As someone who has spent years caring for cancer patients, Upstate nurse practitioner Katherine “Kitty” Leonard felt confident that most chemotherapy patients would appreciate a gentle touch during treatment and would fear being touched during invasive procedures such as inserting IVs.

“That was absolutely not the case at all,” says Leonard, whose research into how chemotherapy patients regard being touched was published recently in the journal *Oncology Nursing Forum*.

Leonard found that what mattered more than touch to patients was whether they felt they were treated like whole human beings.

A former massage therapist, Leonard designed the research project while studying to become a nurse practitioner with the help of Melanie Kalman, PhD, a professor in Upstate’s College of Nursing. Leonard’s conclusions are based on her interviews with 11 chemotherapy patients, at Upstate and elsewhere.

Patients quickly perceive whether health care providers approach them as a whole person or just as a disease, says Kalman. She says not much research has been done in finding out how patients themselves feel about being touched during treatment. Listening to Leonard’s interviews was enlightening, says Kalman. “You hear the same themes over and over. They’re different stories, but the same themes come out.”

Nursing studies on touch often divide it into task-oriented or

procedural touch versus comforting or caring touch. Leonard says “the big thing that the study showed is there is no big division in the patients’ minds.”

She recalls one of the people she interviewed, who, in addition to having cancer as an adult, had been sexually abused as a child. Leonard first expected that the patient’s physical exams would be traumatic, but the patient responded well to uncomfortable and personal procedures when the providers went slowly, listened and explained what they were doing. “That made her feel like she was being listened to and that she was seen as a very whole entity.

“These kinds of stories were really quite pervasive,” Leonard says.

Another patient she interviewed told her that pats on the arm or wrist seem token when the provider was not truly engaged with her as a person.

“In years past — before I did this and listened to these people — I would have thought, ‘Oh, just reach out and touch them; touch will make them feel better.’ And it really is not necessarily the case,” Leonard says.

Her study taught her that what matters most is that caregivers regard each patient as a unique and whole individual who happens to also have cancer. ■

# New president

## TAKES OFFICE WITH A MISSION OF IMPROVING COMMUNITY HEALTH

Danielle Laraque-Arena, MD, became the seventh president of Upstate Medical University when she took the helm Jan. 14. She comes to Syracuse from Brooklyn, where she served as chair of the Department of Pediatrics at Maimonides Medical Center and vice president of Maimonides Infants and Children's Hospital.

The SUNY Board of Trustees approved Laraque-Arena's selection as president in September. Since then, she has been meeting with community leaders, elected officials and Upstate faculty, staff and students during her transition.

"An organization that has as its mission to improve the health of the community through education, biomedical research and health care is one that truly does influential work," she told employees in a campus-wide message on her first day.

Laraque-Arena, 60, is a pediatrician who was born in Port-au-Prince, Haiti. She was 7 when her family fled and settled in Queens. By the age of 12, she decided she wanted to use a career in medicine and research to help others.

"My parents were an incredible influence on my life," Laraque-Arena said in an interview with the Syracuse media. "That mission to serve the poor — not in a charity way, but in a way that people have the right to health care, and live OK and send their kids to school — that's a message I got from the very beginning."

*Danielle Laraque-Arena, MD, talks with the media on her first day as Upstate president, Jan. 14.*



*On a campus visit in November, Dr. Laraque-Arena met informally with (clockwise from left) Upstate students Meredith Petit, physical therapy '17; Kousai Alikhan, physician assistant '17; Donald Moore, medicine, '18; Emily Cotey, physical therapy '17; and Colin Donahoe, physician assistant '17.*

Laraque-Arena is a nationally and internationally recognized expert in injury prevention, child abuse, adolescent health risk behaviors and issues critical to health care delivery in underserved communities. She is also the recipient of numerous academic, research, community and public service awards.

She succeeds Gregory L. Eastwood, MD, who served as interim president since October 2013.

The president of Upstate oversees the region's largest employer, with more than 9,000 employees. The academic medical center educates more than 1,500 students in its colleges of Health Professions, Graduate Studies, Medicine and Nursing and also features a \$30-million-plus research enterprise and the area's largest hospital, Upstate University Hospital and its clinical system.

A series of events tied to Laraque-Arena's inauguration are being scheduled for April 10 to 15. ■

## THE QUESTION DOCTORS CAN ASK TO EASE PATIENTS' FINANCIAL WORRY



A patient should be able to talk with his or her doctor about anything. Yet many patients won't bring up financial worries.

The new cancer drugs approved since 2014 cost more than \$120,000 per year of treatment. Many patients may have to pay thousands of dollars out of pocket, which could mean depleting savings or retirement funds, cutting back on groceries, contemplating the sale of a home or filing for bankruptcy. Some patients who have health insurance when they are diagnosed may lose their coverage if they stop working during treatment.

The stress of paying for cancer care is a serious concern because it can impact quality of life, hamper a patient's recovery or lead him or her to skip treatment altogether.

When cancer patients at the Upstate Cancer Center are queried on their level of distress, up to 40 percent list financial stress as a contributor, says Andrew Burgdorf, a clinical pharmacist at Upstate.

"Patients have to be able to talk about this with their doctor or their provider without fear," Burgdorf says. "We need to

empower patients to say, 'I've got financial concerns. Can you help me?'"

He suggests providers adopt a universal approach of asking all patients directly: Are you worried about how your medical care will be paid for? Are you having trouble paying for your medications?

He also cautions providers to ask the questions at each appointment, since financial circumstances change and are cumulative.

Burgdorf also encourages providers to communicate clearly about specialty prescription changes, so that patients don't refill high-cost prescriptions they won't need.

The National Comprehensive Cancer Network (at [www.nccn.org](http://www.nccn.org)) has created a method of rating cancer drugs on their affordability, in combination with evaluations of a drug's effectiveness and toxicity. The network's guidelines are being updated and are available for doctors to share with their patients while discussing treatment options. ■

## UPSTATE SIGNS CLIMATE PLEDGE

Upstate Medical University has joined 217 universities and colleges across the country in committing to take action on climate by signing the American Campuses on Climate Pledge.

Many of the institutions signing the pledge, including Upstate, have already taken significant action to reduce greenhouse gas emissions, and increase campus sustainability.

Upstate has pledged to:

1. reduce overall energy consumption by at least 20 percent by 2020;
2. perform all new construction and major renovations following the principles of Leadership in Energy and Environmental Design building program (LEED), with a focus on maximizing energy conservation;
3. continue the transformation of the campus grounds from groomed lawns to low-maintenance landscapes;
4. continue the reduction of waste by 20 percent, while increasing the recycle rate of waste generated to more than 50 percent;
5. construct solar arrays to produce more than 1 megawatt of electricity or 2 percent of Upstate's annual consumption; and
6. pursue the purchase of off-site sources of low-carbon/no-carbon electricity to replace purchased electricity from high-carbon sources.



*One of Upstate's most visible sustainability efforts includes the rainwater collection basin that was incorporated into the hospital traffic circle design. It will remove or divert more than 1 million gallons of rainwater from the city sewer system.*

Upstate won the UHC's 2015 Sustainability Award in recognition for its ongoing environment-friendly efforts. UHC is one of the nation's largest health care organizations, representing the nation's leading academic medical centers and not-for-profit hospitals. ■



Carol, left, and Sam Nappi, right, with Gina Lee-Glauser, vice president for research at Syracuse University, and David Amberg, vice president for research at Upstate Medical University, at the Driving Inspiration and Innovation through Collaboration Research Competition, held in December.

**Upstate-SU collaborators win research funding**

Ten teams of finalists from Syracuse University and Upstate competed for \$650,000 in funding for the first annual Nappi Family Research Awards during a live competition Dec. 11.

The Driving Inspiration and Innovation through Collaboration Research Competition attracted a standing-room-only crowd of more than 300 to SU's Life Sciences Complex to hear the teams pitch their biomedical and health care research proposals. Teams, each comprising two or more researchers or clinicians from each campus, had three minutes in front of a panel of judges.

The finalists initially were vying for a slice of \$500,000 in prize money. But SU trustee Sam Nappi and his wife, Carol, who initiated and provided funding for the competition, added \$150,000 the day of the competition.

"The public competition was particularly gratifying with the large auditorium filled to standing room. The excitement and interest were unprecedented and will have a ripple effect to generate even more faculty engagement in future rounds," said David Amberg, PhD, vice president of research for Upstate.

**These seven projects received funding:**

- "Developing a behavioral parent training program specific to high-frequency maladaptive behaviors in autism spectrum disorder," \$100,000 to SU's Kevin Antshel, PhD, and Upstate's Henry Roane, PhD.
- "Engineering nanocarriers for brain tumor treatment," \$100,000 to Upstate's Juntao Luo, PhD, and SU's Shikha Nangia, PhD.
- "Exploring SHIPi to combat obesity and metabolic syndrome," \$100,000 to Upstate's William Kerr, PhD, and SU's John Chisholm, PhD.
- "Human Immunoglobulin Repertoire Initiative," \$50,000 to Upstate's Gary Winslow, PhD, and SU's Mandy Esch, PhD.
- "New inhibitors of p53/MDM2 binding to treat cancer," \$100,000 to Upstate's Stewart Loh, PhD, and SU's Carlos Castañeda, PhD.
- "Novel probe for noninvasive detection of hepatocellular carcinoma by Positron Emission Tomography," \$100,000 to SU's Ivan Korendovych, PhD, and Upstate's Andrzej Krol, PhD.
- "Smart materials for accelerated single-surgery repair of bone defects," \$100,000 to SU's James Henderson, PhD, and Upstate's Megan Oest, PhD.

**New patient transport service charts success**

A new patient transport service now in operation at Upstate University Hospital's downtown campus is helping patients get to their appointments.

Upstate launched the service in April, relieving nurses of the task of transporting patients to appointments for services throughout the hospital.

"The system allows nurses to give uninterrupted care to their patients and to remain on their respective patient-care floors,

where they are needed most," explained Todd Patnode, manager of the patient transport service, which is headquartered on the seventh floor of the downtown hospital.

Once a patient transport request is made, a dispatcher sends out one of 14 uniformed patient transporters, who help nursing staff prepare the patient for transport and then take the patient to his or her appointment. Once the appointment is over, the transporter escorts the patient back to his or her bed.

Transporters track a patient's journey using iPads.



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