



Clinical Update November 2007

Breast Cancer Process Streamlined

University Hospital's Breast Cancer team expedites diagnosis and treatment recommendations.

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Director of Spine Neurosurgery Brings Multiple Perspectives

Ross Moquin MD, a former military neurosurgeon, leads Upstate's spine program and specializes in complex reconstructions.

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Paying Attention to Physician Shortages

SUNY Upstate President David Smith MD is sounding the alarm on looming physician shortages – and proposing solutions for our region.

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University Hospital Launches Multidisciplinary Breast Cancer Program

To streamline and accelerate breast cancer diagnosis and treatment planning, University Hospital now offers a Multidisciplinary Breast Cancer Program, where patients can meet with multiple specialists on the same day and in the same location. The new program brings together University Hospital's most experienced breast cancer specialists and advanced diagnostic technology.

Inspired by the success of University Hospital's multidisciplinary programs for lung cancer and thyroid cancer, the Breast Cancer Program represents a collaboration by surgeons, oncologists, radiation oncologists, genetic specialists and support staff.

Established Rapport

"At University Hospital, these disciplines have a well-established rapport – they've worked very closely and very well together in the past," notes program director and oncologist Sheila Lemke MD. "But our patients have had to meet with each specialist – and undergo diagnostic tests – in separate appointments, on different days and in several locations. This piecemeal process adds considerable stress to a situation that's intrinsically very stressful."



Multidisciplinary Breast Cancer Program staff includes, from left to right: Sheila Lemke MD, Kara Kort MD, Hemangini Shah DO and Lisa Cico NP Robert Lambert MD on page A3.

Prompt Response

Patients with breast abnormalities will now be seen at University Hospital within a few days of referral. They will meet with specialists, undergo diagnostic testing and – if cancer is diagnosed – receive a recommended treatment plan, all within a single day. That treatment plan represents the recommendations and consensus of the entire team, which reviews every case.

Advanced Diagnostics

In addition to the team of specialists, patients have access to advanced diagnostic and treatment technology, including stereotactic core biopsy, which is less invasive than excisional biopsy. Using stereotactic x-ray guidance to pinpoint a suspicious mass, stereotactic core biopsy minimizes healthy tissue loss and avoids residual scarring.

In addition, patients have access to genetic counseling, clinical trials, education and the psychosocial support services associated with University Hospital's well-established Breast Care Center.

For information about the Multidisciplinary Breast Cancer Program, or to make a referral, please call MD Direct, 800.544.1605.

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The Breast Cancer Team

Surgical Oncology

Kara Kort MD
Robert Lambert MD
Richard Wells MD

Medical Oncology

Sheila Lemke MD
Kathy Faber-
Langendoen MD
Sara Grethlein MD
Jonathan Wright MD

Radiation Oncology

Hemangini Shah DO
Pankaj Dalal MD

Genetics

Bonnie Braddock
MPH, CGC

Program Coordinator

Lisa Cico NP

Just So You Know...

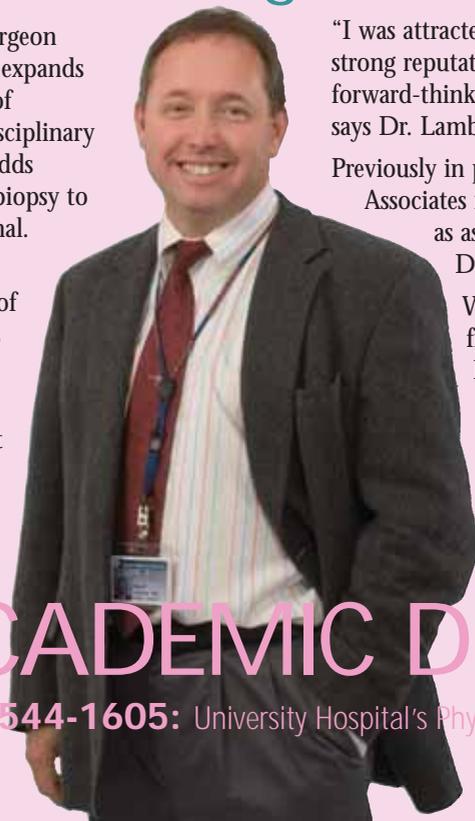
Keeping referring physicians up to date on their patients' status is a priority of the new Multidisciplinary Breast Cancer Program at University Hospital. "We see new patients on Fridays," explains Lisa Cico NP, program coordinator. "On the same day, I pull together the pertinent developments from the initial consultation. By the following Monday afternoon, I fax my notes to referring physicians. They will also receive our physicians' notes, but this serves as an interim update on their patients' progress."

Dr. Robert Lambert Brings Key Surgical Skills To Breast Cancer Program

The appointment of surgeon Robert Lambert MD expands the surgical capacity of University Hospital's Multidisciplinary Breast Cancer Program and adds expertise in stereotactic core biopsy to the program's diagnostic arsenal.

Dr. Lambert, who brings to University Hospital 15 years of surgical experience, will focus on breast and endocrine surgery.

"Dr. Lambert adds significant breadth and depth to our multidisciplinary program," notes Sheila Lemke MD, program director.



"I was attracted to University Hospital because of its strong reputation for breast and thyroid surgery and its forward-thinking multi-disciplinary approach to cancer," says Dr. Lambert.

Previously in private practice with Dover Surgical Associates in Dover, NH, Dr. Lambert had served as assistant chief of surgery at Wentworth-Douglass Hospital in Dover.

With an undergraduate degree in chemistry from the College of the Holy Cross, Dr. Lambert earned his medical degree at the University of Virginia. He completed his residency in general surgery, as well as a fellowship in critical care, at SUNY Stony Brook.

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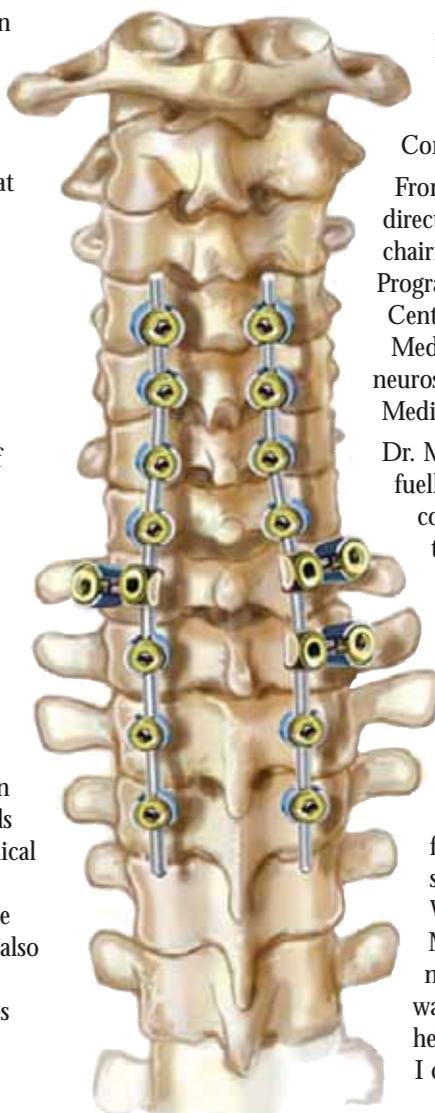
Veteran Military Neurosurgeon: Director of Spinal Neurosurgery

Neurosurgeon Ross R. Moquin MD, who recently retired as a Commander in the U.S. Navy Medical Corps, has been named director of spinal neurosurgery and associate professor at SUNY Upstate Medical University.

Fellowship-trained in a combined neurosurgery and orthopedic surgery program, Dr. Moquin holds a joint faculty appointment in Upstate's departments of Neurosurgery and Orthopedic Surgery.

Since arriving at Upstate in the fall of 2006, he has already performed more than 250 procedures – 75 percent of which have been complex spinal reconstructions. His clinical practice covers the full scope of spinal surgery, with a focus on adult spinal deformity, scoliosis and spinal reconstruction after resection of tumors and infections.

Dr. Moquin, who entered the Navy in 1980 through the Health Professionals Scholarship Program, completed medical school at Georgetown University and residencies at Georgetown and George Washington University hospitals. He also served as research fellow in surgical neurology with the National Institutes of Health in Bethesda.



During his career with the Navy, Dr. Moquin was deployed to Europe, Japan and Haiti, and he completed two tours on the hospital ship USNS Comfort.

From 1995 through 2005, he was the director of spinal neurosurgery and the vice chairman of the Neurosurgical Residency Program at the National Naval Medical Center-Bethesda and Walter Reed Army Medical Center. He was also an attending neurosurgeon at Georgetown University Medical Center.

Dr. Moquin's interest in spinal surgery was fuelled by a dramatic increase in spinal column and spinal cord injuries during the first Gulf War. "Those military operations involved much more airborne activity," he explains. "We saw substantially more spine injuries than brain injuries. Soldiers were more focused on fighting the war than on making sure they landed carefully."

In 1992-93, Dr. Moquin was a fellow in complex spinal neurological surgery at the University of Washington and Harborview Medical Center in Seattle. "Though a neurosurgeon, during that fellowship I was based mostly in orthopedic surgery," he explains. "With a foot in each world, I could see how much these different

Illustration reprinted from Posterior Instrumentation Techniques for the Cervicothoracic Junction by Ross Moquin MD

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“Dr. Moquin provides us with an entirely new approach to treating spinal disorders and deformity.”

—Walter A. Hall MD, Chair, Department of Neurosurgery

specialties have to offer each other. Neurosurgeons tend to think of the spine in terms of decompression, and orthopedic surgeons think more in terms of alignment and stabilization. Both perspectives are critical to completely treating the spine.”

“Spine surgery is different from most neurosurgery,” he adds. “It is creative versus destructive – you are creating a new spine. You must think in three dimensions.”

Dynamic Field

Spine surgery has advanced tremendously since he was a resident, notes Dr. Moquin. “With motion-sparing technology, flexible rods and medication that promotes bone fusion, spine surgery has become one of the most dynamic areas in medicine.

“Spinal reconstructions are also among the most challenging of all surgical procedures,” acknowledges Dr. Moquin, whose research has focused on advanced operative techniques, implants, thoracic pedicle screws, bone fusion and reducing operative risk factors such as pulmonary embolisms, infection management and decreasing blood loss. In addition to multiple text book chapters, he has published articles in *The Spine Journal*, *The Journal of Spinal Disorders and Techniques* and *the Journal of Neurosurgery: Spine*.

Dr. Moquin is one of the first neurosurgeons elected to the prestigious Scoliosis Research Society.

For more information or referrals to Dr. Moquin, please contact MD Direct at 800.544.1605.



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SUNY UPSTATE MEDICAL UNIVERSITY & University Hospital

Syracuse, New York

*Reprinted from the Syracuse Post Standard
Wednesday, August 15, 2007
By David R. Smith MD, president,
SUNY Upstate Medical University*

Upstate region, rural health care in serious need of help

We are facing a serious challenge to renew and rebuild the health care workforce in our region. One reason: Many doctors choose to practice in larger Downstate cities – not the smaller towns where they grew up.

I have been to the North Country, Utica, Cortland, Binghamton, Johnson City, Ithaca, Hamilton, Rushville, Canandaigua and Watkins Glen – and these communities are worried. They are worried about how they can care for their aging, their neighbors, their family members who face diabetes, cancer, heart disease . . . themselves.

They are worried about how to attract or retain any industry or small business where there is a dearth of care. In addition, the physician workforce is “aging out.” The Center for Workforce Studies at the University of Albany reports that more than one-third of doctors in our state are over 55. In several areas of Central New

York, the North Country and the Southern Tier, that number tops 40 percent.

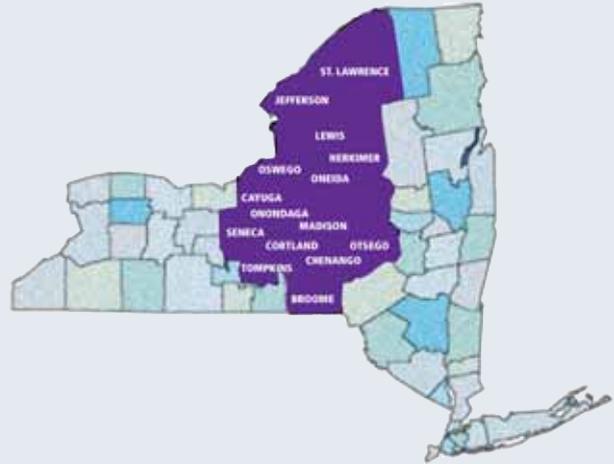
Small towns will have a hard time replacing those physicians who will retire soon. The state’s rural counties already have half as many physicians per capita as urban ones. And too many of the doctors now in training are not choosing the most needed specialties. Primary care physicians, general surgeons and obstetricians are in high demand. Registered and advanced practice nurses, respiratory and physical therapists, radiology technologists and radiation therapists are just as scarce and as valuable. At SUNY Upstate Medical University, we hear those calls for help. It is not only our name – but also our service area – that is truly “Upstate.” We serve one-third of the state, geographically, and we are the only academic health center that carries a mandate to provide a regional strategy. The need is urgent, and we are responding.

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Health Professional Shortage Areas



Our plan includes:

- We will work with communities in the North Country, Southern Tier and Mohawk Valley to bring our special training to their communities, as we believe the best care is delivered by well-trained clinicians close to home.
- We will build on the success that is our Binghamton campus. Currently, 80 of our third- and fourth-year medical students gain clinical experience there. We also plan to offer a physician assistant program on site in 2009.
- We will be looking to develop a branch campus in the North Country to address local needs and to supplement the fine foundation laid there by the region's hospitals and Fort Drum.
- We are adding new programs that meet the regional needs. In addition to our PA program, we are planning a certified registered nurse anesthetist program, a nurse practitioner program in family mental health, and with our neighbor, Syracuse University, we will offer a master's degree in public health.



We are renewing our efforts to attract highly qualified applicants from underserved communities who are likely to return to those communities. With all factors equal, it makes eminent sense to admit the student from the Mohawk Valley instead of the Silicon Valley; from Philadelphia, NY, instead of Philadelphia, Pa.

We face a huge challenge, and SUNY Upstate's regional approach to strengthen health care can and must work. It will need fresh investments from the federal and state government, and we are grateful for the welcome that our plans have received from elected officials.

It will also call for private investment and commitment from our communities. And it will take resolve from each of us who share this common fact: we will all be patients one day.

Please join us on the journey as we create education and outreach for the next generation of health care professionals.

*David R. Smith MD, president,
SUNY Upstate Medical University*

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