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THE IMAGING EDGE: AT STONY BROOK, IT'S THE PHYSICIANS

Quick: If you had a potential heart problem, what would you rather have—a regular CT scan, or one with the same accuracy and quality, but that exposes you to a fraction of the radiation of a regular CT scan? Of course, given the choice, you'd take the latter. We all would. And that, in a nutshell, is the difference between undergoing imaging at an independent center and at an academic medical center like Stony Brook University Medical Center. Because even if both had the exact same equipment, who uses it and how they use it can make an enormous difference in quality and safety.

Nowhere is this seen more clearly than in the work of Stony Brook's own Michael Poon, MD, a world-renowned expert in cardiac computed tomography (CT) and magnetic resonance imaging (MRI), who has a special interest in noninvasive heart imaging. Recently, he developed a new advanced technique for diagnosing cardiovascular problems via CT scanning that uses extremely low doses of radiation. How low? A typical CT scan exposes patients to the radiation equivalent of 200 x-rays. This technique exposes patients to the equivalent of just two chest x-rays.

Stony Brook has many ways in which it uses its imaging expertise to the patient's advantage.

This low exposure is important for everyone, but it is particularly important for children and teens, who are still developing. "That's the age group for which you want to conserve radiation exposure," says Dr. Poon. In fact, the first two cases in which he was able to use this technique were pediatric patients. "One of the kids was referred to me by a pediatric cardiologist because he suspected the patient had a congenital coronary anomaly. The only definitive noninvasive test to diagnose this condition is a cardiac CT, which he had been reluctant to use because of the radiation exposure. I was able to do the test in less than one minute, make a definitive diagnosis, and limit radiation exposure to this patient. As a result of getting the right diagnosis, we can treat this patient appropriately."

Physician Finesse Makes the Difference

In the old Nike commercials featuring movie director Spike Lee and famed basketball player Michael Jordan, Lee maintains, "it's the shoes" that give Jordan his edge, though clearly it's Jordan's extraordinary talent and skill and not simply his gear that sets him apart. Likewise, with exceptional healthcare, while it is important to have the latest and

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Message from Stony Brook University Medical Center Leadership ON REACHING GOALS AND SERVING THE COMMUNITY



RICHARD N. FINE, MD
Dean
School of Medicine



STEVEN L. STRONGWATER, MD
Chief Executive Officer
Stony Brook University Hospital

If you ever worked really hard toward a goal—say losing weight or managing stress in healthy ways, you know what the process is like. You work steadily and quietly, building on small successes and moving toward the goal day by day. You notice differences, but for the most part, improvements are so incremental that only you are aware of them.

Then, one day, others take notice. You may hear, “Wow, you look good. Have you done something different?” You have reached the tipping point where the small, steady steps toward your goal have resulted in big changes.

This is much like what has been going on at Stony Brook University Medical Center. Over the past several years, we set a goal to become a world-class medical center. Then we set out, step by step, to make the goal a reality.

We set about recruiting not just excellent physicians, but physicians who will do whatever is necessary to ensure patient safety and quality. An example of this is Dr. Michael Poon, featured in the cover story, who developed a way to perform cardiac imaging with dramatically lower exposures to radiation. We made a commitment to have advanced technology and procedures available to support our patients, as well as other hospitals in

the community that may not have such advanced capabilities. And our research, such as that featured on page 10, may change the way people practice medicine.

We made major changes in how we deliver care. With every decision we asked, “How does this benefit patients and families?” “Is this the absolute best we can offer?” We invited patients and families onto their care teams, and asked them to be part of councils that set hospital policy, design facilities, examine protocols, and teach doctors-in-training excellence in patient care. The story on page 3 details some of these efforts.

Along the way, people began to take notice. Patient satisfaction numbers increased, driving referrals. Our reputation grew, drawing more top doctors to our programs. And accrediting bodies began awarding us with a number of prestigious certifications.

There is one certification that truly tells the story of how Stony Brook has come closer to its goal of being a world-class medical center. Recently, we underwent a survey by The Joint Commission, the world’s most rigorous accrediting body for healthcare. Over a one-week period, a team of surveyors went over the Hospital with a fine-tooth comb, checking everything

from clinical practices and medical record keeping to building safety and human resources policies. They interviewed staff, spoke with patients, observed us at work, and inspected every department. And all we heard from the surveyors was praise. The team told us that for a medical center our size, they found the smallest number of items for improvement than they had ever before encountered.

The survey team was especially impressed by our staff’s compassion, expertise, and commitment to improve the quality of care. They asked us to provide various policies and forms that were deemed best practices, with the intention of sharing with other organizations. This tells us that we are not only on our way to becoming a world-class organization but that we also may have embarked on the next step of our journey: becoming a leader and a role model for other hospitals and medical centers.

In this issue of *Better Health, Better Living*, we invite you to read about some of the ways in which Stony Brook has transformed itself—and how, ultimately, this serves the community. After all, being able to give patients and families advanced medical care in their own community is the reason we set such ambitious goals in the first place. ■

PARTNERS IN CARE ADVISORY COUNCIL GIVES COMMUNITY A VOICE IN HEALTHCARE DELIVERY

You've probably thought it after having a medical experience that didn't meet your expectations: "If I ran the world, medical professionals would learn from patients about delivering care that meets *my* physical and emotional needs." It's a great idea that makes a lot of sense. Patients are experts on the way they want to be treated. At Stony Brook University Medical Center, home of the best ideas in medicine, great ideas have a way of becoming reality. As part of our new Partners in Care initiative, patients and family members are speaking to medical students, residents, and other professionals to raise awareness about how their actions truly affect the delivery of care.

Under the umbrella of the Hospital's patient- and family-centered approach to care, the Partners in Care Advisory Council is a collaboration among former patients and family members, community members, senior leadership, physician leaders including the former chief medical officer, nursing leadership including the chief nursing officer, chaplaincy, and representatives from several key hospital units and the School of Medicine.

The Council's goal is to discuss specific ideas on how to deliver effective patient care. Having patients and doctors-to-be speak is just one of the many viable suggestions put forth.

"In essence, Partners in Care is an opportunity for people to be part of the healthcare equation," says Roseanna Ryan, Stony Brook's Patient- and Family-Centered Care coordinator. "We need to have their voices heard."

Partners in Care is not a project, but a philosophy reflecting the Hospital's mission and vision. Lee Xippolitos, RN, PhD, Chief Nursing Officer, notes that this philosophy is a hallmark of most leading academic medical centers. "Literature shows that involving patients and families in their care results in higher compliance, shorter lengths of stay, fewer complications, better outcomes, and higher levels of patient satisfaction. Patient safety increases dramatically. When patients understand their plan of care, the healing process is more continuous."

The Partners in Care Advisory Council is in its early stages, still brainstorming ideas and identifying priorities. However, says Dr. Xippolitos, "This grassroots approach, which incorporates the patient and family experience, will be woven through every department at the Hospital, even finance. I think it's the best thing that ever happened to healthcare."



A Partners in Care monthly meeting.

What Having a Voice Means

In healthcare, now more than ever, having a voice is key. Here's the perspective of one of our former patients and current Partners in Care member.

At age 24, Jenna Davenport is the youngest member of the Partners in Care Advisory Council, but her age belies her experience. Because she was born with a complicated congenital heart deformity, she was transferred to Stony Brook University Medical Center when she was just two days old, undergoing the first of the five complex surgeries she has had in her lifetime.

Her doctor, Thomas Biancaniello, MD, Chief of Pediatric Cardiology, who Jenna still sees every six months, recommended her for a Council position. "I feel that 99 percent of all the time I have spent at Stony Brook has been a positive experience," she says. "Things were so scary when I was a kid, and I remember just how welcoming the doctors and nurses were to me. I was never just a number to them; I was always an individual. So this is my opportunity to share my perspective as a patient."

Recently, Jenna attended a three-day conference on patient- and family-centered care in Atlanta, where she sat on a panel with Hospital CEO Steven L. Strongwater, MD. "It was an opportunity to learn, but it was also an opportunity to tap into my experience and my passion to bring about change, whatever that change might look like. I've gotten so much from Stony Brook—this is my first chance to give back. I don't know where I'd be without the care I was given." ■

THE IMAGING EDGE

continued from cover

greatest high tech equipment, more important is the talent and skill of the people using it. Dr. Poon has been working for years on dose conservation. “It takes time to implement changes to get it right,” he explains. “The diagnostic utility of CT scanners are well known, but the perception has been that they also have high radiation exposure. I wanted to change that perception and get the best use possible out of this equipment.”

Dr. Poon is the only physician on Long Island, and one of the few in the country, to perform the technique. He is beginning a training program at Stony Brook for his colleagues.

Low dose cardiovascular CT imaging can be used to diagnose a number of conditions, including cardiovascular disease, kidney function, pediatric congenital heart or vascular anomalies (for example, heart murmur or flow abnormality), congenital heart disease, aneurysms, valve problems, pulmonary embolisms, and more.

Additional Imaging Expertise

Stony Brook has many ways in which it uses its imaging expertise to the patient’s advantage. Having a CT scanner in the Chest Pain Center can reduce a patient’s stay at the Emergency Department (ED) from an average of 15 hours or more to less than six hours. According to protocol, patients who come to the ED with chest pain are first given a blood test and electrocardiogram to ensure they are not having a heart attack. At most hospitals, they then might be given a stress test, undergo hours of heart monitoring, and additional blood tests. Stress testing is a good but imprecise



Michael Poon, MD, Director of Advanced Cardiac Imaging

test for heart problems, since it cannot accurately diagnose problems inside blood vessels. “What happens,” explains Dr. Poon, “is that the doctors know the patient did not have a heart attack, but they don’t have enough information about the real condition inside the blood vessels. Often, the patient is discharged without a definitive diagnosis. At Stony Brook, we can do a cardiac CT in the ED, have clear, accurate images of the heart and cardiovascular system, and give a clean bill of health or a definitive diagnosis of your heart condition, typically in under six hours. Currently, Stony Brook is the only program in the country that offers this state-of-the-art imaging service to emergency room patients, seven days a week.”

Stony Brook also offers cardiac MRI, which employs no radiation and is used for people with known coronary artery disease and challenging heart problems. “This advanced procedure can definitively assess what is going on in the heart. It’s the most comprehensive test of the heart that is particularly useful for determining if someone needs to go on to further invasive tests such as cardiac catheterization or interventions like coronary stenting or bypass surgery,” says Dr. Poon.

“Our imaging program has the capabilities to make more precise and more accurate cardiac diagnoses for our patients. Often, I hear our nurses and technicians say that what we are doing is rather amazing.” ■

High Tech, High Quality

As a consumer, you need to know that all imaging tests are not the same. It really depends on where you have the tests performed, the quality of the equipment, and the expertise of the medical staff. We believe that the Radiology Department at Stony Brook University Medical Center offers patients faster, safer, more accurate, and more high quality services than any other on Long Island. Our full service, state-of-the-art program is one of the busiest in the region, performing more than 250,000 exams a year, or 40 percent of all imaging in Suffolk County. Our outpatient imaging center makes it easy for Long Islanders to receive quality services outside the hospital setting. Here are the things that make us a medical leader.

Physician Expertise. The Department has 30 radiologists, who are all fellowship-trained and board certified. More impressive is the fact that each works within his or her specialty area. “This means that radiologists who specialize in neurology imaging will only read these type of images, and radiologists specializing in orthopaedics imaging will concentrate their efforts on or tho,” explains John A. Ferretti, MD, Chair of the Department of Radiology. “Physicians at most other radiology groups will read a little of everything, but we want ours to be experts in one particular area.”

High Tech Equipment. While physician expertise is the number one factor in determining quality, the second is the equipment. As an aca-

demical medical center that supports the area hospitals, Stony Brook is committed to bringing the most advanced imaging technology to Suffolk County. Currently, we have a 64-slice CT scanner, and will soon be getting a 320-slice CT scanner for the Emergency Department, the most powerful available, which will allow us to measure subtle changes in bloodflow to the heart or brain and detect blockages as small as 1.5 millimeters. It will be the only 320-slice CT scanner in the country to be located in an ED. We also have two MRI machines, one of the few 40-slice PET scanners in Suffolk County, a soon-to-arrive open MRI, and a 3-T scanner, which offers a higher quality image for specialized exams such as neurology. “Some doctors’ orders will specify that the test must be done on a 3-T only,” says Maria Wolfe, Associate Director of Radiology, “so these patients are sent to us.”

Other high tech offerings include all-digital mammograms and MRI-guided biopsies at the Carol M. Baldwin Breast Care Center; virtual colonoscopies; an Emergency Department equipped for immediate imaging for the most serious and complex conditions; special procedures such as cryoablation for lung tumors; the da Vinci® S HD™ and Sensei® Systems for performing robot-assisted surgery; interventional procedures such as radiofrequency ablation and stents to treat cerebrovascular disease; and mobile CT scanners on the Intensive Care Unit so the sickest patients don’t have to be moved.

“It’s also important to note that the Department adopted the PACS imaging system, making us fully electronic,” says Dr. Ferretti. “This includes 100 percent voice-activated dictation, integrated communication with other offices with PACS, the ability to send images via e-mail, and a report-turnaround time in many instances of under two hours.”

Specialized Staff. It is not just the doctors who have specialized expertise, all of Stony Brook’s technologists are registered, licensed, and certified in their fields. Some undergo additional specialist training. “We actually give specialized training to every staff member who comes in contact with patients,” says Ms. Wolfe.

Accessible Facilities. Stony Brook’s center for outpatient imaging, located at 3 Edmund D. Pellegrino Road on the Medical Center campus, is one of the best kept secrets on Long Island. “Yes, it is part of the Hospital,” says Ms. Wolfe, “which means you have access to the same quality physicians and equipment. But, since it is in a separate facility, you avoid the major frustration of a hospital-based center—having your appointment delayed because of an emergency. At the outpatient center, we have no wait registration, plenty of available appointments, an efficient process, and new hours—early morning, late evening, and Saturdays—to accommodate people’s work schedules. And, as an added bonus, there’s easy parking.” ■

Coping With a Cancer Diagnosis: What to Do First

The unthinkable has just happened. You have been diagnosed with cancer. Now what? There are two things to do right away.

The first is not to panic. There have been so many advances in cancer treatment over the last decade that outcomes have improved dramatically. While a cancer diagnosis is serious and life-changing, it is not necessarily life-threatening the way it was in the past.

The second is to make the key decisions about your treatment—what kind of treatment to have, how to approach it, and where to have it. For this, we spoke with the Chief of Stony Brook’s Division of Hematology/Oncology, Theodore Gabig, MD. Here is his best advice for individuals with a recent diagnosis.

Gather Advice and Information

The first thing Dr. Gabig advises is to start talking. “Talk with your family, friends, neighbors, and co-workers to find out if they have had experiences in the community with cancer care. People who have been there can give you good information. Ask for recommendations from your primary care physician. Research your diagnosis on the Internet (usually the sites that end in “.org” are reliable). You need to start with a baseline of information,” says Dr. Gabig.

Choose a “Quarterback”

The next important step is choosing the physician who will be your “quarterback,” that is, the person who will oversee your care from start to finish. “You may want to start with referrals from your primary care physician whose judgment you trust,” says



Dr. Gabig and Kathleen Gioconda, RN, with patient.

Dr. Gabig. “You need to look for someone networked into the community, and who has no qualms referring you out to the appropriate expert.”

Local or Out of Town?

After receiving a cancer diagnosis, some people say they will go wherever they need to go to get the best care—no matter if it is halfway across the country. While the sentiment is certainly valid, you need to look at the reality. “For your day-to-day cancer care—chemotherapy, radiation treatments, and so forth—you probably want to stay close to home,” says Dr. Gabig. Travel can be tough on you and disruptive to the family. However, he adds, “It is easier considering traveling for a one-time surgery, especially if you have a rare cancer for which there are only a handful of experts. One downside to consider is the possibility of complications from the surgery arising after you have

returned home. Do you return back to the original surgeon or have the complication treated close to home? Travel may not be an option if you are in an emergency situation, but then the doctor treating you at home may not know the technical ins and outs of how your surgery went.”

Find the Appropriate Hospital for Your Care

This is another important decision to make early on. You must take into account the type of cancer you have and the staging. “Seventy percent of adult cancers are breast, lung, prostate, and colorectal,” says Dr. Gabig. “For these common cancers, almost every hospital has access to best practice protocols. So if you have one of these and your cancer has been diagnosed in an early stage, and you feel more comfortable at a community hospital, that might be the appropriate choice for you.”

For people with a rare cancer or a diagnosis in the later stages, a cancer center with its full range of treatment, expertise, and technology might be the right option. “A cancer center is more likely to focus on a particular disease or disease site, using a team approach,” says Dr. Gabig. “For example, at Stony Brook’s Cancer Center, we have 11 interdisciplinary Disease Management Teams, all staffed by a full range of specialists. When a patient first comes to us, we have what we call a tumor board meeting, in which doctors representing all the treatment modalities—surgery, medical oncology, radiation oncology, for example—present their recommendations. So rather than just one doctor determining your course of treatment, each doctor at the tumor board weighs in with their best advice, and together they determine the course of treatment.”

In addition, Dr. Gabig notes that cancer centers typically have the latest technology and expertise available such as interventional radiology procedures or robotic surgery—as well as the people who know how to perform them properly at the appropriate time.

Other Key Considerations

- **Support services.** Almost every cancer survivor will tell you that ongoing support during the entire treatment process is vital to their overall well being. Check to see if the facility you are considering has support groups and connections to community and national support services. “Also ask who runs the support groups. Most are facilitated by peers, but you want to make sure they have been trained properly,”

says Dr. Gabig. “Here at Stony Brook, our support group advocates go through an extensive training program so they don’t give advice beyond their capabilities, and to ensure that all the information they share is well-grounded in good medicine.”

- **Second opinion.** According to Dr. Gabig, “If you choose to get a second opinion, there are a few things you want the doctor to review, including: ‘Is the diagnosis correct? Is the staging complete? Does the proposed treatment follow national guidelines and standards?’ This is also a time to ask as many questions as you can.”
- **Nursing staff.** Another thing cancer survivors will tell you is that the nurses can make all the difference in the quality of the experience. Find out what their training and experience is with your particular kind of cancer. “I have to say that

at Stony Brook, our nursing staff offers a huge advantage to our patients. They are not general nurses, but oncology-certified nurses with intensive experience in medical/surgical oncology. In fact, they have devoted their lives and careers to cancer care.”

If you or a family member has recently been diagnosed with cancer and would like to learn more about Stony Brook’s Cancer Center, please call (631) 638-1000 or go to our Web site at www.StonyBrookMedicalCenter.org. Stony Brook’s Cancer Center offers the highest level state-of-the-art services for all types of cancers, the latest technology, breakthrough procedures, access to clinical trials, nationally recognized cancer specialists—and care delivered through a multidisciplinary team approach. We are fully accredited and certified by leading national accreditation agencies. ■

Breast Care Center First in New York State to Receive National Accreditation

The Carol M. Baldwin Breast Care Center at Stony Brook University Medical Center became the first in New York State and one of just 70 across the country to receive three-year/full accreditation by the National Accreditation Program for Breast Centers (NAPBC). This accreditation, administered by the American College of Surgeons, is given only to those centers that have voluntarily committed to providing the highest level of breast care and have chosen to undergo a rigorous evaluation and performance review. Centers are judged on 27 standards—all of which Stony Brook met with no deficiencies.

“The accreditation is a great accomplishment, and is further validation of the high quality breast care that we have always provided,” says the Center’s Director, Brian O’Hea, MD. (View a video of Dr. O’Hea’s comments at www.stonybrookmedicalcenter.org/breastcare/accreditationpage.)

Established in 1995, the Carol M. Baldwin Breast Care Center is the only comprehensive academic program of its kind on Long Island. The Center provides full patient services with the most up-to-date methods for screening, treatment, and post-treatment care for benign breast disease and cancer.

NICU Case Study

LILA'S STORY: A TALE OF A FEISTY BABY, A DEDICATED STAFF, AND PARENTS WHO WOULDN'T GIVE UP

If a baby enters Stony Brook's Neonatal Intensive Care Unit (NICU), chances are there has been a bit of drama surrounding the birth. Some stories, however, are more dramatic than others, and the Niemann family's is one for the record books. It involves many of the factors that bring a baby to the NICU—sudden change in the pregnancy, preterm delivery, and a baby in distress—as well as some other more atypical factors including a difficult-to-diagnose condition with an extremely low survival rate and a four-month stay in the NICU. Here, the key players in baby Lila's drama—Shanthy Sridhar, MD, Chief of the Division of Neonatal and Perinatal Medicine and Medical Director, NICU and Neonatal Transports, and parents Natalie and Kirk Niemann of Smithtown—tell the story in their own words.

Natalie: “The pregnancy—my second, we also have a four-year-old daughter Sophie—had progressed normally until I reached about 30 weeks. At that point, I started filling up with fluid, yet my doctor was unaware that there was a problem. At 32 weeks, my water broke. An ambulance took me to our local hospital, but due to the likelihood of preterm labor, they sent me directly to Stony Brook University Medical Center.”

Dr. Sridhar: “When our obstetricians performed the ultrasound, they could see the baby's swollen extremities and that her chest and abdominal cavity were filled with fluid, so they knew they needed to intervene right away. They performed a STAT C-section. The baby had difficulty breathing, and had severe edema, which means

her whole body was swollen. We inserted a breathing tube and placed her on an oscillator, which is a ventilator used for babies with this condition. Chest tubes were placed to drain the fluid. Lila took up permanent residence in our Level III NICU, which provides the highest level of neonatal care available, while we tried to figure out what was wrong with this very sick baby.”

Kirk: “Before Lila was born, the neonatologist said she had a 50 percent chance of surviving birth. But after she was born and as the days went by, we saw how serious the condition was and didn't know from

one day to the next if she would live. Lila was swollen all over, and she couldn't open her eyes. She'd jump if you touched her skin, which was additionally sensitive because of the morphine she was given for the pain. The chest tubes drained hundreds of milliliters of fluid from her chest cavity.”

Dr. Sridhar: “Lila received care for her prematurity and showed signs of recovery from her edema. However, several tests for her condition were inconclusive. An initial tentative diagnosis was a possible rupture of the thoracic duct, which drains the body's lymphatic fluid. Because we wanted to avoid opening her chest wall with



Lila (center) with her parents and sister, Sophie.

major surgery, we gave Lila a medication called octreotide peptide, which had been used in similar cases. She got a little better but was certainly not cured. Our diagnostic dilemma continued, and we suspected that Lila might have an underdeveloped lymph system in the lungs.”

Kirk: “Three weeks later the swelling got worse and she couldn’t bend her arms and legs. Her skin turned a bluish brown from not getting enough circulation. Lila’s kidneys were not functioning properly and she was not able to urinate at all. We really started asking ourselves how much more we could put our child through. Her condition was so poor that we signed a DNR (do not resuscitate) order and the staff set us up in a special room so we could be on our own, but we were just not ready to call it quits.”

Natalie: “It turns out, neither was the NICU team. The attending neonatologist, Dr. Joseph DeCristofaro, decided that Tricia, the nurse practitioner, who I truly believe will sprout wings at any moment, do a needle aspiration and place a chest tube, which drained hundreds more milliliters of fluid. She also was successful in inserting a catheter to drain the urine. It took three nurses using flashlights and sheer will to insert the catheter, but it worked. We really thought it could be the end that day, but instead Lila survived.”

Dr. Sridhar: “By now, the only option was a surgical biopsy because we still did not have a diagnosis. The pediatric surgeon, Dr. Thomas Lee, did the biopsy at the same time as surgery to one side of the chest. He repaired the thoracic duct and then used a type of adhesive to seal off the fluid and keep it from leaking. That worked, but then Lila’s other side filled with fluid, requiring a second surgery. In the meantime, we got a diagnosis: primary pulmonary lymphangiectasia, a very rare lung disorder that most



Dr. Sridhar and Lila

Many factors bring a baby to the NICU—sudden change in the pregnancy, preterm delivery, and a baby in distress—as well as some other more atypical factors.

neonatologists will never see in the entire course of their careers. We spoke to world experts in the disorder to learn more about how to manage this serious problem.”

Kirk: “We also began researching the condition, and what we learned was not encouraging at all. Most babies with this condition do not survive the pregnancy or birth. Those few who live may experience cognitive difficulties or develop cerebral palsy. Then we found a case study online about a baby girl treated at Children’s Hospital in Philadelphia who was born with the same condition and had similar medical intervention and outcomes as Lila. She’s now a preschooler and is thriving. We got in contact with her

parents and they became an additional support system for us.”

Dr. Sridhar: “Our NICU team of neonatologists, fellows, nurse practitioners, nurses, residents, and various other pediatric subspecialists, all took a step-by-step approach in Lila’s care. Lila’s parents attended daily rounds and, as part of the healthcare team, were actively involved in discussions. Gradually we were able to take Lila off the oxygen and the ventilator. We brought in a speech language pathologist to help her with her swallowing issues. When Lila was finally discharged, she went home on anti-reflux medication and a feeding tube. Today, Lila seems to be thriving. There are no signs of respiratory problems and she is developing appropriately, hitting all her major milestones. Some intervention is needed for Lila’s gross motor skills, and she works weekly with a physical therapist.”

Natalie: “All the nurses that took care of Lila told us she was a tough, feisty baby. Many of them frequently requested to take care of her on their shifts. We were grateful for that and it showed us how much they loved this baby, in fact all the babies in the NICU. They are amazing people. I can’t say enough about how well the nurses—the whole NICU staff—took care of us. One example stands out in my mind. Lila was a month old, but because of the tubes and wires sticking out from her and the severity of her health, we still hadn’t held her yet. It took a team of five nurses to arrange for me to hold her, and I was able to have skin-to-skin contact with our baby for over two hours. It was like a dream come true. Kirk was able to hold her for the first time five days later. I really believe that Lila would not have made it if she had not been at Stony Brook. It is more than a hospital. The best way I can describe it is it’s like family.” ■

WHO KNEW? SCIENTISTS AND MOVIE STARS ACTUALLY HAVE A LOT IN COMMON—JUST LOOK AT STONY BROOK'S LATEST RESEARCH BREAKTHROUGH

You've seen it happen hundreds of times in popular culture. An actor has a breakthrough role in a hit movie, and suddenly he's the hottest star on the planet. In reality, however, he slogged for a dozen years honing his craft. By the time the big break came around, he was already at the top of his game.

The same can be said for medical breakthroughs. Seldom are they just the "Aha!" realization in the lab. They are instead the result of years of painstaking work, false starts, ongoing collaboration, and rigorous testing.

This is more or less what happened with one of the latest breakthroughs celebrated at Stony Brook. A research team from the Orthopaedics Department—Lawrence C. Hurst, MD, Marie A. Badalamente, PhD, and Edward D. Wang, MD—has spent the last 15 years or so developing a novel treatment for Dupuytren's disease and frozen shoulder. It marks the first time that a medical approach is being used on these conditions; the current standard of treatment is surgery. As a result, the team was honored with the prestigious Clinical Research Award from the Orthopaedic Research and Education Foundation (OREF). In the world of orthopaedic research, this is the equivalent of winning an Academy Award for "Best Motion Picture."

It starts with an original idea. Just as the scriptwriter starts with a nugget of an idea and builds a story, these scientists also had a starting point. A small company on Long Island that uses collagenase for debriding burns wanted Stony Brook to investigate using its drug for nerve repair. "We



Drs. Wang, Badalamente, and Hurst

didn't want to use it for that purpose," explains Dr. Hurst. "But we thought it might work for Dupuytren's disease because basically Dupuytren's involves scar tissue. We asked: 'Could this work as a nonsurgical solution for treating Dupuytren's? Could collagenase break down the thickened ligaments in the hand that cause Dupuytren's disease?'"

These were good questions because treating Dupuytren's disease, where the normal collagen in the cells changes into abnormal cells that thicken and shorten the ligaments to the point where people cannot use their hands well, requires a surgical procedure in which the pathologic cords of the hand need to be removed. "Our idea was to inject the collagenase into the cords that cause the fingers to be 'bent' in place to allow the enzyme to break down the cords overnight, then the next day pull on them to rupture the ligaments," explains Dr. Hurst.

The idea needs to be explored. In the movies, a production team comes in to turn what's on the page into a visual extravaganza. In science, it's a lot less splashy. "Production" involves years of testing in the laboratory, clinical trials, submitting data to the FDA for approval, and so on. In the collagenase studies for Dupuytren's, initial animal experiments were successful, and in 1995 the research team was given FDA approval to proceed to the next phase, which involved a series of studies including open label and double blind studies. These, too, proved successful, so the next step was to embark on a multicenter hospital study at 16 sites across the nation, including Stanford University and five in Australia. At each phase of testing, the team looked at dosage, safety, efficacy, side effects, and other factors.

Can we expand the brand? Movies are no longer just stand-alone events. There are action figures, books, contests, and spin-offs. The same is true in medicine. Researchers want to know if their work has other applications. From their studies to treat Dupuytren's disease, the Stony Brook team thought collagenase might also work as a treatment for frozen shoulder syndrome, a condition where patients have adhesions causing a stiff shoulder. "These patients cannot lift their arms above the 90 degree mark," explains Dr. Badalamente. "We saw clear merit in testing the same injectable collagenase to break up the adhesions." Currently, the Stony Brook team is participating in Phase II regulated studies for treatment of frozen shoulder syndrome. Another application the team sees for the future is treatment of cellulite. "We

have two or three other patents out there already for other conditions,” says Dr. Hurst.

Collaborators step in. This would be the movie equivalent of finding backers. With medical research, the research team partners with a manufacturer, such as a pharmaceutical company, to develop the treatment for patient use. The partner helps fund the research (the long testing phase can cost millions) and becomes the exclusive manufacturer and supplier. Early on, Stony Brook collaborated with a small biopharmaceutical company in Pennsylvania called Auxilium, which is dedicated to developing new solutions for unique diseases. They have titled the injectable collagenase “Xiaflex.”

The Red Carpet premiere. Even though the Stony Brook team has already won its Oscar equivalent, the debut is still pending FDA approval in a final set of testing—Phase III trials. Final approval could come as early as September 16, 2009, the date when the FDA advisory council meets. After that, Auxilium will need about two months to gear up its manufacturing process before the treatment will be available for patients across the U.S.

The reviews come in. Right now there is a buzz about the project. “It’s an exciting example of research moving from bench to bedside,” says Dr. Badalamente. Adds Dr. Hurst, “What we have done is to develop a brand new therapy that may indeed change how we practice medicine. This happens very rarely in research.” Sounds like a four-star review. ■

Safe Kids. Healthy Kids.

STONY BROOK WORKS TO KEEP SUFFOLK COUNTY KIDS SAFE

Safe Kids Suffolk County is a coalition of public and private organizations working together to prevent injuries and deaths to children. It is part of Safe Kids USA®, a worldwide initiative.



Susan Katz, NP, is a woman on a mission. As the head of Safe Kids Suffolk County, for which Stony Brook University Medical Center is the lead agency, her goal is to prevent injuries in children and teens, whether on a bike, a skateboard, or in a car. It’s a mission she undertook in 1997, becoming just the 68th person in the country to be certified by the National Highway Traffic Safety Administration.

This means that she develops programming, makes presentations, talks with parents and teens, and works in partnerships with organizations across Suffolk County concerned with child safety, including police departments, law enforcement agencies, the Department of Health, PTAs, schools, and private companies. Ms. Katz runs “train-the-trainer” sessions, teaching Safe Kids programming, such as screenings and safety fairs.

Safe Kids’ efforts cover child car safety initiatives. At Stony Brook, “a car seat challenge” tests the safety of infant car seats for babies cared for in the Neonatal Intensive Care Unit prior to discharge from the Hospital. Parents are encouraged to visit one of the many Car Seat Fitting Stations in the county, where they can learn how to correctly and safely use an infant car seat. Coalition members conduct helmet fittings and Teddy Bear clinics for kindergartners about family emergency preparedness and safety.

Teen driving safety is a major focus for the coalition. “Motor vehicle trauma is the leading cause of death in Suffolk County for ages 15 to 24, accounting for 60 percent of all teen deaths,” says Ms. Katz. “Instead of taking the programming into high schools, we target parents and teens at the middle school level. This raises awareness and establishes good habits early.”

The coalition promotes the use of a “tool kit” of strategies that allows kids to get out of potentially dangerous situations. Through role play, kids can learn how to get out of a car when the driver is behaving irresponsibly. “We look for easy, non-confrontational ways to keep kids safe,” says Ms. Katz. She also encourages parents to take responsibility, emphasizing the strength of banding together on key driving rules. “If groups of parents agree to say no to certain situations, like having more than two teens in a car at a time, because for each teen in the car, the risk of an accident increases, then your child can’t say, ‘but so and so can do it...’ Bottom line: Having a united front will save lives.” ■

National Teen Safe Driver Week is celebrated October 19 through 25. To invite Safe Kids to your organization, call (631) 444-7470.



ASK THE EXPERT

By Suzanne D. Fields, MD

Professor of Clinical Medicine

Chief of the Division of Geriatrics and General Internal Medicine

The Question on Everyone's Mind: What Can I Do to Age More Healthfully?

September is Healthy Aging Month, and in recognition, we talked with one of Stony Brook's specialists in geriatric medicine, Suzanne Fields, MD, on what individuals can do to age more healthfully. As we suspected, there are no secrets, just hard science and good habits. Below are some of Dr. Fields' recommendations.

Q In general, what can people do on their own?

There are three general categories that you can control: diet, exercise, and boosting the immune system. These three things are critical in disease prevention. A healthful diet and regular exercise—even if it is as simple as a daily walk—are important to maintaining a healthy weight. As you age, being overweight can lead to a number of other impairments, including high blood pressure, high cholesterol, diabetes, and back pain, to name just a few. In addition, there are certain vitamins that people need more of when they get older, including calcium and vitamin D. Some studies have shown that vitamin D, in particular, helps strengthen bones and prevent falls, which in turn can prevent debilitating fractures. Ask your doctor to check your vitamin D levels. If they are low, you can boost them with supplements and exposure to sunlight.

As for your immune functioning, there are certain vaccines that can help pro-

tect you from disease, or at least diminish the severity of symptoms if you do get sick. Certainly get a flu shot every year. We recommend a pneumonia vaccine for everyone over age 65. Also, there is a new vaccine available that protects against zoster (commonly known as “shingles”), and we recommend that for people over age 60.

Q What regular screenings should people have as they age?

Pay attention to your individual risk factors and follow up with your doctor regularly. In general, women should continue with mammograms, and men should discuss screenings for prostate cancer and abdominal aortic aneurysms with their physicians. Older women can benefit from bone mineral density testing to detect evidence of osteoporosis. It is now recommended that men and women be tested for high cholesterol, hearing loss, and glaucoma. Unless there is a medical contraindication, older adults should be screened for colon cancer (scheduling your first colonoscopy at either age 40 or 50, depending on family history and risk factors).

If you are over age 65 and have not had a full physical or a wellness visit with your doctor in a while, you might want to schedule one. Medicare will

cover one “Welcome to Medicare” preventive visit at age 65. You can get a baseline for your health, set up a screening schedule, and start working with a doctor who can follow any changes that might occur as you age.

Q How can people keep their minds nimble and their brains in shape?

Perhaps the best way is to stay engaged with family and community. Get socially involved. Volunteer. Keep up with current events. Remain passionate and committed to life. It also helps to engage in mental exercises like playing bridge, doing crossword puzzles, reading and writing, learning a new language—anything that challenges your brain with new information.

Q Is there a new definition of age these days?

Absolutely. Today in geriatrics we tend to look at functional age, not chronological age. We look at how well someone is able to perform activities of daily living, cognitive functioning, mobility and strength, and many other factors. We also look at someone's “active life expectancy,” that is, how long they can maintain an active, engaged life. As a result, when someone comes to us with a health problem, we don't just attribute it to “old age.” We screen for geriatric

syndromes that can lead to problems and find what is reversible. We're finding that a lot of health issues we thought typical to aging actually are not—they are more attributable to a lifetime of bad habits (poor eating and exercise, for example) and with proper attention, can be reversed.

In terms of actual numbers, it used to be that age 65 and over was considered old. That is not necessarily true anymore, so we have categorized 65 to 75 as "young-old," 75 to 85 as "mid-old," and 85 plus as "old-old."

What distinguishes Stony Brook's approach to geriatric medicine?

We provide many educational opportunities. We train five geriatric medicine fellows a year, as well as residents in medicine and psychiatry, faculty, and health education professionals—many of whom work or go on to work in the community. Because we train the next generation in the proper care of the elderly, we stay abreast of best practices, and have held interdisciplinary conferences on such topics as management of infections, cancers, obesity, dementia, health literacy, and cultural differences and nuances of care.

Our outpatient geriatric program provides comprehensive evaluation of patients living with common geriatric conditions, including memory loss, urinary incontinence, gait and balance disorders, dizziness, and weight loss. A team of geriatric experts can help develop a plan of care for frail elders with the aim of keeping patients as functional and independent, for as long as possible. ■

Treating Alzheimer's Comprehensively and Compassionately

For evaluation and treatment of Alzheimer's disease as well as support for patients and families, Long Islanders can turn to the Alzheimer's Disease Assistance Center of Long Island, a clinical and academic program underwritten by a grant from the New York State Department of Health and run by Stony Brook's Department of Psychiatry.

"The Center is an important resource in the community for evaluating patients with signs or symptoms of dementia or Alzheimer's disease," says Mark J. Sedler, MD, the Center's Medical Director. "The focus is on a comprehensive diagnostic assessment relying on both clinical and laboratory findings in the context of a thorough history and psychological examination."

The outpatient center has been a part of the community since 1988, and it is accessible without a physician referral. A phone call to Program Director Darlene Jyringi will start the process. She will do an initial phone intake with the family and make a referral for laboratory studies including brain imaging. An appointment is then given for an evaluation at the Center. During the evaluation, which takes about two hours, the patient and family will be asked to provide additional history, and a baseline cognitive assessment is performed. The patient and family are then seen by Dr. Sedler for a review of the findings, a psychiatric examination, and a discussion of the diagnosis and recommended treatment.

If dementia or Alzheimer's is diagnosed, Ms. Jyringi will put together an individualized plan of care, communicate with the patient's primary care physician, refer the patient and family to community resources such as elder attorneys, adult day care, and respite programs, and make recommendations on activities that the patient should or should not do, such as driving. "As the patient changes, we adjust the plan of care," she explains. "We will follow the family over time."

Providing support is a major role of the Center. Patient support group offers cognitive stimulation and activities, while family support gives guidance and coping skills for the caregivers and information on what to expect. Ms. Jyringi knows first-hand just how challenging caring for a loved one with Alzheimer's is—her mother had the disease—and that gives members of the support group that extra level of compassion they often need.

"People usually realize that something is happening to them, but may react with fear or denial," Ms. Jyringi says. "It's important to get an assessment early. We cannot reverse Alzheimer's but there are steps we can take to slow its progression. If there are underlying problems such as psychosis, we can also treat that."

SIGNS TO WATCH FOR

- Progressive short-term memory loss
- Personality changes
- Confusion
- Difficulty performing routine tasks
- Disorientation
- Behavioral changes such as paranoia or psychosis
- Depression

ENDOSCOPY UNIT NATIONALLY RECOGNIZED FOR QUALITY

Excellence. Safety. Compassion. Rigorous standards. Patient focus.

These are all the things you want when undergoing a procedure, no matter if it is a routine test or a complex intervention. And this is exactly what you will find at the Endoscopy Unit at Stony Brook University Medical Center.

The program has recently been recognized by the American Society for Gastrointestinal Endoscopy (ASGE) for quality and safety in endoscopy. The ASGE Endoscopy Unit Recognition Program honors endoscopy units that follow the ASGE guidelines on privileging, quality assurance, endoscopy reprocessing, and Centers for Disease Control and Prevention (CDC) infection control guidelines. Stony Brook is just one of 124 programs nationwide recognized.

So what does this really mean? In short, that our medical professionals—from technicians to physicians—have undergone special ASGE training to ensure quality, that our processes follow the ASGE’s rigorous guidelines, and that our equipment meets the highest safety standards. In addition, like all patient care experiences at Stony Brook University Medical Center, you will receive personalized, patient- and family-focused service that puts your comfort, convenience, and well being front and center.

Advanced Procedures Available
Endoscopy is an outpatient procedure used to diagnose and treat gastrointestinal and liver diseases, including pancreatic and gallbladder diseases and cancers. Using advanced tech-

niques, Stony Brook physicians can also perform endoscopic mucosal resection, and endoluminal stent placement. “Our Center specializes in interventional and advanced endoscopy procedures,” explains Jonathan M. Buscaglia, MD, Director of Endoscopy. “We work closely with the community of gastroenterologists, surgeons, and oncologists to offer the Stony Brook program to their patients. With continued faculty growth and dedicated fellows in endoscopy, we expect to become an Advanced Endoscopy Center of Excellence.”

In addition, says Dr. Buscaglia, “We are now making available all endoscopic procedures, including advanced procedures, with no delays, often on the same or next day. Our patients and those referred to us from physicians in our community will be beneficiaries of our expanded Endoscopy Unit.”

BEST IDEA

Tips on GERD

Gastroesophageal reflux disease, known as GERD or acid reflux, occurs when liquid content of the stomach backs up into the esophagus. While most people know that avoiding such things as caffeine, chocolate, and acidic foods can help alleviate symptoms, it also helps to avoid chewing gum and eating anything with peppermint, since these can stimulate secretions in the stomach, making symptoms worse.

Jonathan M. Buscaglia, MD,
Director of Endoscopy

An Expanding Expertise

While the recognition is nice, it is really just a formal confirmation of what Stony Brook’s entire Division of Gastroenterology (GI) has been doing over the past several years. “We have been turning a good division into a world-class GI program,” says Basil Rigas, MD, Division Chief.

This has started with recruiting the nation’s best doctors. During the past two years, the Division has added six physicians, bringing the faculty total to 14, making it the largest gastroenterology division on Long Island and among the largest nationwide. In addition, the Division has expanded its clinical and basic science initiatives and created centers of excellence in several key areas—inflammation, bowel disease, interventional endoscopy, colorectal cancer, and women’s GI health. Future expansion includes an additional endoscopy room, larger, separate pre-op and recovery rooms, and an expanded GI lab for conducting motility studies.

Providing state-of-the-art technology, equipment and services to the communities on Long Island are also part of the Division’s mission. This includes the latest endoscopic ultrasound for diagnosing and treating cancers of the upper GI tract, as well as cancers of the pancreas, rectum, and colon; one of only two Spyglass® direct visualization cholangioscopy systems on Long Island, which allows physicians to see directly into a patient’s bile ducts to detect cancer, stones, strictures or other disease-related problems; and the only esophageal impedance procedure, a new advance that helps diagram and treat GERD. ■

Lombardi Family Honors Dr. Henry H. Woo

Dr. Woo credited with saving the life of the family patriarch.



From left: Granddaughter Lauren Lombardi; daughter Angela Lombardi; Hospital CEO Steven L. Strongwater, MD; School of Medicine Dean, Richard N. Fine, MD; Henry H. Woo, MD; Filippo Lombardi; son John Lombardi; and daughter Filomena Lombardi at the celebration honoring Dr. Woo.

When sisters Angela and Filomena Lombardi of Lombardi restaurant fame noticed their father Filippo was losing dexterity and strength, they urged him to see a doctor. He shrugged off their concern, attributing his loss of mobility to old age. But, when his strength and dexterity continued to deteriorate and they realized that “he wasn’t quite right,” they feared something much more serious, and decided to bring him to Stony Brook University Medical Center.

Diagnostic MRI and CT angiograms indicated Mr. Lombardi was experiencing strokes secondary to a severe narrowing in his carotid artery. Henry H. Woo, MD, renowned cerebrovascular surgeon and interventional neuroradiologist, operated, restoring blood flow to Mr. Lombardi’s brain by placing a stent across the offending lesion. The Lombardi family credits their father’s complete recovery to the quick, lifesaving response by Dr. Woo and his team.

“My father was very anxious because he had to remain awake during the operation, and he doesn’t speak English,” recalls Filomena. So, Dr. Woo allowed Filomena and Angela to remain by their father’s side during the entire procedure to translate what was happening. “Dr. Woo is not only a phenomenal doctor,” said Filomena, “he’s also a phenomenal person. We knew the moment we met him that we were in capable hands.”

The experience so inspired Filomena Lombardi that she became a member of the newly formed SBUMC Development Council, whose mission is to further the Medical Center’s vision of becoming a world-class organization through philanthropy and community support. In addition, the family honored Dr. Woo at the celebration of the opening of their new restaurant in Patchogue, Lombardi’s on the Bay. “I just can’t say enough or do enough for the Medical Center or Dr. Woo,” said Filomena, “and I want to be part of the exciting work that’s going on there.” ■

Info Spot on Novel H1N1 Influenza (Swine Flu)

When a vaccine for the 2009 Pandemic H1N1 influenza virus is ready, there will not be sufficient supply for everyone to receive it all at once. Just who will be among the first recipients is a matter of thoughtful and deliberate decision-making.

The Centers for Disease Control and Prevention has released a preliminary list of those persons who might be considered the best candidates for early vaccination, based on current information regarding what groups have been the most severely affected, as well as those at the greatest risk for infection. *(The following is current as of press date.)*

The groups are as follows:

- Students/staff (all ages) associated with schools (K-12), children (at or over the age of 6 months), and staff (all ages) in child care centers
- Pregnant women, children 6 months up to 4 years old, and new parents and household contacts of children less than 6 months old
- Non-elderly adults (under 65) with medical conditions that increase the risk of influenza complications
- Healthcare workers, emergency services personnel (regardless of age)

BEST IDEA

New Reasons to Brush and Floss

Your overall health is directly linked to your dental health. New findings show that oral disease can increase your risk for cardiovascular disease, respiratory disease, and diabetes. Your best defense is to brush twice a day, floss once a day, and have regular screenings with your dentist.

Maria Ryan, DDS, Professor of Oral Biology and Pathology and Director of Research at Stony Brook’s School of Dental Medicine

Classes and Programs

For information on classes, programs, and events visit www.StonyBrookMedicalCenter.org, go to "In The Community," and click on "Calendar of Events." For questions, call (631) 444-4000.

Cancer Care

CAROL M. BALDWIN BREAST CANCER EDUCATION AND SUPPORT GROUP

An ongoing support group for women newly diagnosed with breast cancer, those in treatment, and those who have completed treatment.

Wednesdays, 7-9 pm
October 7

Speaker: Brian J. O'Hea, MD

Holiday Inn Express, 3131 Nesconset Hwy., Stony Brook
Free

GIFT FOR KIDS PEDIATRIC ONCOLOGY SUPPORT GROUP

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.

Thursdays, 6-7 pm
October 1, November 5,
December 3

Cancer Center
Free

GYNECOLOGIC ONCOLOGY SUPPORT GROUP

For women with gynecologic cancers.

Tuesdays, 7 pm
September 29, October 27,
November 24, December 29

Cancer Center
Free

HEAD AND NECK CANCER SUPPORT GROUP

For those newly diagnosed or undergoing treatment for head and neck cancer.

Wednesdays, 7:30-9 pm
October 7, November 4,
December 2

Cancer Center (second floor)
Free

LEUKEMIA/LYMPHOMA PATIENT SUPPORT GROUP

A monthly support group for patients and family members. Registration is required.

Mondays, 6-7 pm
October 12, November 9,
December 14

Cancer Center
Free

LIVING IN LOVE QUILTING CIRCLE

Bereaved family members of pediatric oncology patients are invited to join this weekly support group to create a quilt in memory of their deceased child.

Wednesdays, 7 pm

Cancer Center
Free

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. Registration is required.

Mondays, 4-6 pm
October 5, November 2,
December 7

Cancer Center
Free

LUNG CANCER SUPPORT GROUP

A monthly support group for patients with lung cancer, their families, and friends.

Tuesdays, 7-8 pm
October 20, November 17,
December 15

Cancer Center
Free

PROSTATE CANCER SUPPORT GROUP

Man-to-Man, a therapeutic support group, provides an opportunity to share experiences with others who have been diagnosed and treated for prostate cancer. Family members are welcome.

Mondays, 5:30-7:30 pm
October 5, November 2,
December 7

Cancer Center
Free

UPPER GI CANCER SURGERY SUPPORT GROUP

A monthly support group to address the needs and concerns of people who have had esophageal or stomach cancer. Also open to individuals who are expected to have surgery. Registration is required.

Wednesdays, 7 pm
October 14, November 11,
December 9

Cancer Center
Free

Cerebrovascular and Heart Health

CARDIAC EDUCATION PROGRAM

A heart disease awareness program for patients and families to provide a comprehensive overview of heart health and information about the factors that influence

heart disease. CPR training is offered. Registration is required.

Thursdays, 7-9 pm
September 10 or November 5:
Introduction

September 17 or November 12: Risk Factor Reduction

September 24 or November 19: Home Exercise Program

October 1 or December 3: Medication Guidelines

October 8 or December 10: Heart Healthy Nutrition

Heart Center, Damianos Conference Room
Free

STROKE SUPPORT GROUP

A forum for stroke survivors, family members, and caregivers that provides information on stroke signs and symptoms, risk factors, and prevention, and an opportunity for participants to express feelings, share resources, and address concerns.

Tuesdays, 7-8 pm
September 29, October 27,
November 24, December 29

Stony Brook Neurology
East Setauket
Free

Mall Walkers

SMITH HAVEN MALL WALKERS

Co-sponsored by SBUMC and the Smith Haven Mall, meets the last Wednesday of the month. Blood pressure screenings begin at 8 am, followed by a lecture at 9 am. Registration is required.

September 30, October 28,
November 25

Smith Haven Mall, Food Court
Lake Grove
Free

Massage

INFANT MASSAGE

This three-session program provides instruction for parents in massage techniques to soothe a cranky baby, reduce stress and pain, relieve symptoms of gas and colic, and develop crucial bonding skills. Classes for premature or medically fragile babies are also available. Bring baby or doll and a small blanket.

October 6, 13, 20, 10-11 am
November 2, 9, 16, 10-11 am
December 2, 9, 16, 10-11 am

Stony Brook Technology Park
 Fee: \$60

SPECIAL EVENTS

HELP TACKLE CHILDHOOD CANCER

Stony Brook Seawolves take on Brown University in the first home football game of the season. Two dollars of each ticket will benefit Stony Brook's Sunrise Fund, supporting research and programs for childhood cancer survivors and their families. This event will help support Play Fit-Stay Fit, a comprehensive wellness program for childhood cancer survivors.

Saturday, September 19
6 pm

Kenneth P. LaValle Stadium
 Stony Brook University
 Tickets: \$10

6TH ANNUAL JUMP FOR A CURE

Take an air dive to support the GIFT (Giving Inspiration, Fighting Together) program. GIFT provides comforting amenities and educational

and support resources for patients with cancer treated at Stony Brook. Visit www.skydivelongisland.com or call (631) 208-3900 for rates.

Saturdays and Sundays,
October 3 through 25

Skydive Long Island
 Calverton

WALK FOR BEAUTY, WALK FOR LIFE

Stony Brook and the Ward Melville Heritage Organization host this annual walk to raise money for breast and prostate cancer research at Stony Brook University. Special fundraising challenges include incentives and raffle prizes for individuals and teams.

Sunday, October 4
8:30 am to 11:00 am

Stony Brook Village

7TH ANNUAL CUT FOR A CURE

Local salons across Long Island will donate 100 percent of their profits from haircuts, coloring, or manicures to support the GIFT program. Call (631) 444-1386 for a complete listing of participating salons and times.

Sundays, October 4 through 25

Salons in Nassau and Suffolk Counties

9TH ANNUAL FALL FASHION FESTIVAL

A cocktail hour with cash bar, full course dinner, "Your Choice" auction sponsored by friends of the GIFT program, DJ, live entertainment, and the fashion show, featuring our own SBUMC "celebrity" models, including administrators, physicians, and nurses. Sponsorship opportunities.

Thursday, October 15
6:30-10:30 pm

Villa Lombardi's
 Holbrook
 Tickets: \$60

21ST ANNUAL CHILD LIFE RUN/WALK

To raise funds for SBUMC's Child Life Program. Preregistration fee is \$20; go to www.stonybrookhospital.com/childlife. Day of event registration is \$25.

Sunday, October 18
Registration: 7:30 am;
Run/Walk Start: 9:30 am

Gelinas Junior High School
 Setauket

BREAST CANCER UPDATE FOR THE COMMUNITY

The annual update features brief lectures by healthcare experts from the Carol M. Baldwin Breast Care Center and Stony Brook University Cancer Center. Includes exhibits and a light supper.

Thursday, October 22

Ward Melville Heritage Organization, Educational and Cultural Center
 Stony Brook Village
 Free

START! SUFFOLK COUNTY HEART WALK

Join SBUMC in supporting the American Heart Association. Hospital CEO Steven L. Strongwater, MD, is Corporate Chair of the first "Start! Suffolk County Heart Walk" with Co-Vice Chairs David Brown, MD, and Todd Rosengart, MD. The Walk promotes physical activity and heart-healthy living in a fun, family environment. The event includes a 5K walk around campus, music,

give-a-ways, and health fair. Visit www.longislandheartwalk.org. Meet Dr. Samuel L. Stanley Jr., Stony Brook University's new president, at a Community Forum following the Walk.

Sunday, October 25
Registration: 8:30 am;
Ribbon Cutting Ceremony/
Walk Start: 10:00 am

Stony Brook University

BONE MARROW AND STEM CELL DONOR REGISTRY DAY

SBUMC is partnering with DKMS Americas in the fight against leukemia by registering bone marrow and stem cell donors. For eligibility requirements and more details, visit www.dkmsamericas.org.

Thursday, November 5
10 am-4 pm

Health Sciences Center
 Galleria
 Stony Brook University
 Medical Center

Saturday, November 7
9 am-3 pm

Cancer Center

Tuesday, November 10
10:00 am-4 pm

Student Activities Center
 Stony Brook University

CAREGIVERS' PRACTICAL HELP WORKSHOP

The Department of Psychiatry and Behavioral Science offers this day-long workshop for family and professional caregivers of those with Alzheimer's or a related dementia. Registration is required.

Monday, November 16
9 am-3:30 pm

Charles B. Wang Center
 Stony Brook University

Research Studies

THE BEST IDEAS IN TREATING ADHD AND CHILDHOOD AGGRESSION

Does your child have ADHD (Attention Deficit/Hyperactivity Disorder) and problems with severe aggression? A Stony Brook University Medical Center research team is investigating the Treatment of Severe Childhood Aggression (TOSCA). Compensation will be paid and confidentiality maintained.

The purpose of the TOSCA study is to evaluate the safety and effectiveness of stimulant medication alone and in combination with risperidone to treat aggression in children who have been diagnosed with ADHD. The research team is looking for participants who:

- are 6 to 12 years old
- have a parent or guardian who is willing to participate
- are willing to complete a study of an experimental medication for aggression in children with ADHD
- meet the requirements of a brief telephone screening

Those who pass the initial screening are evaluated for ADHD and symptoms of aggression by a psychiatrist in the Department of Child Psychiatry. Participants will receive a stimulant medication and either risperidone or a placebo (inactive substance) throughout the study, have physical exams, including laboratory tests, and are asked to complete checklists and perform computer tasks. Parents or guardians will also attend individual weekly training sessions addressing the challenges of parenting a child with aggressive behavior.

For more information about the TOSCA study, please call (631) 632-3091 or (631) 444-4000.

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 hyperac-

tivity 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 CHRONIC FATIGUE?

If you have chronic fatigue, you're invited to participate in a study in the Family Practice Center at Stony Brook, funded by the National Institutes of Health, to learn fatigue self-help skills. Internet and Windows 2000, XP, or Vista required. Participants will be compensated up to \$420.

STUDY OF HIV+/AIDS AND CHROMIUM PICOLINATE

The General Clinical Research Center (GCRC) at Stony Brook is seeking volunteers 18 years of age and older with a diagnosis of HIV+ or AIDS to research the effectiveness of chromium picolinate in the treatment of complications of current HIV therapy including insulin resistance, (leading to diabetes) and possibly body fat distribution (HIV lipodystrophy). Volunteers are offered compensation up to \$1,700 plus transportation expenses.

ARE YOU OBESE? LEARN MORE ABOUT HOW YOUR METABOLISM MAY PUT YOU AT RISK FOR DIABETES.

We are seeking obese men and women, ages 25 to 45, to participate in a research study investigating fat and sugar metabolism. You may be compensated up to \$1,800 for participating. This study is being conducted at the GCRC.

OSTEOARTHRITIS STUDY

Do you have osteoarthritis of the joint at the base of the thumb? We are seeking volunteers to participate in a clinical study to treat this painful problem.

INFLUENZA MEDICATION RESEARCH STUDY

We are seeking adults, ages 21 and older, to participate in influenza medication research. Study includes ingesting safe, non-medical "filler" used in antiviral drugs. Participants are compensated \$150 for 5 hours time.

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. Compensation will be paid to participants.

DO YOU HAVE HEART FAILURE?

The Heart Failure and Cardiomyopathy Center of Stony Brook is seeking volunteers with heart failure to participate in its research studies.

DICE: This study seeks to prove if a simple device that records heart function can be used to predict how one's health will continue.

PROBE: Do you have heart failure and has your cardiologist recommended that you have a biventricular pacemaker implanted? Investigators are attempting to predict how well patients benefit from this biventricular pacemaker ("extra wire" or CRT/resynchronization device).

OPTIMAL: This study offers a no-cost consultation with a heart failure specialist to review the medical therapy you receive for your heart failure and to provide written recommendations for discussion with your regular physician.

STONY BROOK EMBARKS ON JOURNEY TO MAGNET STATUS

Magnet status. It's been called the ultimate benchmark in nursing care and the hallmark of excellence. Only 336 organizations across the country have this prestigious designation, and Stony Brook University Medical Center is on track for joining this elite group.

Patricia Bockino, RN, MSN, Assistant Director of Nursing and Magnet Coordinator, says, "Obtaining Magnet designation will formally recognize the work we have been doing at Stony Brook. The nursing division takes pride in achieving high quality and demonstrating high reliability with a nursing staff driven by dedication to excellence and quality outcomes."

What Is Magnet Status?

Magnet status is awarded by the American Nurses' Credentialing

Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy criteria designed to measure the strength and quality of their nursing care. A Magnet hospital is one where nurses drive excellence in patient outcomes, have a high level of job satisfaction, and where there is a low staff nurse turnover rate. W. Dan Roberts, RN, DNSc, who, with Ms. Bockino and Lee Xippolitos, RN, PhD, Chief Nursing Officer, leads the Magnet initiative, explains, "Magnet status also indicates nursing involvement in evidence-based practices and research, as well as autonomous decision-making at the patient's bedside."

For consumers, Magnet means that a hospital's outcomes are better than the national average, and that the level of quality continues year after year. When *U.S. News & World Report*

publishes its annual showcase of "America's Best Hospitals," being a Nurse Magnet facility contributes to the total score for quality of inpatient care. Last year, seven of the top ten were Magnet hospitals.

Stony Brook's Journey

Stony Brook has applied for Magnet designation, and is now completing supporting documentation. "We will be submitting information on patient outcomes, patient and staff satisfaction, our evidence-based practices, patient- and family-centered care, and other data to show how what we do here at Stony Brook reflects Magnet principles," says Ms. Bockino. "Achieving Magnet status tells people that they can get the best care all the time. We certainly feel that this describes nursing care at Stony Brook University Medical Center." ■

STONY BROOK DESIGNATED ALS CENTER OF EXCELLENCESM

Recently, Stony Brook's ALS Comprehensive Care Center became just one of 34 designated ALS Centers of ExcellenceSM in the country. This means that Long Islanders can receive the highest standard of care for this disease in their own community.

In designating Stony Brook as a "Center of Excellence," the ALS Association remarked on the Center's "team approach that provides the highest quality of care for people living with ALS and their families." Indeed, Stony Brook offers an extraordinarily comprehensive program that stresses family involvement and education, along with the latest clinical protocols. Physicians not only treat patients but also train area physicians, frequently holding Grand Rounds and seminars. In addition, the Center is just starting an ALS research component, which means that in the near future, the latest protocols and groundbreaking treatments will become available to patients.

To make it as easy and stress-free as possible for patients and families, the Center offers free parking and wheelchair assistance. If you need transport, the Center can arrange that as well.

BEST IDEA

For winter safety

This is the time of year that people need to be aware of the dangers of carbon monoxide poisoning. Carbon monoxide is odorless and tasteless, and accumulation can occur when indoor heaters do not have proper ventilation. Be alert for the signs—headaches and nausea—especially if more than one person in the household is experiencing these symptoms. If you don't have a carbon monoxide detector, now is the time to install one. And if you already have one, now is also the time to replace the batteries.

Mark Henry, MD, Chief of
Emergency Medicine, Stony Brook

Better Health Better Living

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THE POWER OF STONY BROOK

RESEARCH ★ EDUCATION ★ DISCOVERY

Stony Brook University invites you to

*The Inauguration of Stony Brook's Fifth President
Samuel L. Stanley Jr., MD*

Friday, October 23, 2009 — Sports Complex Arena
Ceremony: 2:00 pm — Reception: 4:00 pm to 5:00 pm

Inauguration Week: October 21 to October 27

Highlights: Academic symposia, musical performances,
Seawolves football game, and "Ask President Stanley"
Community Forum on October 25.

For a complete schedule, visit

www.stonybrook.edu/inauguration

THE AUXILIARY: WHAT WE DO, HOW YOU CAN HELP

The Stony Brook University Hospital Auxiliary is a group of dedicated individuals who support the Hospital in a myriad of ways. Auxiliary members are grateful patients, loyal employees, and community-minded citizens. Its sole purpose is to help the Hospital in its efforts to enhance patient care.

For almost 30 years, the Auxiliary has supported the Hospital with major gifts, held large fundraising events, and has purchased equipment for pediatric units and the Emergency Department. It sponsors free television for pediatric patients, funds a mentorship program for high school students from underserved communities, and provides free television for indigent patients. Recently, the Auxiliary donated a third ambulance to the Emergency Department.

During these challenging economic times, your help is needed more than ever. If you or someone you know has been helped at our Hospital, please consider joining us by becoming a member, shopping at our new and expanded gift shop, and supporting our in-house vendor sales. You can find out more about the Auxiliary by calling (631) 444-2699. ■