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EMERGENCY MEDICINE'S NEW PARADIGM: PATIENT-CENTERED CARE IN A PATIENT-FRIENDLY SETTING

Remember those old television shows that depicted emergency rooms as places of interminable waits, impersonal care, and a crisis-to-crisis mentality? Step into some emergency departments today, and you'll find a dramatically different scenario. Immediate triage is the goal, with fast track services and specialty care teams providing care. Step into Stony Brook University Medical Center's new Emergency Department (ED) today, and you'll see how it is being transformed by an ongoing major modernization project that is helping to raise the standard of care in emergency medicine to an even more patient-centered level.

"Our goal is to treat people efficiently, to be considerate of their time, and care for them in specially designated areas appropriate to their needs, or in the case of children, appropriate to their age," says Mark Henry, MD, Chair of Emergency Medicine at Stony Brook University Medical Center. "And we've designed our new ED to reflect the way we now deliver care."

This includes an emphasis on:

- **Patient privacy.** Every opportunity is taken to preserve patient privacy. When possible, patients will have their physicals and initial histories taken in private rooms—hard-walled rooms with doors, not curtained cubicles—as well as receive the majority of their treatment there. There are times, however, when certain procedures take patients out of these rooms and into more open facilities, but ensuring patient privacy is one of our primary goals.
- **Appropriate care setting.** The ED has built separate treatment areas according to patient needs. There is a trauma area for the most critical cases; an Intermediate Care Area for patients with non life-threatening conditions; and a Critical Decision Unit, where patients can be observed for six to eight hours, which may result in them not being admitted to the Hospital. A separate pediatric emergency room is being constructed to help keep children from being exposed to potentially scary traumas

The Emergency Department at Stony Brook University Medical Center has built separate treatment areas according to patient needs.

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MESSAGE FROM STONY BROOK UNIVERSITY MEDICAL CENTER LEADERSHIP



RICHARD N. FINE, MD
Dean
School of Medicine



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

There is a certain excitement to the onset of spring. It's a time of promise and renewal. A time to make plans, sometimes vowing to make changes for the better in your life. It's a time to dream big. It's a time of hope. A time when you feel the impossible may just be possible.

For Stony Brook University Medical Center, we welcome spring 2009 with the realization that, in many ways, the seemingly impossible dreams from years gone by, when we first envisioned our major modernization project, have become reality. As a Hospital known for the best ideas in medicine, we have recently seen many of those "best ideas" come into being. With Phase I complete and Phase II underway, we now have a facility that reflects the way we practice medicine in the 21st century—with design that promotes efficient workflow and state-of-the-art monitoring, telecommunications, and diagnostic capabilities; patient rooms that facilitate family involvement; and operating rooms that are configured to accommodate new equipment and advanced techniques.

In these pages, for example, you can read about how the new Emergency Department ultimately improves care to the community and what that means for you. We also feature arti-

cles about many of our other new initiatives—from new procedures being performed in the Division of Gastroenterology to a new heart pump that is transforming cardiac surgery to comprehensive treatment of cystic fibrosis. We also have a host of new world-class physicians who are bringing best ideas of their own to Stony Brook University Medical Center.

And speaking of best ideas, our researchers eat, drink, live, and breathe them every day. Read about how they study, test, and track their ideas—some of which are setting the new standard of care in medicine.

As always, *Better Health, Better Living* is devoted to exactly that—better

health for the community, and better living for you. Check out our new health tips that appear throughout the publication. They may give you some ideas of your own about how to kick off spring.

Sharing the best ideas in medicine.

From stopping strokes to minimizing the side effects of cancer treatment, Stony Brook University Medical Center is home to the best ideas in medicine. To learn more, visit BestIdeasInMedicine.com. If you would like to receive useful healthcare information via e-mail, send your e-mail address to BetterHealth@StonyBrook.edu.

We Are Smoke Free!

Everyone who sets foot on the campus of Stony Brook University Medical Center will now find a healthier environment. Effective January 1, 2009, a new policy prohibits smoking not only inside and near buildings but also on the grounds of the Medical Center, Health Sciences Center (HSC), and the Long Island State Veterans Home (LISVH). In addition to the HSC and LISVH, this includes the Hospital, Ambulatory Surgery Center, Cancer and Imaging Centers, the Hospital and HSC parking garages, and all open space around these areas.

We have a commitment to improve lives through advanced medical treatments and through prevention of disease and promotion of good health. The health ramifications of smoking and second-hand smoke are well documented. We believe that everyone who spends time on our campus deserves to breathe fresh, healthy air. It is our job as a healthcare leader to take proactive steps. This is one of many.

To learn about smoking cessation, call HealthConnect® , (631) 444-4000.

Gastroenterology Offers Advanced Medicine and Pioneering Techniques

In many ways, having an academic medical center in the community is like having a giant safety net wrapped around the health of each person living in it. That's because academic medical centers do not just deliver one-to-one healthcare. They support the community's primary care physicians by making a wide range of subspecialists available to partner with them on complex diagnoses. They complement community hospitals by investing in state-of-the-art technology and services that smaller facilities cannot offer. They educate the doctors of tomorrow, many of whom choose to remain in the community and have a strong focus on research, which means the most advanced treatments, including national clinical trials, are available for patients with serious or rare conditions. In short, an academic medical center both raises and sets the standard of care in the community.

And that is exactly what is happening with Stony Brook's Division of Gastroenterology (GI). The newly appointed Chief, Basil Rigas, MD, is leading the division toward serving the community in an even more comprehensive way. This includes:

- **Recruiting the "best and the brightest."** "We have been able to recruit outstanding physicians from some of the finest medical institutions in North America, including Harvard, Johns Hopkins, NYU, and the University of Toronto," says Dr. Rigas. One of the best known among the new doctors is Jonathan Buscaglia, MD, an advanced interventional endoscopist who also serves as the Director of Endoscopy at Stony Brook.
- **Creating seven centers of excellence.** This will include centers for biliary; liver disease and transplant; women's gastroenterology; esophageal and swallowing disorders; screening for gastrointestinal cancers; inflammatory bowel diseases (Crohn's and colitis); and weight control and nutrition.
- **Developing the first Nanomedicine Center in the country.** Working with the School of Engineering and Applied Sciences, the Gastroenterology Division is developing nanotechnology-based methods to identify tumor markers within a fraction of a second, as well as to treat GI cancers. These efforts will hopefully culminate into a Nanomedicine Center, which could be the first of its kind in the nation.
- **Investing in equipment and technology.** This includes state-of-the-art endoscopy and ultrasound equipment such as the Spyglass™, which is an ultra-thin endoscope used in advanced procedures.
- **Reaching out into the community.** "Although we offer advanced medicine for complex and rare conditions, we address all GI disorders. In fact, that is the foundation of our division," says Dr. Rigas. This includes prevention, education, screening, and treatment for common GI complaints such as heartburn, abdominal pain, constipation, and changes in bowel habits.
- **Offering state-of-the-art and pioneering procedures.** Many of these are minimally invasive or incisionless procedures that result in less infection and faster recovery. In addition, because of the limited stress they place on the body these procedures can be performed on

patients who would otherwise not be candidates for surgery. Dr. Buscaglia, for example, performs several advanced procedures that are minimally invasive, such as endoscopic mucosal resection for removing diseased portions of the GI tract without surgery, among others.

THREE REASONS

To Get a Colonoscopy

Of course, not many of us look forward to a colonoscopy, but for detecting colorectal cancers and other gastroenterologic disorders, it remains the gold standard. Here are three good reasons to schedule a colonoscopy.

- 1. Age.** If you are at average risk and recently turned 50, it is time to get a baseline screening. If the exam is normal and there are no other risk factors, you will only need to have future exams at 10-year intervals, unless your physician recommends otherwise.
- 2. New Technology.** Colonoscopies are less invasive and more comfortable than ever before. The average procedure takes less than an hour. Plus, Stony Brook is pioneering promising virtual colonoscopy technology, which may make colonoscopies even easier in the future.
- 3. Success.** Colon cancer has one of the highest cure rates if detected early. Colonoscopies can uncover and remove benign polyps that if left in the colon can grow into cancerous tumors. Because colon cancer has no discernible early symptoms, screenings are particularly important.

EMERGENCY MEDICINE'S NEW PARADIGM

continued from cover

occurring in the adult ED, and to provide specialty care and equipment tailored to pediatric patients. In the interim, a separate area in the ED is currently reserved for treating pediatric patients.

- **Efficiency and speed.** A built-in Stat Lab offers a 30-minute turnaround on many tests. The ED has the most modern radiographic digital imaging equipment available, providing a remarkable three-second timeframe from imaging to interpretation. And, the ED's new entrance allows patients to drive directly to the doors and have their cars parked by valet service—a way of getting treatment as quickly as possible.
- **Faster communication.** Several months ago, a sophisticated patient tracking system was installed so that doctors can monitor the status of patients in real time. Via a 52-inch monitor set up in clinical areas and Radiology, the patient's progress through the ED can be tracked (via a coded system) so that doctors can immediately see, for example, which tests have been completed and which medications have been administered and when. "This pushes the information out to the doctors, rather than the old way, which pulled the doctors toward the computer," says Eric Niegelberg, Administrative Director for Emergency Services. "They save valuable time in an environment where every minute counts."

- **Precautions against airborne infections.** The new ED is equipped with negative pressure rooms in all clinical areas, allowing the ability to quarantine patients who may have airborne infections such as tuberculosis, chicken pox, and meningitis from other patients.
- **Diagnosis-specific teams.** This includes the Code H Team for rapid response to acute myocardial infarctions (heart attack) that can mobilize a cardiology and cardiac catheterization team to the patient's bedside. This team has been so successful in administering appropriate treatment in such a short timeframe that the team has presented their results at national conferences. Other teams include a Stroke Code Team and a Trauma Code Team, among others.
- **Continuity of care.** Every morning, seven days a week, each case is reviewed by the follow-up office (consisting of two full-time nurses and two clerks). This is possible because of a new secure digital scanning system that allows each patient's chart to be scanned daily. The chart, including the latest test results and interventions, is then sent out to the patient's primary care physician to ensure continuity of care. The office also does follow-up calls days after the patient has been discharged.

WHEN IS IT AN EMERGENCY?

Unsure of when to go to the Emergency Department? Asa Viccellio, MD, Vice Chair, Department of Emergency Medicine, describes the classic, general symptoms signaling an emergency. He notes that there may be other more specific signs as well, so if you are not sure, call your doctor. If the symptoms seem life-threatening or are rapidly worsening, call 911.

- Difficulty breathing/
Shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, weakness
- Changes in vision
- Difficulty speaking
- Confusion or changes in mental status
- Suicidal feelings
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Unusual abdominal pain



WHAT MAKES STONY BROOK'S EMERGENCY DEPARTMENT STATE-OF-THE-ART?

As Suffolk County's only Level I trauma center, Stony Brook's Emergency Department offers:

- Expert care for the most severe traumas, 24/7. Patients often are flown in by helicopter from accident sites or transported by paramedics from community hospitals in order to receive the advanced level of care offered at Stony Brook.
- Stellar faculty members who have won awards for outstanding leadership in the field from the American College of Emergency Physicians and other national groups.
- The latest technology, including a 64-slice CT scanner that can quickly and accurately help diagnose such major events as stroke, cardiac problems, and traumatic brain injuries. As an added benefit, since the new CT scanners are so much faster, fewer children need to be sedated for procedures. They also produce significantly less radiation, which means children will have reduced exposure during key developmental years.
- A residency in Emergency Medicine, as well as teaching programs for medical students.
- Ongoing basic and clinical research on burns and wounds as part of a major Department of Defense grant.

New Pediatric Emergency Room Delivering Kid-Friendly Care

There's a saying in children's medicine circles that pediatric care is not simply adult care downsized. Pediatric medicine recognizes that children have very specific medical needs and require a vastly different approach to care.

That's why Stony Brook University Medical Center's major modernization project calls for the creation of a separate pediatric emergency department. "A visit to the emergency department can be a very scary thing for children," says Alison Rowe, RN, CEN, Interim Emergency Department Nurse Manager. "Children don't need to be exposed to the noise and the trauma of the major events typical to most emergency rooms. At Stony Brook, we've designed the new pediatric ED to be friendly and comfortable, and to help take the scariness away." This starts with a separate ED entrance and continues throughout the entire facility with private rooms, kid-sized equipment and gowns, and a child-friendly environment.

But that's just one piece. The other is expert care. The pediatric ED staff includes pediatric specialists and nurses trained in pediatric care. And because of Stony Brook University Medical Center's Level I trauma designation, our medical specialists are either at the Hospital or on call 24/7. Visiting is also 24/7, even during almost every test and procedure—something parents seem to appreciate the most.

Family-Centered Approach to Treating Pediatric Cystic Fibrosis

Dr. Catherine Kier, Director of the Cystic Fibrosis (CF) Center at Stony Brook believes in treating this genetic disease aggressively, and treating patients and their parents like family. “We tell them to, ‘call us any time,’” says Dr. Kier. “There’s no question that can’t be asked and won’t be answered. We’re here to hold their hands 24/7, even if it is a holiday.”

That philosophy has helped to win over patients and their parents. Lauri Santaniello’s daughter, Christina, was born at Stony Brook and diagnosed at birth. She’s been a patient there ever since. “Dr. Kier and the entire CF team, including the nurse practitioner, social worker, CF nutritionist, and respiratory therapist are always available,” says Mrs. Santaniello. “No matter what time of day or night, there is always someone on call to answer questions, reassure, and to help problem solve.”

Dr. Kier has been treating Christina since 2001, the same year she became director of the CF Center. Stony Brook’s CF Center is one of only 115 in the U.S. accredited by the Cystic Fibrosis Foundation, meaning that the Center follows strict guidelines set forth by the Foundation and is subject to annual reviews. According to Dr. Kier, studies have shown that CF patients who receive care at an accredited center actually have better overall clinical status. “The quality of care impacts survival,” says Dr. Kier.

And at Stony Brook, this quality of care is elevated further by the Medical Center’s status as an academic institution and research center. “We’re up to



Christina Santaniello meets with Dr. Kier, as her mother, Lauri, looks on.

date on the latest treatment breakthroughs,” says Dr. Kier, “and we are involved in multicenter clinical trials, which give certain patients early access to new medications.”

Moving Forward

In 2008, Stony Brook implemented procedures and protocols to further improve patients’ pulmonary function. In less than a year, the CF Center’s initiative resulted in a 10 percent improvement in patient pulmonary function. “We’re now above the national average,” says Dr. Kier.

CF is a complex disease that requires a multipronged treatment approach. To make it easier for patients and parents to keep on top of medications and nutrition, the Center now provides parents with a CF Action Plan. “It’s a written plan the team gives to the parents after every visit,” says Dr. Kier. “It’s a very useful way to communicate with the parents.” This simple step has

already had positive results. “We see an improvement in our patients’ adherence to their regimens,” she adds.

While respiratory therapy, medication, and good nutrition remain the cornerstones of CF treatment, the Center’s comprehensive team approach also focuses on the psychosocial aspects of coping with a chronic illness and reducing stress on parents and patients. “Our social worker is at every clinic visit to make sure that we recognize problems early and intercede in whatever way needed,” says Dr. Kier. At times, that means nudging parents to monitor the child’s nutrition and sometimes that means nudging the patient. “Christina takes a lot of medications,” says Mrs. Santaniello. “Sometimes she slacks a little. Dr. Kier talks to her and helps figure out the root of the problem.” And Christina listens: “Dr. Kier always explains things to me and that helps me feel more in control,” says Christina.

CYSTIC FIBROSIS: THE FACTS

Q & A WITH DR. KIER

What is Cystic Fibrosis?

Cystic fibrosis (CF) is an inherited, chronic disease caused by a defective gene that affects the lungs and digestive system. The defective gene causes the body to produce thick, sticky mucus that clogs the lungs, which causes infection and respiratory ailments and obstructs the pancreas, blocking the production of important digestive enzymes that help the body break down and absorb food.

How is CF diagnosed?

New York State has mandatory CF testing for newborns. Babies are tested for elevated blood levels of a specific pancreatic enzyme (IRT). If there is an elevated finding, the baby is then tested for the CF gene mutation. If the baby has one mutation, he or she is a carrier; two mutations means the child has the disease. If a CF-related mutation is found, the child's siblings should be tested.

Is the newborn test definitive?

CF is a complicated disease with a variety of manifestations. Not all cases are caught at birth. Clinical symptoms, which include chronic cough, wheezing, and recurring persistent respiratory infections typically appear during the first few years of life but may not appear until later. It's important that if a physician sees clinical manifestations, even in a state with mandatory testing, the doctor should order a sweat test.

What happens when a child is diagnosed with CF at Stony Brook?

We immediately call the parents and the primary physician. We then set up a formal family meeting with the entire CF team to determine the course of treatment.

What's the advantage of being close to a Cystic Fibrosis Center?

Some parents feel they need to seek treatment at large city hospitals. Within New York State, there is a consortium of hospitals that share information and ideas. It's a wrong notion that one center is better than another. However, coping with a chronic illness is stressful and demanding. A long commute for required regular checkups adds to the stress, which affects both the parents and the child.

BEST IDEA

Healthy Eating on a Budget

Eating healthy can be a challenge during difficult economic times. Here are some tips from the American Dietetic Association for eating healthy on a budget.

Buy store brands instead of their name brand counterparts; they are nutritionally equivalent and will save you money.

Purchase whole chickens and cut them up yourself. You can then portion them into batches to cook and freeze for future meals.

Buy fruits and vegetables that are in season and locally grown.

Buying frozen foods in bulk can save you money, especially if you portion out into smaller containers for individual use.

Purchase healthy snacks in bulk and divide into small plastic bags for children's lunches.

Note: At grocery stores, less healthful foods such as bakery goods, snack foods, and sodas can be more expensive than healthier foods.

THE 10 THINGS YOU NEED TO KNOW ABOUT RESEARCH AT STONY BROOK UNIVERSITY MEDICAL CENTER

What many people may not realize is that what distinguishes an academic medical center from other facilities—medical centers, community hospitals, hospitals with schools of medicine, and medical schools—is one key thing: research. Having a research arm means that patients are treated by doctors who have access to the latest information and treatment for their particular illness. That clinical trials of innovative drugs, procedures, and devices may be available to patients with rare or complicated diseases. That the next generation of doctors are being trained at all levels, not just the clinical level. And that some of the best and brightest medical minds in the country will be attracted.

As an active research facility, Stony Brook University spends in excess of \$185 million annually on research, \$90 million of which is in biomedical research at the Medical Center. It is only one of 70 medical centers in the U.S. designated as a National Institutes of Health (NIH) clinical research center. Here's what else you may not know about Stony Brook University Medical Center research.

1. Six World-Class Research Facilities

These include a proteomics center for analyzing protein/peptide/small molecule samples via mass spectrometry; a Division of Laboratory Animal Resources facility for humane animal research; a bioinformatics facility that provides bioinformatics and IT support; a genomics core facility, which provides access to cutting-edge technologies; a Central Microscopy

Imaging Core facility providing confocal light microscopy and transmission electron microscopy services; and a biostatistical consulting core to provide data analysis of research endeavors.

2. On the Leading Edge of Medical Treatment

With funding from the State of New York Institute on Stem Cell Research, Stony Brook has two investigators who are looking into treatment complications and clinical relevance of life-saving stem cell treatments—research that could have long-range implications on the treatment of a wide range of diseases.

3. Collaborative Efforts

As a partner in the Center of Excellence in Wireless and Information Technology, Stony Brook collaborates with government and private industry to conduct world-class interdisciplinary research in emerging critical technologies including wireless and IT. Recently, medical researchers and engineers have collaborated to develop wireless technology to monitor human illness. The first building of the Center's new research park recently opened.

4. Unique Equipment

Stony Brook has the only spectrometer on Long Island. Located at the Structural Biology Center, this high-intensity optical instrument is currently being used to image proteins involved in Alzheimer's disease.

5. Development of New Drugs

Ten years ago, Stony Brook researcher Paul Bingham, PhD, identified a new drug therapy for breast cancer. Now in the clinical testing phase, it may reach

FDA approval status as early as 2012. Another Stony Brook investigator recently received a large grant to investigate drug-resistant tuberculosis.

6. Epidemiological Studies

Ongoing epidemiological studies investigate specific diseases in specific populations such as the environmental and genetic risk factors for prostate and breast cancers in the African-Caribbean population of Barbados. Last year, the National Cancer Institute awarded a \$4 million grant to continue for an additional five years the prostate study of genetic and obesity-related factors for disproportionately high rates of prostate cancer in men of African descent.

7. Development of New Surgical Techniques

Nationally known cerebrovascular neurosurgeon Henry Woo, MD, Director of the Cerebrovascular Center, has perfected cutting-edge techniques for treating cerebral aneurysms. He was the first neurosurgeon on Long Island to use the Wingspan® stent for intracranial atherosclerosis and the Cordis Enterprise™ stent for aneurysms.

8. Development of Novel Medical Devices

Two Stony Brook researchers are part of a team leading the search for a biological pacemaker that could revolutionize care and holds the promise of curing conditions that require the use of traditional pacemakers.

9. New Technologies for Existing Procedures

This includes pumpless open heart surgery, laparoscopic valve replace-

ment surgery, and laparoscopic colon surgery—all of which are safer, less invasive, and promote dramatically faster patient recovery times, in many cases. Stony Brook is the only hospital in Suffolk County where these procedures are available.

10. Nobel Prize Recognition

In 2003, Paul C. Lauterbur, PhD, was awarded the Nobel Prize for Medicine for his pioneering research while a faculty member at Stony Brook University. Dr. Lauterbur's work in the 1970s led to his development of magnetic resonance imaging (MRI), which helped transform medicine.

BEST IDEA

Exercising in Spring

"Spring!" A time when most everyone looks forward to getting outdoors and getting some exercise. But what exercise is right for you? Whether you're a regular exerciser or just starting out, it's important to ask, "Why am I doing this? What are my goals?" When you can answer those questions, you can be sure that you will choose the exercise that is right for you.

Steven Jonas, MD, MPH, Professor of Preventive Medicine at SBUMC and senior author for the American College of Sports Medicine's *Exercise is Medicine™, A Clinician's Guide to Exercise Prescription*, due to be published this spring.

INTRODUCING THE WORLD'S SMALLEST HEART PUMP

Imagine a heart pump so small that it can be inserted through an artery in the leg and guided up to the left ventricle of the heart in order to support heart function during life-saving interventions. Fewer than 100 hospitals in the United States—including the Mayo Clinic and Johns Hopkins—have access to this life-saving innovation. Stony Brook University Medical Center is one of them.

The Impella® 2.5, which was recently FDA approved, represents a major breakthrough for critically ill patients who may be experiencing advanced cardiac failure or who may be in shock during recovery from a major heart trauma such as heart attack. How does it work? Doctors say it is easy to use and can be inserted within a few minutes in the Cardiac Catheterization Lab. It then temporarily takes over the heart pumping function, pumping as much as 2.5 liters of blood per minute, while the interventional cardiologist tries to open critical blockages in the arteries of the heart.

"The support provided by this tiny pump is five times faster than the current industry devices and provides three to five times more blood flow than the present standard of care," says Luis Gruberg, MD, Director of the Cardiac Catheterization Lab at Stony Brook's Heart Center. To date, Dr. Gruberg has completed two procedures using this pump.

"Not only is this cutting-edge technology," he says, "but it also offers enormous benefits. Because it is minimally invasive, it cuts down risk of complications with already very sick patients. It offers us a safety net during high-risk procedures, along with very good outcomes."

Stony Brook is one of 37 sites participating in a national study of these outcomes. And although Dr. Gruberg was the first Stony Brook physician trained in using this new device, the entire team has subsequently been trained, and the Impella 2.5 is now a part of the overall standard of care at Stony Brook.



Dr. Gruberg holding the Impella device.



ASK THE EXPERT

By Lynn Hallarman, MD

Assistant Professor in the Department of Medicine, Division of Hematology/Oncology
Director of Palliative Medicine

Compassionate Physicians and Palliative Care

Lynn Hallarman, MD, one of the first physicians in the country to be board certified in palliative medicine, talks about what palliative care is and why it is a priority at Stony Brook University Medical Center.

Q. What is palliative care?

Palliative care is patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. The goal is to provide support to patients undergoing treatment for life-limiting illness such as cancer, congestive heart failure, chronic obstructive pulmonary disease (COPD), heart disease, devastating stroke, or dementia. Support can be physical, emotional, or spiritual. It may involve practical measures, and often involves helping families deal with stress or difficult decisions. Palliative care is not prognosis dependent and can be provided at the same time as life-prolonging treatment such as chemotherapy.

Q. How is it different from hospice care?

It is important to note that hospice may be just one component of the full spectrum of palliative care.

Hospice deals with the last three to six months of a patient's life. Hospice

is a structured program of care once disease directed treatments are losing their benefit. Care can be provided in many settings, including nursing homes, inpatient facilities, and "hospice house" locations. Hospice also helps families take care of their loved ones at home.

Q. How is palliative medicine delivered at Stony Brook?

At Stony Brook University Medical Center, specialized palliative care services are available by consultation with the Survivorship and Supportive Care (SOS) Team. Our team consists of two nurse practitioners, one physician, one social worker, and one pastoral care counselor. An example of SOS services is the care provided to a young, college-age woman studying to be a doctor who had metastatic melanoma. Care was provided over the course of a year and through several hospitalizations. The Survivorship and Supportive Care Team worked with the patient's oncologists to alleviate the pain and fatigue she was experiencing. In addition, the patient, a single mom, needed help with child care and custody issues, which we helped her sort out. Later, when she needed surgery, we supported her and her family through her hospitalization.

Another example involves a patient with advanced emphysema who could no longer live at home. We collaborated with the primary care team to find the appropriate care setting, assisted with a symptom management plan, facilitated communication with the family, and helped the patient designate a healthcare proxy. Both examples point to the multidisciplinary nature of our work. We are connected to a vast network of community resources and to the different treatment teams in the Hospital, so we can offer a full spectrum of assistance no matter what the patient's needs are.

Q. It sounds like working with families is a big part of what you do.

In our jobs we do a lot of listening—it is probably the biggest part of what we do—and we especially listen to family concerns. We truly take time with them. We then, in turn, make families part of the therapeutic approach, and bring them into the solution. This can range from addressing their fears and helping them ask the right questions to making them active members of the care team.

Q. Do you do the same level of 'listening' with patients?

Absolutely. It is the cornerstone of our approach. With patients we recognize

1,000TH KIDNEY TRANSPLANT CELEBRATION

An invitation-only crowd of more than 300 people, ranging from infants to octogenarians, gathered on November 12 at the Charles B. Wang Center to celebrate a life-affirming milestone: the 1,000th kidney transplant performed through the Stony Brook University Medical Center Kidney Transplant Program. All those who donated a kidney in 2007 received a Gift of Life “Medal of Honor” from the program, issued by New York State. Joseph Celli, 72, the 1,000th recipient, who received a kidney from his daughter on March 18, 2008, also received special recognition.

Since reaching this milestone, the number of transplants performed at Stony Brook increased to more than 1,079, making it the fifth highest kidney transplant medical center in New York and placing it in the top 20 percent by volume in the U.S. Begun in 1981, the program is headed by transplant surgeons Wayne Waltzer, MD, Chair of the Department of Urology, and Frank Darras, MD. Today, the program services more than 30 dialysis units throughout Suffolk and Nassau counties and averages close to 80 transplants per year—with more than a third of the organs coming from living donors.



Some of the donors and recipients at the celebration.

“We recently were one of nine first-ever recipients of the Quality in Palliative Care Leadership Award from the National Consensus Project—and the only academic medical center to win.”

Dr. Lynn Hallarman

that symptoms are complex—there are no quick fixes—so we really take our time to listen to concerns and needs. Based on what we hear, we can develop targeted interventions to help the person feel better and get back into his or her normal life as much as possible.

Q. How would you describe the blend of compassionate, relationship-based care with advanced medical treatments offered by your team?

In a word, comprehensive. Palliative care at Stony Brook is extremely comprehensive. We focus on the whole person, the big picture, and often share this with the patient, family, and primary care team. We work to relieve patient suffering and enhance quality of life—whatever it involves. On some days, we may sit and talk with the patient, on other

days we might develop an aggressive pain management plan. It really depends on what the patient needs.

Q. Tell us more.

In fact, we recently were one of nine first-ever recipients of the Quality in Palliative Care Leadership Award from the National Consensus Project—and the only academic medical center to win. It is remarkable because our program only started in January 2007. I was brought in to develop the program because it is part of Stony Brook’s mission to have palliative care available on an expert level. I saw it as an opportunity to put my years of experience—which included implementing the palliative care program at the Baltimore VA—into practice as well as a chance to put innovative programming into place. Today, I also do a lot of teaching with medical students and trainees to help them integrate palliative care into the day-to-day approach to patient care.

Q. What do patients need to know about getting referred into palliative care?

Generally, the attending team will prescribe it for patients with a life-limiting illness, but patients need to know that they can ask for it at any time during their treatment. It is available to help them through a long and difficult treatment process, not just when they are dying. We have many, many resources available and we want patients of use them. We want them to know we are there for them, 24/7.

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.

Amyotrophic Lateral Sclerosis (ALS)

ALS SUPPORT GROUP

A monthly support group for patients with ALS and their family members.

Tuesdays, 6-8 pm
April 7, May 5, June 2

Stony Brook Neurology
East Setauket
Free

Cancer Care

LOOK GOOD, FEEL BETTER

Offered in conjunction with the American Cancer Society. This program is for women undergoing treatment for cancer. The beauty program, facilitated by a licensed cosmetologist, includes tips on skin and hair care, make-up instructions, and demonstrations of wig, turban, and scarf use. Registration is required.

Mondays, 6-8 pm
April 6, May 4, June 1

Stony Brook University
Cancer Center
Free

COPING WITH LUNG CANCER SUPPORT GROUP

A diagnosis of lung cancer can lead to physical, emotional, and spiritual upheaval. SBUMC provides patients and caregivers a place to discuss these issues at a monthly support group.

Tuesdays, 7-8 pm
April 21, May 19, June 16

Stony Brook University
Cancer Center
Free

ORAL CANCER SCREENING

No appointment is required for the screening. For a free dental exam also, call (631) 632-8989 for an appointment.

Thursday, April 23
10 am-7 pm

Stony Brook University
Dental Center
South Drive, Stony Brook
Free

Cystic Fibrosis

CYSTIC FIBROSIS SUPPORT GROUP

Parents and caregivers of children with cystic fibrosis can join this support group.

Mondays, 7-8 pm
April 20, May 18, June 15

Middle Country Library
101 Eastwood Blvd.
Centereach
Free

Diabetes

DIABETES SELF-MANAGEMENT EDUCATION CLASSES

A comprehensive three-day educational program for people with type 1, type 2, and gestational diabetes, which covers meal planning, blood glucose monitoring, exercise,

use of medications, acute and chronic complications, stress, travel, vacationing, and community resources. Registration is required.

April 20, 21, 22, 6-9 pm
May 4, 5, 6, 9 am-noon
June 1, 2, 3, 6-9 pm

Stony Brook Technology Park
Call (631) 444-4000
for location.

Fee: Insurance accepted
where applicable

Diet and Nutrition

TARGET FITNESS WEIGHT MANAGEMENT PROGRAM

A 12-week interactive program that uses research-based strategies to lose weight, for good!

Tuesdays, 5:45-6:45 pm
April 7, 14, 21, 28
May 5, 12, 19, 26
June 2, 9, 16, 23

Family Practice Center
181 Belle Mead Road
East Setauket
Fee: \$225

Heart Health

MENDED HEARTS

Offering support for patients with heart disease and their families.

Sundays, 1:30-3:30 pm
April 19, May 17, June 21

Heart Center
Conference Room
Stony Brook University
Medical Center
Free

LIVE WELL AND GIVE BACK AT THE SAME TIME

In these uncertain times, charitable gift annuities are an attractive alternative for someone looking for a stable source of retirement income. With CDs paying less than 3%, for example, a gift annuity donor who is 80 can enjoy a payment rate of 7.1%, more than double today's CD rates. And these payment rates are guaranteed for life. They will never change no matter what happens in the stock market or in the economy. Your gift today will give back to Stony Brook University Medical Center for a lifetime.

ONE-LIFE RATES

AGE	RATE
55	4.8%
60	5.0%
65	5.3%
70	5.7%
75	6.3%
80	7.1%
85	8.1%
90+	9.5%

TWO-LIFE RATES

AGE	RATE
55/55	4.1%
60/60	4.6%
65/65	4.9%
70/70	5.2%
75/75	5.6%
80/80	6.1%
85/85	7.0%
90/90	8.3%

For more information or to obtain a no-obligation illustration, contact Eric Doepel, Senior Associate Vice President for Advancement, at (631) 632-4371, eric.doepel@stonybrook.edu or visit us online at www.stonybrook.edu/sb/giving.

Valid 2/1/09

Mall Walkers

SMITH HAVEN MALL WALKERS

Co-sponsored by SBUMC and the Smith Haven Mall, Mall Walkers meet the last Wednesday of the month. Blood pressure screenings begin at 8 am, followed by a lecture at 9 am. Registration is required. For topics visit StonyBrookMedicalCenter.org go to tab, "In the Community," and click "Programs."

April 29: Anna Rosenthal, RN
Topic: What To Do To Feel Good. Part 2

May 27: Topic: Stroke Awareness and Screening

June 24 Topic to be announced

Smith Haven Mall, Food Court
Lake Grove
Free

Multiple Sclerosis (MS)

MS PATIENT EDUCATION SERIES

An informative evening of conversation with MS specialists and other experts. Each presentation will be followed by a question and answer session. Coffee and treats will be served. Registration is required.

Thursdays, 7-8:30 pm

April 16: Patricia Melville, NP-C, MS Comprehensive Care Center, Topic: Staying Healthy With Vitamins and Oral Supplements

April 23: Jane Elson, LCSW, Topic: Taming Stress in MS

April 30: Anne Klassert, NP, Department of Urology, Topic: Bladder Issues in MS

May 7: Karen E. Giles, MAC, Lac, Five Element Acupuncture, Topic: Complementary Therapies

Stony Brook Neurology
179 Belle Mead Road
East Setauket
Free

Pregnancy and Childbirth

MEET THE MIDWIVES

For women seeking prenatal and gynecology care and healthcare professionals wanting to learn more about midwifery. Includes question

and answer period, and tour of labor and delivery, nursery, and postpartum units.

**Thursday, 7-8 pm
April 2**

Health Sciences Center
Level 2, Lecture Hall 2
Free

PREGNANCY EDUCATION CLASSES

For women delivering at Stony Brook University Hospital. Classes promote optimal maternal, fetal, and newborn health. Topics include "Breastfeeding and Infant Feeding Choices," "Staying Healthy During Pregnancy," and "Taking Care of Yourself and Baby at Home." Registration required.

**Thursdays, 11 am-noon
April 2, 9, 16
May 7, 14, 21
June 4, 11, 18**

Stony Brook University
Hospital
Free

PRENATAL BREASTFEEDING CLASS

Learn about breastfeeding to help you and your baby get off to a good start and avoid common problems. Registration required.

**Wednesdays, 7-9 pm
April 1
May 6**

Stony Brook University
Hospital
Free

SPECIAL EVENTS

STARS OF STONY BROOK GALA

Created in 2000 for the sole purpose of increasing scholarship funding, this annual event has raised more than \$12 million. This year's gala will honor Stony Brook University President Shirley Strum Kenny. Individual tickets and tables of ten are available for purchase. Donations are also accepted. Please call for pricing and sponsorship opportunities.

**Wednesday, April 15
6:30-10:30 pm**

Pier Sixty
New York City

RETURN MEDICATIONS

Keep medicines out of Long Island waters. Don't flush unwanted medicines, bring them to this event for proper, free disposal. Expired and

unwanted prescriptions and over-the-counter medications will be collected, including controlled and non-controlled substances. Bring them in their original containers, if possible.

**Saturday, April 18
10 am-4 pm**

Setauket Fire Department
Nicolls Road, Setauket

JUDY'S RUN FOR NATIONAL STROKE AWARENESS

5K run/mile fun walk to raise awareness of stroke symptoms and treatment. A portion of the proceeds benefit SBUMC's Stroke Program. Fee: \$20 prior to April 24 For information visit www.judysrun.com.

**Saturday, May 9
9 am-noon
(7:30-8:30 am check-in)**

Sunken Meadow State Park
Kings Park

CODY COMEDY FESTIVAL

This annual event benefits the Matt and Debra Cody Center for Autism and Developmental Disabilities, and will feature comedians Kevin Meaney, Tina Georgi, and Melvin George. Call to purchase tickets or for sponsorship package information.

Wednesday, May 13

6:30 pm

Funny Bone Cocktail Reception at the Charles B. Wang Center (tickets are \$150 per person with other sponsorship packages available)

8:00 pm

Comedy Show at the Staller Center (tickets are \$25 per person)

Research Studies

THE BEST IDEAS IN PEDIATRIC DIABETES

Currently, researchers at Stony Brook University Medical Center are taking on one of the country's most challenging pediatric diseases: Type 1 diabetes, formerly known as juvenile diabetes, which affects five to 10 percent of the 23.6 million people in the U.S. with diagnosed diabetes.

According to Thomas A. Wilson, MD, Professor of Pediatrics, there are two areas of study which have been ongoing for the past four to five years. One involves unraveling the sudden 10 to 15 percent weight gain in children that occurs after initial diagnosis and start of insulin treatments. Dr. Wilson, along with Margaret McNurlan, PhD, in the Department of Surgery, is focusing on the effect of insulin on protein balance, in particular, the balance between synthesis and degradation. Along a similar line, Andrew Lane, MD, Division of Pediatric Endocrinology, is focusing on documenting the changes in body composition that occur once insulin is started in patients newly diagnosed with type 1 diabetes.

The other area of study involves finding a way to preserve the beta cells of the pancreas so that they can continue to secrete insulin. The researchers have identified a drug called pioglitazone (Actose®) that is effective at improving blood sugar control in adults with type 2 diabetes. Approximately 10 children from the community have been enrolled in the double-blind placebo controlled study. If results prove promising, this drug could potentially change the standard of care for children with diabetes. "I take off my hat in gratitude to those children, and to the parents who have allowed their children to participate in this study. It is the only way science can move forward," says Dr. Wilson.

For more information or to enroll in studies, call (631) 444-4000.

ARE YOU CURRENTLY DEPRESSED OR WERE YOU DEPRESSED IN THE PAST?

Seeking volunteers, ages 18 to 65, for a research study on depression and brain functioning. Participants will be paid up to \$110 for completing the study.

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 hyperactivity 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.

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 treating complications of current HIV therapy including insulin resistance (leading to diabetes) and possibly body fat distribution (HIV lipodystrophy). Volunteers are compensated up to \$2,050 plus transportation expenses.

SEEKING VOLUNTEERS FOR DIABETES STUDY

Looking for children and adolescents, ages 6 to 18, with a recent diagnosis of type 1 diabetes to participate in a six-month study to see if pioglitazone can reduce insulin requirements. This study is being conducted at the GCRC.

SEEKING VOLUNTEERS WITH CYSTIC FIBROSIS

Volunteers, 18 years and older, will participate in a 28-week research study, conducted by the GCRC, to examine the efficacy of IGF-1 treatment to maintain or improve body weight and composition.

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.

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.

DO YOU HAVE HEART FAILURE?

The Heart Failure and Cardiomyopathy Center at Stony Brook is seeking volunteers with heart failure for 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.

BREAK-DHF: If you've been diagnosed with diastolic heart failure, high blood pressure, or diabetes, you may be eligible for a clinical research trial of a drug that may "un-stiffen" the heart.

DONATION SUPPORTS RECREATIONAL PROGRAM FOR CHILDREN WITH AUTISM

Almost every parent would agree that school vacations can be relaxing breaks, offering opportunities to travel or spend time with friends and family. For children with autism and related disorders, however, these breaks can potentially cause a regression in behavior, social skills, and speech.

Here's where the Cody Center Recreation/Respite Program steps in. It offers recreational opportunities during school vacations for children, ages 5 through 9, with autism spectrum disorders. The program provides children with a safe, structured, and stimulating environment, and gives parents or caregivers a break that allows them to attend to their other children or other needs during school breaks.

John Tsunis, Medical Center Development Council member and owner of the Holiday Inn Express in Stony Brook, recognized the need for this type of program—and then did something about it. Mr. Tsunis was instrumental in obtaining a \$30,000 donation for the Recreation/Respite Program from Long Island Charities, where he is also a board member. “Having a child with special needs can be difficult,” he says. “These families need a place for their children to grow and learn—and a break for themselves. The Cody Center helps so many children. It’s something I’m proud to be part of.”

For Lisa Neske, the program has been “a Godsend,” and kept her son Joey from regressing during school breaks. “Joey did so well in the program that he actually read a book to the class. It makes me happy to see Joey excited to go play with his friends in the group, and it allows me to do what I need to for him and the rest of the family.”

Joey is just one of many children and families helped through this program. Because of the tremendous demand for its services, the Cody Center has set a goal to offer Recreation/Respite programs to more children and families after raising additional funding.

If you are interested in supporting the Cody Center or the Recreation/Respite Program, please call (631) 632-2899. For more information about the Cody Center, visit www.codycenter.org.



Lisa Niski and her son, Joey, 7, at the Cody Center.

BEST IDEA

Surviving Flu Season

“The single best thing you can do is to get a flu shot. If you get it now, it can help protect you, since flu season lasts until May, and even later in some years. An easy but important prevention measure is to wash your hands often. Washing your hands will protect you and others, since most influenza is transmitted by hand-to-mouth, hand-to-nose, or by hand-to-eye contact. Soap and water is just as good as alcohol-based cleaners. Other simple things you can do include covering your mouth and nose when you sneeze and cough (with a tissue or your sleeve, not your hand), staying rested, and if you do get sick, staying home from work or school so you don’t get others sick.”

William Wertheim, MD, FACP, Vice Chair for Clinical Affairs, Residency Program Director, Department of Internal Medicine.

Better Health Better Living

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*Then Auxiliary President Barbara Delfyett presents check to Heart Center Co-Directors,
Todd K. Rosengart, MD, left, and David L. Brown, MD, right.*

AUXILIARY ONCE AGAIN SHOWS HEART

The Stony Brook University Hospital Auxiliary held its annual Gala this past September at The Inn at East Wind in Wading River to honor and benefit the Stony Brook University Heart Center. The event raised \$135,000 for the Heart Center. Also honored at the gala were Richard N. Fine, MD, Dean, School of Medicine, who underwent emergency surgery at the Heart Center, and local resident Dale Carman, who was treated successfully after a nail penetrated his heart while mowing the lawn. Through its extraordinary fundraising efforts, the Auxiliary has raised nearly \$6 million for the Medical Center to enhance patient care, purchase medical and imaging equipment, and to support a variety of employee activities. If you would like to become a member of the Stony Brook University Hospital Auxiliary, please call (631) 444-2699.