Welcome to the inaugural issue of *Oncology Update*, your Hudson Valley connection to advanced cancer care.

Together, the Dyson Center for Cancer Care at Vassar Brothers Medical Center, the Dyson Breast Center and Health Quest Medical Practice provide our patients with superior access to the latest in cancer prevention, screening, diagnosis, treatment, survivorship and supportive care.

With the continued expansion of our oncology services, patients have access to experienced specialists and subspecialists dedicated to a multidisciplinary approach to personalized treatment based on tumor type, location and stage, while respecting our patients’ goals and values.

While we provide locally accessible multidisciplinary oncology care for people living in the Mid-Hudson Valley, we also serve as a regional referral center and as a destination program for those who are seeking a consultation, second opinion or comprehensive treatment closer to home. Patients receiving specialized oncologic care in their community benefit from close collaboration with their referring physicians without a burdensome commute to the city.

What draws many cancer patients to our center(s) is our advanced approach to treatment, incorporating technologies like isolated limb perfusion for melanoma, hyperthermic intraperitoneal chemotherapy for highly selected cases of abdominal cancer and robotic surgery for a variety of tumor types. In this issue, we feature some of the latest approaches to minimally invasive surgery, embolization and ablative therapies for liver cancer available at the Liver and Pancreas Center at Vassar Brothers Medical Center.

Another hallmark of our oncology program is enhanced patient access to the latest therapies through our clinical trials program, which offers national, investigator-initiated and multicenter research.

We take both patient and physician education seriously. Our providers spend the time necessary to educate patients about their condition and treatment plan, helping to alleviate their anxiety. We also encourage our oncologists and other health providers to attend continuing medical education courses — which will be highlighted in these newsletters for ease of reference — to ensure we’re providing the latest in best practices.

What sets us apart from other area centers is that our patients come away from their experience here with the overwhelming sense that they have received the best possible treatment and support from our providers. Our commitment to being in the top decile for patient outcomes and our dedication to offering personalized, compassionate care makes this possible.

We appreciate your partnership and look forward to working together to care for patients and families. Please don’t hesitate to contact me directly at 845.483.6920.

Cliff Connery, MD, FACS, FCCP
Medical Director,
Dyson Center for Cancer Care
Division of Thoracic Oncology
Health Quest Medical Practice

TTY/Accessibility: 845.421.1220
Our multidisciplinary approach to oncology requires the collaboration and expertise of numerous physicians, nurses and other cancer care specialists. Depending on the patient, the healthcare team may include:

**Personalized Care**

- Oncologists
- Clinical Research Professionals
- Interventional Radiologists
- Anesthesiologists
- Physician and Physician Assistants
- Certified Patient Navigators
- Nurse Practitioners
- Rehabilitation Therapists
- Specialists
- Registered Dietitians
- Genetic Counselors
- Chaplains

*Our comprehensive approach to cancer care connects patients and caregivers with specialized medical, surgical and radiation oncology expertise. From the Dyson Center for Cancer Care to our multidisciplinary treatment teams, leading-edge cancer treatment is closer than ever before.*
Members of this team who treat thoracic, breast and gastrointestinal cancers regularly meet in a tumor board, or “cancer conference,” to share their expertise and discuss tailored treatment plans for patients. Their collective input, based on imaging and testing often performed in our clinic on the same day, results in personalized care conducted in a timely manner, even for the most complex cases.

Patients may also benefit from meeting their team of healthcare providers in a single place, often in the same visit. This interaction eliminates the stress of traveling from building to building, enhances communication and improves patients’ understanding of their diagnosis and treatment, which can be an empowering experience.
Meet Our New Providers

Health Quest Medical Practice, P.C., has added several specialists to our team to ensure that we bring the most comprehensive care to our patients. Additions include supportive care medicine specialists, as well as medical, surgical and radiation oncologists. Learn more about our new team members.

Supportive Care Medicine

Mary Dunne, MD, is medical director of outpatient Supportive Care Medicine. Her focus is symptom management and support for cancer patients and their families based on their values and health goals.

John Keene, MD, is medical director of inpatient Supportive Care Medicine. Quality of life and symptom management throughout disease progression, and end-of-life care are some of his clinical interests.

Surgical Oncology

Ryan Swan, MD, received his fellowship training from the Carolinas Medical Center and is one of the few fellowship-trained hepatobiliary surgeons in the Mid-Hudson Valley. In addition to liver, pancreatic and other cancers of the biliary region, he treats conditions such as pancreatitis, benign liver lesions and biliary duct injury. To compliment these clinical areas of interest, he is exploring clinical research opportunities for understanding of these cancers.

Medical Oncology

James Leonardo, MD, PhD, is medical director of Medical Oncology. Hepatobiliary cancers, breast cancer, hematologic malignancies and metastatic cancer are his focus. He encourages patients to explore available clinical trials to access innovative treatments. He has been the lead investigator for trials, including an immunotherapy trial for non-small cell lung cancer.

Inder Lal, MD, is fellowship-trained from the University of Vermont College of Medicine in hematology-oncology. His clinical focus includes hematology, internal medicine and malignant hematology. He strives to create personalized treatment plans for patients based on a multidisciplinary team approach.

Radhika Rachamalla, MD, focuses her clinical expertise on women’s cancers. She is fellowship-trained in hematology-oncology and is a principal investigator on several ongoing clinical trials, including two on promising treatments for non-small cell lung cancer.
Radiation Oncology

Edward Farhangi, MD, treats malignancies of the central nervous system, breast, prostate, lungs, and head and neck. Stereotactic radiosurgery and stereotactic body therapy are other areas of expertise. He has served as lead investigator for trials benefiting patients in need of alternative treatments for lung and prostate cancer.

Thomas Mazzilli, MD, serves as medical director of Radiation Oncology at Putnam Hospital Center and specializes in breast, genitourinary, thoracic, gynecological, gastrointestinal, head and neck, skin, and central nervous system cancers, as well as sarcoma and lymphoma. He is proficient in stereotactic radiosurgery and stereotactic body radiotherapy.

Dimitrios Papadopoulos, MD, manages lung cancer, gynecologic cancers, and tumors of the breast, brain, prostate, and head and neck. He is currently the lead investigator for a clinical trial evaluating complications with head and neck chemoradiation. Past research includes treatment dose verification for IMRT and the accuracy of skin markers for image-guided radiation therapy for head and neck cancer.

Robert Smith, MD, specializes in delivering stereotactic body radiotherapy and stereotactic radiosurgery. He treats gynecologic cancers and tumors of the prostate, brain, breast, lung, and head and neck.

Camilo Torres, MD, serves as medical director of Radiation Oncology at Vassar Brothers Medical Center and treats tumors of the breast, lung, prostate, and head and neck. Stereotactic body radiotherapy and stereotactic radiosurgery are among his clinical interests. His research has focused on managing patients with metastatic cancer of unknown origin.

“With the continued expansion of our oncology services, patients have access to experienced specialists and subspecialists dedicated to a multidisciplinary approach to personalized treatment.”

Cliff Connery, MD, FACS, FCCP
Streamlined Care for Complex Cases

The recent establishment of the Liver and Pancreas Center at Vassar Brothers Medical Center has "formalized and streamlined the care of our cancer patients," said Ryan Swan, MD, medical director of Hepatobiliary and Pancreatic Surgery.

When patients call, they are seen on the same or next day by a multidisciplinary group of physicians who have expertise in liver and pancreatic cancer, as well as benign conditions affecting these organs and related areas of the biliary and digestive system.

This team includes surgical, medical and radiation oncologists, gastroenterologists with expertise in endoscopic ultrasound and endoscopic retrograde cholangiopancreatography, anesthesiologists, nutritionists, nurse navigators, floor nurses, social workers and genetic counselors. Interventional radiologists also play an integral role in caring for our patients. For some of the latest technologies used to treat liver, see our Technology Update on page 8.

“These are diagnoses that carry a lot of anxiety,” said Dr. Swan. “Waiting around for two or three weeks for an appointment is not appropriate. There’s a team here that provides the local community with care from the moment of diagnosis through treatment. That’s a huge step forward.” Moreover, the center provides the same level of care or better than that offered in the city, without the need of a lengthy and stressful commute.

A multidisciplinary team enables the center to accept transfers from other area hospitals and facilities, including patients with complex pancreatic or liver cancer cases such as those that require reconstruction of the portal vein, said James Nitzkorski, MD, medical director of Gastrointestinal and Melanoma Surgical Oncology. “Advanced reconstruction is typically only done at academic centers,” he noted.
Minimally Invasive Surgery for Primary Liver Cancer

During the last decade, surgeons have pushed open approaches into minimally invasive procedures, allowing them to “refine and improve liver surgery,” said Dr. Swan.

Laparoscopic liver surgery has become much more common during the last five to 10 years. A decade ago, liver surgery required large incisions and recuperating in the hospital for one to two weeks. Today, “a lot of liver surgery that we’re able to do is through the same incisions that you would make for laparoscopic gallbladder surgery,” Dr. Swan explained.

Minimally invasive surgery “gets people out of the hospital faster, with less pain,” he said. If patients need to receive chemotherapy afterward, they’re able to start that treatment sooner, he added. This approach is new in the Hudson Valley and isn’t “all that common in New York City,” where people may sometimes feel the need to commute for the newest approaches to healthcare, said Dr. Swan.

The Latest Approaches for Metastatic Cancer to the Liver

Patients with colon cancer that has metastasized to the liver can also benefit from treatments at our center. The definition of what is resectable and what isn’t in these individuals has changed in the last 10 years, explained Dr. Swan.

“It used to be that if patients had tumors on both sides of their liver or more than four metastatic tumors, physicians would often consider this disease to be too advanced for resection,” he said. Now, physicians at the Liver and Pancreas Center at Vassar Brothers Medical Center may consider surgery if they can remove tumors while leaving enough of the liver behind to regenerate, and if they can preserve bile duct function, and blood flow to and from the liver.

In addition, improvements in chemotherapy for colon cancer that has metastasized to the liver allow medical oncologists to administer drugs before surgery. This approach, called neoadjuvant chemotherapy, shrinks tumors, making resection more feasible.

Advances in Treatment for Pancreatic Cancer

With the addition of Dr. Swan to the surgical team, the center now handles a high volume of pancreatic cancer surgeries, including complex procedures. Before his arrival here, Dr. Swan had performed several hundred pancreatic operations. Since coming to the Liver and Pancreas Center last year, he and his team have performed approximately 30 major pancreatic resections, including the Whipple procedure and distal pancreatectomy.

Medical oncologists may give neoadjuvant chemotherapy to shrink tumors, allowing surgeons to remove growths that were previously difficult to remove while avoiding major veins and arteries. Neoadjuvant chemotherapy also helps prevent postoperative tumor recurrence. Radiation therapy may be another option for shrinking tumors before surgery, making their removal possible, said Dr. Swan.

Overall, a better understanding of how to select patients who will benefit from surgical resection has helped to improve outcomes. Results from radiological staging of the tumor and underlying comorbidities are some of the criteria oncologists consider to customize care.

To further ensure patients have access to the latest, leading-edge treatments, the Dyson Center for Cancer Care is participating in multi-institutional pancreatic cancer clinical trials.

Helping Patients Cope

In addition to providing advanced cancer treatments, oncologists and nurse navigators educate patients about their condition and care. Educating patients about the type of cancer they have, its stage and the full range of treatment options can be empowering, said Dr. Swan.

“Liver and pancreas cancers are the cancers that people hear about and fear the most,” he said. “If you hear you have pancreas cancer, a door shuts in your mind. It’s important to talk people through that. Sometimes patients show up to our clinic terrified, and they may find out there’s a lot more hope than they originally thought.”
Technology Update

The interventional radiologists on the medical staff of Vassar Brothers Medical Center work closely with medical and surgical oncologists as part of the Liver and Pancreas Center to provide some of the newest minimally invasive approaches to care.
Transarterial Chemoembolization

“Transarterial chemoembolization is probably the most common modality our interventional radiologists use to treat liver cancer,” said interventional radiologist Jonathan Crystal, MD.* This includes primary tumors and secondary tumors, particularly those that have spread from the colon.

For this procedure, known as TACE, an interventional radiologist uses fluoroscopy to guide the insertion of a catheter into the femoral or radial artery and through the hepatic artery that is feeding the liver lobe containing the tumor. The physician then injects chemotherapy mixed with embolic particles to directly treat the cancer. “TACE can help debulk the cancer, making the patient a better candidate for surgery or ablation [see below],” said Dr. Crystal, adding that some individuals may be made eligible for liver transplant at another facility.

Transarterial Radioembolization

Another state-of-the-art option that will soon be available at the Dyson Center for Cancer Care is transarterial radioembolization. The introduction of the catheter to the primary or secondary liver tumor is the same as with TACE, but radioactive isotope yttrium Y-90 is injected to treat the cancer instead of chemotherapy. This can deliver a radiation dose directly to the tumor which is several times stronger than external beam radiation.

Radioembolization is an alternative for patients with poor liver function due to underlying conditions such as cirrhosis because physicians do not have to block off as much of the arterial blood supply as with TACE. Overall, radioembolization “has less impact on liver function,” said Dr. Crystal.

We perform several styles of embolization and offer ablative therapy for primary and secondary cancers of the liver.

Jonathan Crystal, MD,
Interventional Radiologist

Portal Vein Embolization for Liver Growth

Interventional radiologists may use portal vein embolization to increase the size of one side of the liver over the course of a few weeks, enabling surgeons to remove the opposite liver lobe containing cancer. Growing the liver before surgery ensures that enough of the organ is left behind to keep the patient alive.

For this procedure, physicians use a catheter to inject either the right or left branch of portal vein with particles, blocking blood flow to one side of the liver.

“If Dr. Swan wants to resect the right part of the liver containing a tumor, but the lobe isn’t big enough to support liver function, I’ll block portal vein blood flow to the right lobe by injecting particles to embolize the feeding vessel,” explained Dr. Crystal. “This stimulates growth of the left side of the liver over the course of a few weeks.”

Tumor Microwave Ablation

“Tumor microwave ablation is a completely different style of therapy and is used for treating small tumors with the goal of potential cure, rather than debulking,” said Dr. Crystal. Ablation refers to injecting or administering heat or cold to burn or freeze tissue, causing cell death. Microwave ablation, which creates heat, is the most common form of this therapy used to treat liver cancer.

The approach, performed using computer tomography or ultrasound guidance, enables interventional radiologists to insert a probe into the liver to destroy tumors, along with a margin of healthy tissue, helping to prevent cancer recurrence.

Some tumors that are close to important functional structures are best approached in the operating room using laparoscopic techniques. “Laparoscopy allows us to move the liver away from those structures to fully treat the tumor,” said Dr. Crystal. “We work as a team to decide which approach is best for each tumor.”

*In the spirit of keeping you well informed, the physician identified is neither an agent nor an employee of Health Quest or any of its affiliate organizations. This physician has selected our facilities as the place where he or she wants to treat and care for private patients.
Breast Cancer

Valuations of chemotherapy and radiation techniques in conjunction with surgery to manage breast cancer. Health Quest also offers trials evaluating the influence of diagnostic and preoperative modalities on treatment outcomes.

**AO11202 trial** sponsored by the National Cancer Institute: “Comparison of Axillary Lymph Node Dissection With Axillary Radiation for Patients With Radiation for Patients with Node-Positive Breast Cancer Treated With Chemotherapy.”

**NSABP B-51 trial** sponsored by the National Cancer Institute: “Standard or Comprehensive Radiation Therapy in Treating Patients with Early-Stage Breast Cancer Previously Treated with Chemotherapy and Surgery.”

**AO11104** sponsored by the National Cancer Institute: “MRI and Mammography Before Surgery in Patients With Stage I-II Breast Cancer.”


Dyson Center investigator-initiated study at VBMC: “Utility of Preoperative Massage in Breast Surgery Patients.”

Colorectal Cancer

**The PROSPECT trial** sponsored by National Cancer Institute, evaluating how chemotherapy alone works as a presurgical treatment versus chemotherapy and radiation: “Chemotherapy Alone or Chemotherapy Plus Radiation Therapy in Treating Patients with Locally Advanced Rectal Cancer Undergoing Surgery.”
**Lung Cancer**

Health Quest participates in the ALCHEMIST series of trials evaluating targeted treatment for non-small cell lung cancer based on genetic characterizations. Supplementary to these therapeutic studies, we also have a screening trial for early lung cancer detection and a registry trial tracking the progress and outcomes of a variety of standard treatments.

**The ALCHEMIST trials sponsored by National Cancer Institute:**

**A151216.** A screening trial for patients with lower stage non-small cell lung cancer (NSCLC). Participants have genetic testing done to look for presence of one of two specific gene alterations. If the alterations are absent, the patient is followed on the screening trial every six months. “Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST)”

**A081105.** After screening in A151216, patients with epidermal growth factor receptor (EGFR) mutant non-small cell lung cancer (NSCLC) are eligible for this trial evaluating the usefulness of Erlotinib in patients with this cancer type. “Erlotinib Hydrochloride in Treating Patients With Stage IB-IIIA Non-small Cell Lung Cancer That Has Been Completely Removed by Surgery (An ALCHEMIST Treatment Trial)”

**E4512.** After screening in A151216, patients with tumors harboring the anaplastic lymphoma kinases (ALK) fusion protein are eligible for this trial evaluating Crizotinib in patients with this cancer type. “Crizotinib in Treating Patients With Stage IB-IIIA Non-small Cell Lung Cancer That Has Been Removed by Surgery and ALK Fusion Mutations (An ALCHEMIST Treatment Trial)”

**EA5142.** Patients in A151216 who do not have the ALK or EGFR mutation, are eligible for the ANVIL trial testing immunotherapy for the adjuvant treatment of intermediate stage completely resected patients. “Nivolumab After Surgery and Chemotherapy in Treating Patients with Stage IB-IIIA Non-Small Cell Lung Cancer (ANVIL)”

The **ELCAP screening trial** coordinated by the International Early Lung Cancer Action Program. “Chest CT Screening for Early Lung Cancer Detection using Low-dose Non-contrast Computerized Tomography (CT)” for computed tomography lung cancer screening

The **I-ELCART registry trial** evaluating the treatment of stage I lung cancer.

**Pancreatic Cancer**

The **SWOG S1505 trial** sponsored by National Cancer Institute, a comparison of two neo-adjuvant chemotherapy regimens in patients with pancreatic cancer.

**Humanitarian Use Device**

In addition to clinical research/trials, patients with primary and secondary liver neoplasia also have the opportunity for treatment with the TheraSphere HUMANITARIAN USE DEVICE (“HUD”). HUDs include all devices that are intended to benefit patients with a rare disease or condition. The Vassar Brothers Medical Center IRB (VASIRB)** oversees the local use of TheraSphere, a radiotherapy treatment designed for hepatocellular carcinoma that consists of millions of microscopic, radioactive glass microspheres being infused into the arteries that feed liver tumors.

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*The United States Food and Drug Administration allows a Humanitarian Use Device to be marketed without requiring evidence of effectiveness for these devices as long as the use of the device is overseen by an Institutional Review Board (“IRB”).

**An IRB is a type of ethics board that protects the rights and welfare of human research subjects and patients who are given experimental treatments. The VASIRB has approved the expanded use of TheraSphere in primary and secondary liver neoplasias for cases that are selected by the multidisciplinary tumor board at Vassar Brothers Medical Center.
The People Behind Personalized Care
Featured below are some of the many team members who make up our multidisciplinary oncology team and bring personalized care to cancer patients.

**Chelsea Hertel, RD, CSO, CDN**

A customized approach to diet and nutrition is integral to helping patients maintain or potentially improve their health during cancer treatment and recovery, according to Chelsea Hertel, RD, CSO, CDN.

For instance, “if someone has been diagnosed with a form of cancer related to obesity, I talk to them about decreasing their risk of recurrence through a healthy diet and lifestyle,” she said, adding that cancers of the pancreas, breast, prostate and colon fall into this category. She also helps manage treatment side effects through dietary modifications.

Ms. Hertel’s commitment to cancer care inspired her to investigate whether all eligible patients receiving radiation therapy were being referred for a nutritional consult at Health Quest. She found that “quite a few patients were falling through the cracks.” Consequently, the cancer center implemented an automatic alert system in the electronic medical record, enabling Ms. Hertel to order a nutritional consult for patients with symptoms such as nausea, vomiting, diarrhea, unintentional weight loss or inadequate BMI.

“This automatic process leaves less room for error,” she said, adding that she has seen an increase in the number of nutritional consults for patients.

**Caitlin O’Shaughnessy, NP**

In addition to her role as a nurse practitioner for surgical oncology patients at the Dyson Center for Cancer Care, Caitlin O’Shaughnessy NP, is nurse navigator for our new Liver and Pancreas Center.

Among her many duties there, Ms. O’Shaughnessy streamlines access to care for patients so they can see several specialists on the same or next day. “We do this to help decrease patient anxiety,” she said.

When an individual submits a new patient request form online, an email goes directly to Ms. O’Shaughnessy. She also checks messages every morning on a designated patient phone line and returns calls by the next business day.

When she contacts patients, she determines whether they already have a gastroenterologist or oncologist, what their diagnosis is, and whether they are seeking care for a new health problem or if they are requesting a second opinion.

Following an algorithm based on a patient’s diagnosis, Ms. O’Shaughnessy puts the individual in touch with the right specialist to schedule the first appointment. “Our goal is for there to be no delay in diagnosis or treatment,” she said.
Getting to Know Each Patient

The key to developing an effective supportive care medicine program is getting to know each patient individually. “It’s essential to ask patients about their values and goals because every person is unique,” said Dr. Dunne. “I make an effort to know the person and to make sure my notes and records reflect the individual and not just the disease.”

Dr. Dunne finds it beneficial to have patients briefly tell her their “5-Minute Life Story.” How they prioritize people and events in sharing this brief narrative is illuminating, both for the patient and the listener.

Empowering Patients With Knowledge

Another priority is questioning patients about their understanding of their illness. “Sometimes their understanding is incomplete or different from what is represented in the medical record,” said Dr. Dunne.

She also assesses how people like to receive information. Some patients want all available facts presented to them, including their expected survival, while others would prefer a designated family member or friend to receive and process this information.

Respecting Values and Goals

Some patients have goals other than simply living longer. “Sometimes the likelihood of survival needs to be put in the context of quality of life, allowing patients to reflect on their goals and to make important choices,” said Dr. Dunne.

For example, while one patient may decide to undergo treatment so he can live long enough to see a family member’s graduation or wedding, another patient may decide to forego treatment because she doesn’t want side effects to prevent her from attending an event.

From Diagnosis Through Survivorship

Supportive care can be incorporated at the time of diagnosis to help patients manage their quality of life during and after treatment, as well as into cancer surveillance and survivorship.

While oncologists at the Dyson Center for Cancer Care often refer patients to supportive care, patients are also welcome to explore what options are available to them and to self-refer.

Even in people who are thriving after cancer treatment, outpatient supportive services can be valuable on a periodic basis. “There are predictable points of stress in an illness journey. We’re available when needs arise,” Dr. Dunne said.
Supportive care services are also critical to end-of-life care. Our specialists manage oncology patients’ pain and other symptoms such as shortness of breath, nausea and vomiting if the disease progresses. Providers can also assist patients with advanced care planning, designating a healthcare proxy, authorizing power of attorney and understanding do not resuscitate (DNR) orders.

A strong partnership with hospice helps to provide seamless support. “I’ve been able to phone hospice and have a representative come to my office immediately to meet with my patients, saving them another visit,” said Dr. Dunne.

She also considers that as a patient’s time shortens, helping resolve relationships, giving choices and a sense of control, and providing resources for spiritual guidance can provide great comfort. Even at the end of life, “illness can be opportunity for growth and healing,” she concluded.

### An Interdisciplinary Care Plan

In addition to collaborating with oncologists, our Supportive Care Medicine physicians work with specialists in Emergency Medicine, Family Medicine, Functional Medicine, Internal Medicine, Geriatrics or Holistic Care. Nurse practitioners, nurses, social workers and chaplains are also integral to the team. Together, specialists develop a personalized, family-centered treatment plan that can involve inpatient or outpatient services such as:

- Education about the type of cancer the patient has, prognosis and what to expect from treatment
- Communication and decision-making assistance
- A comprehensive approach to care for the mind, body and spirit
- Psychological support and a safe haven for exploring emotional issues
- Management of symptoms caused by the cancer and its treatments
- Complementary care techniques such as guided imagery, Reiki, meditation and Healing Touch
Upcoming Events

Join us for one of our upcoming events. If you can’t visit us, our Oncology teams are always happy to meet you and your colleagues in your area for a dinner and case review. If you are interested in setting up time to speak, please contact Susan Morse, Practice Manager, HQMP Oncology at smorse1@health.quest.org or 845.483.6388.

**Oncology Teaching Day**
Wednesday, May 24, 2017
Join our team of specialists to learn new insights and treatment options for patients with oncologic disease.

**GI Teaching Day**
Wednesday, September 20, 2017
This advanced professional conference provides up-to-date information on the latest advances in gastrointestinal disorders as they affect clinical care. The course will explore new insights into the mechanisms of gastrointestinal disease and provide diagnostic and treatment options from a team of specialists.

**Breast Cancer Conference**
Thursday, October 5, 2017
A half-day course where a faculty of specialists present a broad review of the management of breast cancer in women. The topics covered mirror the practical issues encountered in everyday clinical practice.

Visit vbmc.libguides.com to learn more about our CME upcoming events.

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In the Next Issue
The latest robotic techniques to resect colorectal tumors
The 80% by 2018 initiative for colorectal screening
Hyperthermic intraperitoneal chemotherapy for large bowel tumors that have metastasized to the peritoneal cavity
Genetic counseling and screening