

mission statement

The White Plains Hospital Center Cancer Program is dedicated to providing comprehensive, coordinated care in a patient-focused, compassionate environment for the people of Westchester County. Stressing private practice initiative and unrestricted access to current technology, the program responds to the needs of cancer patients, their families, medical staff and caregivers through prevention, diagnostic, treatment, support and educational services. The goal of the Cancer Program is to continue to set the standard as the premier provider of cancer services within the region, through the delivery of high-quality care, in an appropriate setting and with state-of-the-art facilities.



Davis Avenue at East Post Road
White Plains, NY 10601
www.wphospital.org

2008 / 2009
annual report



White Plains
Hospital Center
1960s



White Plains
Hospital Center
School of Nursing



Dickstein Cancer
Treatment Center
Groundbreaking,
September 11, 1997



Dickstein Cancer
Treatment Center
Completion, 1998

**The Cancer Program
at White Plains
Hospital Center**

The solid foundation you can trust,
to provide the care you need.



Arthur G. Lerner, MD, FACS

Surgical Director, Cancer Program and Chairman, Cancer Committee

In Appreciation of 35 Years of Dedicated Service

Our Cancer Program Annual Report for 2008-2009 is dedicated to our dear friend and colleague, Arthur G. Lerner, MD, on the occasion of his retirement.

Dr. Lerner's vision, insight and dedication have been the key components that have developed and sustained the Cancer Program at White Plains Hospital Center.

His surgical expertise and knowledge, combined with his compassion for humanity, have impacted the lives of his patients, friends and colleagues. His dedicated years of service as Surgical Director of the Cancer Program and Chairman of the Cancer Committee were a driving force that helped to make the Cancer Program the most respected in our area.

It is with much love and deep gratitude that we wish Dr. Lerner much happiness in the next chapter of his life.





A Message From The Cancer Program's Leadership

*Jon B. Schandler, Arthur G. Lerner, MD,
and Mark A. Fialk, MD*

The Dickstein Cancer Treatment Center is the only freestanding building in the county devoted solely to cancer treatment. Once only a vision, the Center has developed into a leading broad-based cancer program, combining state-of-the-art diagnostic treatment technologies, surgical techniques and professional expertise, with a compassionate and personal approach to patient care. Our growth over the last 16 years is due to our dedicated staff and to the generous support of the Dickstein family and our many friends in the community.

The Cancer Program at White Plains Hospital Center is home to many "firsts". We are the first hospital in Westchester and Fairfield Counties to purchase the Varian RapidArc™, a welcome addition that delivers precise radiation therapy in less time. We are also the first community hospital in Westchester and Southern Connecticut to acquire the da Vinci® Robotic Surgical System to treat prostate cancer, and perform gynecological or general surgery, endoscopically.

Our state-of-the-art Radiology Department is the busiest among community hospitals in Westchester, performing many complex tests and emergency procedures, 24 hours a day, seven days a week. The Center for Minimally Invasive and Robotic Surgery performs more than 1,600 minimally invasive and robotic surgeries each year, more than any other hospital in Westchester County; the Lowenthal Infusion Center provides outpatient infusion therapy in a patient-focused environment.

Proudly, our outcomes are often better than the national average. In addition to utilizing the latest technology, our highly skilled medical staff and nurses play a large role in that success. White Plains Hospital Center employs some of the best and brightest, bringing expertise from the finest teaching hospitals in the United States to give our patients the very best in care. Employing a multi-disciplinary, patient-focused approach, we address cancer holistically, meeting the physical, psychological and spiritual needs of our patients.

Since 1993, the Cancer Program at White Plains Hospital Center has been a solid foundation you can trust, to provide the cancer care you need. It has been our goal since we first opened our doors 16 years ago, and will continue to be so in the years ahead.

Jon B. Schandler
President & Chief Executive Officer
White Plains Hospital Center

Arthur G. Lerner MD, FACS
Surgical Director
Cancer Program and Chairman, Cancer Committee

Mark A. Fialk MD, FACP
Medical Director, Cancer Program



**For nearly two decades, the
Cancer Program at White Plains Hospital Center
has been committed to our neighbors —
it shows in the technology, service and care.**

Just as cancer care is our focus, so are the people we serve. As proud members of the Westchester community, we have an unyielding dedication to helping our neighbors prevent and survive cancer. To that end, the Cancer Program has continually invested in the latest technology and finest medical talent, complemented by a compassionate approach that considers the patient and the family. With the White Plains Hospital Center firmly behind us, the program delivers the care our neighbors have come to trust, and the outcomes our colleagues have come to expect.



With our patients' well being in mind, we bring the latest in pathology testing on board.



then

Basic Laboratory Testing

now

Blood Chemistry Analyzer, 2008

The White Plains Hospital Center (WPHC) Department of Pathology and Laboratory Medicine strives to maximize positive outcomes and patient comfort.

Approved by the College of American Pathologists (CAP), the department is under the leadership of Deena Shah, MD. Dr. Shah is board-certified in Anatomic and Clinical Pathology. "Technology has everything to do with treating cancer accurately and rapidly, and with saving more and more lives," says Dr. Shah.

Today, we can test to determine whether or not a patient requires chemotherapy. We can also determine the existence of certain types of cancer. The department also deploys the only fully automated robotic track chemistry analyzer in Westchester County. Fluid samples can be delivered to analyzing stations without risk of contamination, and tumor markers are quickly identified utilizing the automated immunostainer.

Unlike many other facilities, our pathology laboratory operates 24 hours a day, seven days a week. Following a breast biopsy, a surgeon will receive

the pathology results within 24 hours. With such a rapid turnaround, the patient's anxiety is greatly reduced and a course of treatment more quickly determined. In addition, the lab also performs a host of other tests, each performed accurately and swiftly.





then

Traditional Mammogram

now

Positron Emission
Tomography (PET)
Mammogram, 2009

From diagnostic radiology to nuclear medicine, our focus is always on early detection and saving lives.

With 24/7 testing and the ability to perform emergency procedures, White Plains Hospital Center's Diagnostic Radiology department is the busiest among hospitals in Westchester.

The department's technology extends from traditional to cutting edge, including 64-slice CT scanners, open and High-Field MRIs, and ultrasound using traditional, color and power Doppler. A major modernization of the Breast Imaging Center included the installation of three digital mammography units, and two digital units at the Hospital's satellite facility – the Women's Imaging Center in Rye Brook.

"Research has proven that digital mammography is superior for premenopausal women," says Rand Stack, MD, Section Chief of the Breast Imaging Center at WPHC and President of the New York Breast Imaging Society. In addition to a faster examination, dense breast tissue can be better penetrated and tiny calcifications can be seen more clearly.

PET mammography has also been added. In this nuclear medicine imaging technique, a small dose of radioactive molecules that look like sugar, called fluorodeoxyglucose (FDG), are injected into the body. FDG is taken up by the cancer cells at a more rapid rate than normal cells and allows cancers to be seen as "hot spots" on the PET scan.

Other nuclear exams include lymphoscintigraphy which provides pictures of the lymphatic system; monoclonal antibody and peptide imaging which detects certain cancers; targeted radionuclide therapy which destroys cancer cells; and traditional PET scans that detect and monitor many types of cancer.



**We deliver the most advanced,
least invasive surgical procedures,
including robotic and laparoscopic surgery.**



then

Traditional Open
Surgical Procedure

White Plains Hospital Center is a long-time proponent of laparoscopic techniques for use in both general and oncological surgery – for good reason. Minimally invasive surgery takes less time to perform; the incisions are smaller, causing less bleeding and faster recovery time; and morbidity is lower. Often, the surgery does not require an overnight stay in the hospital.

The Center for Minimally Invasive and Robotic Surgery performs more minimally invasive and robotic surgery than any other hospital in Westchester County. The Center is comprised of a team of about 50 surgical specialists who perform more than 1,600 minimally invasive surgeries each year, including those related to a cancer diagnosis.

With an increase in laparoscopic surgeries and commitment to technology, WPHC was the first community hospital in Westchester and Southern Connecticut to acquire the da Vinci® Robotic Surgical System. A preferred method of surgically treating patients with prostate cancer, the system offers technological advancements that provide da Vinci surgeons with unparalleled precision,



dexterity and control. For the patient, it offers minimal post-operative pain, reduced blood loss, faster recovery period, and less scarring.

In addition to the da Vinci Surgical System, WPHC deploys other laparoscopic equipment for many other minimally invasive oncologic procedures.

now

Minimally Invasive
Robotic Surgical
Procedure, 2009



then

Teletherapy Radiation
Delivery System

now

Varian RapidArc, 2009

We approach radiation oncology from a whole new angle – more precise and more comfortable for our patients.

White Plains Hospital Center's Department of Radiation Oncology is committed to providing cancer patients with the utmost in comfort and treatment. The hospital was the first in Westchester and Fairfield counties – and among the first healthcare providers in the New York metro area – to have the Varian RapidArc™.

Located in the Dickstein Cancer Treatment Center, the RapidArc is the most advanced radiation therapy available, and a new approach to intensity-modulated radiation therapy

(IMRT). It delivers image-guided IMRT with a linear accelerator, in a single 360-degree rotation of the treatment machine around the patient more quickly and spares more healthy tissue from the effects of radiation.

Also new to the department is the tri-state region's most advanced linear accelerator for the delivery of image-guided radiation therapy (IGRT). The Varian Trilogy linac not only utilizes traditional external markers to stereotactically deliver treatment but can also use more accurate internal landmarks through its ability to perform simultaneous CT scans. The linac features a Millennium Multileaf Collimator to precisely shape its beams of radiation therapy, targeting the cancerous tumor while greatly reducing the dose of radiation to surrounding healthy normal tissues. State-of-the-art computer systems remotely control the linac and incorporate Varian's latest versions of the ARIA image-guidance system as well as the Eclipse treatment planning platform.



Our nurses administer infusion treatments with personal care and attention – patient after patient.

A welcoming environment, a comforting staff – White Plains Hospital Center understands that cancer care is much more than cutting-edge technology and treatment.

The Oncology Inpatient Unit “5F” provides the full spectrum of diagnostic, treatment and support services, with a team of board-certified physicians, Oncology Nursing Society (ONS)-certified nurses and support staff. Each of our nurses possess advanced skill in assessing and managing the physical and emotional responses to cancer diagnosis and treatment, and the ability to help alleviate fear, provide a comforting word, and educate and advocate.

The nurses at the Lowenthal Infusion Center are equally caring and well trained. The Lowenthal Infusion Center which is located in the Dickstein Cancer Treatment Center provides infusion services on an outpatient basis, from chemotherapy to blood transfusions. The nursing staff understands the true meaning of “care”, helping patients and

their families cope with the cancer diagnosis and understand treatment options.

Our Registered Nurses work together with the pain management team to develop care plans tailored to each patient’s lifestyle. An interdisciplinary team of skilled palliative care specialists and volunteers also provides assistance with personal care, emotional and spiritual issues and administrative concerns. Our nurses extend a helping hand at every stage of this life-altering illness. For those in the last stages of terminal cancer, our hospice nurses provide exceptional care around the clock, with emergency on-call assistance 24-hours a day.



then

Manually Controlled IV

now

Automated Delivery
of IV Infusions, 2009





then

Inpatient Treatment

As always, we are the community's partner, helping to make a difference with cancer education, support and complementary care.

now

Prevention as the Precursor to Treatment

Education

- Annual Screening Programs including an annual Neighborhood Health Fair, and annual Prostate Cancer Screening
- 24-Hour Cancer Information Hotline: (914) 681-2034
- Cancer Education Lecture Series
- Ongoing patient education programs
- Dedicated Resource Room, located in the Dickstein Cancer Treatment Center:
 - Medical periodicals, textbooks, videos, and other reference materials
 - Computer terminal with access to the Internet

Community Partnerships

- American Cancer Society
- Gilda's Club of Westchester
- Cancer Support Team
- Leukemia and Lymphoma Society

Counseling

- WPHC Social Work Department offers professional counseling and discharge planning assistance

Conferences

- Multidisciplinary Cancer Conferences, Breast Conferences and Gynecologic Oncology Conferences for patient care discussions
- Cancer Program Speakers Bureau addresses cancer-related topics

Complementary Care Services

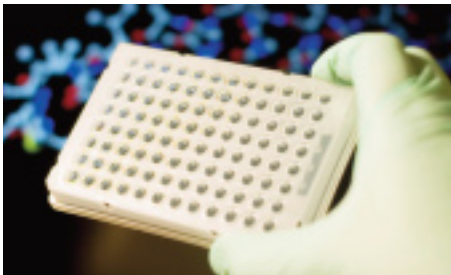
- Support groups
- Yoga
- Narrative Writing Workshops
- Meditation

Celebration

- During and after treatment, all patients are encouraged to celebrate their survivorship by participating in our annual Cancer Survivors Day, an uplifting celebration of life for cancer patients, their families and friends



We have come a long way with genetic assessment and research that helps predict and minimize risk.



The Cancer Genetics Program at Dickstein Cancer Treatment Center

helps to identify those at risk for developing cancer. With this information in hand, the physician can better monitor the patient's health and allow both the patient and the physician to make more informed decisions about prevention and if needed, treatment.

Over the years, we have learned that those at high risk for certain cancers based on a family or personal history include:

- Cancer diagnosis at an unusually young age
- A rare cancer
- An unusual presentation of cancer
- Multiple primary cancers
- Cancers associated with birth defects
- Family history of multiple or unusual cancers

A cancer genetics professional can compile a complete cancer risk assessment to help you better understand your true cancer risk. During a personal meeting, you will discuss:

- Your personal and family medical history
- Your individual risk and/or family's risk of developing cancer
- Options for screening and medical management of cancer risk
- Psychological implications of cancer risk and genetic testing
- Concerns about genetic testing including issues of privacy, confidentiality and genetic discrimination
- Options for participating in research



then

Genetic Testing

now

Genetic Counseling and Testing

Oncology Data Department

The Oncology Data Department, a pivotal component of the Cancer Program, provides data collection and reporting on oncology cases seen throughout the hospital. The computerized database contains patient demographics, clinical information including cancer stage and treatment, with consistent follow-up for more than 19,000 cancer patients since 1993. These data are compared annually to the National Cancer Database (NCDB) to identify opportunities for improvement and to ultimately improve cancer care. Reports and data from the database are routinely provided to the Performance Improvement Committee and to physicians conducting special studies or research projects.

NCDB is a national oncology outcomes database for more than 1,400 commission-approved cancer programs in the United States and Puerto Rico. Some 80% of all newly diagnosed cancer cases in the United States are captured at the institutional level and reported to the NCDB. These data are used to explore trends in cancer care, create regional and state benchmarks for participating hospitals, and serve as the basis for quality improvement.

Table 1 Frequency Report 2008 White Plains Hospital Cancer Center Diagnosis Distribution by Anatomical Site

Site	Total	Analytic	Non-Analytic
Head & Neck	23	16	7
Salivary Gland	1	1	0
Esophagus	13	10	3
Stomach	30	25	5
Small Intestine	3	3	0
Colon	94	71	23
RectoSigmoid Junction	7	7	0
Other Digestive	1	1	0
Rectum	22	20	2
Ano Rectal	7	7	0
Liver & Intrahepatic BD	4	2	2
Gallbladder	2	2	0
Other Biliary	3	3	0
Pancreas	47	43	4
Nasal Cavity and Sinus	2	2	0
Larynx	7	6	1
Lung	108	78	30
Thymus	1	1	0
Soft Tissue	16	16	0
Myeloma	12	7	5
Chronic Leukemia	32	9	23
Acute Leukemia	5	4	1
Myelodysplastic Disorder	23	9	14
Other Hematopoietic	2	1	1
Melanoma	37	35	2
Other Skin	3	1	2
Non Hodgkins Lymphoma	61	42	19
Hodgkins Lymphoma	5	5	0
Breast	473	417	56
Vulva	13	9	4
Vagina	5	3	2
Cervix	14	10	4
Endometrium	50	41	9
Uterus	3	0	3
Ovary	35	30	5
Other Female	3	1	2
Prostate	268	204	64
Testis	6	5	1
Other Male	1	1	0
Kidney	21	18	3
Renal Pelvis	6	5	1
Bladder	81	65	16
Meninges	10	5	5
Brain	7	6	1
Other CNS	1	1	0
Thyroid	55	50	5
Unknown Primary	31	27	4
Total	1654	1325	329

Figure 1 The Most Frequent Analytic Cancer Diagnoses At WPHC As Compared To American Cancer Society 2008 Estimates

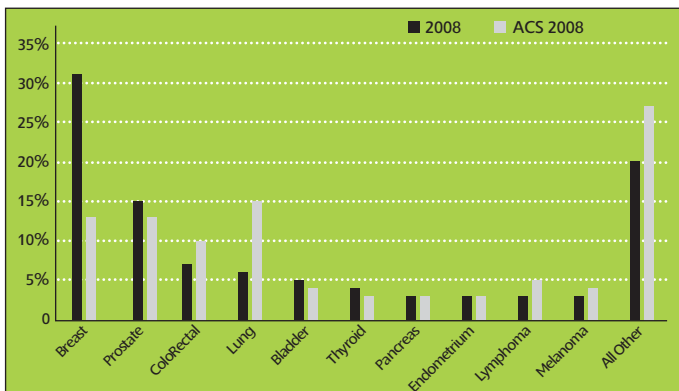
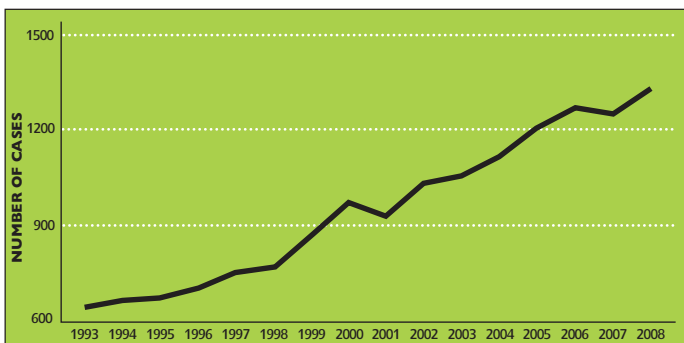


Figure 2 WPHC Analytic Cases by Accession Year 1993-2005



Prostate Cancer Study

The American Cancer Society (ACS) estimates there will be 192,280 new prostate cancer diagnoses during 2009. This is an increase of approximately 3% from the 2008 estimate. Prostate cancer is the most frequently diagnosed cancer in men.

Incidence rates for prostate cancer have changed considerably over the past 20 years. This is a direct result of the increased use of prostate cancer screening with prostate-specific-antigen (PSA) blood test and digital rectal examination.

Risk

A risk factor is anything that increases a person's chance of developing cancer. Risk factors could influence the development of cancer; most do not directly cause cancer. Some people with several risk factors never develop cancer, while others with no known risk factors do. Some possible risk factors associated with prostate cancer are: having a family history of prostate cancer, a diet high in saturated fat, race (for reasons that are not clear, incidence rates are higher in African Americans than in whites), exposure to heavy metals (e.g. cadmium), sedentary lifestyle and smoking.

Symptoms

Prostate cancer may not cause any symptoms, especially in the early stages. It may be found by a PSA test or digital rectal examination. Symptoms may appear if the tumor makes the prostate larger than normal. This can make passing urine more difficult or painful or more frequent.

As a man gets older, the prostate may become enlarged and block the urethra or bladder. This is a common condition called benign prostatic hyperplasia (BPH). BPH is not cancer, but the symptoms of BPH are similar to the symptoms of prostate cancer. Testing is needed to confirm a diagnosis. The symptoms of prostate cancer may resemble other medical conditions. Always consult your physician for a diagnosis.

Grading and Stage of Disease

A biopsy will be performed which removes cells from the prostate gland. After examining the cells under a microscope, the pathologist will determine whether the tissue is malignant or not. If the tissue is malignant the pathologist will assign one Gleason grade to the most common pattern, and a second Gleason grade to the next most common pattern. The two grades are added, and the Gleason score, or sum, is determined. The Gleason score predicts the aggressiveness of the disease and how it will behave. The higher the Gleason score, the more aggressive the tumor tends to be.

If a biopsy reveals cancer, tests are done to find out if and/or how far the disease has spread.

The staging system of the American Joint Committee on Cancer (TNM system) is used most often by doctors to describe a patient's cancer. Once a Gleason score and the TNM categories have been

established, this information is combined to determine the cancer's stage.

Stage 1: The cancer is confined to the prostate and has not spread to lymph nodes or elsewhere in the body. It involves less than 5% of the tissue in the prostate with a very low Gleason score. 0% of the patients at WPHC are diagnosed with Stage 1 disease as compared nationally at 1.75%.

Stage 2: The cancer has not spread to the lymph nodes or elsewhere in the body. The tumor can be detected through a rectal exam, an elevated PSA level and after a biopsy or TURP. It involves more than 5% of the tissue within the prostate. 82.35% of the patients at WPHC are diagnosed with Stage 2 disease as compared nationally at 78.24%.

Stage 3: The tumor has grown past the prostate, perhaps into the seminal vesicles, but has not reached the lymph nodes or other parts of the body. 15.20% of the patients at WPHC are diagnosed with Stage 3 disease as compared nationally at 7.87%.

Stage 4: The tumor has metastasized to tissue or lymph nodes in the pelvic region or more distant parts of the body. 2.45% of the patients at WPHC are diagnosed with Stage 4 disease as compared nationally at 4.91%.

Treatment

Prostate cancer can be treated in many ways. The choice of treatment depends on the patient's health, age and personal preferences, as well as the stage and grade of cancer and the anticipated effects of treatment. Sometimes a combination of treatments is used.

Surgery

This is performed to remove the prostate or the cancer within the prostate and from nearby areas where the cancer has spread. It is most often used during early stages, when prostate cancer is located only within the prostate. Surgery may help prevent further spread of the cancer.

TURP (Transurethral Resection of the Prostate): Apart from those men whose prostate cancer is an early incidental finding during a TURP for BPH, this operation is not usually used as a treatment for prostate cancer (except occasionally in more advanced disease to help ease problems if the cancer is pressing on the urethra and interfering with passage of urine).

Radical Retropubic Prostatectomy: A radical prostatectomy is the surgical removal of the prostate gland either through an abdominal incision or a transperineal approach. This aims to get rid of all of the cancer cells. This operation is done only when the cancer is thought not to have spread beyond the prostate.

Robotic Prostatectomy: The latest advancement in surgical technology for prostate cancer is robot assisted laparoscopic

Prostate Cancer Study

prostatectomy. This minimally invasive procedure offers these potential benefits: significantly less pain; less blood loss; fewer complications; less scarring; a shorter hospital stay and a faster return to normal daily activities.

Radiation

Brachytherapy: This treatment involves implanting tiny, radioactive capsules (called “seeds”) into the cancerous prostate gland. The seeds emit radiation that destroys the malignancy. Men with small tumors confined to the prostate (stage T1 or T2) are candidates for brachytherapy.

External Beam Radiation (XRT): XRT is recommended when the tumor has spread through the prostate capsule to surrounding tissues. XRT usually is given on an outpatient basis. The radiation destroys cancer cells and shrinks tumors.

Hormonal Treatment

Hormone therapy includes surgical removal of the testicles or drugs that prevent the production or block the action of testosterone and other male hormones. Hormone therapy does not cure prostate cancer. It slows the cancer’s growth and reduces the size of the malignancy.

Hormone therapy may be combined with radiation therapy or surgery in advanced stages of cancer when the disease has spread locally beyond the prostate.

In patients with early-stage cancer, hormone therapy may be used in combination with radiation therapy. A short course of hormone therapy can also be used prior to surgery to reduce the size of the prostate and may make it easier to remove.

Watchful Waiting

Electing not to receive immediate treatment may be an appropriate approach for some patients in the early stages of prostate cancer. Watchful waiting patients are closely monitored, and therapy is initiated when the cancer shows signs of spreading. Hormonal therapy is often the preferred treatment following a period of watchful waiting.

Survival Analysis

The 5-year relative survival rate for Stages 1, 2, and 3 prostate cancers at WPHC was 100% as compared to NCDB (National Cancer Database) which demonstrates 100% survival for the same stage groups. The survival rate for those patients diagnosed with Stage 4 disease at WPHC is 51% as compared to the NCDB rate of 50% survival. With improved screening techniques and treatment modalities, the outcomes for our patients have similarly improved. The survival graph illustrates that prostate cancer, when detected early, is a highly curable disease.

Figure 3 Prostate Cancer Treatment Combined Stages Compared to NCDB

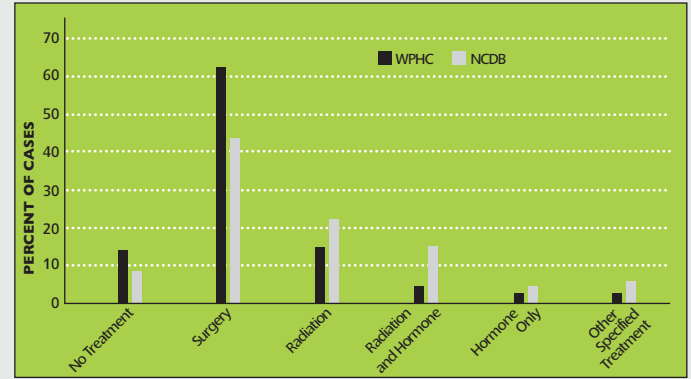


Figure 4 Surgical Procedures for Prostate Cancer 2008

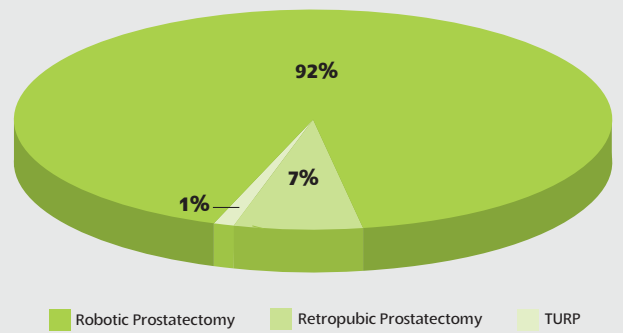


Figure 5 WPHC 5 Yr Relative Survival Prostate 2003-2008

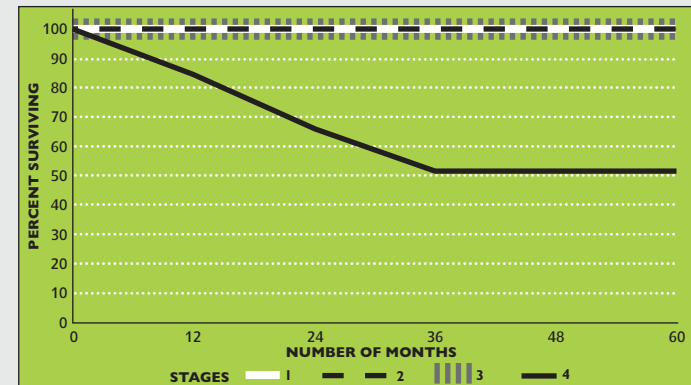
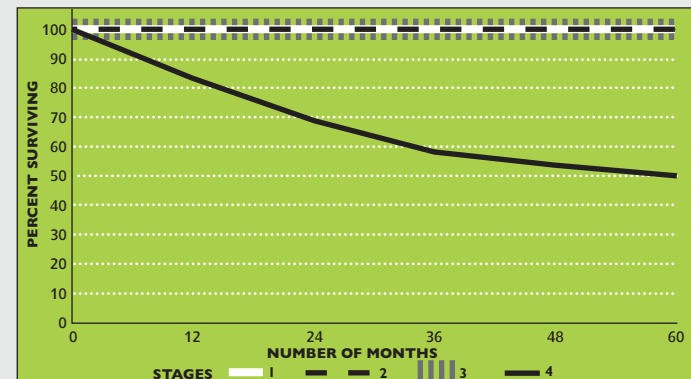


Figure 6 National Cancer Database 5 Yr Relative Survival Prostate 2003-2008



The Cancer Committee Membership 2009

The WPHC Cancer Committee is a multidisciplinary Committee of the Medical Board and assumes responsibility for all cancer-related activities. Comprised of physicians, nurses and ancillary staff members dedicated to cancer care, the committee meets quarterly. Through this venue, all cancer-related activities are planned, initiated and assessed.

The committee's pro-active approach has led to the formation of focused sub-committees, comprised of physicians and staff who are expert in their field. The clinical research sub-committee was developed to assess the appropriateness of specific clinical trials as well as search for pertinent clinical trials for our cancer program. The psycho-social support sub-committee was formed to address the psychological and emotional needs of the cancer patient.

Committee members are instrumental in providing clinical expertise to our community outreach program including WPHC's Annual Neighborhood Health Fair and other community related activities.

The committee's membership is reviewed annually and appointments made accordingly.

Cancer Committee Membership, 2009

Arthur Lerner, MD, Chairman, Cancer Committee;
Surgical Director, Cancer Program
Henry Lee, MD, PhD Radiation Oncology; Asst. Committee Chairman
Scott Berman, MD, Thoracic Surgery
Richard Chang, MD, Hematology Oncology
Dan Costin, MD, Hematology Oncology;
Chairman/Coordinator, Tumor Board and Gyn Oncology Conference
Mark Fialk, MD, Hematology Oncology; Medical Director, Cancer Program
Neal Goldberg, MD, Plastic Surgery
Mark Gordon, MD, Director, Department of Surgery and Section Chief,
General Surgery
Lawrence Grolnick, MD, Psychiatry
Fred Harris, MD, Surgery
Subuhee Hussain, MD, Hematology Oncology
Seth Lerner, MD, Urology; Prostate Program Director
Julie Monroe, MD, Section Chief, Hematology Oncology
Karen Pechman, MD, Physical Medicine and Rehabilitation
Joshua Raff, MD, Hematology Oncology
Nidhi Sahgal, MD, Breast Surgery, Cancer Liaison Physician
Deena Shah, MD, Director, Pathology & Laboratory Medicine
Rand Stack, MD, Radiology, Breast Imaging
Randy Stevens, MD, Director, Radiation Oncology

Toni Amorelli, CTR, Manager, Oncology Data
Michelle Beil, RN, OCN, Coordinator, Infusion Center
Margaret Brock, RN, FNP, Nurse Manager, Oncology Unit
Dan Chao, HT, Laboratory
Kate Colburn, Director, Hospice and Palliative Care of Westchester
Peggy Cottrell, MS, CGC, Cancer Genetics
Kathy Duffy, RN, Administrative Director, Cancer Program
Petronella Feaster, Ed.D., Community
Rick Lapkowski, American Cancer Society
Br. Richard Lorino, Chaplain
Joan Milano, LCSW, Oncology Social Work
Amy Mlodzianowski, LCSW, Program Director, Gilda's Club
Nicki Pagidas, RHIA, Director, Health Information Services
Mary Paquette, LCSW, Behavioral Health Center
Mary Spengler, RN, Vice President
Melissa Weisstuch, Vice President, Marketing and Community Relations
Sharon Werth, Oncology Social Worker

References/Credits

1. Commission on Cancer: Cancer Program Manual, Chicago, IL.; American College of Surgeons; 2004
2. Commission on Cancer: Facility Oncology Registry Data Standards (FORDS): 2004
3. International Classification of Diseases for Oncology: 3rd Edition; World Health Organization; Geneva Switzerland
4. Cancer Facts and Figures, 2007 & 2008; American Cancer Society, Inc., Leading Sites of New Cancers and Deaths – 2007 & 2008 Estimates
5. AJCC Cancer Staging Manual, 6th Edition; Springer Verlag; Chicago, IL; © 2002
6. Upper left image, page 8, courtesy of Varian Medical Systems

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Contact Numbers

All numbers are in the 914 area code.

White Plains Hospital Center681-0600
24-Hour Physician Referral	
Service (multilingual) .....	.681-1010
Cancer Program Administration .....	.681-2034
Diagnostic Radiology .....	.681-1260
Dickstein Cancer Treatment Center .....	.681-2700
Breast Imaging Center .....	.681-2929
Cancer Genetics Program .....	.681-2873
Colon Cancer and GI Screening .....	.681-1295
Family Health Center .....	.681-1128
Hospice and Palliative Care of Westchester	.682-1484
Lowenthal Infusion Center .....	.681-2740
Lymphedema Program .....	.681-1116
Oncology Research .....	.681-2370
Oncology Data .....	.681-2288
PET Mammography .....	.681-1260
Prostate Program .....	.681-2034
Radiation Oncology .....	.681-2727
Women's Imaging Center at Rye Brook	
Mammography and Ultrasound .....	.935-0011
Breast MRI .....	.937-0091

**The solid foundation you can trust,
to provide the care you need.**

On June 7, 2009, White Plains Hospital Center participated in National Cancer Survivors Day with a celebration at the Westchester Marriott in Tarrytown. The event is

National Cancer Survivors Day

open to anyone who has been diagnosed with cancer, is in treatment for cancer or has completed cancer therapy, as well as family members and caregivers. It included brunch, music, and most importantly, a celebration of the active and productive lives of the cancer survivors in our community. For more information about next year's event, contact the Cancer Program at (914) 681-2034.

