

UPSTATE

MEDICAL UNIVERSITY

SYRACUSE, NEW YORK

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Knowing changes everything.SM





John McCabe MD, chief executive officer, in the lobby of Upstate University Hospital

TOP HOSPITAL RANKING

Upstate University Hospital has been ranked as the number one hospital in the Syracuse metropolitan region in *U.S. News & World Report's* 2011/2012 Best Hospitals rankings. The rankings, published annually by *U.S. News* for the past 22 years, are also featured in the *U.S. News Best Hospitals* guidebook.

Upstate was the only hospital in the Syracuse region to be ranked by the news outlet. *U.S. News* also recognized Upstate for its care in the specialty areas of oncology, otolaryngology, nephrology, and urology.

“This recognition reflects the outstanding efforts and dedication of the Upstate medical staff in providing excellent care to our patients and their families,” said John McCabe MD, chief executive officer of Upstate University Hospital. “The recognition of our specialty areas further validates the hard work and commitment so many

have made to enhance care for patients throughout this region.”

Upstate University Hospital recently acquired Community General Hospital to become the largest hospital in Central New York. Upstate's acquisition of Community was partly to assist Upstate with its growth plans which include the building of a new cancer center. Upstate's cancer care — recognized by *U.S. News* — is the region's only program that treats pediatric cancers and blood disorders.

Hard numbers stand behind the *U.S. News* rankings in most specialties—death rates, patient safety, procedure volume, and other objective data, according to *U.S. News*. Also factored in the rankings were physicians' responses to a national survey in which they were asked to name hospitals they considered best in their specialty for the toughest cases.

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Upstate University Hospital was one of 140 hospitals in the US selected as a "best regional hospital." The full report is available online at www.usnews.com/besthospitals.

The rankings cover 16 medical specialties and all 94 metropolitan areas that have at least 500,000 residents and at least one hospital that performed well enough to be ranked.

The latest rankings showcase 720 hospitals out of about 5,000 hospitals nationwide. Each is ranked among the country's top hospitals in at least one medical specialty and/or ranked among the best hospitals in its metropolitan area.

The core mission of Best Hospitals is to help guide patients who need an especially high level of care because of a difficult surgery, a challenging condition, or added risk because of other health problems or age. "These are referral centers where other hospitals send their sickest patients," said Avery Comarow, *U.S. News* health rankings editor. "Hospitals like these are ones you or those close to you should consider when the stakes are high."

Covering 94 metropolitan areas in the U.S., the regional hospital rankings complement the national rankings by including hospitals with solid performance approaching the level of nationally ranked institutions. The regional rankings are aimed primarily at consumers whose care may not demand the special expertise found only at a nationally ranked Best Hospital or who may not be willing or able to travel long distances for medical care. The *U.S. News* metropolitan rankings give many such patients and their families more options of hospitals within their community and in their health insurance network.

"These are hospitals we call 'high performers.' They are fully capable of giving most patients first-rate care, even if they have serious conditions or need demanding procedures," Comarow said. "Almost every major metro area has at least one of these hospitals."

Upstate University Hospital is the teaching hospital of SUNY Upstate Medical University. ■



On Sept. 29, 1936, President Roosevelt laid the cornerstone for the medical college building in Syracuse. Pictured at the president's left is Herman Gates Weiskotten MD, dean of the College of Medicine. In the background are some of the 6,000 people who attended the 1936 ceremony. In 1972, the building was named in honor of Dr. Weiskotten. From Historical Collections, Health Sciences Library, Upstate Medical University

UPSTATE HISTORY REVISITED

The community is invited to Upstate Medical University to celebrate the 75th anniversary of the cornerstone-laying of its College of Medicine building. A ceremony will be held at 10:30 a.m. on **Thursday, September 22** in the Weiskotten courtyard, 766 Irving Avenue, Syracuse. During the ceremony, a historic marker will be unveiled which will read, in part: "U.S. President Franklin D. Roosevelt laid the cornerstone for this building on Sept. 29, 1936, congratulating its stewards 'on the usefulness to humanity that you will afford to future generations of Americans.'"

For more information, contact Dan Hurley, assistant vice president, Government and Community Relations, SUNY Upstate Medical University, 315-464-4832, hurleyd@upstate.edu ■

PEM

NEW HIGH-RESOLUTION MAMMOGRAPHY

Upstate University Hospital now offers Positron Emission Mammography (PEM), providing more complete answers quickly for patients with suspicious breast lumps.

The new high resolution scanner, which will be dedicated to breast imaging, focuses on the metabolic activity of lesions, which helps to more accurately detect or help confirm the presence of a breast cancer.

“If there is a breast cancer present, it will show up very quickly,” says David Feiglin MD, professor and chair of radiology.

Advanced breast imaging such as Ultrasound and Magnetic Resonance Imaging scans can sometimes discern between benign and cancerous lesions. The use of Positron Emission Mammography brings the additional capability of early diagnosis and monitoring to a greater level of accuracy particularly where patients are unable to tolerate MRI procedures or where either ultrasound or MR are imprecise.

Here’s how it works: Patients are injected with fluoro-deoxyglucose, a short-lived radioactive fluorinated glucose, that accumulates in all cells

that metabolize glucose. Cancer tissues have higher-than-usual metabolic rates, so this compound accumulates to a much higher level than normal tissues, making it easier to discern and visualize abnormal cancerous growths. Patients then undergo breast imaging about an hour after injection in a manner similar to traditional mammography but using positron emission tomography.

The scan reveals active lesions, and, if necessary, it is possible for a radiologist to perform a biopsy immediately to confirm whether the cells are cancerous or to assess effects of any chemotherapy or radiation therapy.

Dr. Feiglin says PEM does not replace routine screening mammograms and is not indicated for or reimbursed for screening procedures. It is used when suspicious lumps or areas appear during routine mammograms. In consultation with the radiology department, doctors can refer patients for PEM instead of asking them to wait three or six months or longer for a second mammogram to see if any significant changes appear.

Local medical insurers are starting to reimburse for PEM, at present on a case-by-case basis, notes Dr. Feiglin. ■

CANCER PREVENTION STUDY

YOUR PATIENTS CAN HELP DISCOVER THE NEXT BIG CANCER BREAKTHROUGH

Please encourage your patients from the Syracuse area to enroll in the American Cancer Society's third Cancer Prevention Study: CPS-3.

The first cancer prevention study in the 1950s and the second in the 1970s helped show that cigarette smoking leads to lung cancer and premature death, that obesity increases the risk of dying from cancer, that aspirin use can lower the risk of colon cancer, and that air pollution has a great impact on heart and lung conditions.

Researchers have no preconceived notions about what this study will show. It will include 500,000 men and women, age 30 to 64, who agree to participate for 20 to 30 years. Participants will receive follow-up surveys every two or three years that will take about 15 minutes to complete.

Men and women who have not been diagnosed with cancer (other than basal or squamous cell skin cancer) can sign up now by visiting www.cps3syracuse.com. Participants will receive an email survey to complete before enrollments take place at both Upstate University Hospital locations and various YMCAs from Oct. 12 to 15. The survey, which establishes basic health information, takes about 45 minutes to complete. At enrollment, participants give blood samples and have their waist circumference recorded.

"You can do something that isn't going to cost you a dime, except your time, that can help others.

You can be part of history in making a difference about the burden of cancer," says Martha Ryan, senior director for cancer control at the CNY regional office of the American Cancer Society.

Initial blood samples will be frozen. If a participant is diagnosed with cancer, researchers will retrieve the blood samples for further study.

Learn more at www.cancer.org/cps3 or by calling 1-888-604-5888. ■

OCT. 12-15

To participate in the Cancer Prevention Study:

Who: Men and women age 30 to 64 who have not been diagnosed with cancer.

What: Complete a health survey that takes about 45 minutes, record waist circumference and give a blood sample.

When & Where:

6 a.m. to 7:30 p.m., Oct. 12

Upstate University Hospital, 750 East Adams St., second floor near cafeteria

10 a.m. to 1:30 p.m., Oct. 13

Downtown YMCA, 340 Montgomery St., Syracuse

4:30 to 8 p.m., Oct. 13

North Area YMCA, 4775 Wetzel Road, Liverpool

7 to 11:30 a.m., Oct. 14

North Area YMCA (address above)

1 to 4:30 p.m., Oct. 14

Upstate University Hospital at Community General, 4900 Broad Road, Syracuse, conference rooms 1 and 2

9 a.m. to 1:30 p.m., Oct. 15

East Area Family YMCA, 200 Towne Dr., Fayetteville



Robert L. Carhart Jr., MD, FACC,
board certified cardiologist

AN ALLY FOR THOSE WITH HEART FAILURE

*A failing heart cannot pump efficiently enough to meet the body's demands.
Vigilant care can help improve function and maintain quality of life.*

Untreated or undertreated hypertension, injury to the heart muscle or valves, cardiovascular disease, and congenital heart problems are just a few of the causes of chronic heart failure,” explains cardiologist Robert Carhart Jr. MD, FACC, professor of medicine at Upstate Medical University and director of Upstate’s Heart Failure Center.

“We also treat patients who have heart damage caused by viral infections or cancer treatments,” notes Dr. Carhart, “and those who have other conditions such as diabetes.”

At Upstate’s Heart Failure Center, Dr. Carhart and his team develop individualized patient care programs to monitor and treat the breadth of issues associated with congestive heart failure: stress on the cardiovascular system which affects the lungs, kidneys, and liver; and blood pooling and fluid build-up that causes swelling and shortness of breath.

“Heart failure has many profiles,” Dr. Carhart notes, “and it demands lifelong, consistent attention to avoid progression that can become a downward spiral.”

Leaders in Cardiac Care

“At Upstate, we are seeing encouraging developments on every front in the treatment of heart failure, no matter what its origin,” assures Dr. Carhart. “We are evaluating new medical treatment protocols and researching advancements in



assistive, implantable devices such as pacemakers and defibrillators.

“But medical care can be most beneficial if it is offered within a comprehensive, education-based program—such as the one we have here at Upstate—and with the full compliance and cooperation of the patient.”

Upstate’s commitment to outstanding care for heart failure patients is designed to keep patients out of the hospital and pursuing healthy lifestyles that can help their hearts function at the highest possible level. The program’s effectiveness and comprehensiveness has earned the unique-in-the-region designation as a silver performer from the American Heart and Stroke Association’s “Get with the Guidelines” Heart Failure performance program.

Heart failure patients are monitored and encouraged by the specialists in the cardiology department, and connected to the resources they need at Upstate’s Heart and Vascular Center and cardiac rehabilitation program. Upstate’s new heart failure nurse coordinator is making these services accessible and seamless.

“We emphasize to our heart failure patients that recognizing symptoms and listening to their bodies’ signals on a daily basis are good ways to stay ahead of a condition that, although not curable, can be best managed as a team effort,” says Dr. Carhart. ■





Upstate's interdisciplinary stroke team meets daily to discuss patients and monthly to analyze processes and procedures to continue to improve care and quality outcomes for stroke patients. Pictured are Sheila McAuliffe RN; Katherine DeNoyelles, communication disorders unit; Tracy Allen-Kosik RN; Andrea Bleyle, radiology; neurosurgeon Eric Deshaies MD; and pharmacist Scott Murray PharmD.



STROKE CARE ENHANCED BY PROCESS ANALYSIS



Neurologists Ziad El Zammar MD, MRCP (UK) and Ashok Devasenapathy MD discuss a new pharmacy intervention that shaves seconds — and minutes — off the time in which stroke patients receive clot-busting medications. In the background is Marcia Harris NP of neurology.

“With a stroke, time lost is brain lost,” acknowledges Paul Seale, chief operating officer at Upstate University Hospital. “Upstate is committed to being one of the top hospitals in the country for providing aggressive, proven stroke care. We are the most comprehensive stroke center in Central New York, and we continue to focus on providing care that efficiently treats stroke patients with evidence-based protocols.”

Upstate University Hospital is the only hospital in the 17-county region that has a dedicated neuroscience intensive care unit, the capability to treat stroke patients beyond the three-hour window with clot retrieval, and the ability to give concentrated clot buster medication directly to the area of the brain that is affected. It is also the region's only telestroke center, treating and serving as a resource for the care of stroke patients in outlying hospitals through telemedicine. ■