Two weeks after an acute ischemic stroke, Ronald Eckert, 64, of Manlius was running errands like nothing had ever happened — and he had Upstate’s neurosurgeons, neuroradiologists and the new Solitaire FR revascularization device to thank.

Upstate University Hospital is the first hospital in Central New York to use the Solitaire stent, which has shown dramatic improvements in the treatment of stroke. It provides physicians like Eric Deshaies MD with the ability to restore blood flow and retrieve clots in patients with acute ischemic stroke.

“This is a game-changing device when it comes to treatment of stroke,” Deshaies said. “There are fewer complications with this device as we are able to remove the blood clot much easier compared to other devices, and the outcomes we have seen in our patients with the Solitaire stent have been dramatic.”

Deshaies, a neurosurgeon, has completed cerebrovascular and neuroendovascular fellowships.

A recent clinical study showed that patients treated with the Solitaire had higher rates of neurological function and reduced death from stroke three months after the procedure, compared to patients treated with an alternate device. The device recently was approved by the Food and Drug Administration, and Deshaies performed the first clot retrieval procedure using the device in the region in March. Eckert had his stroke April 13.

To retrieve the blood clot, a physician threads a catheter through the patient’s blood vessels to the blocked artery in the brain. A mesh stent, deployed through the catheter, grabs the clot, which is then removed from the artery, enabling blood flow to resume.

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Deshaies completed the first procedure at Upstate in fewer than 20 minutes. Hours later the patient’s speech was normal, and there was no paralysis. The patient’s daughter, Tina Fietta of Cazenovia, shared the story with Syracuse’s daily newspaper, The Post–Standard. “What happened in that hospital was almost magical,” she said.

Eckert’s case was similar. His right side was limp after he collapsed at his Manlius home. Once interventional neuroradiologist Amar Swarnkar MD deployed the Solitaire stent, Eckert suddenly could feel his right arm again. Swarnkar is the director of Neuroradiology at Upstate.

Later in the day, nurses evaluated Eckert by asking what day it was, and what he had done for a living. He knew the day, and he could describe his work, but he couldn’t find the words “heating, ventilation and air conditioning.” He felt confused.

He spent the night in the intensive care unit. The next day, he was clear-headed and could answer the questions on his evaluation. He underwent tests of his heart, the arteries in his neck, and the veins in his legs. He got up and walked.

Before Eckert left the hospital, he asked to see the doctor who removed the clot from his brain.

Swarnkar arrived. “You have magical hands,” Eckert told him.

Then he did something he came close to losing the ability to do when he had his stroke. He extended his right hand to shake the doctor’s.

Reach Deshaies at 315-464-5502 and Swarnkar at 315-464-8668.

Why Upstate is best for stroke patients
To be a state-designated stroke center, hospitals must be able to deliver clot-busting tPA within three hours of onset of symptoms. Not all hospital stroke centers can provide many options beyond that. Upstate University Hospital is the only hospital in the Syracuse region with the technology and specially trained physicians to perform sophisticated clot-retrieval procedures.

Upstate was the first hospital in Syracuse to be recognized as a state-designated stroke center and is the first in New York to be certified as a primary stroke center by the DNV accrediting agency. The Upstate Stroke Center has received the American Heart Association’s “Get with the Guidelines” Gold Plus award for treatment excellence in 2012 and 2011, and is top-rated by HealthGrades.

DIABETES DOCTOR, RESEARCHER EARN DISTINGUISHED SERVICE PROFESSOR RANK

Ruth Weinstock MD, PhD, who transformed diabetes care in New York state, received the prestigious rank of Distinguished Service Professor from the State University of New York Board of Trustees. She is founder and medical director of Upstate’s Joslin Diabetes Center, and division chief of Endocrinology, Diabetes and Metabolism at Upstate.

Weinstock was among 21 faculty members from SUNY’s 64 campuses to receive the honor this year. Board Chairman H. Carl McCall praised the recipients for their “commitment to the students, faculty and staff at their respective campuses and their vast achievements within their respective fields.”
Cardiovascular MRI is becoming the gold standard for myocardial viability, and the cardiac imaging laboratory at Upstate University Hospital is the only place in Central New York that offers such a specialized program.

Cardiovascular MRI can provide accurate assessment of causes of heart failure, including myocardial infarction, amyloidosis, hemochromatosis, histiocytosis, sarcoidosis, viral myocarditis and other intra-myocardial diseases. The test is valuable for diagnosis of cardiac masses, congenital cardiac and vascular abnormalities and for evaluation of ventricular and valvular function and ventricular tachycardia substrates. It can also provide an accurate characterization of the aorta and pulmonary veins.

Ali Salah MD directs the cardiovascular MRI program at Upstate and accepts referrals from a variety of specialists and subspecialists including cardiologists, pulmonologists, oncologists, vascular surgeons and cardiac surgeons. After completing a cardiology fellowship, Salah did an advanced cardiovascular imaging fellowship at SUNY Stony Brook in New York and Georgetown University in Washington, DC.

From a patient’s point of view, a cardiovascular MRI is like any other magnetic resonance imaging scan. It is a minimally invasive procedure that does not use radiation. Patients lie still while the images are taken, and then the physician reviews the images. A cardiovascular MRI is priced like a regular MRI.

Rita Fischer, 78, of Cleveland underwent an echocardiogram and a CT after her doctor heard a heart murmur. Then he sent her to Dr. Salah at Upstate for a cardiac MRI. “You know how you dread it? Well, I’ve got to say, it was a breeze. He is the sweetest man,” she said of Salah.

The woman had a large pericardial cyst compressing on the right atrium, which was percutaneously aspirated at Upstate. She has recovered well.

To learn more about cardiovascular MRI, click on “patient care services” at www.upstate.edu/cardiology. Reach Salah at 315-464-4536.
A new treatment model of psychodynamic psychotherapy was pioneered at Upstate Medical University for symptoms of borderline personality disorder, depression, heavy drinking, suicide attempts and self-harm behaviors. It is now listed on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Practices and Programs. The treatment, called Dynamic Deconstructive Psychotherapy, or DDP, is one of the first types of psychodynamic psychotherapy to be included in this registry of evidence-based treatments.

DDP was developed by Robert Gregory MD, professor and interim chair of Upstate’s Department of Psychiatry and Behavioral Sciences, to treat adults with borderline personality disorder and other complex behavior problems, such as alcohol or drug dependence, self-harm, eating disorders and recurrent suicide attempts. It involves weekly one-hour individual sessions over 12 to 18 months and has been shown to help people suffering from borderline personality disorder obtain relief from depression, control over impulsive and harmful behaviors and improve social functioning.

Gregory expressed hope that inclusion in SAMHSA’s national registry would provide greater awareness of effective treatments for borderline personality disorder and could lead the way to increasing the number of practitioners trained in DDP. He also believes the federal posting might lead some insurers to cover a larger percentage of the treatment costs.

DDP has been tested in clinical trials at Upstate over the past decade. As part of the evaluation by SAMHSA, independent reviewers rated the strength of the evidence supporting DDP outcomes. They rated the quality of the research as roughly equivalent to that of cognitive-behavioral treatments, such as dialectical behavior therapy, or DBT, for most outcomes.

Although the origins of psychodynamic psychotherapy stem from the theories and observations of Sigmund Freud in the early 1900s, psychodynamic theory and treatment methods have greatly expanded over subsequent decades, extending into many different treatment models. “There are now several models of psychodynamic psychotherapy that have been proven to be effective in clinical trials,” Gregory said. “The mental health field is slowly coming to the realization that some types of psychodynamic psychotherapy present an important alternative to cognitive behavioral therapies or medications and can be life-saving and life-transforming for many people suffering from severe mental illness.”

Reach Gregory at 315-464-3130.
STUDY SEEKS PROSTATE CANCER PATIENTS TO TEST RADIATION THERAPY BUFFER

Prostate cancer patients who are considering radiation therapy may be able to participate in a study of a device designed to reduce the amount of radiation healthy tissue is exposed to during therapy.

Doctors at the Upstate Cancer Center are studying the SpaceOAR System, made by Augmenix, which helps separate the rectum from the prostate.

While radiation therapy can be effective in treating prostate cancer, its side effects can be severe. Problems that develop primarily involve the area of the body where the radiation is directed, which means the rectum is at risk when radiation is directed at the prostate. Such exposure can cause bowel problems such as proctitis, diarrhea, bowel urgency, aggravation of hemorrhoids and rectal bleeding.

One way to possibly reduce radiation exposure is to place a “spacer” between the prostate and the rectum. SpaceOAR is a hydrogel made of two liquids that, when combined, form a soft material that is mostly made of water. This type of material has been proven safe and is used in a variety of other medical devices in the lungs, blood vessels, spine and eyes.

The SpaceOAR study looks at whether the device can successfully move the rectum away from the prostate during radiation therapy and whether the space created can reduce the amount of radiation the rectum is exposed to during radiation therapy.

To be included in the study, men must be older than 18, with pathologically confirmed invasive adenocarcinoma of the prostate, and with plans to undergo radiation therapy. Subjects must have clinical stage T1 or T2, as determined by biopsy taken with 6 months, with a Gleason Score less than or equal to 7. There are laboratory screening criteria, too.

Patients in the study will be randomized and will not know whether they receive SpaceOAR. They will receive all study-related care from participating investigators at no cost.

Men cannot participate if their prostate is greater than 80 cc, or if they have extracapsular extension, metastatic disease or other ongoing cancers. They cannot participate if they have planned pelvic lymph node radiotherapy. Excluded are men with prior invasive malignancies (other than non-melanomatous skin cancer) unless they have been disease-free for a minimum of five years. Also excluded are men who plan androgen deprivation therapy or who have had androgen therapy in the prior three months.

Learn more about the study by contacting project coordinator, Dena Martin at 315-464-5262 or martind@upstate.edu. Visit upstate.edu/radonc or bit.ly/spaceoar for more information.

STROKE & HEART FAILURE PROGRAMS EARN GOLD PLUS RECOGNITION

Upstate’s stroke program has received its second consecutive Gold Plus Quality Achievement Award from the American Heart Association, and the Heart & Vascular Center has earned the award for heart failure. The awards recognize the hospital’s continuing commitment and success in implementing excellent care for stroke and heart failure patients, according to evidence-based guidelines.
The midwifery service at Upstate University Hospital, Community campus, has been selected as one of three in the region to receive a $15,000 grant from the Community Health Foundation of Western and Central New York. The grants are intended to expand midwifery services for low-income women.

Although typically thought of as caregivers in a woman’s pregnancy, midwives are experts in women’s health and provide care through all stages of a woman’s life. “Midwives are considered primary care and provide a full scope of women’s health services,” explains nurse practitioner and midwife Heather Shannon, director of the midwifery program. “We work with women at every age and stage, providing gynecological care from puberty and menstruation, to family planning and obstetrics, and menopause and beyond.”

The provider-based midwifery program is set to fully launch by early fall 2012, with all babies being delivered at the Jim and DeDe Walsh Family Birth Center in Upstate University Hospital, Community campus. The grant will support several areas of the program including pregnancy care, patient education and strategic planning to help meet the needs of the targeted population.

A new videoconferencing system at the Occupational Health Clinical Center (OHCC) of the Southern Tier in Binghamton provides remote telemedicine patient evaluations, industrial hygiene consultations and telemental health services to workers throughout a 26-county region.

“This system plays a key role in the future of OHCC. We can now invite occupational medicine providers, researchers, academics and worker activists from around the region, the state, the country or the world into the Southern Tier clinic to share knowledge, ideas and understanding,” said Rosemary Klein NP, director of clinical services.

The videoconferencing system, made by Tandberg, allows clinic staff to offer remote occupational medicine specialty consultation services to primary care providers in the Southern Tier whose patients have or are suspected of having work-related illnesses or injuries. “In the near future, we may be able to offer teleconference connectivity via home desktop computers,” Klein said.

The center in Binghamton, the center in Canton in the north country, and the center that serves as headquarters in Syracuse are staffed by Upstate. They are part of a network funded by the State Department of Health to provide medical care to workers or retirees who know or suspect their symptoms are work-related. Care includes prevention, diagnosis and treatment of occupational disease or injury.

The medical director, Michael Lax MD, is also available to collaborate with a patient’s primary care physician, particularly when a thorough occupational health history reveals exposures or conditions that cause symptoms that might otherwise be perplexing.

Learn more about the centers at ohccupstate.org
HOSPITAL CEO NAMED A TOP 100 PHYSICIAN LEADER

Becker’s Hospital Review named Upstate University Hospital Chief Executive Officer John McCabe MD (pictured above) as one of the nation’s top 100 physician leaders of hospitals and health systems. His inclusion reflects McCabe’s healthcare experience and commitment to quality care. Physicians on the list were nominated by peers and then vetted by industry experts.

EXCELLUS AWARDS
QUALITY ENHANCEMENTS

Upstate University Hospital has been recognized by Excellus BlueCross BlueShield’s Hospital Performance Incentive Program for enhancing quality in several key areas over the last year.

“Working with Excellus BlueCross BlueShield complements our robust quality improvement program,” said James Legault, Upstate’s director of clinical practice analysis.

The quality improvement program is a collaboration between the health insurer and participating hospitals. It uses nationally recognized standards and guidelines to specifically address clinical outcomes, patient safety, patient perception of care and patient satisfaction and efficiency.

To earn incentive points, Upstate:

- Improved the pneumococcal vaccination rate for pneumonia patients from a rate of 68 percent to 86 percent.
- Improved stroke care by increasing stroke education with patients by going from a rate of 59 percent to 97 percent.
- Improved stroke care by increasing dysphasia screening with patients by going from a rate of 53 percent to an 83 percent.
- Enhanced the hospital’s medication management process and improved patient safety through the implementation of bar coding technology.