

Upstate is one of the few centers in the world that offers this minimally invasive neurosurgical treatment. Zulma Tovar-Spinosa, MD is pictured in the operating room with a pediatric patient recently.

DEEP BRAIN TUMORS, EPILEPSY NOW TREATED WITH MRI-GUIDED LASER

Pediatric neurosurgeon Zulma Tovar-Spinosa, MD, uses a laser — guided in real time by magnetic resonance imaging — to offer a minimally invasive treatment option for children with deep brain tumors or epilepsy.

“Upstate is one of the pioneers and one of the few centers in the world that is using this technique for patients with brain tumors and epilepsy,” said Tovar-Spinosa, director of pediatric neurosurgery at the Upstate Golisano Children’s Hospital. The goal is to gain control of seizures by removing or disconnecting a lesion. This procedure is used for a variety of epileptogenic focuses, including hypothalamic hamartomas, cortical dysplasias, cortical malformations and tubers. In patients with deep-seated lesions that are challenging surgically, this option is proving to be absolutely safe with excellent results.

Patients wear a frame on their heads so that precise measurements can be taken before they are wheeled to the MRI suite for thermal ablation.

Instead of a craniotomy, Tovar-Spinosa introduces a small diameter fiber optic applicator into the lesion through a 3-millimeter keyhole stereotactic procedure. The ablation procedure is supervised by real-time mapping and confirmed by immediate post-ablation MRI images.

“The beauty of this technology is that you can actually see on the monitor the change of colors and temperature of the area that you are ablating,” she explained. “It’s so precise. You know that are you preserving areas of the brain where you want to preserve function.”

Tovar-Spinosa and colleague, Yaman Eksioglu, MD, PhD, director of pediatric neurology, have designed a pioneer multistaged treatment for patients with tuberous sclerosis and epilepsy.

“We are the only center in the world performing this treatment,” she said.

Patients typically are discharged from the hospital the next day. ■



Hodgman Holland Marraffa Nacca Seabury Stork Sullivan

MEDICAL TOXICOLOGY CONSULTS AVAILABLE

Upstate University Hospital now offers a Medical Toxicology Consultation service for patients and is the first and only healthcare facility in the region to offer this service.

A medical toxicology consult is available through the Department of Emergency Medicine in cooperation with the Upstate New York Poison Center. The service allows physicians and pharmacists with advanced toxicology training to be available for emergent cases immediately, upon request, to help in the diagnosis and evaluation of patients who experience a poison and/or toxic exposure.

"Our Medical Toxicology Consultation service will improve patients' overall care and efficiency in medical management," said toxicologist Ross Sullivan, MD, director of Upstate's Medical Toxicology Consultation Service and assistant professor of emergency medicine at Upstate.

"We are able to see these patients at their bedsides immediately rather than evaluate them the next day. Studies show that this type of service results in decreased ICU stays and shorter hospital stays for the patient. It is also cost effective in that the patient needs fewer healthcare resources."

Joining Sullivan in the consultation service are medical toxicologists Michael Hodgman, MD and Michael Holland, MD; clinical toxicologists Christine Stork, PharmD and Jeanna Marraffa, PharmD; clinical toxicology fellow Robert Seabury, PharmD; and medical toxicology fellow Nicholas Nacca, MD. The toxicologists are available for consultations upon request 8 a.m. to 4 p.m. Monday through Friday, with after hours and weekend consults provided by the clinical and medical toxicology fellows and residents.

In addition, the Medical Toxicology Consultation service offers an outpatient clinic on Tuesdays, in the Hyperbaric Suite at Upstate's Downtown Campus. The clinic will see patients for follow-up visits as well as others who are referred by their physicians for evaluation of poisoning and other adverse health effects due to medications, occupational and environmental toxins and biological agents.

To reach the Medical Toxicology Consultation service and its outpatient clinic, call the Upstate New York Poison Center at 315-476-4766 or 315-464-5369. ■

PSYCHIATRIC CARE FOR CANCER PATIENTS

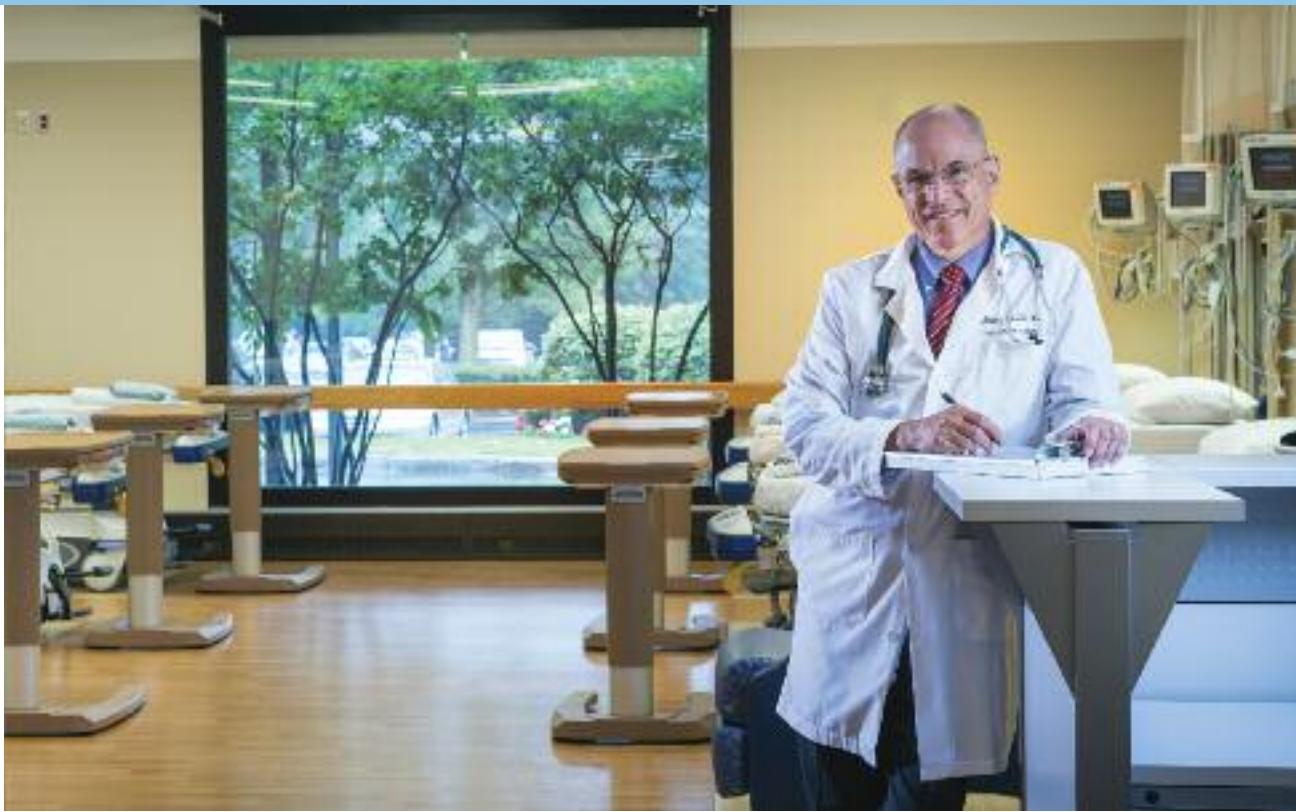


Aliya Hafeez, MD

Aliya Hafeez, MD provides psychiatric consultation to cancer patients and their family members. Until the Upstate Cancer Center opens—scheduled for the spring 2014—Hafeez sees patients in offices at 550 Harrison St. She is also available for inpatient consults.

Hafeez is an assistant professor of psychiatry and behavioral sciences with a clinical interest in treatment of mental illness in cancer patients and integrative treatment options for mental illness and cancer. She graduated from Fatima Jinnah Medical College in Pakistan in 2002 and completed a psychiatry residency at Upstate in 2007.

Contact Hafeez by email at hafeeza@upstate.edu. New patients should pre-register by calling 315-464-3265. ■



Jamie Ciaccio, MD in Upstate's new GEM Care Center

GERIATRIC EMERGENCY CARE FOR SENIORS

GEM Care, the first emergency department in the region designed for people over the age of 65, opened in June on Upstate University Hospital's Community campus, at 4900 Broad Road, Syracuse. 'GEM' stands for Geriatric Emergency Medicine.

The hospital continues to operate a full-service Emergency Department at the same location, with the GEM Care option in operation from 11 a.m. to 10 p.m. daily. Jamie Ciaccio, MD is the director of GEM Care and the emergency department at the Community campus.

GEM Care uses a team approach to care, with physicians, nurses, pharmacists, social workers and case managers who are trained in senior medicine and who cooperate with the patients' primary care physicians. Nurses undergo training called NICHE, Nurse Improving Care for Health System Elders. Pharmacists trained in geriatrics evaluate the home medication lists and make recommendations. Patients are discharged with

input from a social worker or case manager who is familiar with senior resources in the community.

These features distinguish GEM Care from a traditional emergency department:

- Stretchers have thicker mattresses for comfort. Stretchers also have extra height if there is a need to move between beds.
- Geriatric recliners are in the rooms for comfort as an alternative to stretchers.
- Rooms have handrails for patients to hold when walking, and bathrooms are very close to rooms for added safety.
- Lighting is adjustable in the rooms with dimmer switches so patients are able to rest and still have lighting for safety.
- Large type medication education and discharge instructions are available.

Call GEM Care at 315-492-5535. ■

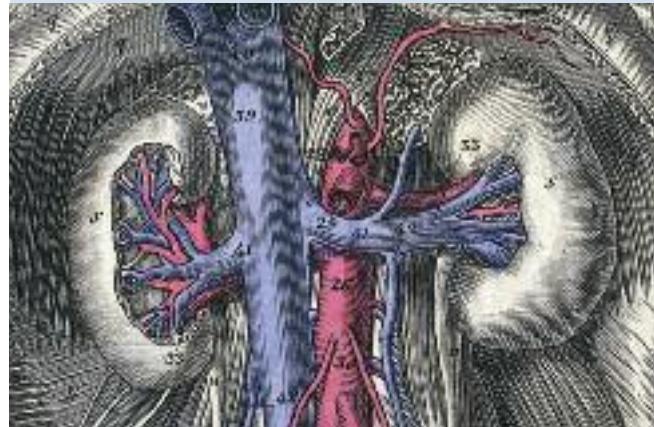
IMMUNOTHERAPY TRIAL SEEKS ADVANCED KIDNEY CANCER PATIENTS

Newly diagnosed patients with metastatic renal cell carcinoma may be eligible to participate in a phase three clinical trial at Upstate Medical University to determine if investigational immunotherapy AGS-003 will improve survival when combined with standard treatment. Upstate is one of the first sites in the country to offer the clinical trial to patients. AGS-003 is the first fully personalized cancer immunotherapy being developed for the treatment of mRCC. It is designed to trigger the body's natural immune response to help recognize and kill cancer cells.

Gennady Bratslavsky, MD, professor and chair of the Department of Urology, is principal investigator of the "Phase 3 ADAPT kidney cancer study for AGS-003" at Upstate. Upstate is one of 120 sites in the world to participate in this randomized study—sponsored by Argos Therapeutics—that is expected to enroll 450 newly diagnosed mRCC patients.

"Despite recent advances in the area of targeted drug therapies, expected survival is still limited for most patients," Bratslavsky said. "Combining targeted drug therapy with AGS-003, with standard treatment for mRCC, is an exciting new treatment approach. Previous AGS-003 studies for this type of kidney cancer have shown encouraging results and could provide an improved treatment option and new hope for patients."

To create AGS-003, ribonucleic acid or the tumor's "code" is isolated from a small tumor sample obtained from a standard tumor removal surgery. The patient's specialized white blood cells are taken during a blood donation procedure a few weeks later. The tumor RNA is used to "program"



To be considered for the ADAPT study patients must be:

- **18 or older and newly diagnosed with clear cell metastatic renal cell carcinoma.**
- **Patients must be good candidates for standard tumor removal surgery and for treatment with standard targeted drug therapy, starting with sunitinibmalate (Sutent®).**

Contact Upstate's Department of Urology for details and referrals: 315-464-1500.



Gennady Bratslavsky, MD

the specialized white blood cells with all of the signals necessary to trigger an immune response against the patient's specific cancer. These

"programmed" specialized white blood cells are then formulated into a ready-to-use injection. In three previous clinical studies in mRCC, AGS-003 has been well tolerated by patients.

"Surgical removal of the tumor and sometimes the entire kidney remains the mainstay of initial treatment for newly diagnosed mRCC patients," said Bratslavsky. "The tumor sample used to develop AGS-003 is easily obtained during this routine procedure and is, in fact, critical to personalizing the therapy so that the patient's immune system can recognize and target his or her specific cancer cells." ■

UPSTATE STUDY: PREVENT DIABETES WITH PRIMARY CARE- BASED APPROACH

A lifestyle intervention, proven to help people lose weight to prevent diabetes, works in primary care settings when delivered over the phone to obese patients with metabolic syndrome, according to a new study by Upstate's Paula Trief, PhD, Ruth Weinstock, MD, PhD and colleagues.

Findings – published online in Springer's *Journal of General Internal Medicine* – show that group telephone sessions appear to be particularly effective for greater weight loss.

Metabolic syndrome affects a third of adults in the U.S. and is associated with increased morbidity and premature death, particularly from cardiovascular disease. People with metabolic syndrome suffer from central obesity, high blood fats, high blood pressure and abnormal blood sugar levels.

Lifestyle changes—such as those tested in the Diabetes Prevention Program—that lead to weight loss can prevent or slow the development of diabetes. For a greater impact on public health, it is key to apply the program's principles in primary care practices, which are ideal settings for weight loss interventions.

Weinstock, Trief and their research team compared the effectiveness of two primary care provider telephone adaptations of the program in their Support, Health Information, Nutrition and Exercise (SHINE) study. A total of 257 obese patients with metabolic syndrome, but not diabetes, were recruited from five practices in New York. They were randomly assigned to one of two groups—they received either individual calls or participated in conference calls with up to eight patients per call, for two years. Weight changes were measured after 6, 12 and 24 months of calls.



Drs. Weinstock and Trief did a study on the effects of phone consultations on weight loss and diabetes prevention.



Researchers found that participants in both groups lost weight after one and two years. Both individual and conference call versions of the intervention were equally effective after one year. After two years, however, conference call participants lost more weight and continued to lose weight; those receiving individual calls began to regain weight. Conference call educators were trained to promote discussion among the group and encourage group members to share weight loss strategies in a supportive environment.

The authors conclude: "A real-world, widely deployable, phone adaptation of the intensive lifestyle program, delivered by primary care staff, was effective in achieving weight loss at one and two years, in obese people with metabolic syndrome. These individuals are at high risk for type 2 diabetes and cardiovascular disease, and are important targets for weight loss. The model (from this study) holds promise to stimulate lifestyle change and weight loss in primary care settings." ■

ACADEMIC MEDICAL CENTERS CHALLENGED BY AFFORDABLE CARE ACT

The healthcare industry has continued to grow, even during the recession, but the roll out of the Affordable Care Act presents challenges, especially for academic medical centers like Upstate, Dr. Joanne Conroy, MD said during a recent presentation at Upstate.

Academic medical centers are the most expensive places to receive healthcare because of their dual mission of providing healthcare and education, said Conroy, chief healthcare officer for the Association of American Medical Colleges.

Teaching hospitals provide care not available at all hospitals, such as trauma care, stem cell transplants and other specialty services.

“Only one in 1,000 may need these services, but that person really needs our services,” she said.

Among her audience were representatives of the New York State legislature participating in “Project Medical Education,” a two-day program held at Upstate to educate lawmakers about academic medicine.

“‘Project Medical Education’ gives elected officials and legislative staff first-hand access to our campus and people, which deepens their understanding of our work,” said Upstate’s Dan Hurley, director of public and governmental affairs.

“They’ll be in a better position to make informed decisions about our policy and financial needs.”

Participants interacted with students, caregivers, and researchers; toured clinical areas and learned what it means to be a teaching hospital.

During her Project Medical Education talk at Upstate, Conroy offered some sobering statistics:

- * 8 percent reductions in Medicare payments could place hospitals that are operating in the black into the red, depending on their percentage of Medicare patients.
- * 32 million additional Americans will enter the healthcare system with health insurance through the Affordable Care Act. It remains to be determined whether academic medical



William Paola, MD talks with State Sen. David J. Valesky during Upstate’s “Project Medical Education.”

centers – traditionally the “safety net” for the uninsured and underinsured – will be included in the network of providers through the Affordable Care Act.

* For the next 19 years, 10,000 people per day will turn 65. (Older people, as a whole, use more medical services than young people.)

Applications to medical schools are increasing. But even as medical schools accept more students, those students have to graduate and complete at least a three-year residency program before they can practice. And the number of residency spots available has not increased. “Supply is flat, and demand is increasing,” said Conroy.

In the future, hospitals and doctors are likely to be reimbursed based on patient outcomes. For example, the outcome measure for a hip replacement patient may be getting that patient back to work. Hospitals and doctors would have to work together to determine the most efficient way to accomplish that.

“Healthcare isn’t broken,” Conroy said, “but we’re struggling with change.” She expects that 10 years from now America’s healthcare system will likely be very different from today.

“Medicine is still a great career choice,” Conroy said. “We save lives every day.” ■

UPSTATE ROUND UP

Nurses from Samaritan Medical Center in Watertown spent time shadowing nurses in Upstate's Neurosurgical ICU to get additional training in areas related to neurosurgery, said **Catherine Stephens**, nurse manager in Upstate's neurosurgical ICU.



"Key to the training was neurological assessment," Stephens said. "We shared how we test for cognition, alertness, motor ability and sensory ability, as well as issues of post-operative care for patients."

The nursing training provided by Upstate relates to the return of neurosurgical services to Samaritan. **Lawrence Chin, MD**, professor and chair of Upstate's Department of Neurosurgery, has played a key role in Upstate's neurosurgical outreach into Watertown, so when nursing leaders sought additional training for Samaritan nurses, Upstate was the obvious choice.

All employees of Upstate University Hospital are learning how to ensure that patients have good experiences during their time at Upstate. A group of managers who attended training at the Cleveland Clinic will lead 180 training sessions at the Downtown and Community campuses.

Developing a patient-centered culture is accomplished one patient at a time, trainers **Becky Mesmer, RN** and **Denise Letourneau, RN** told the first group of employees to complete the training. That means making sure that when someone enters the hospital, he or she gets the best experience possible, is made comfortable and receives the care needed.

When someone comes to the hospital for surgery, 30 departments may "touch" that patient, but the patient has a single experience. The training — called "I am the patient experience" — is meant to remind all employees that they play an important role in shaping every patient's experience.

Stock your waiting room with health and medical information that matters to Central New Yorkers, with ***Upstate Health***, the consumer health publication provided free from Upstate Medical University. Request copies by calling 315-464-4836 or emailing whatsup@upstate.edu. Include a contact name and mailing address and the number of copies you would like to receive.



Upstate University Hospital was recognized as Blue Distinction Centers+ by Excellus BlueCross BlueShield for expertise in quality and cost efficiency in delivering specialty care. Both the Downtown and Community campuses received the designation for **spine surgery**. The Community campus also was recognized for **knee and hip replacements**. The Blue Distinction Centers+ program provides consumers with tools to help make better health care decisions.

Mark Schmitt, PhD, professor of biochemistry and molecular biology, has been named as dean of the College of Graduate Studies at Upstate.



"Mark brings passion for science, sound judgment, collegiality and a strong commitment to student success to this position," said David Duggan, MD, Upstate senior vice president and dean of the College of Medicine. "I look forward to his leadership of the college."

Schmitt joined the faculty as an assistant professor in 1994 and was named professor in 2010. He has served as a faculty member in programs such as Biomedical Sciences, Cell and Molecular Biology, and Structural Biology and Biochemistry and Biophysics. He directs Upstate's Summer Undergraduate Research Fellowship Program, which provides college undergraduates with an intensive 10-week experience.

Researchers at Upstate joined diabetes researchers across the country in reporting that an investigational MiniMed integrated insulin pump system with automatic insulin suspension safely reduced nighttime hypoglycemia for people with diabetes without increasing average blood glucose.

The **Upstate Joslin Diabetes Center** was one of 19 sites in the U.S. to participate in the ASPIRE (Automation to Simulate Pancreatic Insulin Response) clinical trial, paid for by Medtronic, Inc. Study results were published in the *New England Journal of Medicine* and presented at the American Diabetes Association's 73rd Scientific Sessions.



Stephen V. Faraone, PhD is the third most cited psychologist or psychiatrist in the world and the top cited psychologist or psychiatrist scholar in the U.S., according to Microsoft Academic Search. Faraone is professor of psychiatry, neuroscience and physiology and director of Research for Upstate's Department of Psychiatry and Behavioral Sciences. He also holds appointments as senior scientific advisor to the Research Program Pediatric Psychopharmacology at the Massachusetts General Hospital and as lecturer at Harvard Medical School.

Upstate was honored by the Corporate Volunteer Council (CVC) for its commitment to the council's mission. Upstate was one of a handful of companies that revived the CVC nearly 10 years ago. "We join with other businesses to raise awareness of social problems, share ideas and make a difference in our community," said **Zanette Howe**, Upstate's assistant director for community relations.

Upstate's weekly talk radio program, "**HealthLink on Air**" is broadcast from 9 to 10 p.m. Sunday evenings on WRVO Public Media. Visit healthlinkonair.org for a searchable archive of shows and individual interviews.

