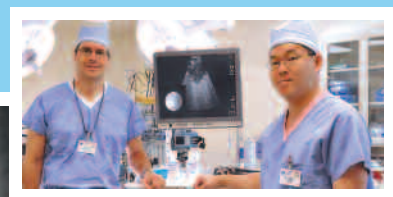
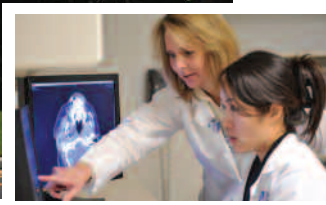




THE BLUMENTHAL CANCER CENTER

Outcomes and Innovations

2010



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Dear Colleague:

On behalf of the Daniel and Gloria Blumenthal Cancer Center, it is with great pride that I present this publication titled “Outcomes and Innovations” to you. In it, you will find important data related to several of the most prevalent forms of cancer treated at The Valley Hospital. At the Blumenthal Cancer Center, we believe that it is essential that both the public as well as physicians are aware of our own experience and results, as opposed to simply quoting the literature, as is frequently done at other institutions. In addition, technology and expertise in cancer care are rapidly evolving, and this publication enables us to relay important advances at The Valley Hospital with regard to the workup and treatment of cancer patients.

I invite you to spend some time with this publication and share it with colleagues in your office. I would be happy to discuss any portion of this publication with you or answer any questions regarding our cancer program.

My thanks go to the doctors and staff at the Blumenthal Cancer Center for all the efforts they have made to make Valley one of the strongest, most innovative and highest quality oncology programs in New Jersey.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rob Korst', with a horizontal line underneath.

Robert J. Korst, M.D.

Medical Director, Daniel and Gloria Blumenthal Cancer Center

Director, Thoracic Surgery

Editor, Outcomes and Innovations 2010

201-634-5722 • korsro@valleyhealth.com

Lung Cancer and Thoracic Surgery



Above left: Robert J. Korst, M.D., Medical Director, The Blumenthal Cancer Center and Director of Thoracic Surgery at The Valley Hospital.

Benjamin Lee, M.D., Thoracic Surgeon

Under the direction of Robert Korst, M.D., the **Lung Cancer Center** at The Valley Hospital provides the most up-to-date and comprehensive program for patients with lung cancer, and even for those who are at risk for the disease. Decades ago, most patients with lung cancer did not survive longer than one year. Today's tests and treatments are saving the lives of numerous people with this disease. Services such as **endobronchial ultrasound, mutational analysis, stereotactic body radiosurgery, and minimally invasive surgical techniques** such as **single-port VATS** are enabling doctors to diagnose, stage and treat lung cancer with greater precision and higher cure rates than ever.

Thoracic surgeons at Valley's Lung Cancer Center now offer a new minimally invasive procedure for the detection and diagnosis of

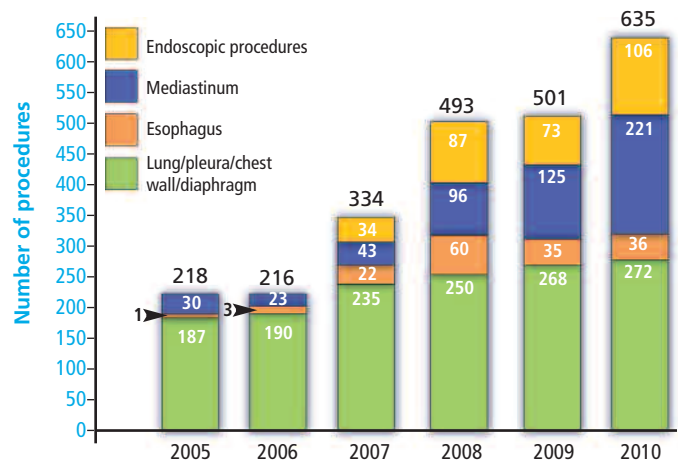
early-stage lung cancer. The **superDimension® lung navigation system** enables surgeons to reach previously inaccessible lesions deep in the lungs by going through the mouth, as opposed to violating the patients' skin with an incision or a needle.

Finally, the importance of the **Lung Cancer Screening Program** at Valley's Lung Cancer Center cannot be emphasized enough now that lung cancer screening using **low dose computed tomography (LDCT)** has been proven to reduce the risk of dying from lung cancer in a large, randomized clinical trial. Patients in whom lung nodules are found are managed in our dedicated **Pulmonary Nodule Center**, according to established protocols, saving the vast majority of patients any invasive procedures.

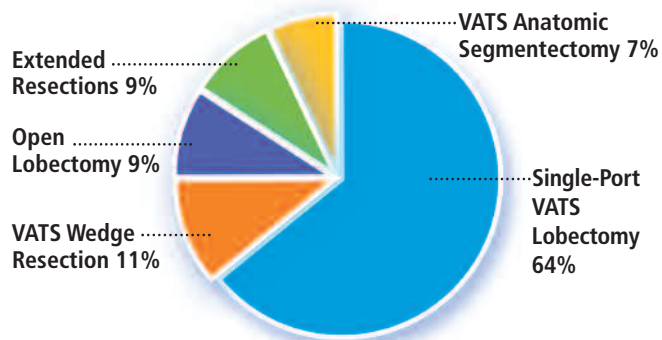
For more information, please call 201-634-5722.

Thoracic surgery patient volume has increased steadily over the past four years, with volumes now approaching those seen at major academic centers. Last year, more than 600 procedures were conducted. Thoracic surgery at Valley involves a comprehensive range of procedure types involving the lungs, esophagus, and other mediastinal structures.

The Valley Hospital Thoracic Surgery Procedures

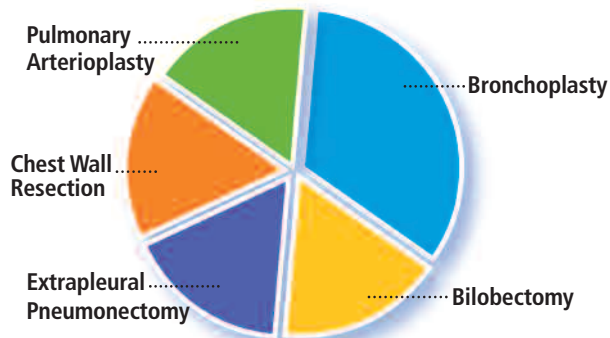


Primary Malignancies of the Lung, Pleura and Trachea Undergoing Curative Resection in 2010



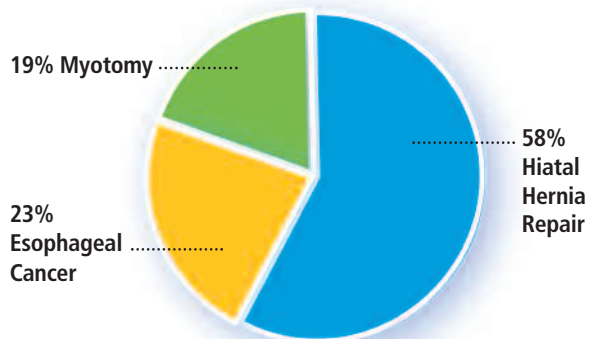
■ In 2010, Valley's dedicated, non-cardiac, thoracic surgeons performed all types of resections for lung cancer. 91% of all lobectomies for early stage lung cancer were performed using the single-port VATS approach, which corresponded to 64% of all lung cancer resections. Single-port VATS is the most minimally invasive form of lung removal that can presently be accomplished, because all dissection is performed through one, 3-4 centimeter incision. Even robotic lung resections are more invasive than single-port VATS, requiring anywhere from 3-5 incisions, and sometimes even more.

Complex/Extended Resections for Malignancies of the Lung, Pleura and Tracheobronchial Tree in 2010



■ At the Lung Cancer Center, complex resections are also routinely performed including bronchoplasty, bilobectomy, extrapleural pneumonectomy, chest wall resection and pulmonary arterioplasty. These are for patients with more extensive tumors.

Surgically Managed Esophageal Disease in 2010



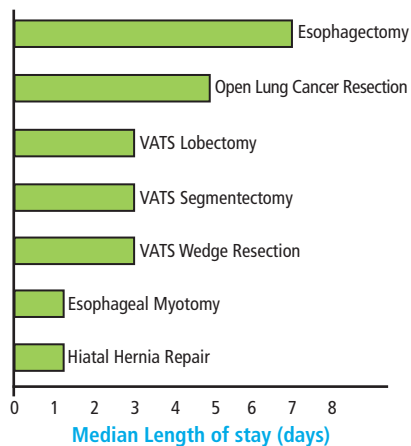
■ Surgery remains an effective treatment modality for esophageal disease. In 2010, the predominant procedure performed was hiatal hernia repair, as it was in 2009. At Valley, esophageal resections for malignancy are approached using minimally invasive techniques when they are in their earliest stages. Many patients with very early cancers can be safely managed solely with endoscopic resections, requiring no incisions whatsoever. Further, Valley physicians have performed over 200 radiofrequency ablation (RFA) procedures for patients with Barrett's Esophagus, a premalignant condition due to chronic gastroesophageal reflux. RFA has the ability to actually prevent patients from developing esophageal cancer.

Lung Cancer and Thoracic Surgery Continued

At three days, Valley's 2010 average length of stay for lobectomy (performed in a video-assisted manner) compares favorably to the length of stay published from data obtained from the Society of Thoracic Surgeons National Database, where the length of stay for video-assisted lobectomy was four days.

At Valley, the average length of stay for esophagectomy was seven days in 2010, an improvement of one full day over 2009's mark of eight days.

Median Length of Hospital Stay in 2010



Laura A. Klein, M.D.,
Medical Director,
The Valley Hospital Breast Center

Breast Cancer

Breast cancer services are under the direction of Laura Klein, M.D. Board-certified in general surgery, Dr. Klein completed her training in a specific breast fellowship program emphasizing **oncoplastic techniques**. These techniques apply to women who undergo breast conserving resections ("lumpectomies"). By combining breast resection with plastic surgical principles, oncoplasty results in the best cosmetic results. Prior to coming to the Blumenthal Cancer Center, Dr. Klein was on staff at Columbia-Presbyterian Medical Center. Her special interests include breast cancer in young women, DCIS (ductal carcinoma in situ), novel approaches to breast cancer treatment, and patients at high risk for developing breast cancer.

The Breast Center at The Valley Hospital offers all the services a woman needs for total breast care. Services include: digital diagnostic and screening mammography, breast MRI, ultrasound core biopsy, cyst aspiration, fine needle aspiration, stereotactic breast biopsy, and **tomosynthesis**.

Valley holds a three-year accreditation designation by the **National Accreditation Program for Breast Centers (NAPBC)**, a program administered by the American College of Surgeons, and is designated a Breast Imaging Center of Excellence by the **American College of Radiology**.

For more information, please call 201-634-5557.

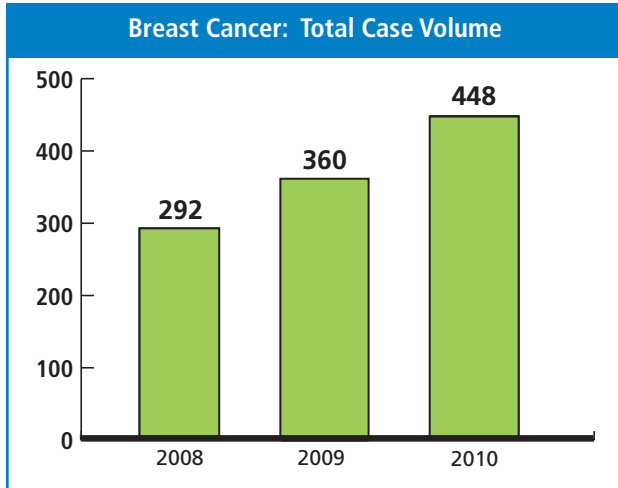
“Oncoplasty merges the disciplines of breast cancer surgery with plastic surgery for the best cosmetic result.”

2010 Review of Analytic Breast Cancer Cases

Stage of Diagnosis	
InSitu	128
Stage I	176
Stage II	92
Stage III	16
Stage IV	19
Unknown	17
Total	448

■ Stage distribution of breast cancer cases at the Blumenthal Cancer Center in 2010. As shown, the majority of breast cancer is diagnosed in its early, curable stages, reflecting a rigorous, successful early detection program at The Valley Hospital.

“ Tomosynthesis generates a 3-D image of the breast and can help radiologists rule out abnormalities that may have looked suspicious in a 2-D mammogram, reducing the need, in some cases, for women to receive additional imaging or biopsies. ”



■ The clinical volume of breast cancer cases at the Blumenthal Cancer Center has been rising rapidly over the past three years. We attribute this to the realization of the benefits of oncoplastic surgical techniques in the management of this disease.

Gynecologic Oncology



From Left: Noah A. Goldman, M.D.,
Gynecologic Surgical Oncologist
and William M. Burke, M.D.,
Director of Gynecologic Oncology

William M. Burke, M.D., and Noah A. Goldman, M.D., have more than 25 years of combined experience with open surgical and laparoscopic procedures.

Their pioneering work with robotics and the da Vinci Surgical System has made The Valley Hospital's **Institute for Robotic and Minimally Invasive Surgery** a leader in minimally invasive procedures performed robotically.

Our physicians are nationally recognized for their contributions to the field of **robotic gynecologic surgery**, which is reflected in their regular participation in web-based **live surgical demonstrations**.

In 2010 Drs. Burke and Goldman conducted a live, televised demonstration of a robot-assisted hysterectomy to 400 gynecologists in Croatia. The telesurgery was broadcast to attendees of the American Association of Gynecologic Laparoscopists' (AAGL) Fourth International Congress on Minimally Invasive Gynecologic Surgery in Dubrovnik.

The two gynecologic oncologists used the da Vinci® system to remove the patient's uterus

through several small half-inch incisions on her abdomen rather than a traditional large abdominal incision. The patient spent just one night in the hospital.

Early gynecologic cancer, whether it is ovarian, endometrial, cervical, or uterine, can be approached in a minimally invasive fashion. In addition to smaller incisions and often shorter recovery times, minimally invasive approaches to cervical and ovarian cancer offer another important advantage for women who hope to have children – fertility can often be spared through preservation of the uterus.

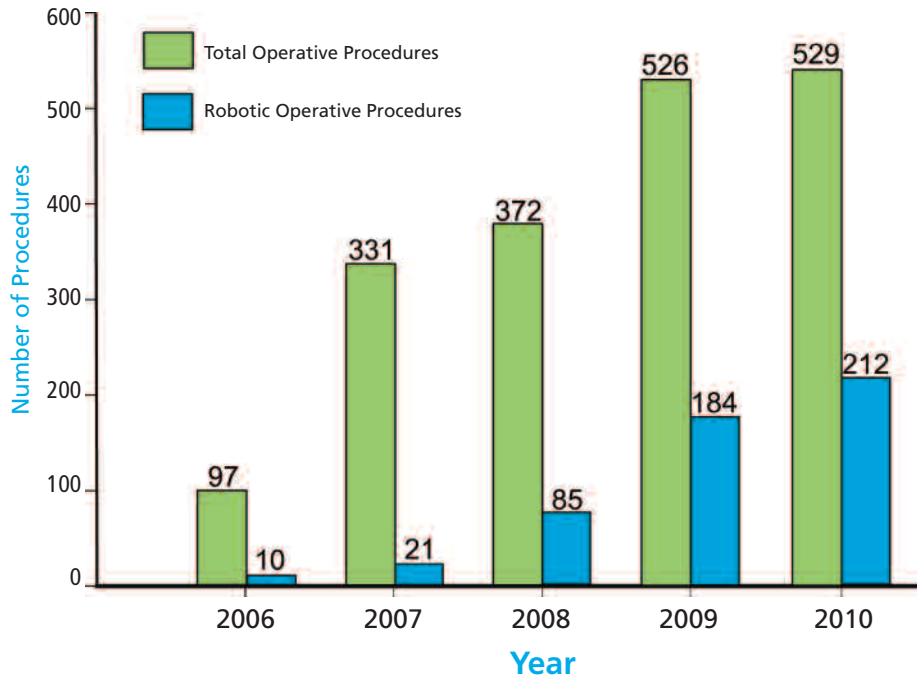
Approximately 50 percent of the gynecologic procedures performed using robotic surgery are for benign conditions such as fibroids, bleeding, endometriosis, and cervical dysplasia.

Robotic procedures performed include: myomectomy, resection of endometriosis, hysterectomy and radical hysterectomy (in both cases with or without removing the fallopian tubes), radical trachelectomies, and staging procedures for uterine, cervical and ovarian cancer, which include lymph node dissections and omentectomies.

For more information, please call 201-634-5401.

“Valley physicians are nationally recognized for their contributions to the field of robotic gynecologic surgery.”

Gynecologic Oncology Operative Procedures



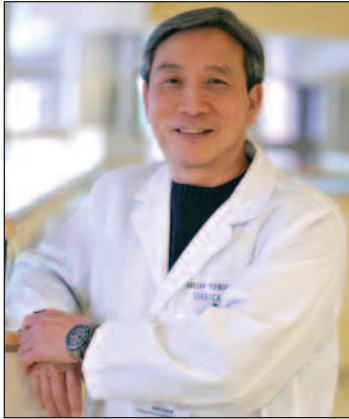
■ As shown, the number of surgical cases performed robotically has risen steadily since 2006. Last year, more than 200 of the year’s 529 cases were performed using the robotic, da Vinci Surgical System. Total operative procedures have also risen with a new high reached last year.

Endometrial Carcinoma: 2010 Surgical Outcomes

% of patients offered minimally invasive procedure	96%
Average operative time	98 minutes
Conversion to open procedure	2%
% of patients with pelvic lymph nodes sampled	90%
% of patients with para-aortic lymph nodes sampled	52%
Length of hospital stay	1.25 days

■ These statistics provide a glimpse inside the Valley robotic surgical program for endometrial carcinoma, the most common surgically treated gynecologic malignancy. The average robotic operative time was 1 hour, 38 minutes (98 minutes), and in only 2% of cases was a conversion to an open procedure required. The average length of hospital stay for patients was a mere 1.25 days.

Pancreatic and Hepatobiliary Cancer



Anusak Yiengpruksawan, M.D.,
Director, The Institute for Robotic and
Minimally Invasive Surgery

Led by Anusak Yiengpruksawan, M.D., (Dr. Yieng), Director of **The Institute for Robotic and Minimally Invasive Surgery**, and Lawrence E. Harrison, M.D., Director of Surgical Oncology, Valley offers a wide range of surgical options for patients with pancreatic or **hepatobiliary** cancer.

Dr. Yieng performed the first fully robotic Whipple procedure in the United States. The Whipple is a sophisticated procedure used to remove tumors of the pancreas. The operation generally involves removal of the gallbladder, bile duct, part of the small intestine, and head of the pancreas.

Dr. Yieng is internationally recognized for his skills in endoscopic ultrasound, minimally invasive surgery, and robotic surgery. He was one of the first surgeons in New Jersey to use the da Vinci® Surgical System to remove the spleen, adrenal glands, and tumors of the stomach, pancreas, and esophagus.



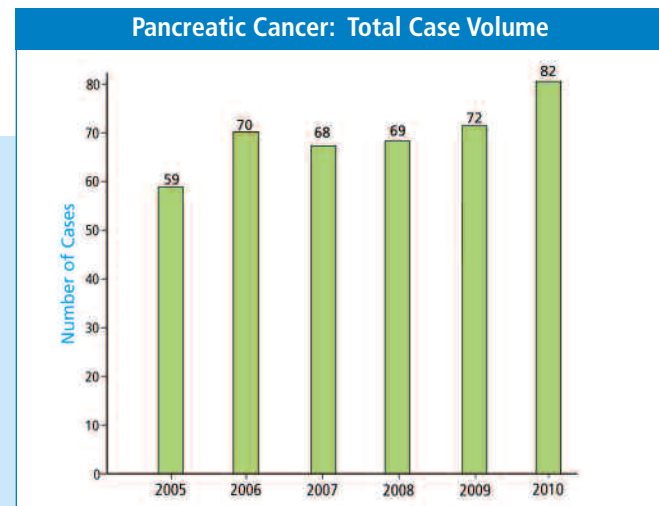
Lawrence E. Harrison, M.D.,
Director of Surgical Oncology

Dr. Harrison directs New Jersey's only **HIPEC (Hyperthermic Intraperitoneal Chemotherapy) program**. HIPEC involves delivering chemotherapy to the abdominal area immediately after a cancerous tumor(s) has been removed during cytoreductive surgery. While the patient remains on the operating table under anesthesia, the open abdomen is bathed with a high dose of warmed chemotherapy for 90 minutes. The medication is then drained from the patient, the incision is closed, and the patient is moved to a recovery area.

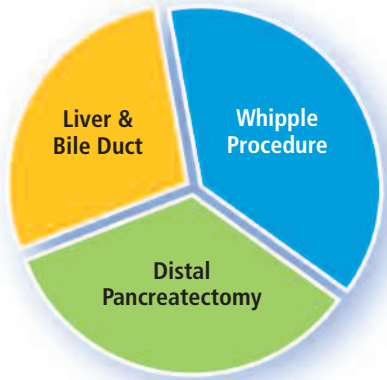
In a testament to the complex nature of the broad based, minimally invasive surgical expertise at Valley and the Blumenthal Cancer Center, Valley's surgeons are also involved in training future surgeons in these techniques. **The Valley Hospital Fellowship in Minimally Invasive/Robotic Surgery and Interventional Endoscopy** is a nationally recognized, accredited program aimed at teaching other surgeons these complex approaches.

To contact Dr. Yiengpruksawan, please call 201-634-5438. To contact Dr. Harrison, please call 201-634-5547.

■ As seen here, the number of cases of pancreatic cancer treated at Valley has risen steadily since 2005.

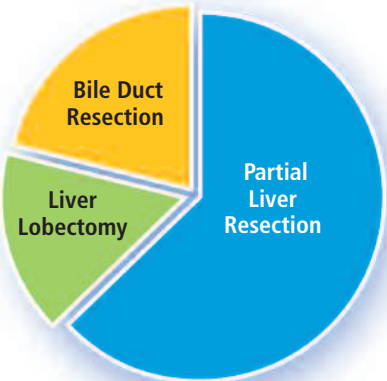


Pancreas/Liver/Bile Duct Resections



■ The types of resections for tumors of the pancreas and liver in 2010 were fairly evenly distributed between the Whipple procedure, distal pancreatectomy and liver/bile duct resection.

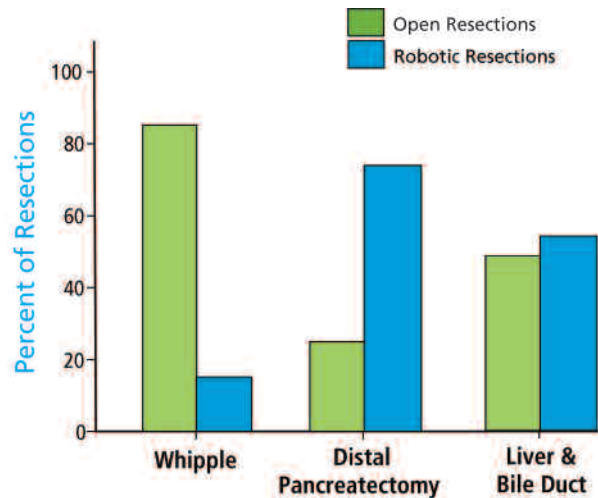
Liver/Bile Duct Resections



■ Of the hepatobiliary resections, partial liver resections were the predominant form at Valley in 2010.

■ This comparison of open vs. robotic procedures shows predominant use of the minimally invasive, robotic technique for distal pancreatectomy and liver/bile duct resection.

Pancreas/Liver/Bile Duct Resections Robotic Versus Open Procedures





*Anthony D'Ambrosio, M.D.
Director, Neuro-Oncology Disease
Management Team, and Co-Director,
The Gamma Knife Center*

Neuro-Oncology

In 2010, the Blumenthal Cancer Center established **The Institute for Brain and Spine Radiosurgery** for patients with malignant and benign conditions of the brain and spinal cord. The Institute is led by Anthony D'Ambrosio, M.D., Director of the **Neuro-Oncology Disease Management Team**. In addition, **The Brain Metastasis Center** was also developed as a service exclusively aimed at providing high quality, state-of-the-art care for patients with cancers which have spread to the brain from other sites.

In both of these programs, patients benefit from a multidisciplinary approach that integrates the skills and expertise of many different specialists, with only one office visit for the patient. The physicians, surgeons, and other professionals who comprise the Institute have many years of experience in treating these brain and spinal diseases and are engaged in cutting-edge research to expand treatment options and improve patients' quality of life during and after treatment.

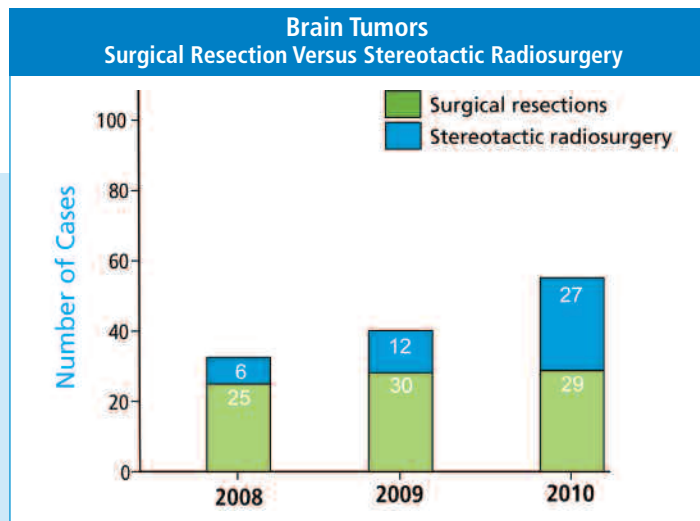
The team includes neurologists, neurosurgeons, medical oncologists, radiation oncologists, pathologists, neuro-radiologists, a neuropsychologist, and a highly skilled nursing team.

At our new **Gamma Knife Center**, a **nurse navigator** assists patients from their first phone call through treatment and follow-up. Gamma knife radiosurgery is an effective, non-surgical treatment for cancer and neurological conditions in the brain. The technology is neither a "knife" nor "surgery" in the traditional sense of those words. No incisions are made and there is no overnight stay in a hospital or extended recuperation period.

Valley's physicians, who have treated thousands of patients and have more than 10 years of experience, use the Leksell Gamma Knife Perfexion to treat tumors such as: acoustic neuromas, astrocytomas, craniopharyngiomas, gliomas, meningiomas, metastatic brain tumors, pineal tumors, pituitary tumors, and skull base tumors.

For more information, please call 201-634-5585.

■ In the past three years, an increasing number of patients with brain tumors sought treatment using stereotactic radiosurgery, a highly precise, non-surgical modality. Last year saw a new volume high: 56 patients treated using either surgery, radiosurgery or a combination thereof.



Prostate and Genitourinary



Howard Frey, M.D., Medical Director,
The Center for Prostate Cancer



Saurabh Agarwal, M.D.,
Medical Director, Robotic Urology

Center for Prostate Cancer

The Center for Prostate Cancer brings together a multifaceted team of experts led by Medical Director Howard Frey, M.D. The team consists of a medical oncologist, radiation oncologist, surgeon, urologist, registered dietitian, complementary medicine specialist, nurse and social worker. This team provides a **multidisciplinary approach to treating prostate cancer.**

During a visit to the Center, the patient visits with a team of physician experts to discuss appropriate treatment options. In addition, the patient confers with ancillary team members to discuss support services such as nutrition and education to receive pertinent information.

The physician experts confer, and then formulate an integrated recommendation for treatment that is delivered to the patient.

Patients are referred by their primary care physician, urologist or through self-referral.

Robotic Urology

Saurabh Agarwal, M.D., is Medical Director of Robotic Urology at Valley's **Institute for Robotic and Minimally Invasive Surgery.**

Since 2006, Dr. Agarwal has performed hundreds of procedures using the da Vinci Surgical System, making him one of the most experienced robotic surgeons in the area. It was his success with prostate surgery that inspired him to discover new uses for the da Vinci System.

He became the first surgeon in the area to use the da Vinci System to perform a partial nephrectomy, a highly advanced procedure for the treatment of kidney cancer. He is also one of few surgeons performing prostate surgery without cauterization, resulting in better outcomes and quicker recovery times.

For more information, please call 201-634-5567.

- The median length of stay after robotic radical prostatectomy at the Valley Hospital was slightly more than one day in 2010.
- The percentage of patients with positive surgical margins after robotic radical prostatectomy at Valley was 16.2%. The best observed national average was 34%.

2010 Analytic Prostate Cases

Stage of Diagnosis	
Stage I	9
Stage II	121
Stage III	11
Stage IV	8
Unknown	4

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Antler A, Bethala V, DeLillo A, Kutner D, Lee BE, Pazwash H, Pittman RH, Rahmin M, Rubinoff M. Effect of hiatal hernia size and columnar segment length on the success of radiofrequency ablation for Barrett's esophagus: a single-center, phase II clinical trial. *J Thorac Cardiovasc Surg* 2011;142:1168-73.

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Burke WM. How to build a successful gynecologic robotics program. Presented at the World Robotic Gynecology Congress III and International Gynecologic Oncology Robotic Symposium IV, Washington D.C., May 4-5, 2011.

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Lee BE, Korst RJ, Kletsman E. Replacing mediastinoscopy with endobronchial ultrasound: a community thoracic surgeon's perspective. Presented at the 37th Annual Meeting of the Western Thoracic Surgical Association, Colorado Springs, CO, June 24, 2011.

Needham J, Yiengpruksawan A. Local resection of tumors at or around gastroesophageal junction (juxta-GEJ tumors). Presented at the 2nd Annual Meeting of the Clinical Robotic Surgery Association, Chicago, IL, October, 2010.

Suman P, Ganepola GAP. Autophagy in colorectal cancer. Presented at the Annual Scientific Meeting of the Medical Society of the State of New York, April 8-10, 2011.

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Yiengpruksawan A. Robotic palliative procedures. Presented at the 5th Annual World Robotic Symposium, Orlando, FL, April, 2010.

Yiengpruksawan A. Robotic spleen preserving pancreatectomy. Presented at the 6th Annual World Robotic Symposium, Miami Beach, FL, June, 2011.

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**No hospital in the nation has more Gold Seals of Approval
for cancer care than The Valley Hospital.**

Breast. Colorectal. Lung. Pancreatic and Prostate.



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