Cancer Nursing Team placed fourth in *Advance for Nurses* 2002 Nursing Team of the Year Award.

“The way a team plays as a whole determines its success.”

Babe Ruth
The Cancer Program values teamwork in addressing needs of cancer patients and families. We continue to involve ourselves with a large number of clinical activities, programs, initiatives, and efforts to optimize the care we deliver. The patient and family are important members of the “team.”

Multidisciplinary and Interdisciplinary Care continue to be a hallmark of meeting patient needs. Medical specialists including surgeons, hematologists, medical oncologists, radiation oncologists, and primary care physicians, as well as many other specialists work together with nurses, nutritionists, pharmacists, chaplains, social workers, and others to collaboratively optimize care for our patients and families. The Helen & Harry Gray Cancer Center continues to foster this collaborative approach. As a result, satisfaction scores from patients and families for their care are extremely high. We are particularly proud of the numerous support efforts offered to our patients, including CHESS, a web-based program of information and support for women with breast cancer and men with prostate cancer, our numerous support groups, and other individualized support activities.

Multiple committees are involved at the strategic, advisory, and operational level within Hartford Hospital to help oversee and direct Cancer Program activities. The Cancer Committee, chaired by Dr. Vincent Laudone, audits our clinical activities, monitors the Cancer Registry functions, and performs multiple patient care studies annually. The Cancer Program Advisory Committee provides strategic direction within the context of the overall hospital strategic plan. The Core Committee focuses on operational aspects of the Cancer Program and advises the Collaborative Management Team on programs, events, initiatives, and clinical issues. The healthcare team continues to oversee quality improvement projects designed to improve identified problems or issues with patient care.

Our Cancer Registry continues to be a model of data acquisition and utilization by our researchers. We have received a full three-year accreditation from the American College of Surgeons Commission on Cancer in the teaching hospital division, recognizing the excellence of our Cancer Registry and Cancer Program overall. Dr. Robert Piorkowski, our Cancer Liaison Physician for the American College of Surgeons, chairs the Liaison Committee for all of Connecticut and provides an important link to State and National organizations.

Dr. Robert Siegel and Ms. Camille Servodidio provide leadership for our Cancer Clinical Research Office. We have involvement with multiple cooperative groups. Under the direction of Dr. Siegel, we participate in studies through Cancer and Acute Leukemia Group B (CALGB). Under the direction of Dr. Patricia DeFusco, we continue to participate in National Surgical Adjuvant Breast & Bowel Project (NSABP) as well as provide coordinating role for Connecticut institutions of the STARR Breast Cancer Prevention Trial. We also participate in Gynecologic Oncology Group (GOG) research under the direction of Dr. Stacy Nerenstone and Dr. John Nash. The Cancer Clinical Research Office also continues to oversee Wisewomen and Scope Grant as well as our Breast and Cervical Cancer Early Detection Project outreach activities to medically underserved women in Connecticut.

Our collaborative relationship with Dana Farber/Partners Cancer Care also brings research, educational, and programmatic opportunities to allow Hartford Hospital’s Cancer Program to develop as a continued Center of Excellence. This important link to an internationally recognized and designed comprehensive cancer center and major research institute will allow us to bring unique translational research to Connecticut cancer patients.

We are so fortunate to have many individuals within the Cancer Program and throughout Hartford Hospital and its medical staff who embrace the “team” approach and support the notion of first and foremost meeting the needs of our patients with excellence in cancer care, and attention towards how we can support the patient and family through their cancer diagnosis and treatment journey. The dedication and enthusiasm of our medical staff, hospital staff, and volunteers in making Hartford Hospital an excellent place for our patients and families to receive cancer care is greatly appreciated.

Andrew L. Salner, MD, FACR
Robert E. Rice, MS, DABR, FAAPM
Elizabeth Lada Morse, RN, MPA, MSN
Cancer Nursing

In an era of nursing shortages throughout the country, Hartford Hospital and the Cancer Program continue to attract and retain nurses of the highest calibre. New hired nurses often cite the comprehensive orientation and ongoing education as reasons why they choose Hartford Hospital as an employer. Each new nurse has a preceptor and orientation is tailored to their learning needs. Ten staff nurses maintain Oncology Nurse Certification (OCN) and the Clinical Nurse Specialist is Advanced Oncology Nurse Certified (AOCN). This year Hartford Hospital was first in the State of Connecticut to offer an Oncology Nursing Society (ONS) certified course for Chemotherapy and Biotherapy which was offered to internal and external nurses. Four nurses attended an ONS trainer program to be qualified to teach this course. Ongoing staff development was supported through numerous educational offerings including attendance at Annual ONS Congress as well as local and regional programs. Staff education regarding end-of-life (EOL) care has been emphasized this year. Nurses and others have attended monthly education sessions on EOL. Cancer Nursing presented a Nursing Research Forum focusing on nurses’ comfort with end of life care. Nursing, along with the Institute for Outcomes Research and Evaluation at Hartford Hospital, are members of several awards this year. Laura Caramanica, RN, PhD, Vice President for Nursing was the recipient of the Connecticut Nurses Association’s Diamond Jubilee Award dinner. It is one of the highest honors a Connecticut nurse can achieve. A dvanced R N s, recognized as clinical leaders, assist in the development of evidence-based practice, mentoring and coaching staff. All staff participate in a peer review process as part of their annual performance review.

Our shared governance model of nursing emphasizes teamwork and accountability for every member of the team. Through a nursing council structure, staff members have input on performance improvement, education, practice and resource management including hiring of new staff. Four A dvanced R N s, recognized as clinical leaders, assist in the development of evidence-based practice, mentoring and coaching staff. All staff participate in a peer review process as part of their annual performance review.

Nurses at Hartford Hospital have been the recipients of several awards this year. Laura Caramanica, RN, PhD, Vice President for Nursing was the recipient of Connecticut Nurses Association’s (CNA) Doris Armstrong Award for Excellence in Oncology Administration. Ms. Armstrong, the award namesake and former Vice President of Oncology Nursing at Hartford Hospital, administered the award during CNA’s Diamon Jubilee Award dinner. It is one of the highest honors a Connecticut nurse can achieve. A dvance for Nurses, a N ew England regional magazine, awarded Hartford Hospital oncology nurses with first and fourth place in its “Nursing Team of the Year” awards with first place going to Women’s Health and fourth place to Cancer Nursing.

Inpatient care units on Conklin Building 4 (CB4) and Conklin Building 5 (CB5) have been combined under the leadership of one nurse manager. Staff on these units share resources and routinely work between both units. Weekly multidisciplinary patient care rounds on each unit include care coordinators, social workers, chaplains, dieticians, nurses and others. Pharmacists and nurses conduct monthly rounds on each unit to audit for medication safety and compliance. A multidisciplinary A d H oc Team is credited with creating the new Cancer Learning Library on CB5 which features printed and media information for patients and family on aspects of cancer care. A computer with internet access is also available in the Learning Library.

Hematology Oncology Outpatient Services continues to provide a broad array of chemotherapy, biotherapy and transfusion services. Outpatient education and development has focused on implementation of Ambulatory Payment Classification (APC) of services under the Outpatient Prospective Payment System. A team of clinical, financial and information management representatives meet regularly to review and improve current processes. This year we have implemented a standardized outpatient patient satisfaction survey which will allow us to benchmark our results against other similar cancer programs, both regionally and nationally.

Elizabeth Lada Morse, RN, MPA, MSN
Director of Cancer Nursing

Prostate Cancer Support Group

We completed our 11th year of service to prostate cancer patients and their families throughout Connecticut and parts of Massachusetts. Our Hartford Hospital support group is an affiliate of USTOOG, the international prostate cancer support group begun in 1990. We continue to serve as a prototype for such groups throughout the country.

Membership has grown to nearly 800 with attendance ranging from 62-114, depending on the topic (and the weather). New people arrive each month, some referred by their urologists and/or urology nurses, some from internet searches, and some with their member friends.

During the past year, members kept busy with numerous activities concerning prostate health and the importance of early detection of prostate cancer. They volunteered at health fairs in CT to help the public heighten their awareness of the need for regular medical checkups.
At the Greater Hartford Open (GHO) PGA golf tournament this summer, several members manned a prostate health booth sponsored by Hartford Hospital. The focus was on emphasizing the importance of screening and early detection for prostate cancer. Thousands attended the tournament and stopped by our booth located in the main tent. They not only inquired about health, they also spoke about their personal medical experiences and praised our endeavors.

A group member did a marvelous job with volunteer recruitment and worked many long hours behind the scenes with other members to make sure everything went smoothly. This was an incredibly successful event. In addition to watching the best golfers in the world, hundreds were able to obtain vital health information through the handouts that were distributed, courtesy of pharmaceutical representatives. Additionally, Dr. James Graydon, from the Hartford Hospital Department of Urology and a group member, gave a poignant interview on WTIC-AM talk news radio 1080 on June 20 with a focus on prostate health issues.

The Second Annual “Reluctant Brotherhood” Golf Tournament was held at Goodwin Park Golf Course on June 17. This “fun raiser” event was chaired by two support group members, and brought 40 golfers for a delightful day of play and friendship. A barbecue picnic followed the gala event. Prizes were awarded for low net, low gross, closest to the pin, and longest drive. There was much laughter all over the golf course throughout play! We will work on recruiting more volunteers for next year to help us with publicity, favors, registration, etc.

Another member continued as USTOO! international support group liaison. He distributed information via flyers about our upcoming meetings/events to churches, senior centers, imprints newspapers, churches and more. He is hard work yielded some newcomers who were not aware of these programs.

The steering committee met twice this year. Our steering committee members represent group members, physicians, and the support group facilitators. We are developing a questionnaire to ascertain whether or not some members are interested in providing one to one support to those in need. We will also work on streamlining our meetings to become more efficient without losing the “user friendly” flavor.

The format for the Hartford Hospital Prostate Cancer Support Group monthly meetings was a formal educational presentation including time for questions and answers. This was followed by group happenings that culminated with breakout discussion groups in an informal setting—a most vital part of each meeting. Members chose which of the three discussion groups to attend: treatment issues, ongoing management concerns or stress reduction. Between 11-55 people stayed for our breakout sessions.

Meeting topics this past year were:

- “Radiation Oncology Alternatives in Managing Prostate Cancer,” Andrew Salner, M.D.
- “Holiday Fun!” Pot Luck Supper and entertainment with group members and the Sam Pasco Trio
- “Walking With the Unfamiliar,” Evan Fox, M.D.
- “Nutrition: Yesterday, Today and Tomorrow!,” Ann Zogbaum, R.D.
- “Update on Hormone Treatment for Prostate Cancer,” Jeffrey M. Morgenstern, M.D.
- “Ask the Experts,” Andrew Salner, M.D., R. James Graydon, M.D., Jeffrey Baker, M.D.
- Panel of survivors and their spouses & 11th Anniversary Celebration, with support group members
- “Discussion: Where We’ve Been, Where We’re Going,” with support group members
- “Exercise Is Not a Four Letter Word, It’s a Prescription for Life,” Christine Zielinska and Paul Morse, professional trainers from the Newington Wellness Center
- Video: “Personal Experience with Prostate Cancer from a Patient’s and Surgeon’s Perspective,” Peter Deckers, M.D., Peter Albertson, M.D.
- “What Are Your Health Insurance Choices and Rights?,” Sharon Garrard from the North Central Area Agency on Aging
- “Update on Hormone Treatment for Prostate Cancer,” Jeffrey M. Morgenstern, M.D.
- “Ask the Experts,” Andrew Salner, M.D., R. James Graydon, M.D., Jeffrey Baker, M.D.
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Group members stepped in to pinch hit for our general chairman who was on temporary leave. They welcomed newcomers and updated everyone on the latest group news. This support group has evolved into a community of caring and an extended family. It is an honor to serve as coordinator of the Hartford Hospital Prostate Cancer Support Group.

Margaret A. Garrison, A.P.N., B.C.
Support Group Coordinator
Our goals this coming year includes helping members to learn new social skills enhancing quality of life while managing on-going issues of family and work stress common in this increasingly younger population. People are encouraged to enjoy life while fueling their bodies with healthy food. Many members had little or no knowledge about nutrition prior to their cancer diagnosis.

People who attend for the first time are always moved by the resolve of this band of brothers who continue to come to Hartford Hospital once a month in any weather to encourage themselves and others to survive prostate cancer.

Carole B.C. Fox, CURN
Support Group Coordinator

Advanced Prostate Cancer Support Group

Describing his approach to recurrent cancer, one member recently said he intended to “stay in the game,” indicating he would be the first to raise his hand if a clinical trial came along that might even hint at the prospect of a cure. Stay in the game has become the motto of this monthly group, now in its ninth year.

The average age of the group is sixty. Men as young as forty-six and as old as eighty-eight join the group regularly to share their progress, treatment plans, goals and inspiration with each other.

The round table discussion format worked particularly well. A feeling of closeness prevailed as members took turns talking about their progress. Questions and suggestions related to diet, care and exercise were discussed individually. In addition, members bring in handouts from the internet, other cancer centers and urologists for discussion and review. Often, when a member was unable to attend due to illness, someone else from the family came in his place to take notes. When someone dies, we talk about it together. Some members attend services to comfort the family.

The annual potluck supper was held in December. This is a time of reflection about the year and remembrance of those who have passed away. Several of our members read their own poems.

There is a growing trend among group members to self-direct their own care. As personal research and access to internet chat rooms increases, members feel empowered to discuss sophisticated treatment options with their physicians. This measure of self-direction helps people to feel in control. Education remains a critical factor in their ongoing care.

The format changed significantly over the last year with a marked reduction in physician visits as members took more ownership of the agenda each month. We encouraged our members to attend the main support group meeting when topics of interest were presented, such as physician question and answer sessions. Membership in the group was steady at around 90, while monthly attendance ran between 15-25, with or without a speaker. Several men assumed the role of patient advocate for the group. Their names and telephone numbers appear on the monthly flyer.

Dr. Vincent Laudone, urologist, came for his annual visit to discuss new treatment options. In November, Carl Swartz, a human behaviorist will join us. Dr. Andrew Salner, radiation oncologist and Director of the Helen & Harry Gray Cancer Center, will talk with us early in 2003.

Spouse Prostate Cancer Support Group

Hartford Hospital initiated the Spouse Prostate Cancer Support Group five years ago in response to a growing need to support wives of our prostate cancer patients. Informal dinner meetings are held the second Wednesday of every other month at the Helen & Harry Gray Cancer Center. Attendance averages 10-15 women. Two facilitators manage the meetings: Peg Garrison, A.P.R.N., from the Department of Psychiatry and Carole Fox, CURN, from the Department of Urology.

The purpose of the group is psychosocial support to help women face the uncertainty, emotional, and often, financial turmoil that prostate cancer can bring to a family.

Meetings center on women’s health, i.e. ways to achieve emotional balance and stay physically well. Handouts about meditation, exercise and diet are given at each session. Each meeting concludes with a relaxation exercise.

Members express their individual needs for solace and share feelings and concerns in a confidential, non-judgmental setting. Through roundtable discussions, ideas for managing life’s numerous stresses are offered. Before the women leave, they often exchange phone numbers in order to support one another between meetings.

The Spouse Prostate Cancer Support Group is yet another way in which Hartford Hospital addresses the needs of families.

Margaret A. Garrison, A.P.R.N., B.C.
Support Group Coordinator
CHESS: On-Line Information, Support and Decision-Making Tools for Cancer Patients

Over the past year our patients have greatly enjoyed the Comprehensive Health Enhancement Support System (CHESS), expressing high satisfaction with the program and also indicating that it enhances satisfaction with their care. Throughout the past year, 119 women have been enrolled in “Living After Breast Cancer Diagnosis,” with 25 of them borrowing one of our laptop computers. Seventy men have been referred to the “Living with Prostate Cancer” module, with 7 borrowing a laptop. These patients are able to gather information, share support with others and utilize tools to help with decision-making, in the comfort of their homes, at any time of the day or night. CHESS also links users to other reliable cancer information websites.

Since CHESS’s introduction at Hartford Hospital in 1996, we have reached over 640 women with breast cancer and 198 men with prostate cancer. Thanks to our generous donors, we own 56 laptop computers and loan them to patients who do not own computers; we also provide those patients with free internet access and training. In total, we have loaned computers to more than 150 men and women using CHESS. Patients with their own computers are also given free access to CHESS.

Satisfaction with CHESS

Since 2000 we have been surveying CHESS Breast Cancer module users after 3 months in CHESS. Of the women returning the surveys, 72.9% indicated that CHESS exceeded their expectations as a health education resource tool. The majority of the respondents (79.2%) believe that CHESS exceeded expectations in increasing breast cancer knowledge. The clarity and depth of content and its impact on the understanding of their illness exceeded expectations for 79.2% of the women returning the surveys. CHESS also improved the personal coping skills of 75% of the respondents. CHESS helped prepare them for an office visit through improved communication, according to 56% of users.

Starting in August this year, CHESS has implemented on-line satisfaction surveys for those patients with an email address. Response has been overwhelmingly positive, with higher numbers responding to surveys in this form.

“CHESS is a neat way to be able to sit down, type all those things you’re feeling, and then throw them out there where they will be caught by others who are going through the same thing.”
CHESS Health Education Consortium

Hartford Hospital, as a member of the CHESS Health Education Consortium (CHEC), is part of an international group of health care providers who are on the cutting edge of technology use for interactive patient health education. The Consortium’s two-day annual meeting was hosted by Hartford Hospital October, 2002. Nineteen members of the consortium and many members of the hospital staff were able to enjoy keynote speakers in the field of e-health and information technology. The meeting also covered new developments, research findings and future innovations in the field of computer-based health information systems.

CHESS consortium members are involved in many research projects related to the CHESS modules that exist now or are in development. Those projects include:

- A computer-based project for prevention of smoking relapse.
- Barriers to Implementation of Computer Based Health Support Systems (CBH SS). The preliminary results from this multi-site study show that clinician’s time, resources, role threat and the fact that the technology represents change are the greatest barriers to implementation of a CBH SS. The technology must fit into the workflow, be easy to use, be high quality, affordable, convenient and easily adaptable. Clinicians must be familiar with the technology in order for it to be accepted in the organization. Hartford Hospital is a key participant in this study.
- A Dementia Caregivers module is under development at this time.
- In the cancer program, we have looked at Self-Directed Usage Patterns for women using the breast cancer module. The majority of the women participating was highly educated, enrolled a month or more after their diagnosis and had early invasive disease. Use of CHESS is highest in the first month, with most women finding that 4-6 months of access met their needs for information, decision-making help and social support.

There are also many new developments within the CHESS program. The Breast Cancer module has been re-designed; topics are easier to find and use of the program is more intuitive. A self-learning program has been developed, assuring that patients who cannot receive in-person training are able to navigate CHESS easily. Online automated registration process, available at Fletcher Allen in Vermont and Harvard Pilgrim in Boston, is now available at Hartford Hospital for menopause and heart disease patients.

CHESS continues to be supported by grants here at Hartford Hospital and we continue to be active not only in research but also in making this exciting, interactive health technology available to our patients. We are proud to be the only health care facility in Connecticut to offer CHESS. You can view a demonstration of a CHESS module by visiting the CHESS web site (http://chess.chsra.wisc.edu).

Diane Ward RN, BSN, OCN
CHESS Program Coordinator
Hartford Hospital Cancer Program

“...the nice thing about teamwork is that you always have others on your side.”

Margaret Carty
**Nutrition Services**

Nutrition Services continues to work toward providing quality care and support to our patients and their families. This fiscal year 530 outpatients referrals were realized. Of the patients receiving radiation therapy, 93% received a nutritional consult. Referrals increased from Medical Oncology this year as well. A strong effort continues between the in-patient dietitian and the outpatient dietitian to provide seamless patient care between the hospitalized and outpatient setting. Patient Satisfaction Surveys were 98% positive for the outpatient dietitian’s services.

Nutrition Services remained supportive of Cancer Program outreach and education programs by co-chairing Celebrate Life, and The Remembrance Service. A strong involvement with the program development committee for the Mary Mulready Sullivan Symposium and the Marcia Reid Marsted book signing was also realized. October marked two informational community outreach programs in Simsbury and Newington for Breast Cancer Month and the dietitian participated in these. Three Lunch & Learn sessions were given in collaboration with Community Health Charities to promote cancer prevention and health awareness at local businesses this past year.

Four programs were presented for bereaved family members at the D’Esopo Resource Center. The topic addressed was “Taking Care of Self, Managing Your Eating and Sleeping While Grieving.” This year the dietitian began writing for the Cancer Program News with two articles entitled “Nutrition Tips.” This was a success and future articles will be forthcoming.

Nutrition educational sessions for the Cancer Program’s support groups were also accomplished. The dietitian was guest lecturer for the Prostate Support Group and the Breast Cancer Support Group. New Beginnings, our six-week program for women after breast cancer treatment, had a banner year with each session having an increased enrollment and retention. In October this year, New Beginnings was highlighted for “Breast Cancer Awareness Month” with Carolyn Pennington on Channel 30.

**Oncology Social Services**

During the 2001-2002 fiscal year, our oncology social workers had over 1300 interventions with cancer patients and their families receptive to emotional support, education, information and guidance. The oncology social workers continue to assist cancer patients and their families by providing advocacy, psychosocial support, and resource referrals.

In addition to the Cancer Program direct service caseload, the oncology social work team strives to meet the needs of patients through public outreach. Programs that the social work team has been involved with include Hartford Hospital’s Brain Tumor Support Group, Celebrate Life, the Annual Remembrance Service, and the Cancer Program’s Bereavement Committee. In partnership with the American Cancer Society the social work team has facilitated monthly Look Good, Feel Better workshops for our patients. With input from various members of the Cancer Program, our oncology social work team has also facilitated a comprehensive educational resource center on our inpatient unit on CB5 for patients, family members, and staff. Our oncology social workers are also involved in multiple task forces designed to assess the needs of oncology patients as well as collaboration with other mental health practitioners in the community for the purpose of coordinating resources and strengthening the Cancer Program.

Charmain Ali, MSW and Hillary Keller, LCSW
Oncology Social Work Team

Diana Boehnert, MFA, Integrative Medicine artist teams up with Alice Lavery, RN, OCN, Hematology-Oncology Outpatient, to create artwork.
Pastoral Services

Chaplains offer spiritual care for patients of the Helen & Harry Gray Cancer Center and their families and friends, as well as inpatients from the CB5 and CB4 areas. Access to interfaith care and particular faith group support, as well as care of spiritual needs is made available to the patients and staff of these areas. A resident in the clinical pastoral education program takes primary responsibility for meeting the spiritual needs of these areas. Additionally, the staff and other students, as well as the resources of the Pastoral Services Department, are available on a 24-hour basis.

Guided imagery, bereavement support, spiritual care and counseling, information about advanced directives, consultation about spiritual and religious needs and preferences, and direct services are provided. Religious and/or spiritual care can be a significant means to achieve a healing atmosphere. All aspects of the person are interrelated and nurture of the spiritual self can contribute to positive results affecting the outcome of treatment.

During this past year, the Chaplain resident arranged for Jane H. Eustis, a nurse from Indianapolis with expertise in the use of storytelling, to present to staff and patients at Hartford Hospital. She spoke of storytelling as a means for expressing emotional and spiritual healing during life's journey. Chaplain resident Timothy Gilbert also participated in the dedication of the new Healing Garden at the Helen & Harry Gray Cancer Center. The garden offers a vision of hope and life.

Chaplains offer Moments of Meditation as a quiet weekly interlude, with music and spiritual renewal for the Cancer Center staff and patients. Music and guided imagery are made available on a weekly basis as well. On CB4, Chaplains participate in weekly interdisciplinary rounds, which begin with the reading of the names of those who died during the past week in a moment of quiet remembrance.

Rev. Kathleen Ogden Davis
Director, Pastoral Services Department

Community Outreach

The Cancer Program continues to be active in community cancer prevention and early detection efforts. Many other partners both inside and outside the Hospital collaborate in these efforts. We continue to be a leading site for the Center for Disease Control/State of Connecticut Department of Public Health Breast and Cervical Cancer Early Detection Program. Thus far we have entered 813 people into this program, including 167 in the past year. We have detected a total of 21 cancers (4 this past year) and have provided follow-up services for these women.

In February, the Cancer Program sponsored a special art exhibit/book signing by two-time cancer survivor, Marcia Reid Marsted. The event featured a display of the artist/writer's photographs in the Cancer Center Atrium. This exhibit was reviewed by the Hartford Advocate, and one photograph was published on the front page in the May 16, 2002 issue of the Hartford Advocate. Marcia also spoke to physicians at a breast pre-treatment conference/tumor board about her experience as a cancer patient.
Our annual screening efforts this past year were held in the North end of the city this summer, in which the Cancer Program partnered with two area churches in July and September. Mammograms, clinical breast examinations and training on breast self examination were provided for screening and awareness of breast cancer. The Cancer Program contracted with a mobile service to provide mammograms for over 35 women in both churches. Colorectal fecal occult blood test kits for at-home screening for colorectal cancers in women were distributed to participants. Men were offered colorectal screenings during exams for prostate cancer detection. Over 40 blood specimens were collected and processed for PSA levels, another screening tool that is important for early detection of prostate cancer.

In May, the Cancer Center sponsored five American Cancer Society Relay for Life events, and a team representing Hartford Hospital participated in a 24-hour relay event in West Hartford. Participants, which included Cancer Center staff and patients, literally camped out at the American School for the Deaf in West Hartford and raised funds and awareness for cancer. One activity included a luminaria ceremony to remember/honor those with cancer. Members of the team took turns walking around the track for a 24-hour period to promote cancer awareness.

The Mary Mulready Sullivan Symposium is a major Cancer Program educational symposium for health care providers, offered in April of each year. This past year the 13th annual symposium focused on thyroid cancer and innovations in management, and featured five distinguished speakers, including:

- Richard Robbins, M D, Memorial Sloan-Kettering Cancer Center, presented, “Thyroid Cancer: An Overview of Diagnosis and Management”
- Blake Cady, M D, Women & Infants Hospital, Brown University School of Medicine, presented, “Beyond Risk Groups: A New Look at Differentiated Thyroid Cancer”
- Chaitanya Divgi, M D, Memorial Sloan-Kettering Cancer Center, presented, “Thyroid Cancer & Nuclear Medicine: New Approaches”
- Robert Gage, M D, M D Anderson Cancer Center, presented, “Malignant Cancer of the Thyroid: A Paradigm for Managing Hereditary Cancers”
- Rebecca Qualey, R N, BSN, Memorial Sloan-Kettering, presented, “Nursing Issues Related to the Thyroid Cancer Patient.”

John Meehan, President and CEO of Hartford Hospital, welcomed symposium participants, along with Paul Sullivan, M D and Patricia DeFusco, M D. Paul Sullivan, M D, moderated the symposium.

During the summer, the Hartford Hospital Cancer Program sponsored a table at the Canon Greater Hartford Open. This information table was staffed with volunteers from the Cancer Program Prostate Cancer support groups, who distributed literature about the importance of prostate cancer detection.

The Cancer Program participated in the Lincoln Futures Golf Tournament, “Chip in for the Cure” in July at Blue Fox Run Golf Course in Avon. The Cancer Program and Partnership for Breast Health also participated in a Women’s Health Fair sponsored by Hartford Hospital in West Hartford. Breast cancer detection and awareness materials were distributed at both of these events.

Breast cancer awareness month was kicked off October 1, with the Hartford Hospital Healthstar van on campus at Hartford Hospital. Visitors were offered the opportunity to take a breast health quiz to win a raffle basket. The annual STAR dinner was held on September 30 for 200 participants at the Radisson hotel for all STAR participants and interested guests. The dinner featured NSABP speaker Lori Garvey, Director of Public Relations and Communications. High-risk seminars are held quarterly in conjunction with the Partnership for Breast Health and the Cancer Clinical Research Office. Dr. Patricia DeFusco presents a timely topic during these meetings.

In conjunction with WRCH Lite 100.5 radio station, Hartford Hospital again sponsored this year’s Night of Lite Laughter on October 22. This event was held at the Bushnell and attracted a sell-out crowd of 2,500. The renowned comedian Vicky Lawrence (with Mama) entertained all. The Integrative Therapy “Funny bone squad” provided pre-show laughs. Information about breast cancer prevention and early detection was distributed to those who attended this event.

Two special community symposiums were held in Simsbury and Newington for breast cancer awareness in October. Over 200 people attended the program, “Life After Breast Cancer.” These programs focused on eating healthy, knowing genetic risks, Tamoxifen and quality of life, fear of recurrence, and healing through art and journaling.

Susan Wright, M BA Cancer Program Information Coordinator
Celebrate Life!

June 9, 2002 marked the 12th annual Celebrate Life! event sponsored by the Helen & Harry Gray Cancer Center. This yearly event attracted over 1,200 cancer patients, families, and friends. For the first time, this event was moved off campus to the nearby newly opened Learning Corridor. This allowed enclosed air-conditioned comfort and protection from the elements. The day's activities included food, fun, and the inspiring story of two cancer survivors, one a physician with Non-Hodgkin's Lymphoma and the other a businessman who was a two-time breast cancer survivor.

The keynote speaker, Wendy Harpham, MD, is also an author of four books on cancer and was available to sign copies of her books for those in attendance. The theme was “Celebrate Hartford,” and “Mr. & Mrs. Mark Twain” (our oncology nurse educator and her husband) were in attendance to greet and pose for pictures with our many survivors. The Learning Corridor provided musical entertainment. Over 100 Cancer Program staff and their families joined in as volunteers for the event. All participants enjoyed the festivities and the chance to celebrate their successes with families, friends, volunteers and staff. We look forward to next year's celebration of life.
The Boutique at the Gray Cancer Center was formally inaugurated on September 30, 2002. The project started two years prior, from a suggestion that wigs should be available in the Cancer Center. A team was formed of Cancer Program staff, including nurses and physicians along with the Hartford Hospital Auxiliary. This team visited the nearest cancer boutique at Dana Farber in Boston, and embraced the concept once they saw Friends Boutique there. A proposal was submitted to the Hartford Hospital Auxiliary, which approved and provided a majority of the initial funding. The Auxiliary enthusiastically supported the project, and in a large part helped move the project from the drawing board to elegantly finished space. Team members met with cancer patient support groups from the beginning, who encouraged as well as suggested items that would be helpful for the Boutique to carry to assist them through their treatment. A registered nurse that already had certification and experience in fitting breast prosthetics serves as the Boutique Coordinator. The services of a consultant were obtained, who was instrumental in opening 15 of these cancer boutiques throughout the USA, including Dana Farber Friends Boutique in Boston.

Funding came largely from the Auxiliary 2001 and 2002 Golf Tournaments, and some private benefactors. A team made up of Cancer Center personnel and Facilities Management devoted their time to the Boutique Project. Space was carved out from a storage area, and an architectural firm designed the Boutique to look bright and cheery. The space was made to look like part of the original Cancer Center by integrating features. The Boutique offers hats, wigs, breast prostheses, sun-protective clothing, lotions, canes, scarves, books, videos and other items to assist patients through the various stages of their treatment.

The grand opening on September 30th drew a large number of Hartford Hospital patients and staff as well as other interested people who marveled at the transformed space. The day’s activities also included vendor product demonstrations, samples, and raffle drawings. In the ensuing weeks, visitors and patients commented that this was something that had been needed for a long time, and were thankful for such a wonderful resource. Patients are comfortable in the Boutique, and although a private dressing room is available, many feel comfortable taking their head coverings off to try on different scarves and wigs right in front of the store displays. They also appreciate having a chair for their significant other to sit in while they shop. They are grateful that the products they need are in an area adjacent to where they receive their treatment, saving them energy and precious time avoiding traveling from store to store to find head coverings or other needed items.

The Boutique at the Gray Cancer Center is unique—the only one in Connecticut with a full time certified prosthesis fitter on site. The Hartford Hospital Cancer Program runs the Boutique. Very special volunteers assist the coordinator. It took teamwork between Cancer Program staff, the Auxiliary and patient/staff input to bring this unique Boutique to fruition. The Boutique is a place where healing often starts, and our cancer patients and their healthcare professionals truly appreciate this special place.
The Palliative Care Program

Over the past year, Hartford Hospital has undertaken many new initiatives to educate and facilitate interdisciplinary partnerships in palliative care with a primary goal of “cloaking” patient’s symptoms with compassionate treatment that promotes patient comfort. Emphasis has been placed on increasing every clinician’s awareness that pain can be physical, psychosocial, spiritual, financial and that many options exist to palliate pain. We are fortunate at Hartford Hospital to have so many committed individuals in all clinical fields that are working as a team to improve palliative care. Our main goal of palliative care is to help all patients and their families, along the continuum of care, to live as vibrant a life as possible with ongoing attention to reducing symptoms.

2002 Initiatives and Events:

1. Florence S. Wald, RN, MN, MS, FAAN, former Dean of Yale University School of Nursing and often credited with establishing Hospice care in the United States, an internationally recognized speaker, came to the Palliative Care Unit sharing her wisdom and history of Hospice and her thoughts on how hospice and palliative care can include the “community” in efforts to improve end-of-life care.

2. Betty Ferrell, RN, PhD, keynote speaker at the Sixth Annual Research Utilization Conference held at Hartford Hospital in October, 2002, is internationally recognized for her research in pain management and end-of-life care. Following her keynote address, Dr. Ferrell met with staff and volunteers on CB-4, the Palliative Care Unit, for an informal discussion on end-of-life care and pain management issues and left with a challenge for all clinicians to consider, “each clinician in palliative care must consider themselves an interdisciplinary team.”

3. Hartford Hospital Ethics Committee sponsored a monthly lecture series focused on educating all staff and physicians on End-of-Life Care issues. The EPEC program, Educating Physicians on End-of-life Care, was organized by Dr. Jim Duffy, Director of Consultation Psychiatry and Chairman of the steering committee, Connecticut Coalition to Improve End-of-Life Care.

4. The Cancer Program sponsored Nursing Education personnel to be trained as teachers of ELNEC, End-of-Life Nursing Education Consortium, and is currently developing a web-based educational program for nursing staff at Hartford Hospital.

5. ICU Millennium, Palliative Care Initiative, directed by Dr. Sharon Diament, Associate Director Department of Medicine, reviewed palliative care practice at the end-of-life by collecting data from discipline specific focus groups and reviewing 40 charts. This information is now being used as part of the “Best Practices” mission.

6. CB-4 interdisciplinary palliative care team including Dr. Evan Fox, Medical Director of Palliative Care Unit, and others including an Oncology Nurse Specialist, Nurse Educator, Primary nurses, Pastoral Care, Social Workers, and Care Coordinators developed a presentation to present to each unit in Hartford Hospital in an effort to better coordinate and provide palliative care throughout the hospital.

7. The Cancer Program developed and conducted a palliative care volunteer recruitment and education program in partnership with the Volunteer Department and VNA Healthcare, Inc. The palliative care volunteer education program is based on national Hospice and Palliative Care Organization’s volunteer training standards and resulted in twelve new volunteers joining the palliative care program. Several of these volunteers are interested in following the care of patients both in the hospital and at home.

8. Continued collaboration with the Hartford Hospital Pain Advisory Committee.

9. To commemorate the lives of many patients’ who have been treated throughout the Cancer Program, the Cancer Program Bereavement Committee sponsored the sixth annual Remembrance Service. Family and friends of those who have passed on in the previous year are invited to a service and reception. This year the names of over 500 former patients were read, which for the first time included names of outpatients. Family and friends were invited to bring a memento to display for all to see and appreciate. Each year family members tell us how the cards and notes sent from the staff and volunteers help them heal and comfort their grief. When we asked them how we could do better, they respond with, “Keep the cards coming.”

Beth Lada Morse, RN, MPA, MSN and Evan Fox, MD
The Healing Gardens—Healing by Nature

The Cancer Program hosted the dedication of the gardens at the Helen & Harry Gray Cancer Center, "Healing by Nature" on Thursday, June 27. The dedication was led by Chaplain Timothy Gilbert, followed by refreshments and garden tours. The garden project was conceived by Cancer Center patients, who wanted something soothing to view outside while undergoing chemotherapy in treatment rooms. A team was formed, made up of Cancer Program staff, patients, Integrative Therapy artist and hospital groundskeepers. A design was developed by the group, and staff members took part in planting annuals. A beautiful birdbath sculpted by a local artist was added for a water feature, and the garden also incorporates bird feeders. Varied species of birds including Cardinals, visit the birdbath and feeders and entertain the patients while they undergo chemotherapy in the outpatient areas that overlook the gardens.

The Earth is Always With Us

Earth, teach us stillness, as the grasses are stilled with light
Earth, teach us suffering, as old stones suffer with memory
Earth, teach us humility, as blossoms are humble with beginning
Earth, teach us caring, as the mother who secures her young
Earth, teach us courage, as the tree which stands alone
Earth, teach us limitation, as the ant which crawls on the ground.
Earth, teach us freedom, as the eagle which soars in the sky.
Earth, teach us regeneration, as the seed which rises in the Spring
Earth, teach us to forget ourselves, as melted snow forgets its life
Earth, teach us to remember kindness, as dry fields weep with rain.
Earth is always with us
Today, we ask the Great Gardener to bless these gardens.
Gardens that burst with bud and bush, flower and tree,
Gardens alive with birds, squirrels, and occasionally, a hawk
Bless these gardens with rain and sun
So that they may grow
And be
The healing gardens
That touch the lives of all who are cared for
And the caregivers
And all who look for the healing energy
That gardens can give.
Amen.

— Chaplain Timothy Gilbert
— Mary Ann Brussart
THE CANCER COMMITTEE REPORT

The Cancer Committee is a multi-disciplinary committee designed to foster the care of cancer patients at Hartford Hospital. It is responsible for assuring that the hospital, its physicians, programs and registry, meet all applicable national standards for cancer patient care as established by the American College of Surgeons (ACOS).

In 2002, the Cancer Committee acted as a hub for documenting all activities conducted by the various components of our Cancer Program under the direction of Dr. Andrew Salner, Medical Director. Many reports in this report highlight the programs and services offered by our team of professionals at Hartford Hospital throughout the year.

The Cancer Committee members worked diligently in 2002 to gather documentation and complete all requirements for the ACOS Commission on Cancer survey held in April. As a result of this effort and that of many individuals throughout the institution, Hartford Hospital's cancer program received an unconditional three-year approval.

The important work of the Cancer Committee continued to grow in 2002 as the variety of cancer care programs expanded. The Breast Cancer Pretreatment Conference was begun, meeting all requirements of the ACOS survey requirements. The Cancer Committee physicians continued to perform routine annual quality checks of registry data and participated in the development and review of several patient care evaluation studies (PCE's).

The Cancer Committee will continue its efforts to provide physicians with up-to-date outcome information to assure that Hartford Hospital remains a leader in comprehensive cancer care.

The goal for the coming year is to meet or exceed standards set by the American College of Surgeons for an approved cancer program in all areas, as well as implement specific policies and procedures applicable to Hartford Hospital's cancer program needs.

Vincent Laudone, M.D.
Cancer Committee Chairperson

ACOS PHYSICIAN LIAISON

The Cancer Liaison Program was developed to serve as a local network of physician representatives for the American College of Surgeons. They provide direction for establishing, supporting and maintaining cancer program activities.

The liaison physician at Hartford Hospital serves as facilitator for the Cancer Competition held in November at the Connecticut Chapter of the American College of Surgeons when residents present papers. He served as Connecticut State Chair of the American College of Surgeons Cancer Liaison Program attending the meeting of state chairs.

During the calendar year 2002 at Hartford Hospital, the ACOS liaison physician chaired the weekly Department of Surgery Tumor Board, presenting a wide variety of interesting prospective case discussions with excellent multidisciplinary attendance. The liaison was an active member of the cancer committee, sharing updates on ACOS changes, assisting in completing the survey application and participating in the annual review of Cancer Registry data.

A representative from the American College of Surgeons Commission on Cancer surveyed Hartford Hospital in April 2002. Dr. William Chase visited our facility and offered high praise for the dedication and support by the Cancer Program staff. The Cancer Program received a full three-year approval with no major deficiencies noted. We wish to thank all the members of the Cancer Program involved in the survey process.

Members of Hartford Hospital's Cancer Program are working together with the American Cancer Society to develop a Statewide Cancer Control Plan. A institute was initiated in May 2002 at Quincy, Massachusetts to begin deliberations for grants to establish a Cancer Control Plan for the State of Connecticut.

Robert J. Piorkowski, M.D., FACS
ACOS Liaison Physician State Chairman
The Partnership for Breast Care

The Partnership for Breast Care, the “virtual” breast center of Hartford Hospital and its medical specialists, has had an exciting first year. This program is dedicated to providing seamless care to people with a breast problem by working with the hospital and the specialists involved in breast care. The program’s staff consists of a Medical Director, Imaging Director, Coordinator and Administrative Assistant. The Partnership is proud of its exciting new database and website (www.partnershipforbreastcare.org). The database is the means of connecting all the different specialties and services so that the patient and the providers feel like it is all one system of care. The website was created to provide information for people who have breast problems or breast cancer. The information on the site was provided by physicians and staff affiliated with the Partnership for Breast Care. The site was launched in October 2002. Our Community Advisory Board, a group of community members and leaders committed to breast health, was formed in January 2002. This group gives direction to the Partnership for Breast Care on the community and patient needs concerning breast health and breast cancer. Approximately 400 people were enrolled in the Partnership for Breast Care in the first year. Many more were helped by simply having the Partnership as a resource to ask questions and obtain resources or education.

The Partnership for Breast Care are also collaborated with other hospital programs to offer community education and outreach. These included: educational sessions on High Risk for Breast Cancer, and arrangements for mobile mammography services at two of Hartford’s inner city churches.

A multidisciplinary weekly pretreatment conference, which is widely attended by those involved in breast care, helps to generate consensus for individual patient issues.

The Partnership will continue to grow over the coming year with the goals of increasing the number of people served, increasing community education and outreach, developing a volunteer program to serve those with a new breast cancer diagnosis and ensuring a high quality, timely and seamless system of care.

Elizabeth Brady, M.D., Medical Director
Roxanne P. Rotondaro, M.P.H., Coordinator

A meeting of the Breast Pretreatment Conference Team.
Department of Radiology

The Department of Radiology is comprised of 35 Board Certified Attending Radiologists with specialty training and expertise in all aspects of Diagnostic Imaging and Intervention. The Department's Diagnostic Radiology Residency program remains fully accredited by the RRC and ACGME, training 18 Radiology Residents.

We continue to provide the most comprehensive imaging and intervention services in the region with an ever-growing role in the diagnosis, care and management of patients with cancer. The continued advancements in cross-sectional imaging and the introduction of functional imaging have improved our ability to more confidently diagnose and monitor disease. Multi-detector Computed Tomography affords rapid highly detailed image acquisition. Advances in post-processing workstations now allow two and three-dimensional evaluation. The data from these systems is transferred to Radiation Therapy planning systems allowing highly targeted treatment plans to be developed.

This year we have seen growth in the use of PET (Positron Emission Tomography) Scanning in Nuclear Medicine. Because of its reliance on cellular function as the basis of its imaging, it adds valuable information about activity at the cellular level. This is providing vitally important information for the evaluation of disease activity as patients undergo treatment. We have begun the installation of the first GE combination CT-PET system in New England. This exciting technology will integrate the anatomic details provided by CT imaging with the functional evaluation achieved from PET scanning. We believe this will have a major impact in cancer diagnosis, staging and therapy monitoring and put Hartford Hospital at the forefront of current oncologic imaging technology.

In conjunction with Jefferson X-Ray Group, the Department has increased its Mammography capacity in the face of increasing demand and dwindling facilities elsewhere in the region. We hope to be able to introduce CAD (computer aided diagnosis) technology in the coming year. In conjunction with the Partnership for Breast Care, we have improved access for patients along with expanded educational services for those diagnosed with Breast Cancer. Stereotactic biopsy procedures and Ultrasound-guided Mammotome biopsy services have continued to grow. MRI continues to play a growing role in the evaluation of breast diseases and the Department remains enrolled in several national research studies evaluating its efficacy.

The Division of Interventional Radiology has expanded its services with growth in pain management and tumor therapies. Increasing demand for percutaneous management of tumors has increased the availability and quality of services such as chemoembolization and radiofrequency tumor ablation.

The Department of Radiology remains committed to bringing the finest, most advanced technologies into the hands of the brightest clinicians to support the provision of the most advanced cancer care available in the region.

Stuart K. Markowitz, M.D.
Chairman, Department of Radiology

Pathology and Laboratory Medicine

The Department of Pathology and Laboratory Medicine is composed of 20 Board Certified Pathologists and 5 Ph.D. Laboratory Scientists, many of whom received their training at major cancer centers including Memorial Sloan-Kettering Cancer Center and M.D. Anderson Hospital. The department continues to support an active training program based at Hartford Hospital with a total of 23 residents and fellows. During the past academic year, Dr. Andrew Ricci sponsored a special fellow in breast tumor pathology. The Department supports the Cancer Program by co-sponsoring three weekly Tumor Boards (general oncology, breast oncology and pediatric oncology). A new Uro-oncology tumor board meets twice per month.

Members of the Department participate in a variety of national cancer study groups including the National Surgical Adjuvant Breast Project, the Gynecologic Oncology Group and the Children's Oncology Group. During the past year, members of the department have authored 47 papers in refereed journals, including 15 papers on various aspects of cancer. Additionally, 15 abstracts were presented at national pathology meetings.

Molecular diagnostics is a rapidly evolving field and the Molecular Pathology Laboratory is involved in evaluating a variety of procedures for their diagnostic utility. The lab has recently instituted a new DNA-based technology known as FISH (fluorescent in-situ hybridization) for the analysis of both solid tumors and leukemias. FISH allows for the detection of genetic abnormalities at the chromosomal level while maintaining cell architecture and localization. The initial two targets to be investigated with this new method are the HER2 gene in breast cancer and the bcr/abl fusion gene product in chronic myeloc-
enous leukemia. In addition, the laboratory is validating new FISH-based assays for the detection of bladder cancer cells in urine cytology, genetic abnormalities in chronic lymphocytic leukemia, and abnormal epidermal growth factor receptor genes in both breast and lung tumors.

Using other molecular techniques, the laboratory is investigating new markers for the detection of primary versus metastatic cancers. This is a critical issue in the management of lung cancer patients who not infrequently develop a new primary lung mass that needs to be distinguished from a metastasis. Several markers have been identified that have the potential to distinguish a metastatic lesion from a primary tumor and validations in this area are currently in progress.

Mark E. Ludwig, MD
Section Director, Anatomic Pathology

Integrative Medicine

Integrative Medicine has been very involved over this past year with the Cancer Program patients. ART for Healing is a very highly acclaimed program in expressive arts, which is directed by Diana Boehnert, MFA. ART for Healing is a program in which anyone can participate, whether novice or accomplished artist. The goals of this program are to assist patients in using art as an expression, a vehicle for self-discovery and healing. Ms. Boehnert works both individually and in groups with inpatient and outpatients in the Cancer Program. Diana has conducted several community workshops teaching and coaching patients in the use of expressive Art for Healing. She also teaches in the various cancer support groups, which are offered through the Cancer Program. The Patients who have worked with Diana in these groups and during their outpatient treatment have received a great deal of valuable insight and meaning from this process. We are proud to be able to offer this program to patients.

Integrative Medicine also offers programs in Qi Gong and Tai Chi. Kelly Taylor and Alice Moore are certified instructors who work with patients teaching and guiding them in these gentle and ancient martial art techniques. Tai Chi involves using slow, graceful, and gradual standing movements designed to relax the mind and body and stimulate the movement of energy, or Chi, throughout the body. Qi Gong is a similar discipline, which focuses on particular techniques, which stimulate energy meridians (similar to the Acupuncture meridians) in a healing way. These gentle movements stimulate healing by removing energy blockages and encouraging healthy circulation and breathing. Tai Chi helps reduce anxiety, improves balance and encourages deep breathing. In this relaxed state, healing is stimulated throughout both mind and body.

Reiki is a hands-on technique, which was developed and perfected thousands of years ago in Japan. It involves trained practitioners placing their hands over various parts of the body and “sending” or assisting in the balancing of energy in the body of the patient. Studies have shown that patients have statistically significant reductions in both pain and anxiety after a Reiki treatment or session, and many have experienced much more profound healing as a result of their treatments. Reiki sessions usually last anywhere from a half hour to an hour. Unlike Massage therapy, patients are not asked to undress, since the Reiki practitioner simply places their hands over the clothing along and around particular regions of the body known to house the body’s organs and energy “centers.” Patients are able to request Reiki during their outpatient treatment or while in the hospital. These sessions are offered free of charge and administered by hospital trained and certified Reiki volunteers. Our Reiki instructor is Alice Moore, RN and Reiki Master.

Massage Therapy, an ancient and time proven therapy, is also offered in the Cancer Program. Our massage therapists are all state licensed hospital employees with specialties in nursing and various other medical backgrounds and experience. Massage has many benefits to offer the hospitalized patient including relief from pain and anxiety, improved sleep and circulation, enhanced immune function, and an overall enhanced sense of well-being. We have also measured a reduction in nausea and vomiting after massage treatments in our patients. This program is widely requested and highly acclaimed here at Hartford Hospital.

Integrative Medicine offers a wide variety of compassionate and healing services, which complement and enhance ongoing cancer treatment. We are pleased to offer these as part of our cancer programs.

Molly Punzo, MD
Director of Integrative Therapies,
Department of Medicine
Radiation Oncology

Hartford Hospital’s Radiation Oncology Department focuses on meeting the needs of our patients through collaboration with medical staff and hospital colleagues as well as through the efforts of an interdisciplinary radiation oncology team. We continue to serve as the HUB of a major radiation oncology network, also providing services at UnitedHealthcare’s John Dempsey Hospital, NRRON (Northeast Regional Radiation Oncology Network) sites at John DeQuattro Community Cancer Center at Manchester, the Phoenix Community Cancer Center at Johnson Memorial Hospital’s Ambulatory Medical Center in Enfield, Connecticut. In addition, Hartford Hospital’s physicists and dosimetrists provide services at Charlotte Hungerford Hospital in Torrington, Connecticut.

Our interdisciplinary team in radiation oncology includes an excellent staff of medical physicists, radiation dosimetrists, engineers, radiation therapists, nurses, social workers, dietitians, data management, clerical, and support staff.

Hartford Hospital’s department offers a broad range of sophisticated radiation oncology services including 3-D conformal radiation therapy, prostate brachytherapy, intravascular brachytherapy, 3-Dimensional radiation therapy treatment planning, brachytherapy for multiple sites including gynecologic neoplasms, and sarcomas, CT based simulation and treatment planning, hyperfractionated radiation therapy, systemic radioisotopes in the management of bony metastasis disease, and treatment of a variety of malignant and non-malignant diagnoses. We have had considerable experience with intensity modulated radiation therapy (IMRT) and will further develop this modality for body neoplasms over the next year.

Radiation Oncologists collaborate with other medical specialists to develop prospective and ongoing treatment strategies for our patients. Radiation Oncologists participate in a wide array of cancer conferences at Hartford Hospital designed to enhance perspective patient management, collaboration amongst specialties, advancement of interdisciplinary care, development of individually tailored cutting-edge treatment protocols, enhancement of our clinical research efforts, and education of staff, house staff, and students. In collaboration with the Department of Radiation Oncology, we have an active CT-based radiation therapy treatment-planning program, which allows use of radiology’s high-speed CT scanners for radiation therapy treatment planning. Over this next year, CT PET will be similarly utilized for radiation therapy treatment planning.

The department continues its commitment to clinical research with active participation in studies through Cancer and Acute Leukemia Group B (CALGB), National Surgical Breast & Bowel Project (NSABP), Gynecologic Oncology Group (GOG), and the Children’s Oncology Group (COG). We are also participating in studies developed through our collaboration with Dana Farber/Partners Cancer Care.

All departmental staff continues to be active participants in the Radiation Therapy Technology training program. As one of only 68 sites in the United States, this program has been nationally recognized for training a superb cadre of radiation therapists for Hartford Hospital, and institutions throughout the Northeast.

In the upcoming year, Hartford Hospital’s Radiation Oncology Department looks forward to development of IMRT applications and the use of CT PET Scanning for radiation therapy planning. We have extensively collaborated with members of the Department of Cardiology in the delivery of Intravascular Brachytherapy (IV BT) for the prevention of restenosis for coronary artery disease. We have also collaborated with the Department of Orthopedics in the management of heterotopic ossification prevention for patients who have sustained trauma or joint replacement surgery. We will continue to explore unique cutting-edge and distinctive treatment management protocols for our patients so that we might continue Hartford Hospital’s status as a premier provider of excellent radiation oncology services.

Andrew L. Salner, MD, FACR, Medical Director
Robert E. Rice, MS, DABR, FAAPM, Department Head & Chief Medical Physicist

The General Tumor Board Team meets weekly.
**Medical Oncology**

The Division of Medical Oncology plays a pivotal role in coordinating patient care, clinical research and medical education at Hartford Hospital. Our division has eight board-certified medical oncologists as well as a support staff of more than thirty oncology nurses, secretaries and laboratory technicians. Our inpatient unit is located on CB-5 in close proximity to the Hartford Hospital Palliative Care Unit on CB-4. Outpatient chemotherapy treatments are provided at the Helen & Harry Gray Cancer Center as well as at satellite facilities in Avon, Wethersfield, and Newington.

Hartford Hospital is fortunate to be able to provide state-of-the-art cancer care through continued participation in multi-institutional clinical trials through the GOG, NSABP, and CALGB. Our inpatient unit is located on CB-5 in close proximity to the Hartford Hospital Palliative Care Unit on CB-4. Outpatient chemotherapy treatments are provided at the Helen & Harry Gray Cancer Center as well as at satellite facilities in Avon, Wethersfield, and Newington.

Our Division is committed to providing medical education to medical students, interns, residents, and medical oncology fellows. Educational patient-care conferences are held in conjunction with the Departments of Surgery, Urology, Neurology, Thoracic Surgery, Gynecology, Pathology and Radiation Therapy. A weekly breast cancer planning conference has been initiated under the direction of Dr. Elizabeth Brady from the Department of Surgery. In 2002 we held two symposia, the Mary Sullivan Symposium in the spring, and are planning the first Annual Thoracic Oncology Symposium, which will be held each fall.

As our patient population continues to grow, we plan to further increase our division membership. Our major goal is to provide the best possible cancer care in the region and to be a resource for surrounding hospitals throughout the Greater Hartford area.

Peter K. Schauer, MD, FACP
Division Chief, Medical Oncology

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**Hematology**

The Hematology Division and Hartford Hospital’s Helen & Harry Gray Cancer Center maintain active programs in cancer research and management. With retirements and additions of new physicians, there continue to be six board certified hematologists in attendance. Hartford Hospital and the Helen & Harry Gray Cancer Center Cancer Program continue to provide same day care for hematologic support in red blood cell, platelets, gamma globulin, and iron dextran infusions. The Helen & Harry Gray Cancer Center provides the facility and therapy on a Monday-through-Friday basis. In addition, the support staffing of nurses, dietitians, supervisors, and social services provides in-depth complete care for our outpatients’ cancer needs.

With the increased use of bone-stabilizing agents in metastatic breast cancer and multiple myeloma, we have seen a significant increase in outpatient infusions of pamidronate and more recently Zometa in the treatment of both these diseases, and especially in multiple myeloma. There has also been increasing sophistication in the administration of outpatient chemotherapy with the advent of monoclonal chemotherapy protocols including Rituxan, Campath-II and Mylotarg. These treatments are often attendant by significant initial reactions of the patients requiring attention of a well-trained staff. The Hematology Section continues to work with the University of Connecticut and its teaching and fellowship program in disciplined educational programs.

The cancer program, through the Helen & Harry Gray Cancer Center, has developed good patient care liaisons tracking the patient through multiple disciplines and especially the transition between office, the Cancer Center, and inpatient care.

Lastly, Dr. Steven Firshein has assumed the position of Chief of Hematology at Hartford Hospital. I look forward to Dr. Firshein’s leadership within the department.

David H. Hild, MD
Section Chief, Hematology
Surgical Oncology

Contributions in the area of Oncology of the Department of Surgery at Hartford Hospital can be considered in two separate ways: the traditional (and still important) statistical information, as well as, individual contributions by our attending staff in many innovative areas.

Statistical Information:

With respect to this year’s statistics, this year’s cases are reported first and the numbers in parentheses represent last year’s data. New cases of breast cancer totaled 521 (484)* in the past year with 505 (459) operative procedures performed; only 84 (89) women underwent total or modified-radical mastectomy with the majority undergoing breast conservation procedures. Sentinel lymph node mapping to avoid extensive axillary dissection is being used with increased success and new multi-modality techniques are achieving earlier diagnosis of breast cancer. This year, 167 sentinel node biopsies were done and 95 additional sentinel and axillary node biopsy combinations were done as well.

Hartford Hospital evaluated 222 (250) new cases of cancers of the colon and rectum. One hundred ninety two (214) colorectal operations were performed during the calendar year. Minimally invasive resectional techniques are practiced with increasing frequency, and Hartford Hospital remains at the forefront with these minimally invasive procedures. The institution evaluated 19 new esophageal cancers and performed 5 (7) operations for esophageal cancers – reflecting better staging techniques to limit operations in those who would not benefit from surgery. Thirty-eight (42) new cases of gastric cancers were evaluated, of which 24 (21) patients underwent surgical procedures. One hundred three (94) new cases of cancers of the head and neck region were operated on at Hartford Hospital, 46 (35) of these were thyroid cancer. A collaborative multi-disciplinary approach to the diagnosis of head and neck malignancies continues and this institution evaluated approximately 57 (42) cases of cancer of the oral cavity and pharynx (including a range of head and neck malignancies: lip, tongue, mouth, pharynx.)

Hartford Hospital physicians saw 260 (256) cases of lung cancer in the past year, 74 (84) of these cases underwent surgical resection. A gain, more accurate staging of unresectable or incurable disease seems to have diminished both the number of referrals and the number who undergo operations. Finally, 43 (50) new cases of pancreatic cancer were evaluated in the past year; 12 underwent surgical procedures.

MRIs, CTs, endoluminal ultrasound, laparoscopy and other diagnostic modalities enable better selection of patients, eliminating those who in the past, would have undergone surgical exploration but could not have had a resection for cure. In areas with very poor survival statistics, such as esophagus, pancreas, lung and some GI tumors, though overall number of operations may be decreased, the improved selection process gives more of the remaining a realistic hope of cure.

In all, 1,177 operations for cancer or cancer diagnosis (sentinel node biopsies, etc.) were performed this year.

Initiatives of Attending Staff

- **Partnership for Breast Care**

  The Partnership for Breast Care is a collaborative effort between Hartford Hospital and its affiliated providers to bring a more coordinated approach to breast disease prevention and treatment. While the Partnership for Breast Care is not a provider of health care services, it will facilitate the coordination of care for the purpose of improving access to care and the overall quality of treatment. The Department of Surgery faculty members are actively involved in promoting and contributing to this initiative, starting with Dr. Elizabeth Brady’s position as Director.

  The services are available to any individual seeking care coordination, information and support as it relates to breast disease prevention and treatment. If breast disease is suspected or identified, the Partnership will assist in coordinating care, improving access to care, and reducing the waiting time between detection and treatment. These services are free of charge. If treatment options are limited due to financial circumstances, the Partnership for Breast Care will assist in contacting programs, which may offer financial assistance.

  It is committed to education of health care providers and patients. The Partnership for Breast Care holds a weekly multidisciplinary breast cancer conference where breast cancer cases are presented. The goals of the conferences are to provide a multidisciplinary forum for discussion of breast cancer cases. The Partnership’s weekly breast conference also qualifies for one hour of CME credit.

  A unique feature of the program is the patient information database. This database will make the system seamless for patients and facilitate communication among the providers involved in patient care. The database is anticipated to go live in November. The new website www.partnershipforbreastcare.org became ‘live’ in October.

*Past year in parenthesis
The DOS has begun the process of integrating the Brownstone surgical breast clinic into the Partnership for Breast Care (PBC), a hospital wide initiative to integrate all aspects of breast care, i.e. radiology, pathology, oncology, radiation, and support services. Office based ultrasound will be added to the armamentarium of clinical tools in the near future thanks to funding available through the PBC. Many of the full time and private attendings (including Drs. Judith Pepe, Anatole Besman and Thomas Banever) have been active participants in the protocol committee and been faithful attendees and participants in the weekly pre-treatment breast cancer conference of conducted by the Partnership leader, Dr. Elizabeth Brady.

New Initiatives

- Sentinel Node Biopsy
  Within the past year, Dr. Kenneth Kern has published 6 articles on a new method of sentinel node biopsy, which has been adopted by the Department of Surgery at Hartford Hospital, and in many other institutions across the country. Based upon his clinical work at Hartford Hospital, Dr. Kern has been invited to present his technique at the annual meeting of the American College of Surgeons in October 2002. He will lecture at the American College of Surgeons postgraduate course on breast disease to an audience of 300-400 surgeons.

- Liver Resection
  Dr. Rocco Orlando reports that laparoscopic liver resection and cryoablation are new initiatives. He and Mark Antonetti, a graduating chief resident, reported their experience with H and A assisted Laparoscopic Liver Surgery in April, 2002, Archive of Surgery. They have one of the larger experiences with laparoscopic liver surgery for tumor in the country.

Joseph M. Civetta, MD
Associate Director, Department of Surgery

Gynecologic Oncology

Physicians from the Division of Gynecologic Oncology collaborate with medical oncologists, radiation oncologists and other cancer specialists in planning and providing comprehensive care for patients with gynecologic cancer and their families. In addition, the Division offers community gynecologists assistance with the management of patients with pre-cancerous cervical, vaginal, or vulvar disease, and complex pelvic surgery. Finally, consultations from physicians caring for patients with non-gynecologic cancers regarding their gynecology needs are welcomed.

The gynecologic oncology division continues to offer patients the opportunity to participate in clinical trials offered by the gynecologic oncology group, the only cooperative group dedicated exclusively to the study and treatment of women with gynecologic cancers. In addition, clinical trials involving immunologic treatment strategies for ovarian and cervical cancer are available.

John D. Nash, M.D.,
Director, Gynecologic Oncology

The Gynecologic Team includes (l to r) John Nash, M.D., Doreen Bowtruczyk, R.N., Christina Lavallee, Patient Administrative Associate, and Timothy Boyd, M.D.

Hereditary Cancer Program

The family history should not be overlooked when planning the treatment and management of a patient with cancer. Medical genetics is an important part of the Cancer Center team. Approximately 5-10% of all breast, ovarian and colon cancer is hereditary. Significant hereditary characteristics include cancer under the age of 50; bilateral cancers or multiple primaries in the same individual; associated cancers such as breast and ovarian, or colon and uterine cancer; and multiple affected family members in multiple generations. Ethnic background may be important as well. Individuals in the Ashkenazi Jewish population, for example, have a somewhat higher chance of hereditary breast and ovarian cancer. Both the maternal and paternal family histories are relevant.

Families with a suggestive hereditary pattern may have a changed gene (or mutation) as the cause of the cancer. In 50% to 70% of hereditary breast and ovarian cancer patients, mutations may be found in one of two cancer susceptibility genes, BRCA1 or BRCA2. Hereditary nonpolyposis colorectal cancer may be associated with changes in the genes MLH1,
Neurologic Oncology

Neuro Oncology provides comprehensive services to patients with tumors of the brain and for cancer patients with neurologic symptoms. Patients with systemic cancer are assisted with pain management, and diagnosis and treatment of different neurologic problems related to cancer and its management. The brain tumor management team is comprised of physicians from Neurosurgery, Radiation Oncology, Medical Oncology and Neuro Oncology and Social workers to help with the complex needs of these patients. Additional help with coping is provided by our Brain Tumor Support Group.

Dr. Alexandra Flowers, the only trained Neuro Oncologist in Connecticut, sees over 100 patients with primary brain tumors per year, and also patients with metastatic disease. She has set up new treatment protocols for patients with newly diagnosed and recurrent malignant gliomas. Dr. Flowers is board certified in Neurology, with Neuro Oncology training at the M.D. Anderson Cancer Center in Houston.

Alexandra Flowers, M.D
Neuro Oncology

Genetic counseling with the Hereditary Cancer Program is available to those persons with cancer and/or other extended family members. The consultation consists of reviewing a detailed family history, discussing the principles of hereditary cancer, and an individual risk assessment for a hereditary cancer syndrome. Patients considering testing receive information regarding the risks, benefits, and limitations of genetic analysis. Participation in available research protocols is also encouraged.

The information obtained about a patient's personal DNA status is held private and confidential. Over 600 insurance companies nationwide now pay for both the consultation and laboratory testing, usually if the hereditary risk is greater than 10%. We also have DNA banking program that allows patients to store their DNA for possible future testing.

Jennifer Stroop, M.S., at 860-679-8848, or by email: stroop@uchc.edu.

Jennifer Stroop, M.S., Certified Genetic Counselor
Robert Greenstein, M.D
Director of Hereditary Cancer Program of the Division of Human Genetics, University of Connecticut Health Center

Orthopedic Oncology

The Orthopedic Oncology division of the Department of Orthopedic Surgery represents a dedicated regional center with a multidisciplinary team, which offers expertise in the treatment of benign and malignant tumors of bone and soft tissue, metabolic bone diseases, and metastatic disease of the musculoskeletal system. One of only two such centers in Connecticut and six in New England, the Orthopedic Oncology service combines the expertise of Hartford Hospital, Connecticut Children’s Medical Center, and the University of Connecticut Health Center.

Three hundred and seven new patients were seen over the past year; 217 operative procedures were performed.

Improvements in reconstruction techniques for limb salvage continue. We are continuing to use both cadaveric bone/soft tissue transplantation as well as mega-prostheses for reconstruction.

Current active research includes investigating the role of fibroblast growth factor in osteosarcoma in collaboration with investigators at the University of Connecticut, as well as ongoing research involving new technology for limb salvage reconstruction.

Robert H. Quinn, M.D
Orthopedic Oncology

Neurologic Oncology

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A. Alexandra Flowers, M.D
Neuro Oncology
Psycho-Oncology Support Services

The philosophy of the psychosocial support program is to meet the needs of cancer patients and their families who are confronting any aspect of the diagnosis. This focus encompasses any issues along the continuum of care from new diagnosis to end of life. In an attempt to meet these needs in an organized and systematic manner, our accomplishments for the past year have included:

1. A survey of cancer patients and families to evaluate support groups offered by the Hartford Hospital Cancer Program. This survey helped us to plan and structure our programs over the past year.

2. Established an informal link with The Dana Farber Cancer Institute to collaborate with their team to exchange ideas.

3. Provided a method for all staff to cope with the stressors of providing care to those with cancer. This was achieved with the support of the Chaplaincy Department through Moments of Meditation, a weekly offering for all areas of the Cancer Program.

4. Organized efforts to provide support and education through a central mechanism that allows for cost effective, meaningful and coordinated events. The psychosocial support team met monthly to determine needs for programs, methods to improve psychosocial support and short term and long term planning for an organized program.

5. Collaborated with consultation liaison psychiatrist who consulted on over 189 cancer inpatients along with outpatient follow up.

6. Coordinated and initiated opening of The Learning Library on CB5.

GOALS for 2002/2003:

1. Develop and improvise methods for patients and families to learn about and gain access to support programs.

2. Begin to develop options for support for patients, families and staff that include:
   - Support groups
   - Individual supportive services for patients and families
   - Other resources for cancer patients and families that reach into the community
   - A seamless mechanism for staff to refer patients and families for psychosocial support

3. Provide education and team building efforts to develop necessary skills for all professionals to offer and refer to appropriate supportive services.

4. Pilot an educational/supportive group for all diagnoses and evaluate the program.

5. Pilot a phone number for patients/families/staff who need to refer patients for support that is non-emergent.

6. Provide basic interdisciplinary family assessments on all patients/families admitted to CB-4 within 72 hours of admission.

Evan Fox, M.D.
Psycho-Oncologist
Division of Consultative Psychiatry,
Department of Psychiatry
Medical Director, Palliative Care Program
Marcia Caruso-Bergman, RN, MSN, AOCN
Patient Care Coordinator

Pain Management—Pharmacy

The Pharmacy Pain Control Service at Hartford Hospital has been very busy this past year. We saw 832 patients for pain relief or symptom control such as nausea and vomiting. The majority of these patients were inpatients, however, we did see outpatients in both Radiation-Oncology and Hematology-Oncology Services. During this year we also provided in-service education to physician and mid-level practioner staff during noon conferences and to nurses from many different areas of the hospital and community. We have had medical students and medical residents from the University of Connecticut School of Medicine rounding out the service. Due to the importance of patient pain control, the hospital has established a new medical staff committee, Pain Management Committee. The committee chair is Witold Waberski, M.D., from the Department of Anesthesia. During the next year we hope to further enhance our pain management service with the help of this new committee.

Richard Gannon, Pharm. D.
Department of Pharmacy Services
Pain Management: Anesthesia

The Anesthesia Pain Service consults each year on a number of oncology patients with difficult pain problems. The role of the service has primarily been one of caring for patients who have required implantable delivery systems to provide analgesics directly to the neuraxis (into the spinal canal or epidural space). These patients have failed to achieve adequate analgesia or may suffer unacceptable side effects from simpler pain control regimens. Patients whose pain is inadequately controlled with oral narcotics, can be cared for at home with visiting nurse assistance even though a narcotic or local anesthetic is being continually delivered into the spinal canal. The Anesthesia Pain Service and the home health care agency maintain contact with the patient and monitor the effectiveness of the implanted delivery system so that the patient can be as independent as possible.

The Palliative Care Unit on CB4 plays a critical role whenever a patient needs more services than can be provided at home. State of Connecticut regulations covering the scope of nursing practice preclude caring for patients with spinal or epidural catheters in a nursing home. The Palliative Care Unit is then a valuable resource for these patients with pain and other needs. It is hoped that regulatory changes can be made to allow for more flexibility in placement of patients with spinal delivery systems.

Other interventional procedures include neurolytic blocks (involving permanent destruction of a nerve) such as a celiac plexus block, and a variety of simpler techniques (such as epidural steroid injections) that are used commonly in patients with benign chronic pain. The Anesthesia Pain Service is always available as a resource when its services are needed.

Jeffrey Morrow, M D
Anesthesia Pain Service

Urologic Oncology Update 2002

Prostate cancer remains the most common male malignancy seen in the United States and continues to be the major focus of Urologic Oncology care at Hartford Hospital. New developments in the area of surgical therapy for prostate cancer involve extension of laparoscopic surgical techniques into area of prostate removal. During the past year, Hartford Hospital has hosted two visiting professors, Dr. Joseph Wagner from Beth Israel Hospital and Dr. Eric Allen from the Dartmouth Medical Center, both specializing in laparoscopic radical prostate surgery. An active effort is also underway to acquire the "Da Vinci Robot." This device has the potential to become the surgical instrument of the future for performance of this, as well as, other operations. The robot’s exceeding fine and exceptionally precise movements are controlled by a surgeon via a three-dimensional, computer enhanced, guidance system. Ultimately, these technical advances should result in a better operation with less patient discomfort and shortened hospital stays, as well as improved preservation of urinary and sexual function. Hartford Hospital hopes to maintain its leadership role in this area of surgical advancement.

Over the past year, the members of the Department of Urology have participated in a weekly interactive videoconference program on urologic cancer sponsored by Memorial Sloan Cancer Center in New York. This live teleconference is a state of the art, comprehensive review of all current issues in Urologic Oncology.

Hartford Hospital remains the premiere center for hand assisted laparoscopic kidney surgery with the world's single largest series of successfully treated patients. This technique, as developed by Dr. Steven Shichman, is taught to physicians from around the country at courses conducted by Drs. Shichman and Tarantino here at Hartford Hospital.

Vincent Laudone, M D
Department of Urology

Jeffrey Morrow, M D
Anesthesia Pain Service
Fund Development

Many essential components of Hartford Hospital’s Cancer Program rely on generously donated funds, which allow us to maintain unique and distinctive services for our patients and families and the community we serve. Examples of those programs heavily supported by donated funds include: participation in cancer prevention research and cancer treatment research, the breast and cervical cancer early detection program for underserved women; outreach programs for patients, families, and the public; the acquisition of certain new technologies in Radiation Oncology; the acquisition of art and music for the Helen & Harry Gray Cancer Center, the availability of refreshments for patients and families at the Helen & Harry Gray Cancer Center; the presence of books, audios, and on-line services for patients and families at the Patient Resource Centers in the Helen & Harry Gray Cancer Center and on the Medical Oncology unit on Conklin Building 5; and the unique CH ESS program for patients newly diagnosed with breast and prostate cancer to name but a few. We greatly appreciate the generosity of those donors whose contributions make a big difference in our ability to provide these unique programs. The following funds help in making many of these programs possible:

The Helen & Harry Gray Cancer Center Fund — This fund makes possible many of the amenities for patients and families within the Helen & Harry Gray Cancer Center as well as many of our outreach programs for patients, families, and the public we serve. This fund is also utilized to help support breast cancer research and other types of cooperative group clinical research programs.

The Cancer Patient & Family Assistance Fund — On a selected basis related to need, Cancer Program social workers will help identify needy patients and families for whom a limited financial gift to help with a life necessity such as a heating or electric bill may make a world of difference.

Heublein Fund — This fund makes available access to educational opportunities for Cancer Program staff. This allows nurses, dietitians, pharmacists, physicians, and others to travel to meetings or educational opportunities, which will help to bring new skills to our patients here at Hartford Hospital.

Radiation Therapy & Oncology Fund — This fund helps make possible acquisition of equipment or communications instruments for our Cancer Center programs.

CH ESS Fund — This fund helps make possible CH ESS (Comprehensive Health & Enhanced Support Program) for our patients.

Mary Mulready Sullivan Oncology Fund — This fund helps make possible our annual Mary Mulready Sullivan Oncology Symposium, widely attended by nurses, physicians, and other healthcare providers from Connecticut and surrounding states.

Palliative Care Initiative/Education Fund — This fund helps make possible our palliative care program activities including acquisition of art and special amenities on Conklin Building 4, palliative care volunteer recruitment and development, community outreach and education related to palliative care.

Edith Taylor Fund — This fund helps make possible amenities for patients and families at the Helen & Harry Gray Cancer Center.

Winkler Fund — A generous donation by the Winkler family given for the education and development of oncology nurses. Nurses have been able to attend local and national Oncology Nursing Society conferences and other educational opportunities. This fund has also supported nurses obtaining oncology nurse certification.

Rev. James R. Blanning Fund — Through the funds donated in memory of Rev. Blanning nursing staff have been able to attend educational programs related to Palliative Care and End-of-Life.

Anyone interested in learning more about Cancer Program funds and giving opportunities should contact Cancer Program Administration at 860.545.2390 or Fund Development 860.545.2162.

Andrew Salner, M.D., FACR
Director, Cancer Program
Carol S. Garlick
Vice President, Philanthropy
The Cancer Clinical Research Office (CCRO) is an active participant in a variety of national cooperative group research studies and has expanded its involvement in industry-supported trials. The office affiliation with Dana Farber Partners/Cancer Care has provided the CCRO with the opportunity to open additional cancer clinical trials. The CCRO supports multiple protocols sponsored by the Cancer and Leukemia Group B (CALGB), the Gynecologic Oncology Group (GOG), and the National Surgical Adjuvant Breast and Bowel Project (NSABP). For the third consecutive year in a row, Hartford Hospital's CCRO network received special recognition for their stellar recruitment efforts at the June 2002 NSABP Annual Meeting. The NSABP "STAR" trial has been enrolling patients over the past three years. This study, opened in 1999, compares tamoxifen versus raloxifene as breast cancer chemoprotectants in high-risk postmenopausal women. Dr. Patricia DeFusco heads this research effort, and Hartford Hospital serves as the coordinating institution for a network of ten hospitals in the state involved in this study. The Hartford Hospital STAR Network is currently ranked tenth in the nation. It is anticipated that the "STAR" trial will be open enrollment for approximately five years and will enroll nearly 22,000 participants.

The Cancer Clinical Research Team is composed of oncology RN's, outreach workers and the Cancer Clinical Research Medical Director.

"Talent wins games, but teamwork and intelligence win championships."

Michael Jordan
The GOG trials have been doing well with recruitment for chemotherapy treatment protocols for ovarian cancer under the guidance of the principal investigator, Dr. Stacy Nerenstone. Agents such as Topotecan, Doxil, and Gemzar are now being used as front line chemotherapy drugs to treat women with the hope of extending their lifespan. An industry clinical trial sponsored by Parexel will compare standard chemotherapy with and without an immune (interferon gamma-1b) injection to determine whether the addition injection will affect the overall survival of women. Dr. John Nash is the principal investigator for this trial.

Over the past year, the CCRO has opened several new protocols. A Dana Farber/Pharmacia trial comparing exemestane versus anastrozole is open for post-menopausal women with metastatic breast disease (liver, lung, deep nodes). A Dana Farber trial will soon enroll patients for second line treatment for non-small lung cancer and will compare immediate versus delayed treatment with docetaxel after gemcitabine plus carboplatin. A CALGB trial currently recruiting patients will determine if selenium tablets can prevent lung cancer from recurring in people with early stage surgically removed non-small cell lung cancer. An additional CALGB trial will address treatment for first line metastatic breast cancer, which compares one versus three hours of chemotherapy drug, Taxol plus or minus Herceptin, a monoclonal antibody. A metastatic phase II breast cancer trial for second line treatment recently opened which uses gemcitabine and capecitabine (a tablet form of chemotherapy) for treatment to determine if the combination of drugs can give an added affect for tumor response.

Finally, the best “treatment” for cancer is to either prevent it or detect it early. Since 1995, the CCRO has been involved in the Connecticut Breast & Cervical Cancer Early Detection Program (CBCCEDP), a state sponsored outreach program that provides mammograms and cervical cancer screening to the underserved and underinsured women of the greater Hartford area. These outreach efforts are funded by the Centers for Disease Control and Prevention (CDC) and organized by the State of Connecticut Department of Health. Twenty-one cancers have been detected since this program began. The CCRO continues in its second year with the CDC funded WiseWoman, which measures weight, blood pressure, and cholesterol and blood glucose screenings in women, aged 50 to 64 who are already enrolled in the CBCCEDP. Interventions such as exercise programs and nutrition counseling have been implemented through the WiseWoman Program.

These are intriguing times in cancer research and treatment. The CCRO remains committed to making novel therapies, screening and prevention strategies available to our staff and their patients.

Camille Servodidio, RN, MPH, CRNO, Coordinator
Robert Siegel, MD, Medical Director, Cancer Clinical Research
**Guiding Principles**

Patient care occurs across a continuum which is integrated, coordinated and seamless and is supported by an effective operational structure, embracing a collaborative team approach.

A “user-friendly” environment enhances accessibility and availability of cancer care.

The Cancer Program is a regional leader in meeting community and cancer patient needs by providing flexible, innovative, and distinctive programs.

Educated consumers are better prepared to become partners in the determination and delivery of their own care.

Caregivers create an environment that is respectful and caring and encourage patients to become partners in the determination of their own care.

The Cancer Program strives to continuously enhance our cancer care market position by strengthening our program and building collaborative relationships based on defined patient needs.

The Cancer Program fosters an environment where decisions are based on outcome measures and continuous quality improvement.
Healing Garden team members, patients, Hartford Hospital and Helen & Harry Gray Cancer Center administration and staff gather for garden dedication.

“Alone we can do so little; together we can do so much.”

Helen Keller