Committed to delivering the finest care using state-of-the-art technology.
1. 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.


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

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

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

6. 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.

7. The Cancer Program fosters an environment where decisions are based on outcome measures and continuous quality improvement.
The Hartford Hospital’s Cancer Program staff utilizes cutting edge technology for delivery of comprehensive cancer care in the setting of highly regarded patient and family support. Our program focuses on clinical care through multi-disciplinary and inter-disciplinary approaches, and also embraces the importance of education and research as part of our mission. In addition to the physicians, nurses, social workers, dietitians, pharmacists, physicists, dosimetrists, radiation therapists and other staff team members, the patient and family are embraced as important members of the team.

In our 2003 Hartford Hospital Cancer Program Annual Report, you will read about exciting advances in our many specialty areas, and learn about exciting new technologies, which have allowed us to maintain our comprehensive status in cancer care. Hartford Hospital’s specialty and sub-specialty medical staff are highly regarded locally, regionally, and nationally for their expertise in delivering comprehensive cancer care. Hartford Hospital has been able to take advantage of new technologies, including the first PET/CT scanner in New England, an extremely innovative intensity modulated radiation therapy (IMRT) program in radiation oncology, and other advanced technologies which allow us to deliver superb care to patients right here in Connecticut without the need to travel to adjacent states for such services. Collaboration amongst medical staff and staff at Hartford Hospital, including many weekly multiple-disciplinary tumor boards, ensures that patients have access to the dynamic of communication and teamwork.

The Cancer Program benefits from the advice of many individuals who are involved at the strategic, advisory, and operational level, to help oversee and direct Cancer Program activities, including, the Cancer Committee, chaired by Dr. Vincent Laudone, the Cancer Program Advisory Committee, and The Helen & Harry Gray Cancer Center Core Committee.

Our Cancer Registry continues to be a model of data acquisition and analysis, heavily utilized by our researchers. We are fully accredited by the American College of Surgeons Commission on Cancer in the teaching hospital division, recognizing the excellence of our Cancer Registry and Cancer Program. Dr. Robert Piorkowski serves as the cancer liaison physician at Hartford Hospital for the American College of Surgeons and also chairs the liaison committee for all Connecticut hospitals, providing an important link to state and national organizations.

Our Cancer Clinical Research Office continues to be most active, under the direction of Dr. Robert Siegel and Ms. Camille Servodidio. The Cancer Clinical Research Office oversees a network of institutions in the state of Connecticut participating in NSABP’s STAR Trial. Hartford Hospital has a growing collaborative relationship with Dana-Farber/Partners CancerCare allowing us to collaborate with Dana-Farber Cancer Institute, Brigham and Women’s Hospital, and Massachusetts General Hospital, all in Boston, MA. This collaborative relationship brings cutting edge research programs to Connecticut citizens without having to travel to Boston.

We are indebted to our staff and medical staff who continue to work collaboratively to meet the needs of patients and families during their journey with cancer diagnosis and treatment.

Andrew Salner, MD, FACR (left)
Robert E. Rice, MS, DABR, FAAPM (middle)
Elizabeth Lada Morse, RN, MPA, MSN (right)
The Boutique at the Gray Cancer Center

The Boutique has become a very popular place for patients to purchase products they need during their cancer treatment experience. Wigs, hats, breast prostheses and surgical bras account for a large portion of the purchases by our patients. Suggestions for products to carry in the Boutique have been made from Cancer Program staff and from patients themselves. Keeping attractive, appealing displays in the store and display cases has piqued the interest of the six volunteers who work in the Boutique. Volunteers enjoy changing the display seasonally to make it look new and exciting.

Along with the original premiere brands of prosthetics that the Boutique carries, we have added a new custom product that uses state-of-the-art technology to produce a breast form specific to each client’s personal post-surgical anatomy. This product is so new that it was highlighted by some of the local major television stations. Several of these stations featured televised spots during their news broadcasts with the company representative and potential clients to educate the public during breast cancer awareness month in October.

The Boutique celebrated its first anniversary the week of September 30th. In Fall 2003 there was a donor recognition/plaque dedication to acknowledge the Boutiques’ benefactors, including the Hartford Hospital Auxiliary. New permanent signage will also be in place with the new graphics acknowledging the Auxiliary’s generosity.

Boutique volunteers are very dedicated to the Boutique’s success and client satisfaction. A few volunteers have become so interested that they started to attend training classes to become certified breast prosthesis fitters. Volunteers are needed to assist patients in the Boutique and complement the staffing schedule.

During this next year our goal will be to increase public awareness of the Boutique and its services. Participation in community education programs, referrals from physicians and staff and word-of-mouth will help us achieve increased awareness.

Lorraine Casanelli, RN  
Boutique Coordinator

Susan Wright, MBA  
Cancer Program

Cancer Clinical Research Office

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 CancerCare 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 fourth consecutive year, Hartford Hospital’s CCRO network received special recognition for their stellar recruitment efforts at the June 2003 NSABP Annual Meeting. The NSABP STAR Trial has enrolled patients over the past four years and The Connecticut Task Force has consistently ranked as one of the top 10 recruiting centers. 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. It is anticipated that the STAR trial will be open for one more year, and will enroll nearly 19,000 participants. The STAR Community Outreach Program for Education (SCOPE) grant has been renewed to the CCRO. The SCOPE grant supports the salary for an outreach educator who is responsible for recruitment of minority women for the STAR Trial. Co-STAR, an ancillary study to the STAR Trial, is currently open to newly enrolled women over 65 years old to determine cognitive effects of tamoxifen versus raloxifene.

The GOG trials have recruited patients for chemotherapy treatment protocols for ovarian cancer under the guidance of the principal investigator, Dr. Stacy Nerenstone. A pharmaceutical trial, headed by Dr. John Nash, has opened this year and will address whether adding interferon injections to standard chemotherapy regimens makes a difference in survival for women diagnosed with ovarian cancer. A new GOG prevention trial for women who are at increased genetic risk of ovarian cancer because either they or a close relative has a genetic mutation (BRCA1 or BRCA2 gene) for ovarian cancer or they have a strong family history of breast and/or ovarian cancer has opened through the GOG. Women will have the opportunity to choose between surgery to remove their ovaries or to be
Hartford Hospital is a pioneer in the use of the state-of-the-art robotics/advanced laproscopic technique utilizing the daVinci system, which is used for prostate surgery. The surgeon uses a three dimensional computer vision system to manipulate robotic arms. These arms can hold a variety of special surgical instruments that are inserted into the abdomen through pencil-diameter incisions. A specialized camera transmits binocular vision to a computer monitor that gives the surgeon a true three-dimensional view. The enhanced view and tiny, dexterous instruments help the surgeon more easily identify and preserve the neuro-vascular and muscular structures involved in continentence and potency while precisely removing the cancerous gland. Blood loss and patient recovery have been shown to be dramatically improved when compared to conventional surgery.

JOSEPH WAGNER, MD
STEVEN SHICHMAN, MD
VINCENT LAUDONE, MD
Urologic Surgeon
Urologic Surgeon
Urologic Surgeon

Connecticut Surgical Group/Division of Urology
followed with blood testing (CA-125) and annual trans-vaginal ultrasound.

Over the past year, the CCRO has opened several new protocols. A Dana-Farber/Partners CancerCare Pharmacia trial incorporates Celebrex (a non-steroidal anti-inflammatory drug) versus a placebo in combination with chemotherapy drugs for metastatic colon cancer to determine whether the addition of Celebrex makes a difference in a patient’s survival. A Dana-Farber trial is open for 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 opened this year for metastatic pancreatic cancer (adenocarcinoma) that will compare a fixed dose infusion of gemcitabine alone versus in combination with either cisplatin, docetaxel, or irinotecan. Another 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.

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 Public Health. Thirty-three cancers have been detected since this program began. The CCRO continues in its third year with the CDC funded WISEWOMAN grant, which measures weight, blood pressure, cholesterol and blood glucose in women, aged 40 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, OCN
Coordinator

Robert Siegel, MD
Medical Director, Cancer Clinical Research Office

Cancer Nursing

Cancer Nursing at Hartford Hospital illustrates the concept of “high tech – high touch.” From the technological perspective nursing staff routinely utilize pumps to administer chemotherapy, biotherapy and other medications. Medications and supplies are dispensed via Pyxis machines, which automatically account for inventory, charges and reporting mandates. High tech beds with alarms are used to ensure patient safety throughout the hospital. Currently, the hospital is implementing a computer-based provider order entry system, which will ensure patient safety. Nursing education has begun to use Sim-man to practice simulated oncologic emergencies and responses to interventions.

Computers are used in many aspects of daily nursing from obtaining vital patient information to utilizing the centralized bed management system that allows for assignment and tracking of all patients within the hospital. Automated staff scheduling allows for remote viewing of staffing on units and assists managers in resource management. Each staff member has access to electronic mail. Through the Hartford Hospital Intranet staff may access the Medical Library, MicroMedex for drug actions and patient teaching information, policies and procedures, minutes from council meetings as well as general departmental information and other on-line resources.

The ‘high touch’ aspect of patient care is demonstrated in so many ways. The Conklin Building inpatient units (CB4 and CB5) routinely have amongst the highest
patient satisfaction scores with CB5 being the highest scoring unit in the hospital in one quarter. Outpatient satisfaction surveys were implemented this year and we are beginning to benchmark against other cancer centers. Patients and families often cite the names of our staff in satisfaction surveys, thank you cards and obituaries.

Nursing’s shared governance structure at Hartford Hospital empowers staff to uphold the responsibility, authority and accountability of nursing practice and service outcomes. Cancer nursing staff is involved with decision-making at the point of service. Expert nurses at the bedside are identified as Clinical Leaders and co-chair each of the four nursing councils (Practice & Research, Education, Operations, and Performance Improvement). Staff are involved with all aspects of nursing council work including interviewing and hiring staff; peer review; developing and reviewing evidence-based practice standards; staff orientation and education; self-scheduling and daily operation guidelines; and compliance to regulatory and mandatory standards.

Cancer nursing continues to offer the Oncology Nursing Society (ONS) approved Chemotherapy and Biotherapy course twice a year. Clinical Leaders who are certified ONS trainers teach this course. The course is offered to community nurses from all of Connecticut, and averages about 25 attendees per session. Additionally, our nurses provide leadership to the professional oncology nursing organization. Marcia Caruso-Bergman, RN, MSN, CS, APRN, AOCN was President of the Central Connecticut Chapter of ONS (CCONS) and Kathy D. Burns, RN, MSN, OCN is President-Elect. Staff are encouraged to join and become involved in professional organizations. Each year Cancer Nursing supports nursing staff to attend the Annual ONS Congress, which offers extensive education and networking opportunities.

In June 2003 Hartford Hospital submitted its application for Magnet Status with the American Nurses Association Credentialing Center. Achieving Magnet Status is the highest level of recognition given to any organization by ANA. In November, Magnet reviewers visited the hospital for three days to verify, clarify and validate our application. In order to qualify for a site visit the hospital and its nursing staff had to show evidence of how the Magnet recognition standards were being achieved. The hospital also needed to demonstrate that there is a firm commitment to the use of these standards as a means to create a workplace that supports professional nursing practice and quality patient care. Hartford Hospital was successful in achieving Magnet Status. Less than one percent of all hospitals in the United States have been given this level of recognition.

Staff receive numerous accolades from patients and peers. During Oncology Nurse Week staff were selected by their peers for recognition awards: Darcie Shewokis, RN, Clinical Leader, Tammy Mawhinney, RN, Clinical Leader, Bobbie Lane, RN, OCN, Clinical Leader, Dina Bates, RN, Kim Vilardi, RN, Iris Claudio, PCA, Maria Boccaccio, PSA, and Amelia Lopes, PAA. Debra Plourd, RN, OCN was chosen as one of 15 nurses from Hartford Hospital to receive a prestigious Nightingale Award for Excellence in Nursing. Edith Clark, RN, OCN was awarded the Excellence in Research Utilization Nursing Practice Award for 2003 at the 7th Annual Research/Research Utilization Conference. We are reminded in many ways that what we do is all about patient care. From the voice of a patient care associate (PCA) in his essay What Is It to Be a PCA?, “We are called to serve...we are called to extend our hands and help those in need - to comfort and care - to laugh or be in silence if need be.” This essay was submitted to the Connecticut Hospital Association’s Heroes Contest.

Beth Lada Morse, RN, MPA, MSN
Director of Cancer Nursing
CHESS: E-Health Support and Information for Cancer Patients

The Comprehensive Health Enhancement Support System (CHESS®) has enjoyed another busy, successful year providing on-line information and support to our breast cancer and prostate cancer patients. In the past year, 127 women have been enrolled in the “Living After Breast Cancer” module; 54 men have been referred to the “Living with Prostate Cancer” module. 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 web sites.

Since CHESS's introduction at Hartford Hospital in 1996, we have reached over 760 women with breast cancer and 250 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. Patients with their own computers are also given free access to CHESS.

“CHESS is a life-saver! It's there when you need it and available when you want it; always on your terms.”

CHESS RESEARCH HAPPENINGS

On June 25, 2003, the National Cancer Institute (NCI) announced funding for four Centers of Excellence in Cancer Communications Research (CECCR), including one led by the developer of the UW-Madison CHESS program offered by Hartford Hospital. The University of Wisconsin-Madison's project will strive to improve the quality of life for cancer patients and their families, particularly those from underserved populations. A member of the CHESS Research Consortium (CHEC) since 1995, Hartford Hospital will actively participate in this research. The components of UW-Madison's Centers project involving Hartford Hospital will evaluate why CHESS improves care for breast cancer patients, and whether the impact of CHESS improves when a cancer information specialist acts as a case manager in guiding the use of CHESS. Dr. Andrew L. Salner, Director of the Cancer Program, has been asked to chair the national advisory panel for this grant. Hartford Hospital will also participate in a project designed to see how a CHESS module for cancer patients with end-of-life care issues can help patients, caregivers and their care team.

Here at CHESS Hartford Hospital, we are beginning recruitment for a study designed to measure the effects of a 90-minute hands-on training session on likelihood, intensity, duration, and scope of program usage among patients enrolled to use the Breast and Prostate Cancer modules. An additional aim of this study will be to explore differences in usage or satisfaction based on time between diagnosis and introduction to CHESS and between the patients using the Breast and Prostate modules. All patients referred to the CHESS “Living with Prostate Cancer” and “Living After Breast Cancer Diagnosis” modules will be eligible for participation.

SATISFACTION WITH CHESS

Since August 2002, when we implemented an online satisfaction survey, we have received input from 111 CHESS users. Of these patients, 91 completed the online satisfaction survey and the remaining 20 completed a paper survey and mailed their responses. Use of CHESS resulted in a statistically significant improvement in user's knowledge of their medical condition. Approximately 75% of the respondents with access to CHESS felt that they received access to CHESS at the disease stage where they could get the optimum benefit from it. 93.5% of all individuals who used CHESS would recommend CHESS to others who are experiencing a similar medical condition. The majority of respondents reported that they were either very satisfied or satisfied with how CHESS affected their overall satisfaction with the care they have received.

CHESS CONSORTIUM

Hartford Hospital is a member of the CHESS Health Education Consortium (CHEC). The Consortium seeks to advance the impact of computer-based technology on health education, decision-making, behavior change and patient support. Its purpose is to research the impact of CHESS, and to guide development of enhancements to the system and new CHESS topics, while delivering CHESS to people who need it. The CHESS Research
Intensity Modulated Radiation Therapy (IMRT) is a relatively new method of delivering high-energy x-rays to cancer patients. This cutting-edge technology utilizes a computer-controlled device called a Multileaf Collimator (MLC), which is integrated into the treatment machine. During delivery of IMRT, the MLC moves in a very precise, pre-determined pattern, creating hundreds of tiny “beamlets” within each treatment field. The radiation intensity within each beamlet is carefully optimized by a sophisticated treatment planning computer to provide the maximum possible dose to the tumor, while avoiding the irradiation of surrounding normal tissues. IMRT allows the radiation oncologist to effectively treat the patient’s cancer while reducing side effects, to a degree not previously achievable. IMRT is applied in concert with other novel departmental technologies, such as the BAT ultrasound system and the Electronic Portal Imaging Device (EPID), in order to provide highly accurate tumor localization and targeting during each treatment.
Consortium brings together university health service researchers and sponsors known for excellence and innovation in health promotion and health care delivery.

The CHESS project at the University of Wisconsin's Center for Health Systems Research and Analysis is conducting a research study of family caregiver needs during the course of cancer illness. This will help in the development of a non-commercial university-based computer information and support system for family caregivers of people with advanced cancer.

CHESS will continue to be supported by grants here at Hartford Hospital as we continue our research but also in making this cutting-edge, 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 at: http://chess.chsra.wisc.edu.

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

Hematology

The Hematology division of the Helen & Harry Gray Cancer Center provides comprehensive clinical and laboratory services for a large volume of patients with coagulation disorders, cytopenias, and malignancies of the hematopoietic and lymphatic system. There are six board-certified Hematologists, some of whom are also involved in the care of solid tumor patients. Our most recent addition is Dr. Sharynn Hall from the Yale training program, replacing just-retired Dr. David Hild.

The section receives referrals for 150-200 acute and chronic leukemias, lymphomas, and marrow dysplasias per year. There are increasing numbers of AIDS and organ donor-related malignancies, treatment of which are complex, labor-intensive endeavors. Although bleeding diatheses from hemophilias, and post-operative complications continue to be a mainstay of the practice, there is now a stronger focus on thrombophilic problems. These include the anti-phospholipid antibody syndrome, heparin-related thrombocytopenia, and thrombotic thrombocytopenic purpura, all life-threatening ailments requiring sophisticated use of anticoagulants and plasmapheresis.

CELEBRATE LIFE!

June 8, 2003 marked Hartford Hospital’s 12th Annual Celebrate Life! event, sponsored by the Helen & Harry Gray Cancer Center. This year’s theme was “Dancing Through the Ages”. Over 1,000 cancer patients, families, friends and staff attended this annual celebration of life event, held at the Learning Corridor. Dan Shapiro, PhD, was the featured keynote speaker, who recounted how he and his family coped when he was diagnosed with Hodgkin’s Lymphoma at the age of 24. He authored the book, “Mom’s Marijuana: Life, Love and Beating the Odds”, which is about his battle with cancer. The book was available for sale and signing after the program and will be available in the Boutique at the Gray Cancer Center. Scot Haney was master of ceremonies, and delighted the audience with his sparkling personality and quick wit. Tre Johnson from Oncology Associates, PC, entertained the crowd with her wonderful songs. The Screamin’ Eagles Jazz band provided pre-show entertainment along with the Learning Corridor dancers. 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 Hematology/Oncology outpatient facility at the Helen & Harry Gray Cancer Center provides standard chemotherapy to a large number of patients and also a variety of supportive therapies, including gamma globulin prophylaxis against infections; Zometa to strengthen bones; red cell and platelet transfusions; growth factors; and intravenous fluid/anti-emetic agents. Immunotherapy with interferon, interleukin-2, Rituxan, Mylotarg, Campath-II, and now, with radioimmunoconjugates (Bexxar, Zevalin) continue to provide exciting treatment options for newly diagnosed, and treatment-refractory leukemias and lymphomas. A large and active inpatient service on CB4 and CB5 provides comprehensive care for patients requiring complicated treatment protocols, and supportive care for infectious, bleeding, and pain-related syndromes. Several dozen patients with high-risk malignancies, in remission, or in frank relapse, are eventually referred to bone marrow and stem cell transplant centers mainly in Boston at Harvard-affiliated centers, or to Yale.

The section provides a two to three month rotation for post-graduate hematology-oncology fellows from the University of Connecticut who are integrated into the inpatient and office practice, seeing new patients as they come in. A residency elective is shared with the Oncology section. Members plan and attend weekly and monthly conferences and grand rounds, both at Hartford Hospital and at city-wide venues.

Stephen I. Firshein, MD
Section Chief, Hematology

Medical Oncology

The Division of Medical Oncology plays a pivotal role in coordinating patient care, clinical research, and medical education at Hartford Hospital. We have ten board certified Medical Oncologists and a support staff of more than 35 oncology nurses, secretaries, and laboratory technicians. The Medical Oncology inpatient unit is located in the Conklin Building (CB5) in close proximity to the Hartford Hospital Palliative Care Unit located on CB4. Outpatient treatments are provided at the Helen & Harry Gray Cancer Center, as well as satellite facilities in Avon, Windham, and Wethersfield.

Hartford Hospital remains committed to providing state-of-the-art cancer treatment through participation in multi-institutional clinical trials through the Gynecologic Oncology Group (GOG), National Surgical Adjuvant Breast and Bowel Project (NSABP), and the Cancer and Leukemia Group B (CALGB).

Evidence-based medicine strives to improve patient care by comparing standard treatments with new therapeutic approaches. Dr. Robert Siegel is the Chairman of Hartford Hospital’s Institutional Review Committee and is the Medical Director of the Cancer Clinical Research Office.

The Palliative Care Unit on CB4 at Hartford Hospital has been recognized as providing outstanding palliative and supportive care throughout the community. Dr. Mark Dailey is the physician consultant to VNA Health Care, Inc. Hospice Program.

The Division is committed to providing medical education to medical students, interns, resident physicians, and medical oncology fellows. Multidisciplinary educational patient care conferences are held in conjunction with the Departments of Surgery, Urology, Neurology, Thoracic Surgery, Gynecology, Pathology, and Radiation Oncology.

In addition to Hartford Hospital’s weekly Oncology Tumor Board, a weekly Breast Cancer Planning Conference continues under the direction of Dr. Elizabeth Brady from the Department of Surgery.

We held two very successful educational symposia, the annual Mary Mulready Sullivan Symposium in the spring, and the second annual Thoracic Oncology Symposium in November.

As our patient population continues to increase each year, we plan to expand our division in order to provide cancer care in Hartford and the surrounding communities.

This is an exciting time in the evolution of Medical Oncology as a specialty. Less toxic, “targeted” therapies are now available for many patients with lymphoma, breast cancer, and lung cancer. We are optimistic that over the next few years, fruits of basic research will provide far more options for our patients.

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

Patient care, patient support, community outreach, and education have been the focus this year for Nutrition Services. Individual nutritional counseling remains the priority for the majority of our patients. 85% of Radiation Therapy patients received individual nutritional counseling while patient self-referral increased by 8% from the previous year. Group educational sessions were offered this spring with a modest turnout. In the upcoming year we will revisit the need for improved advertising and time of day the sessions are held to improve participation.

Two outreach programs for breast health were conducted in Wethersfield and Hartford for Breast Cancer Awareness Month. The nutrition section in this program was well received. Lunch & Learns given in collaboration with Community Health Charities increased to 5 this year with the focus on cancer prevention and health awareness. All the sessions were held at local companies. The dietician coordinated a community program “Fighting Cancer with Food and Nutrition” with cookbook author and senior nutritionist Donna Weihofen, MS, RD. Ms Weihofen was available during the day to provide samples of nutritious foods and answer patients’ questions in the Helen & Harry Gray Cancer Center. 150 people attended the evening program and the evaluations were excellent. A copy of her “Cancer Survival Cookbook” was given to all participants.

The Nutrition Services dietician provided outreach lecturing to community support groups this year. Four programs sponsored by the D’Esopo Resource Center for bereaved families were given as well as a program for the cancer support group at Church of the Incarnation, Wethersfield.

Education for professionals was achieved by mentoring six University of Connecticut dietetic interns during their cancer clinical rotations. A guest lecturer in the School of Allied Health at the University of Connecticut and at the University of New Haven in the Nutritional Science Masters Program helped stimulate potential interest in the area of cancer and the role of nutrition. The Cancer Center dietician taught the nutrition section for the Hartford Hospital School of Allied Health Radiation Therapy Technology Program as well.

Our annual programs of Celebrate Life! and The Remembrance Service were at an all time high for attendance and the dietician had an active role in both of these events.

The dietician at the Helen & Harry Gray Cancer received the “Outstanding Dietitian of the Year” for the State of Connecticut. This award was presented at the spring meeting of the Connecticut Dietetic Association.

Ann Zogbaum, MS, RD
Registered Dietitian
Oncology Social Work Services

The overall goal of the oncology social work team is to minimize the negative impact of cancer by providing supportive services of the highest quality as outlined in the Cancer Program’s mission statement. During the 2002-2003 fiscal year, our oncology social workers continued to provide psychosocial interventions with cancer patients and their families that included emotional support, advocacy, resource referrals, education, and guidance.

In addition to the Cancer Program inpatient and outpatient direct service caseload, our oncology social work team strives to meet the needs of patients through public outreach. In partnership with the American Cancer Society, the oncology social work team facilitates monthly Look Good, Feel Better workshops for our patients. Additionally, our oncology social workers facilitate the CB5 Cancer Learning Library Committee. Other programs that our social work team has been involved in include Celebrate Life!, the Annual Remembrance Service, the Cancer Program’s Bereavement Committee, and the Lung Cancer Support Group pilot.

In an effort to support the psychosocial needs of our patients and their families, our oncology social workers also participate in the Cancer Program Psychosocial Task Force, inpatient and outpatient rounds, The Cancer Committee, The Cancer Program Advisory Committee, and CORE. Through attendance at various seminars and conferences throughout the year, our oncology social workers take advantage of continuous learning opportunities of value to the population served by the Cancer Program. Finally, our Oncology Social Workers also collaborate with other mental health practitioners in the community as well as state and private agencies for the purpose of coordinating resources and strengthening the Cancer Program.

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

The Palliative Care Program

A Palliative Care initiative throughout the hospital has focused on education of staff and physicians. Dr. Evan Fox, Medical Director for Palliative Care along with nurses and care coordinators on CB4 have developed and presented a program to several medical and cardiac units in the hospital about services provided on CB4. Two staff nurses hold certifications for the National Hospice and Palliative Care Nursing Organization. Staff have attended national and regional conferences on Palliative Care and End of Life.

Palliative Care volunteers are integral members of the patient care team. In partnership with the Volunteer Department, and VNA Healthcare, Inc., the Palliative Care Program has continued to offer specialized volunteer training. 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 conducting volunteer visits both in the hospital and in the patient’s home. Some of the Palliative Care volunteers have also become Reiki practitioners and offer Reiki, an ancient Japanese form of healing, to patients, families and staff.

Alternative therapies such as massage, guided imagery, art therapy and Reiki are offered to our patients and families. Staff and volunteers assist family members in making clay mold handprints of their loved ones as part of routine end of life care. The Cancer Program Bereavement Committee sponsored the Seventh Annual Remembrance Service. Family and friends of those who have passed on the previous year are invited to a service and reception. This year over 800 former patients were remembered and over 300 family and friends attended the service. Family and friends are invited to bring a memento to display during the reception. Each year family members tell us how the cards and notes sent from staff and volunteers help to heal their grief. When we ask them how we can do better, they respond with, “keep the cards coming.”

Evan Fox, MD
Psycho-Oncologist
Division of Consultative Psychiatry
Department of Psychiatry
Medical Director, Palliative Care Program

Beth Lada Morse, RN, MPA, MSN
Director of Cancer Nursing
Partnership for Breast Care
In the second year of existence, the Partnership for Breast Care (PBC) has provided services to nearly 600 women with a breast problem. Services range from coordinating care, providing referrals, support or information. The staff at the PBC work with staff members at Hartford Hospital and physician’s offices to provide educational opportunities for the community and medical professionals on the topic of breast health and breast cancer. The PBC, with physicians and Hartford Hospital staff, have provided eleven community education lectures, where over 170 people attended. Additional community education activities include an educational ad series published in local Life Papers and participation in health fairs and events.

The Partnership for Breast Care was honored to be the recipient of Hartford Hospital’s Black and Red Ball in 2003 where over $300,000 was raised. These funds support community education and outreach, enhancements to the PBC website and database, and will help bring mammography services to the inner city community of Hartford.

With the support of Team Towanda Foundation, PBC was able to facilitate the purchase of an ultrasound unit for Hartford Hospital’s Surgical Clinic, where uninsured people receive surgical services. The ultrasound is now allowing for ultrasound-guided biopsies to be done in the surgical clinic on the day of the consult. All this could not have been accomplished without the support, time and effort from the PBC Board of Directors and Community Advisory Board, the staff and programs at Hartford Hospital and especially those at the Helen & Harry Gray Cancer Center. This program is truly a Partnership.

The goals of the Partnership for Breast Care for the coming year are to continue to work with Hartford Hospital staff and affiliated providers to provide coordination of breast care, support and information to people with breast problems; enhance the mental health services offered to breast cancer patients; provide easy access for women in need of an image-guided biopsy; ensure that the underserved receive the same level of care as those with insurance; and continue to work on development of a volunteer program to serve those with a new breast cancer diagnosis.

Elizabeth Brady, MD
Medical Director

Roxanne P. Rotondaro, MPH
Coordinator

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 of these areas, as well as the staff there. Fr. James Ibekwe, staff chaplain and Chaplain Resident Elizabeth Lowe served these areas this past year. 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.

Weekly, Chaplains offer Moments of Meditation, with music and spiritual renewal for the Cancer Center staff and patients, as a quiet interlude. 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 Dept.
The Hartford Hospital Cancer Program has vast experience with monoclonal antibody therapy, which is the use of genetically engineered proteins that mimic the body’s own infection-fighting proteins. Used alone or with an attached toxin or radioactive isotope, monoclonal antibodies lock on to the specific protein (antigen) on surface of cells, destroying the circulating lymphocytes, including the cancerous cells. Antibody therapy typically has fewer side effects than chemotherapy or radiation treatments.

DEBRA PLOURD, RN, OCN
Hematology/Oncology Nurse
Psycho-Oncology

In 1990, Lewis Thomas, from the forward to the Handbook of Psycho-oncology wrote:

“The clinical oncologists of all stripes have, for too long, over-looked or ignored the psychological factors that may, for all we know at present, play a surprisingly large role in individual susceptibility to neoplasia. They are certainly influential in affecting the course of treatment, the adaptation to the illness, and hence, in some ways not all of which are yet understood, affect the outcome of treatment.” Since that time, a collaborative effort has been made to strengthen the Psycho-oncology support services at the Helen & Harry Gray Cancer Center and broaden the awareness of the Cancer Program. Together, we have developed an integrative approach that emphasizes improving quality of life issues, appreciates the intimate relationship between disease process and the existential nature of illness, and provides care with dignity, integrity and compassion.

Accomplishments for 2002-2003 were:
1) Increasing access to Support Groups and improving diversity of options
2) Adding educational components to all Support Groups
3) Improved initial assessment and mechanism for referral of psychosocial services
4) Developing a family assessment tool which will be piloted in the year 2003-2004
5) Ongoing alliance with the Partnership for Breast Care, Consultation Psychiatry and the Dept. of Psychology to assess and coordinate specific psychosocial services
6) Full use of the Cancer Learning Library on CB-5
7) Collaboration with Consultation Psychiatry which consulted on 177 inpatients
8) Collaboration with the Palliative Care Unit providing ongoing inpatient and outpatient psychosocial services.

Evan Fox, MD
Psycho-Oncologist
Division of Consultative Psychiatry,
Department of Psychiatry
Medical Director, Palliative Care Program

Marcia Caruso-Bergman, RN, MSN, AOCN, APRN
Oncology Nurse Specialist
Patient Care Coordinator

Radiation Oncology

Hartford Hospital’s Radiation Oncology Department represents a unique convergence of new cutting-edge technology and superb interdisciplinary staff expertise. Each of these facets of excellence is required to provide radiation oncology care of the most optimal type. In addition, Radiation Oncologists work in conjunction with surgeons, medical oncologists, primary care physicians, nurses, and others as part of the patient’s multidisciplinary and interdisciplinary care team in a collaborative fashion to develop the best individually tailored treatment plan for each and every patient.

Over the past year, the department has initiated its Intensity Modulated Radiation Therapy (IMRT) program. This program has been made possible as a result of: replacement of the Clinac 4 linear accelerator with a new Varian Clinac 21EX linear accelerator with 120 leaf multi-leaf collimator and IMRT capability with electronic portal imaging, renovation of the Clinac 21CD linear accelerator with new multi-leaf collimation so that it is also IMRT capable, acquisition of new 3-Dimensional Radiation Therapy Treatment Planning equipment which allows for complex Intensity Modulated Radiation forward planning technology, acquisition of IMRT verification and quality assurance equipment, education of clinical and physics staffs in order to operationalize IMRT program, acquisition of BAT (B- Mode Acquisition and Targeting) ultrasound technology to verify target position on a daily basis, acquisition of new patient immobilization.
materials which will help assure accurate target positioning on a daily basis. This technology utilizes radiation beam modulation via moving collimator position during each beam. This results in a greater focusing of the radiation beam on the intended target, as well as decreased radiation exposure to the immediately surrounding normal tissues. The initial sites for treatment include prostate cancer and selected head and neck cancers. This technology will then be broadened for utilization of treatment to other sites, particularly those where a high dose of radiation is difficult to deliver with conventional 3-D conformal techniques.

The High Dose Rate Brachytherapy development process has been completed this year, and this service will be initiated early in the “2003-2004” fiscal year. This use of remote afterloading high dose rate brachytherapy sources will help in the treatment of bronchial and tracheal lesions, esophageal lesions, gynecologic cancers, and various other applications with interstitial placement of catheters including breast, soft tissue tumors, and others.

Other sophisticated technologic Radiation Oncology services offered in our department include 3-dimensional conformal radiation therapy, prostate seed brachytherapy, intravascular brachytherapy for the prevention of coronary artery restenosis, brachytherapy for gynecologic, head & neck, and other neoplasms, CT based radiation therapy treatment planning, systemic radioisotopes in the management of bony metastatic disease and lymphoma, and comprehensive treatment of malignant and many non-malignant diagnoses.

Our Interdisciplinary Team in Radiation Oncology includes a superb staff of radiation oncologists, medical physicists, radiation dosimetrists, engineers, radiation therapists, nurses, social workers, dietitian, data management staff, clerical staff, and support staff. This team meets regularly and has active programs in quality assurance, peer review, new patient management, and patient satisfaction.

Radiation Oncologists participate in a wide array of cancer conferences at Hartford Hospital designed to enhance prospective patient management, collaboration amongst specialties, advancement of multidisciplinary care, development of individually tailored treatment protocols, enhancement of clinical research efforts, and education of medical staff, staff, house-staff, and students. Radiation Oncologists participate in tumor boards at Hartford Hospital and in many surrounding hospitals on a regular basis. Hartford Hospital continues to serve as the hub of a four-hospital network which also includes John Dempsey Hospital, and our two NRRON (Northeast Regional Radiation Oncology Network) sites at John DeQuattro Community Cancer Center at Manchester Hospital in Manchester, CT and the Phoenix Community Cancer Center at Johnson Memorial Hospital’s Ambulatory Medical Center in Enfield, CT.

The Department continues its commitment to clinical research with active participation in the multi-institution cooperative group trials, and the Dana-Farber/Partners CancerCare trials. We have also initiated membership into the Radiation Therapy Oncology Group (RTOG) for participation in their studies as well.

The Radiation Oncology Department continues to be committed to our Radiation Therapy Technology School, one of only 68 sites in the United States providing radiation therapists education. Our school has been nationally recognized for the quality of its education, and we host the largest Radiation Therapy review course in the country.

Palliative Care is an important part of our mission. Approximately 40% of our patients are treated with palliative intent, where control of pain and other symptoms is of utmost importance in improving the quality of life of patients with cancer. In addition to the treatment technology associated with this effort, numerous team members collaborate with us including Medical Oncology, Pharmacy Pain Control, Social Service, Dietetics, and others to assure that we can help meet the needs of our patients.

The combination of superb technology and clinical and technical staff expertise continues to make Hartford Hospital’s Department of Radiation Oncology a leader in the delivery of cancer care. The advent of IMRT, High Dose Rate Brachytherapy, and other focused technologies, along with considerable expertise in diagnosis and treatment in other departments, allows us to maintain a leadership position in cancer care in Connecticut.

Andrew L. Salner, MD FACR
Medical Director

Robert E. Rice, MS, DABR, FAAPM
Department Head & Chief Medical Physicist
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, Hartford Hospital’s Cancer Program received an unconditional three-year approval of its cancer activities from the ACOS. In the year since then, the committee members have worked diligently to ensure that the hospital’s programs maintain these high standards and remain in compliance with any and all requirements going forward. This includes updating the hospital to the AJCC’s (American Joint Cancer Commission’s) 6th Edition cancer staging guide and expanding registry data capture to the ever-growing outpatient population. The Cancer Committee physicians perform routine annual quality checks of registry data and participated in the development and review of several patient care evaluation studies. New AJCC standards are set to be implemented in 2004 and the committee has proactively reviewed these requirements and taken steps to ensure future compliance.

As more and more cancer treatment shifts to the outpatient arena, the committee is exploring ways to facilitate the information transfer between the office and hospital setting. The goal is to try and make this information stream both user friendly and clinically relevant. 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.

Vincent Laudone, MD
Cancer Committee Chairperson

ACOS Liason Physician Report

The Cancer Liaison Program was developed to serve as a local network of physician representatives for the American College of Surgeons (ACOS). They provide direction for establishing, supporting and maintaining standards as an ACOS accredited Cancer Program. The liaison physician at Hartford Hospital serves as Connecticut State Chair for the ACOS and attends annual meetings both at the state level and at the Commission on Cancer meeting held in Chicago in November.

During the calendar year 2003, the ACOS liaison at Hartford Hospital chaired the weekly Department of Surgery Tumor Board, presenting a wide variety of interesting prospective case discussions with excellent multi-disciplinary attendance. The liaison was an active member of the Cancer Committee and the Advisory Committee, providing updates on ACOS changes and participating in the annual physician review of Cancer Registry data.

In anticipation of new Commission on Cancer (CoC) approval standards, the liaison worked with the Cancer Committee to begin monitoring the number of cancer conferences held and disciplines in attendance appropriate for our facility. The CoC website was utilized to provide benchmarking data for national comparisons in our annual report.

Hartford Hospital cancer registry data was released through the Facility Information Profile System (FIPS) to the American Cancer Society as a level II submission. This provides information to the public on services and resources available to them at our hospital.

Several members of the Hartford Hospital Cancer Program are working together with the American Cancer Society to develop a statewide cancer control plan. Governor John Rowland chairs this effort in Connecticut, with George and Barbara Bush serving as national chairpersons.

Robert J. Piorkowski, MD, FACS
ACOS Liaison Physician
State Chairperson
Positron Emission Tomography/Computed Tomography (PET/CT) enables physicians to determine exactly where a cancerous tumor is located, how far it has spread, and whether therapies being used are performing as expected. In one continuous full-body scan, which usually averages about 30 minutes, PET can detect minute changes in the body’s metabolism caused by the growth of abnormal cells while CT simultaneously pinpoints the exact size, shape, and location of diseased tissue. The images are so precise that they can help reduce unnecessary tests and biopsies, and will guide doctors in deciding what treatment works best for their cancer patients. PET/CT is especially beneficial for patients recently diagnosed with cancer and those who are having or have had therapy to treat cancer.

ANDREW SALNER, MD, FACR
Radiation Oncologist and
Cancer Program Director

RONALD ROSENBERG, MD
Director, Clinical Nuclear Medicine
Department of Radiology

The Department of Radiology is comprised of 36 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, and is currently training 19 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, MRI, PET, and Ultrasound imaging continue to advance their applications in diagnostic oncologic imaging. Advancements in post-processing workstations now allow three and four (time) dimensional evaluation. We have continued to see growth in the use of all our imaging modalities as their role in the diagnosis, staging and follow-up of patients with cancer becomes better defined.

In conjunction with Jefferson X-Ray Group, we have introduced CAD (computer aided diagnosis) technology into our Breast Imaging and Intervention section. This allows all our Mammography studies to be evaluated with complex computer systems, which augment the Radiologists' interpretation of these studies. 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. We have upgraded our Stereotactic Breast Biopsy System to the latest technology and have continued to witness it's expanding role in early diagnosis. Hartford Hospital has one of the busiest breast MRI programs in the Northeast, participating in NIH studies for expanded applications. With the introduction of our new MRI systems, we will add the ability to scan both breasts simultaneously providing superb quality and markedly improved patient satisfaction. Shortly we will introduce MRI guided core biopsy capability.

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. Through collaboration with our colleagues in Radiation Oncology we have introduced many creative and new techniques for local tumor therapy. Dr. John Foster is working with Dr. Andrew Salner in hopes of beginning brachy-embolization therapy for unresectable liver tumors at Hartford Hospital. A new technique for implantation of venous access devices affords patients and their physicians many alternatives for vascular access.

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, MD
Chairman, Department of Radiology

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 (GOG), the only cooperative group dedicated exclusively to the study and treatment of women with gynecologic cancers. Approximately 2400 patients are served by our patient centered service each year.

John D. Nash, MD
Director, Gynecologic Oncology

Doreen A. Bowtruczyk, RN
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 Program 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 non-polyposis colorectal cancer may be associated with changes in the genes MLH1, MSH2, or MSH6 (as well as other rare susceptibility genes). Examining the patient’s genetic code, or DNA, may identify these genetic changes.

For example, if a patient with unilateral breast cancer and a strong family history is found to carry a mutation in BRCA1, she then has a 40-60% lifetime risk for a second primary breast cancer, and a 20-40% lifetime risk for ovarian cancer. These increased risks require a reorganization of the lifetime management plan and may include heightened surveillance (i.e. mammography, vaginal probe ultrasound), chemoprevention (Tamoxifen) and/or risk reducing surgery. There is also a 50% chance that the genetic mutation will be passed on to each of the patient’s children. Although there are no childhood cancers associated with BRCA1 or BRCA2 mutations, unaffected women who carry a mutation are enabled to seek early surveillance and preventative treatment.

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.

The Hereditary Cancer Program of the Division of Human Genetics, University of Connecticut Health Center, has been serving the patients, physicians, nurses and other health professionals of the Helen & Harry Gray Cancer Center since 1992.

Jennifer Stroop, MS
Certified Genetic Counselor

Robert Greenstein, MD
Director of Hereditary Cancer Program of the Division of Human Genetics
University of Connecticut Health Center

Educate consumers to become our partners
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 Tai Chi. Kelly Taylor is a certified instructor who works with The New Beginnings Program teaching and guiding patients in these gentle and ancient martial art techniques. The practice of 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. These gentle movements stimulate healing by removing energy blockages and encouraging healthy circulation and breathing. Tai Chi reduces anxiety, improves balance and encourages deep breathing. In this relaxed state, healing is stimulated throughout both mind and body.

Reiki is a Japanese hands-on relaxation technique from which many patients in the Cancer Program have benefited. 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. 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. Alice Moore, RN, Reiki Master and Eileen Pelletier, manager, Volunteer Services, coordinate the program.

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 Program.

Molly Punzo, MD
Director of Integrative Medicine

DANA-FARBER/PARTNERS CANCERCARE COLLABORATION

Hartford Hospital is the only hospital in Connecticut collaborating with Dana-Farber/Partners CancerCare (DF/PCC), including Dana-Farber/Partners CancerCare, Brigham and Women’s Hospital, and Massachusetts General Hospital, focusing on cancer clinical research, cooperative education, and complex patient management. Now in its second year, this collaborative relationship has fostered the availability of DF/PCC cancer research clinical trials being made available to Connecticut’s citizens through Hartford Hospital’s Cancer Clinical Research Office. These studies would have required patient travel out of the state in the past, and now allow care closer to home at Hartford Hospital.
Neurological Oncology

Neuro Oncology provides comprehensive services to patients with tumors to the brain and for cancer patients with neurological symptoms. Patients with systemic cancer are assisted with pain management, and diagnosis and treatment of different neurological 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, one of only two trained Neuro Oncologists 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, MD
Neuro Oncology

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 forty-five new patients were seen in 2002; 237 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, MD
Orthopedic Oncology

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.

Palliative care 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 and during the past year has added two experienced pain practitioners to further enhance our service.

Jeffrey Morrow, MD
Anesthesia Pain Service
Pain Management/Pharmacy

The Pharmacy Pain Control Service at Hartford Hospital has been very busy this past year. We consulted with 960 patients for pain relief or symptom control such as nausea and vomiting (an increase from 832 patients examined in the previous year). 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 practitioner 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 on the service.

Richard Gannon, Pharm.D.
Department of Pharmacy Services

Pathology and Laboratory Medicine

The Department of Pathology and Laboratory Medicine is composed of 19 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 22 residents and fellows. The Department supports the Cancer Program by co-sponsoring three weekly Tumor Boards (general oncology, breast oncology, and pediatric oncology) and a bi-weekly uro-oncology conference.

Members of the Department participate in a variety of national cancer study groups including the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Gynecologic Oncology Group (GOG), and the Children’s Oncology Group. During the past year, members of the department have authored over 60 papers in refereed journals, including 17 papers on various aspects of cancer. Additionally, 10 abstracts were presented at national pathology meetings.

The Molecular Pathology Laboratory continues to expand the number of tests it offers to evaluate malignancies and to develop new methods for assessing prognosis and treatment options. 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 hematologic malignancies. The laboratory has validated assays for the detection of HER2 gene amplification in breast cancer as well as a number of gene products in hematologic malignancies. It is anticipated that there will be a large number of clinically useful markers developed over the next few years.

Micro-array technologies are also being evaluated in the Molecular Laboratory for the examination of solid tumors with multiple markers simultaneously. These applications will be used to classify tumor types based on gene expression and microdeletion analyses and should help oncologists develop more individualized treatment strategies. PCR technologies are also expected to be applied to the assessment of minimal residual disease and in the evaluation of sentinel lymph nodes.

Mark E. Ludwig, MD
Section Director, Anatomic Pathology
Transportable High Dose Rate Brachytherapy (HDRB) has recently been added to the Gray Cancer Center’s armamentarium against GYN, esophageal, and breast cancers. This exciting technique utilizes a single, grain of rice sized radioactive source. The source is placed in the patient’s body by a remote controlled device and can go anywhere a tube or applicator can be placed. The entire device can be loaded on a truck and transported for use at our affiliated facilities. The big advantage of HDRB is that treatment times are about 5 minutes per session for three to ten sessions. Patients treated with HDRB are usually in the hospital for only an hour or two. Compare this with two to three days for conventional brachytherapy or thirty or more sessions of external beam treatment.

HELAINE BERTSCH, MD
Radiation Oncologist

KATHY D. BURNS, RN, MSN, OCN
Manager, Radiation Oncology Nursing

D. JAY FREEDMAN, MS
Physicist

SHERRI DRESSLER, RT(T)
Radiation Therapist, HDR
Surgical Oncology

The number of minimally invasive breast biopsies has increased steadily over the past year with 811 procedures done in the first six months of 2003 compared to 681 in the first six months of 2002, 581 in 2001 and 496 in 2000. These procedures include core needle biopsies and mammotome biopsies. Mammotome biopsies insure a large enough specimen using a vacuum technique. The targeting for placing the needle accurately for either procedure can be done manually (if you can feel the lump), using computerized mammogram guidance (this is a stereotactic biopsy) or ultrasound guidance. All three techniques are used at Hartford Hospital. The advantage of diagnosing with these procedures is that patients with benign findings are spared surgery and patients with cancer can go directly to definitive surgery.

The use of sentinel node biopsy for identification and evaluation of axillary node involvement in breast cancer has become standard at Hartford Hospital. Hartford Hospital is one of the few hospitals in Connecticut that has the technology to biopsy a lesion detected on MRI.

The breast surgeons within the Department of Surgery regularly enroll patients into clinical trials such as "Feasibility of SH2 Domain Profiling as a Molecular Diagnostic Tool Diagnostic Tool for Patients with Breast Cancer" where cancers are tested for molecular markers. The surgeons also coordinate clinical trials in concert with radiology and oncology.

The Partnership for Breast Care, where patients with a breast problem are able to get access to a surgeon for evaluation within 24 hours, recently sponsored a focus group to look at the experience of patients having reconstruction of the breast following mastectomy.

STATISTICAL INFORMATION:

With respect to this year's statistics, this year's cases are reported first and the numbers in parentheses represent 2001 and 2000 data in sequence. New cases of breast cancer totaled 540 (521, 484) in the past year with 528 (505, 459) operative procedures performed; 129 (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, 176 (167) sentinel node biopsies were done.

Hartford Hospital evaluated 222 (250) new cases of cancers of the colon and rectum. One hundred twenty-one (192, 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 16 (19) new esophageal cancers and performed 6 (5, 7) operations for esophageal cancers – reflecting better staging techniques to limit operations in those who would not benefit from surgery. Thirty-four (38, 42) new cases of gastric cancers were evaluated, of which 18 (24, 21) patients underwent surgical procedures. Eighty-two (103, 94) new cases of cancers of the head and neck region were operated on at Hartford Hospital, 33 (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 49 (57, 42) cases of cancer of the oral cavity and pharynx (including a range of head and neck malignancies: lip, tongue, mouth and pharynx.)
Hartford Hospital physicians saw 242 (160, 256) cases of lung cancer in the past year, 73 (74, 84) of these cases underwent surgical resection. Again more accurate staging of unresectable or incurable disease seems to have diminished both the number of referrals and the number who undergo operations. Finally, 49 (38, 50) new cases of pancreatic cancer were evaluated in the past year; 12 underwent surgical procedures.

MRI, CT, 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, 1,018 (1,177) operations for cancer or cancer diagnosis (sentinel node biopsies, etc.) were performed this year.

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

Marilyn Folcik, RN, MPH, CPHQ
Assistant Director, Department of Surgery

Urologic Oncology

This year the Department of Urology was pleased to announce the recruitment of Dr. Joseph Wagner from Beth Israel Hospital in New York. Dr. Wagner joined the Hartford Hospital medical staff in July. He brings an extensive experience in the area of laparoscopic surgery as it is applied to prostate and kidney cancer therapy. Dr. Wagner’s unique expertise is in the use of the “daVinci Surgical Robot”. This robot’s exceedingly fine and exceptionally precise movements are controlled by the surgeon via a three-dimensional, computer enhanced, guidance system. When it comes to prostate cancer surgery, this should result in a better operation with less patient discomfort, shortened hospital stays and improved preservation of urinary and sexual function. This device is anticipated to become the primary surgical instrument of the future for prostate cancer operations. Hartford Hospital and the Department of Urology are committed to taking a leadership role in the development of a premier robotic surgical program.

Hartford Hospital continues its role as the major center for hand assisted laparoscopic kidney surgery with the world’s largest series of successfully treated patients. The technique, as developed by Dr. Steven Shichman, has been expanded to include partial nephrectomies, large renal tumors and those cancers involving vascular structures such as the vena cava. It is now the procedure of choice for all kidney cancer surgery and the results have been presented at several national medical meetings.

The entire Department of Urology remains active in all aspects urologic cancer care. There are ongoing studies of sexual dysfunction as a result of cancer treatment and clinical trials of adjuvant and multi-modality therapies for a variety of urologic malignancies. The goal remains to provide our patients with the latest and most comprehensive care available.

Vincent Laudone, MD
Department of Urology
SomaVision

Varian’s Vision software package utilizes multiple imaging technologies available at Hartford Hospital (such as CT, PET and MRI) to create a three-dimensional computer model of a patient using SomaVision. This three-D model can then be used to generate a precise treatment plan that spares healthy tissue while allowing the delivery of a prescribed radiation beam to an affected area within a patient using Eclipse. During a patient treatment, Vision utilizes real time portal imaging of the radiation treatments using PortalVision. This “electronic portal imaging” allows the physicians and technicians to verify the correct positioning and delivery of radiation to the patients during treatment. All of these modalities are connected via the Hartford Hospital network and stored centrally on the Vision servers, which allows viewing of information at any Vision workstation at any time. This reduces the time needed to retrieve information, and encourages collaborations within the department to increase patient treatment quality.

GEOFFREY WALKER, RT(T)  SUSAN KIM, MD  JAN LYNCH, BA
Radiation Therapist  Radiation Oncologist  Radiation Oncology
CT-Simulation
Business Systems Analyst

HARTFORD HOSPITAL CANCER PROGRAM

26 ANNUAL
Brain Tumor Support Group

Hartford Hospital's Brain Tumor Support Group meets on the first Thursday of each month from 5:30 to 7:00 PM. The group is open to people who have been diagnosed with a brain tumor and their caregivers. One does not need to have received services through the Gray Cancer Center to attend. The number of participants varies each month, ranging from three to sixteen with an average of ten. While most participants live locally, members have signed up from as far away as Torrington, Old Saybrook, Wallingford, and Longmeadow, Massachusetts. Convenient free parking is provided as is dinner.

The purpose of the Brain Tumor Support Group at Hartford Hospital is to provide emotional support and resource information to people in the community who are dealing with the often profound impact of a brain tumor diagnosis and treatment. Participants are encouraged to share experiences, express feelings, address personal challenges, and gain emotional support in a confidential, relaxed environment. In addition, practical information and resources are handed out to address issues relevant to living life with a brain tumor.

A main theme for folks who come to the support group is social isolation. Meeting others in similar circumstances and developing new connections creates a sense of belonging. Being part of this unique social network helps alleviate the strain of their overwhelming crisis as they adjust to their daily challenges. As participants tell their story, it becomes clear that they are not alone in their worries as varied as loss of independence; disability; balancing hope and realistic expectations; personality and behavior change; depression, anxiety, and demoralization; fear of the unknown; altered familial roles and relationships with friends; financial hardship; understanding treatment methods, procedures, side effects, complications; managing medical advice and a complex health care system; caregiver fatigue and burnout; and coping with a “new normal”.

While usually there is no set agenda, we have interspersed some meetings with formal themes such as: coping with major fatigue; the effect a diagnosis and treatment can have on ones interpersonal connections (particularly one’s intimate relationships); and finding hope while grieving the loss of one’s dreams. We offered a seminar open to the rest of the Cancer Program community, entitled “Financial Guidance for Families with Cancer” presented by an insurance consultant affiliated with the American Cancer Society. He discussed personal financial planning (including wills, trusts, life insurance, medical insurance), the Family Medical Leave Act, Americans with Disabilities Act, Social Security Disability Income, Medicare and Medicaid.

For many participants, one of the benefits of attending the meetings is becoming aware of the many educational and supportive resources available to them. In addition to what members share with each other, each meeting includes a wide variety of handouts announcing upcoming presentations in the community, informational articles, and community resources. Some examples include “talking with your kids about your diagnosis”, “nurturing the spirit”, “coping with the holidays”, a caregiver’s bill of rights, advance directives paperwork and educational teleconference announcements. Websites and phone numbers for national resources are provided, including The American Brain Tumor Association, National Cancer Institute, National Brain Tumor Foundation, Cancercare, and the Brain Tumor Society. We also have a couple of books that get circulated among members month to month.

Group participants are encouraged to interact comfortably as they find their common ground and, thereby, provide each other with peer support. This includes modeling mutual respect, supporting the flow of discussion, and acknowledging already successful as well as blossoming coping skills. Based on feedback from the group, there is an informal, self-directed phone network that connects participants outside of the meetings. At this time, our brain tumor support network is 18 members strong. Although, as a facilitator, I am firm about ending the group on time at 7:00 PM, I have yet to turn out the lights before 7:30…folks often stay and seem to enjoy talking informally until they have to practically be kicked out!

Through the development of skills in coping with a brain tumor, mutual support, shared insight, and information exchange, people often feel increased hope and encouragement as they face an unwelcome situation. Validation and reassurance from other survivors, caregivers, and health care professionals in the safe, non-judgemental and confidential forum of a support group can go a long way towards improved quality of life. It is an honor to be part of this process.

Hillary Keller, LCSW
Breast Cancer Support Groups

**BREAST CANCER SUPPORT GROUP**

During 2003, the Breast Cancer Support Group at Hartford Hospital met on the third Thursday of each month. This group alternates traditional support group structure with educational programs, so that one month we meet and talk and the following month we share an educational program. This year 95 women attended a variety of diverse programs. The year began with Dance Therapy, a non-traditional approach to image recovery; the cancer center atrium was filled with music and laughter for that evening. Members also benefited from a very informative presentation on Reconstructive Surgery by Orlando DeLucia M.D. Our creative side was encouraged in an Expressive Art Workshop presented by our own artist-in-residence Diana Boehnert and we learned the importance of laughter with Adele Broitman. Gretchen Bade shared information on Lymphedema Prevention and Treatment and the year closed with a book sharing evening. Each year the group discusses educational options for the following year and the RN facilitator arranges for the speakers.

Diane Ward, RN, OCN

**NEW BEGINNINGS**

New Beginnings is a 6 week program facilitated by the Cancer Program dietitian and designed to help women transition from breast cancer treatment to a healthy lifestyle. All participants have completed their treatment (except for hormone therapy). The women learn ways to implement healthy eating, exercise, Tai Chi, Yoga and journaling into their daily or weekly routines. Each of the six sessions is two hours in duration. The groups are purposely kept small (no more than 12) to provide a community environment where the women are comfortable to actively participate in all activities. Strong emphasis is placed on sharing be it a healthy recipe or a technique that helps others in the group regain normalcy in their life. The exercise, Yoga and Tai Chi are taught with emphasis on listening to your body and adjusting your activity to meet individual physical needs. A certified instructor in each of the areas teaches all classes. The classes have been held in the evening to accommodate the women’s schedules.

Diane Ward, RN, OCN

Look Good, Feel Better

**(WITH AMERICAN CANCER SOCIETY)**

Hartford Hospital Cancer Program, in collaboration with the American Cancer Society, sponsors a monthly Look Good… Feel Better program. This is a free service that teaches female cancer patients beauty techniques to help restore their appearance and self-image during chemotherapy and radiation treatments.

Volunteer beauty professionals lead small groups through practical, hands-on experience. Women learn about makeup techniques, skin care, nail care, and options related to hair loss such as wigs, turbans, and scarves. Each group program participant receives a free kit of cosmetics for use during and after the workshop.

Charmain Ali, LCSW

Ovarian Cancer Support Group

Hartford Hospital has the first and only Ovarian Cancer Support Group in Connecticut. Established over 5 years ago, it offers any woman diagnosed with ovarian cancer an opportunity to network and share concerns. The group is facilitated by a Cancer Program nurse, meets monthly and is open and free to all ovarian cancer survivors. The support group provides emotional support, education, and information.

Marcia Caruso-Bergman, RN, AOCN, APRN

Prostate Cancer Support Groups

**PROSTATE CANCER SUPPORT GROUP**

The Prostate Cancer Support Group members continued its mission of advocating for prostate health awareness via volunteer efforts at community health fairs, the Greater Hartford Open Golf Tournament, and active one-on-one supportive conversation with newly diagnosed men at monthly group meetings.

Membership rose to 875, including spouses. As physicians become more cognizant of the value of support groups, they are beginning to refer their patients more often; however, we still obtain most of our referrals from urology nurses. This year we had at least 20 referrals from patients themselves who searched the Internet to discover that our
Hartford Hospital group was affiliated with USTOO! National Prostate Cancer Support Group.

The group celebrated its twelfth anniversary on June 3 with special guest Mary-Ellen Taplin, M.D. from the University of Massachusetts Memorial Medical Center who spoke about current trends and treatments of prostate cancer.

Our steering committee met in March to plan for the Reluctant Brotherhood Golf Tournament, the GHO Prostate Health Awareness booth and future meetings.

Our “fun raiser”, the Third Annual Reluctant Brotherhood Golf Tournament was held at Goodwin Park on July 21. Forty golfers enjoyed a beautiful day of golf.

Many members volunteered at the Hartford Hospital Prostate Health Awareness booth at the Greater Hartford Open Golf Tournament. The most gratifying moment that week was when a man came to the tent and said “thank you for saving my life.”. He reported that at last year’s GHO his son had noticed the frequent visits he was making to the men’s room and that his son had ‘guided’ him past the Hartford Hospital Prostate Health Awareness booth. The information provided that day saved his life and helped him through his radical prostatectomy. His surgeon gave him all the details about ‘close to the margins’, ‘fully encapsulated’, and ‘just in the nick of time,’ and he wanted to thank someone for providing such life-saving information. His parting comment was, “I never thought I’d find my Guardian Angel on a golf course!”

The March 23rd Hartford Courant Northeast Magazine featured a 5-page article titled “A Most Important Part” by Deborah Petersen Swift. The timely article focused on life after prostate cancer. It appeared shortly after UCONN coach Jim Calhoun informed the public that he was diagnosed with prostate cancer and opted for prostatectomy as his treatment. What he left out was whether or not he was affected by impotence and/or incontinence problems. The feature included interviews with support group members, Urologist and nurse. The reporter was invited to a group meeting and allowed to sit in on their discussion session. The group members spoke candidly about their personal experiences, including impotency and incontinence problems. Hopefully, this article added to public awareness that all is not lost, but life will be changed somewhat when coping with cancer.

September was National Prostate Cancer Awareness Month. Dr. Andrew Salner and Margaret Garrison spoke at “Lift Every Voice and Sing Gospel Festival and Fair” in Bushnell Park on September 13, 2003. We served on a panel for “Coping Effectively With Prostate Cancer.” Virgil Simons, the founder of a nationally acclaimed website called the Prostate Net that is committed to providing information and support to newly diagnosed patients and the survivors of prostate cancer, was on hand as well.

One member attended the National Conference on Prostate Cancer 2003 in California. Over 1,000 people attended the conference.

The monthly meeting format remained unchanged, a formal presentation followed by informal breakout discussion groups.

Meeting topics this past year included:

• What Are Your Health Insurance Choices and Rights?
• Nutrition and Clinical Research in Bone Health Relating to Prostate Cancer
• Laughter: Rx for Survival, a video
• To Live or Not To Live by Your PSA
• Update on Research and Treatment for Prostate Cancer Including Quality of Life Issues
• “Ask the Doctors”, a Panel Discussion
• All You’ve Ever Wanted to Know About Gleason Grading
• Update on Prostate Cancer: Current Trends and Treatment
• The Gift of Years: Aging Creatively in America, CBS Video
• Intensity Modulated Radiation Therapy for Prostate Cancer

It is an honor to serve as coordinator of this support group.

Margaret A. Garrison, APRN, BC
Support Group Coordinator
COMMUNITY OUTREACH & EDUCATION

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. To date, 826 people have entered into this program, including 105 in the past year. Since 1995, a total of 33 cancers (12 this past year) have been detected, and follow-up services were provided for these women.

Our annual screening efforts this past year were held in conjunction with the Hispanic Health Council Health Fair in August. We were able to provide screening and awareness for breast cancer by providing mammograms, clinical breast examinations and training/information on breast self-examination. Colo-rectal fecal occult blood test kits were distributed, and free exams and PSA blood tests for prostate cancer detection were offered to men. In September, Dr. Andrew Salner, Cancer Program Director, and Margaret Garrison, APRN, Prostate Group facilitator, participated on a prostate cancer panel of experts in conjunction with the “Lift Every Voice and Sing (L.E.V.A.S.) Gospel Festival and Fair” in Bushnell Park.

In May, the Cancer Program sponsored eight American Cancer Society Relay for Life events in West Hartford, Simsbury, Glastonbury, Suffield, South Windsor, Newington, Rocky Hill and Manchester.

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 early detection. The Cancer Program also 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 Care 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.

The annual STAR dinner was held on September 30th for 200 participants at the Radisson hotel for all STAR participants and interested guests. High-risk seminars are held quarterly in conjunction with the Partnership for Breast Care and the Cancer Clinical Research Office. Dr. Patricia DeFusco, Dr. Robert Siegel, and other speakers presented a timely topic during these meetings.

Breast cancer awareness month featured the Health Star van, which appeared at Hartford Hospital events on campus and in the community. In conjunction with WRCH lite 100.5 radio station, Hartford Hospital again sponsored this year’s Night of Lite Laughter on October 14th. This event, held at the Bushnell, featured comedian Rita Rudner, and attracted a sell-out audience of 2,500. Information about breast cancer prevention and early detection was distributed to those who attended this event. Two special community symposia were held for the public in Wethersfield and at the University of Hartford Campus for breast cancer awareness month in October. Over 200 people attended these programs, entitled “Life after breast cancer”.

The Hartford Hospital Cancer Program presented two symposia for health care professionals this year. In November the Cancer Program presented the first Annual Lung Cancer Symposium entitled, “Controversies in Non-Small Cell Carcinoma of the Lung: Screening, Diagnosis & Therapy” on the Hartford Hospital campus. Several hundred health care professionals from the region attended this symposium. The Mary Mulready Sullivan Symposium is our major Cancer Program educational program for health care providers, offered in April of each year. This past year our 14th annual symposium focused on, “Colorectal Cancer: A New Era in Screening and Treatment”. Several hundred health care professionals from New England attended this symposium.
ADVANCED PROSTATE CANCER SUPPORT GROUP

As we approach our tenth anniversary in May of 2004, this is the group of choice for men and their families coping with recurrent prostate cancer.

Prostate cancer treatment is evolving as the mortality rate is declining. Treatment advances and clinical trials, some involving our members, promise hope for the future. Dr. Vincent Laudone, Urologist, told the group that future generations could look forward to living without the disease.

Attendance at monthly meetings is steady, ranging from 12 to 20 participants. People travel from long distances to attend. Men between the ages of 49 and 82 participate. Their enthusiasm for the discussion group is obvious. They e-mail each other throughout the month as well as visiting socially, and keeping in touch with sicker members by telephone. Spouses and family members are welcome, some attending every meeting. The group dynamic is about sharing information that may lead to remission.

We are here to educate people, to share resources, and to make a difference through emotional support. Through our affiliation with US TOO!, a monthly newsletter is distributed at each meeting along with journal articles and news of clinical trials. The Cancer Program registered dietitian provides a healthy recipe with the monthly meeting flyer.

In June of 2004 we plan to celebrate our 10th anniversary with a talk by Mark Moyad, MPH, endowed Chair in Complementary Medicine at the University of Michigan. Some of the members who expect to attend have been coming to meetings for all of the past ten years, a tribute to the chronicity of this disease, and the truly courageous men who live every day with advanced prostate cancer.

Carole Fox, CURN
Support Group Coordinator

SPOUSE PROSTATE CANCER SUPPORT GROUP

Over the past six years, our women’s or spouses’ group has evolved into a warm and friendly extended family. Women traditionally assume caregiver roles, leading them to become so involved with balancing family and work obligations that they plan very little time tending to their own needs. Women came to listen and to openly discuss how they were coping with their personal life stressors. Time was spent talking about how prostate cancer has impacted their marriages, but the main focus of the group was on reaching women to develop better self care techniques.

The group met every other month and attendance ranged from four to 13.

At every meeting, Carole Fox, co-leader, facilitated group discussions about health and healing based on pertinent articles which she obtained and distributed from magazines, newspapers or the Internet.

Margaret (Peg) Garrison, co-leader, ended each meeting with a quiet relaxation or meditation exercise, usually with music playing in the background. Exercises include progressive relaxation, guided imagery, mindfulness and relaxation response techniques.

As we begin the seventh year, we will continue to address and support the needs of these women and will adjust techniques as necessary to meet that goal.

Margaret A. Garrison, APRN, BC
Carole Fox, BC, CURN
Support Group Coordinators

Make decisions based on outcome and quality
B-mode Acquisition and Targeting system (BAT), is an ultrasound based stereotactic tumor localization device designed to maximize the precision and effectiveness of external beam radiation therapy. The use of external beam radiation in the treatment of cancer requires careful planning to identify where the volume of interest lies within the body. BAT is a targeting technology that allows physicians to track organ or tumor volumes in three dimensions and position the patient to precisely align with the treatment plan. The procedure is a quick non-invasive six-step process. This daily verification of target organ position supports smaller treatment volumes and safer dose escalation, which decreases possible complications. BAT was initially developed to localize prostate tumors, but system advancements enable imaging of even greater interests such as breast, bladder, liver, pancreas and neck.

GARDY MOREAU, BA, RT(T)
Radiation Therapist

SUSAN O’CONNELL, ME4, RTT
Radiation Oncology Operations Manager
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 Connecticut 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 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 in the Cancer Learning Library on the Medical Oncology unit; and the unique CHESS program for patients 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 CANCER PATIENT & FAMILY ASSITANCE 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.

CHESS FUND
This fund helps make possible CHESS (Comprehensive Health Enhancement Support System) for our patients.

EDITH TAYLOR FUND
This fund helps make possible amenities for patients and families at the Helen & Harry Gray Cancer Center.

EMILY F. FRITTS MEMORIAL FUND
This fund will be used to support expenses related to presenting an annual “Emily Fritts Memorial Symposium,” beginning in 2004. The Cancer Program will organize this symposium with the guiding principle being to offer a program that will enrich the lives of patients.

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.

HEUBLEIN FUND
This fund helps make available access to educational opportunities for Cancer Program staff. This allows nurses, dietitian, 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.

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.

RADIATION THERAPY & ONCOLOGY FUND
This fund helps make possible acquisition of equipment or communications instruments for our Cancer Center programs.

REVEREND JAMES R. BLANNING FUND
Through the funds donated in memory of Reverend Blanning, nursing staff have been able to attend educational programs related to Palliative Care and End-of-Life.

WINKLER FUND
A generous donation was given by the Winkler family 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.

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, MD, FACR
Director, Cancer Program
Carol S. Garlick
Vice President, Philanthropy