



Breast Care Center

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Stony Brook’s Breast Care Program is the only comprehensive academic program of its kind on Long Island. The program champions the multidisciplinary approach and continues to grow at a rapid pace, now caring for an estimated 300 to 400 new patients with breast cancer each year. Newly diagnosed patients are presented and discussed at a weekly treatment planning conference attended by cancer specialists, offering critical multidisciplinary consultative input to this complex disease.

The Carol M. Baldwin Breast Care Center plays a pivotal role in providing key services. Breast imaging specialists perform more than 8,000 mammograms and 2,000 sonograms each year. The center, the first on Long Island to offer digital mammography, has two digital mammography machines and a specialized R-2 computerized mammogram double-checker. Breast imaging specialists are experienced in image-guided biopsy procedures, including stereotactic mammo-tome biopsies and ultrasound-guided core biopsies. The center is the only one in Suffolk County, and one of the few in the metropolitan region that offers MRI-guided biopsies.

Stony Brook’s breast cancer surgeons were the first on Long Island to offer sentinel-node biopsy as a less invasive alternative to the standard axillary-node dissection for patients with breast cancer. Since then the sentinel-node program has grown dramatically. Breast surgeons can now implant the new mammosite intracavity balloon device for accelerated partial breast irradiation. This technique is used instead of traditional post-lumpectomy radiation in selected patients.

Breast surgeons are available for evaluations and consultations. Radiation therapy consultation is also offered. And, while lumpectomy is the preferred option for women with breast cancer, expertise in breast reconstruction is available when needed. Breast cancer support groups and community outreach programs are coordinated through the center.

Medical oncologists provide long-term care to patients with breast cancer after surgery. They utilize novel chemotherapeutic regimens capable of dramatically improving survival. New combinations of established drugs are being studied to establish the “standard regimens” of tomorrow. In addition, oncologists provide a valuable resource by making available phase II experimental agents under study for patients with resistant tumors.

A highly specialized genetic counselor offers consultation and support for women considering genetic testing for inheritable breast cancer. A comprehensive, highly specialized lymphedema evaluation and treatment program is offered through the Department of Physical Therapy.

In addition to clinical research projects, critical basic science research is carried out at Stony Brook University Hospital and at Cold Spring Harbor and Brookhaven National Laboratories to gain a deeper understanding of the biology of breast cancer and to develop novel breast cancer treatments. This cutting-edge basic science research and its direct link to clinical cancer care gives Stony Brook University Hospital breast cancer specialists access to the most advanced breast cancer treatment available anywhere.

Site-Specific Reports

Breast Cancer

Breast cancer is the most common cancer seen in female patients with cancer at Stony Brook University Hospital annually, exceeding other female cancer sites by a significant percentage. Breast cancer is the most frequently diagnosed cancer in women. An estimated 211,240 new cases of invasive breast cancer will be diagnosed in women in the US in 2005 according to the American Cancer Society's 2005 report.

There were 427 cases of breast cancer first encountered at Stony Brook University Hospital (SBUH) in 2004. Of those, 353 were first diagnosed and/or received their first course of treatment at Stony Brook. Seventy-four were first seen with recurrence or re-treatment. We compared 2004 new breast cancer patients with breast cancer patients first seen at the hospital in 2003, and with National Cancer Data Base (NCDB) benchmark data on patient characteristics at the time of diagnosis, including age, stage, and ethnicity. We also looked at the type of surgery received in the first course of treatment. Overall the patient population at Stony Brook is similar to that from the NCDB.

Although the race mix is generally similar, the comparison demonstrated there were 7% fewer minorities

seen in 2004 than the national benchmark. This data provided an opportunity to assess our experience and review our current outreach programs to underserved communities.

The age 50-59 is the highest age group at diagnosis at SBUH and NCDB. Our survey found that 31.5% of cases managed here were less than age 50 at diagnosis compared to 22% in the NCDB population. As we have younger patients (age < 50) diagnosed with breast cancer, the younger population have available to them support services which includes genetic counseling at Stony Brook University Hospital.

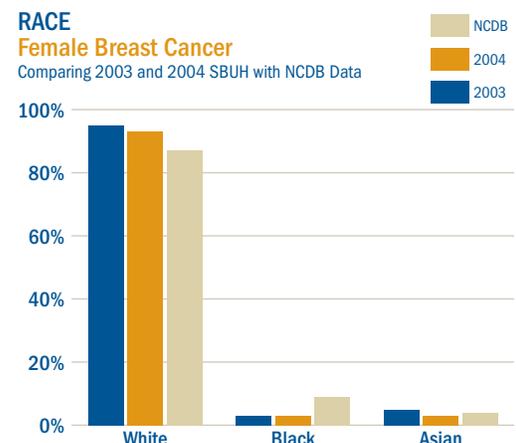
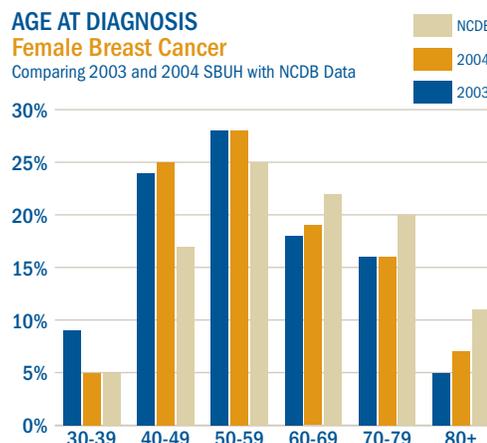
Greater than half were first diagnosed at an early stage, 24% in-situ and 37% Stage 1, compared to the NCDB benchmark of 17% and 40%. This reflects the emphasis on

screening mammography for early diagnosis in patient and community education.

Modalities utilized most frequently in the management of breast cancer are surgery, radiation therapy, chemotherapy and hormone therapy. Multidisciplinary management and breast conservation surgery are a priority at the Stony Brook University Hospital Breast Care Center.

Seventy-four percent of our patients diagnosed with breast cancer have undergone breast preservation as an alternative to mastectomy, and were treated with multidisciplinary conservative management in 2004. Our current lifetime patient follow-up rate for outcome evaluation is 92% successful. Five-year survival at SBUH remains excellent at 91% vs. the 78% NCDB benchmark.

Survey prepared by
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Cancer Care at Stony Brook University Hospital

**2005
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