The team strives to provide state-of-the-art diagnostics and works to build programs for the early recognition of tumors and other abnormal conditions of the upper gastrointestinal tract.

A critical step in the management of upper GI cancers is accurate staging, which allows the team to distinguish patients with operable and inoperable disease. This may be done via endoscopic ultrasonography, computerized axial tomography (CAT) scan, and positron emission tomography (PET) scanning.

Surgery is the mainstay of therapy and is curative in 25 to 40 percent of highly selected patients who develop resectable metastases in the liver and lung. Improved surgical techniques are utilized by Stony Brook’s experienced surgical specialists.

The team uses new and powerful imaging technologies that help surgeons remove disease and spare vital tissue, including endorectal ultrasound, magnifying endoscope, and minimally invasive laparoscopic surgical techniques.

Patients with Stage II colon cancer can participate in clinical trials in which either surgery alone or 5-FU/leucovorin are used.

Patients with rectal cancer undergo staging via endorectal ultrasound and PET/CT scan or endocoil MR imaging. Treatment consists of combined chemotherapy and radiation.

ﬁ The team is currently using a pioneering approach on tumors—typically difficult to treat—that have spread to the abdominal cavity from primary colorectal cancer, gastric cancer, appendiceal cancer, or mesothelioma. Called HIPEC (heated intraperitoneal chemotherapy), the procedure is designed to kill any remaining cancer cells after the bulk of the abdominal tumor is removed. This gives patients as high as a 80 percent five-year survival rate. Stony Brook is the only hospital in Suffolk County offering the procedure.