



Clinical Breast Program Receives NAPBC Accreditation of Centers of Excellence

The Clinical Breast Cancer Program at **NewYork-Presbyterian Hospital/Columbia University Medical Center** received national accreditation by the American College of Surgeons (ACS) Cancer Programs on March 7, 2011. The ACS National Accreditation Program for Breast Centers, or NAPBC, is the leading consortium of national professional organizations dedicated to monitoring the outcomes and improving the care of patients with breast cancer. Accreditation of centers is based on rigorous criteria including nationally recognized breast cancer quality performance measures.



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Clinical Breast Cancer Program, referrals
or to make an appointment, please call:

212-305-9676

Visit us at:
www.breastMD.org
www.womenatrisknyc.org

Patient's Corner: Eileen Fuentes

Eileen Fuentes, Administrative Manager for Cardiology HR and Academic Affairs at NYP/Columbia, mother, and breast cancer survivor, has channeled her experiences with breast cancer in a way that inspires a profound sense of hope in her fellow cancer fighters. Here is her story:

I was diagnosed in September 2008 with a very aggressive form of breast cancer. I was "triple negative" and had caught it early in stage 2a. I didn't really know what that diagnosis meant. The next day was the Women of Color conference, where I immediately received tremendous support. I was embraced right off the bat, and at that point I started to become very educated about breast cancer and the various subtypes.

My first surgery was in October 2008. I had a lumpectomy and the results came back inconclusive. In November I had a bilateral mastectomy with reconstruction, and I also started a chemotherapy clinical trial which included the drug AVASTIN. One of the side effects of the trial was a clot in my heart. I found out about the clot



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The Wellness Series provides women with breast cancer access to holistic nutrition and lifestyle resources

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in January, and my cardiologist, who was also my boss, told me that because it was so hard to treat, I should start writing my will. He instructed me to give myself injections of a medication that helps prevent blood clots in my stomach twice a day, and said that if the medication doesn't work then he would possibly recommend open-heart surgery.

In December my father had passed away from heart failure. By that time I had lost 40 pounds and was suffering from nosebleeds. I kept persisting with injections and also did things such as visualization, meditation, martial arts and massages. I would also go on two-hour long walks every day and take omega 3 fatty acids to reduce clotting.

By my next appointment with my cardiologist, the size of my clot had been reduced by 50%. After that I became even more diligent by practicing yoga and going on a raw foods diet. My skin looked amazing despite the fact that I had no hair. I finished my chemotherapy on March 30, 2009 and on April 1st my clot had completely disappeared. I was done on all fronts.

After my treatment I contacted Heather Greenlee, a naturopathic physician at NewYork-Presbyterian/ Columbia, and learned about a patient navigation program in an integrative cancer program. I signed up immediately and won a scholarship to the 5-day program. There I learned breathing techniques, practiced yoga, ate healthfully, went on nature walks, meditated and did art therapy. I also did a traditional navigation at the Livestrong

Foundation, and I'm currently working with the University of Integrative Medicine. I even attended Donna Karan's *Urban Zen* hands-on cooking class with top chefs.

I think I have the ticket to cure everyone. Some people won't go for unconventional care, but when it comes to juice versus drugs, I think we have to embrace both. We have to learn how to ask the right questions, not just about the right food, water, environments, etc. Doctors are the first point of contact. There are a lot of things you can do in addition to what your doctors tell you.

Since that time, another survivor and I have developed a six-month program called the Wellness Series at NYP/Columbia. This series provides women with breast cancer access to holistic nutrition and lifestyle resources. We have special guests like Alvin Ailey dancers and an author who came to the group to talk about sex. We've hosted speakers about healing herbs and massage therapy. We do yoga because it really is important to incorporate fitness.

We're here to give another perspective for patients. Everyone has different opinions and we don't make therapy recommendations; we're just here to present more information to the patients. It's about meeting people in similar situations without judgment. The groups are made up of all volunteers sharing their talents with each other. It's nice to see that this group is so interactive because we are our stories. When you're happy, your immune system gets stronger. So be happy! ■



Nurse's Nook

Through educational programs and safety protocols, Joan Kaiser, RN, MA, AOCN, Director of Nursing for Oncology, holds nursing staff at NewYork-Presbyterian/Columbia to the highest standards.

The nursing staff at NewYork-Presbyterian/Columbia includes some of the most dedicated, hardworking members in the medical community. Throughout the institution and especially within breast services, our nurses are held to the highest standards of patient care. An important part of excelling in this field is maintaining an up-to-date understanding of this ever-changing profession. **Joan Kaiser, RN, MA, AOCN**, *Director of Nursing for Oncology*, enthusiastically encourages our nurses to acquire further certification.

From the moment she decided that nursing was the perfect career for her, Kaiser made it a priority to attain and maintain her medical education. She began to pursue her nursing career at Cornell University and was introduced to a variety of departments such as orthopedics, neurology, and gynecologic oncology. Kaiser climbed the clinical ladder to CN3, clinical specialist and nursing care clinician, before pursuing positions in management. While managing orthopedics and then rehab medicine, Kaiser received her Masters in nursing from New York University. With that degree she was able to engage in more managerial opportunities such as patient care director and director of quality assurance. Currently, Kaiser manages medical oncology, inpatient surgical oncology, radiation oncology and an infusion cen-

ter at NewYork-Presbyterian/Columbia. Moreover, her duties will soon expand to include a research infusion center and a bone marrow transplant unit. "I was lucky enough to have the right set of experiences so that when opportunities became available, I was ready to accept them."

Kaiser, as well as the rest of the NewYork-Presbyterian/Columbia community, encourages the nursing staff to continually advance their expertise through education, specifically Oncology Nursing Certification. In order to become certified, nurses must have a minimum of one year's experience as a nurse and 1000 hours of nursing practice. At NewYork-Presbyterian/Columbia, all of the nurses in breast services are certified, as well as 50% of medical oncology nurses and 40% of eligible nurses in the infusion center. "Certification confirms a body of knowledge and improves every aspect of nursing as far as nursing assessments, educating families, and helping prepare patients for what's to come," says Kaiser.

NewYork-Presbyterian/Columbia's support of staff education extends beyond certification, as exemplified by an enlightening initiative called "Patient Safety Fridays." Each week, clinical and environmental personnel and administrators meet to discuss ways to enhance hospital safety measures and ensure the best possible patient experience. ■



Announcements: Expanded Telephone Hours

NewYork-Presbyterian Hospital/Columbia is the only Breast Center in Manhattan to offer such extended phone hours.

In an effort to increase patient access and satisfaction, telephone lines at the Clinical Breast Cancer Program for breast surgery are answered by professional staff from 7am–11pm EST Monday–Friday, and 11am–4pm Saturday and Sunday. This enhanced service is available for patients who need to schedule an office visit. If a patient discovers a breast lump at 10pm, she can schedule a next-business-day appointment for evaluation.

**Nurses are available to answer questions Monday through Friday, 9am–5pm EST.
Please call: 212.305.9676.**

Intraductal Breast Mapping

As an academic institution, NewYork-Presbyterian Hospital/Columbia University Medical Center advances the frontiers of medicine through innovative research, including studies in the laboratory and at the clinical level. The Clinical Breast Cancer Program is no exception.

Sheldon Feldman, MD, *Chief, Breast Surgery Division* and **Lesley Taylor, MD** *Breast Surgery Fellow* are pioneering a study that may change the face of breast surgery indefinitely.

The study involves a new approach to mapping the anatomy of the breast: isolating ductal lobular units in the breast via intraductal breast mapping. This allows pathologists to visually move through the duct to see where a lesion lies.

This project invokes an interesting perspective on breast structure in that it seeks to fill in the many gaps in our knowledge of breast anatomy. As Dr. Feldman explains, “The first legitimate mapping of the breast was conducted by British pathologist, Sir Astley Cooper in 1840. Yet attempts to study breast anatomy have waned until the onset of this study. The beauty of this project is that we’re able to isolate the ductal lobular unit throughout the breast based on color, isolate it, and review it with pathologists.”

The use of intraductal breast mapping has the potential to cause a paradigm shift on a multitude of fronts, including surgery, oncology and education. On a surgical

level, better understanding of the breast anatomy could potentially change the way surgeons treat all breast cancers. As performed today, lumpectomy includes removal of approximately 30% of tissue in addition to the tumor in order to ensure that all diseased and pre-malignant tissue is removed. Intraductal mapping would enable surgeons to excise entire lobule systems, ensuring that the cancer is extracted in its entirety.

Dr. Feldman explains that intraductal mapping strengthens the “sick lobe hypothesis,” which posits that the ducts of the breast can be compared to the limbs of a tree. If one limb is sick, it may be possible to treat the affected limb without cutting down the entire tree. According to this theory, it might be possible to treat intraductal breast disease from within the duct through a localized approach, such as intraductal chemotherapy, rather than traditional systemic therapy, potentially avoiding disfiguring surgery and minimizing the course of treatment for thousands of women.

In addition to the study's potential to transform surgical treatment of certain breast cancers, it may also impact the understanding of microscopic disease. Surgery residents are drawn back in the pathology lab, grossing specimens and looking into microscopes, further reinforcing basic principles of being a good oncologic surgeon. ■



Bridging the GAP

Promoting Breast Cancer Prevention, Screening and Wellness

Bring your friends and family for a day of lectures, exhibits, giveaways, survivor testimonials and more.

Saturday, June 4, 2011 • Club 101, NYC • 8:30am – 2:30pm

This FREE community patient education program will focus on disparities in health care and how to bridge the gap. Topics will include; prevention, screening, diagnosis, treatment, healing, sexual health, nutrition, fertility issues, relieving stress and integrative approaches to care.

Complimentary breakfast and lunch will be served

For information, contact Christine Rein
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