

# Mount Sinai

Winter 2005

MEDICAL REPORT

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A Teaching Hospital

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# Mount Sinai Committed to Your Health



Welcome to the inaugural issue *Mount Sinai Medical Report*. We are proud to be South Florida’s hospital of choice for great medicine. For more than half a century, Mount Sinai has maintained a strong, heartfelt commitment to provide high quality care, enhanced through teaching, research, charity care and financial responsibility.

This issue shares information about our centers of excellence: Cardiovascular Care, Orthopedics and Cancer Care. We also shine the spotlight on our state-of-the-art electrophysiology lab, which helps in the diagnosis and treatment of

arrhythmias, and our bariatric surgery program, which helps morbidly obese patients lose weight and live healthier, happier lives. You’ll also be interested in articles that feature our outstanding nursing staff and teaching program.

With more than 3,000 employees, 500 volunteers, 955 beds, 26 operating suites and 900 physicians, Mount Sinai is Florida’s largest, private, independent, not-for-profit teaching hospital. We have focused our efforts on assuring that our patients receive medical care of the highest quality. Operation Excellence, our customer service initiative,

exemplifies this ideal by stressing **Healthcare** excellence, **Ethical** behavior, **Accountability**, **Respect** and caring, **Teamwork** and **Service** before self. It assures that our patients and their families are the “HEARTS” of our medical center.

We hope you enjoy our magazine and that it will serve as a tangible reminder that world-class medical care is available in your backyard. Please know that we are here for you. If you need a doctor, call our physician referral line at 305-674-CARE (2273). We will be happy to help you find a doctor who is right for you.

Sincerely,

Laurens A. Mendelson  
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*President, Medical Staff*

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Mount Sinai Medical Center is Florida’s largest, private, independent, not-for-profit teaching hospital. Quality comprehensive care is provided in a wide array of medical specialties, including cardiology, cardiac surgery, geriatric medicine, oncology, diagnostic imaging, Alzheimer’s disease and memory disorders, pulmonary medicine, obstetrics and gynecology, and bariatric surgery. For a physician referral call 305-674-CARE (2273).

FOR A PHYSICIAN REFERRAL, CALL 305-674-CARE (2273)

Comprehensive, Award-Winning

# Cardiac





# Care

## More Procedures, Better Outcomes

When it comes to caring for patients with heart disease – the leading cause of death in the U.S. – not all medical centers are created equal. What makes for great cardiac care? Experience, dedication, an excellent track record, a commitment to research in the field, cutting-edge technology – these characteristics play a vital role in diagnosing, preventing and treating heart disease. At Mount Sinai Medical Center, such qualities are evident every day.

Because the body of medical knowledge about heart disease constantly evolves, it is important to be treated by doctors who combine extensive experience with knowledge of the latest developments. That's why patients turn to Mount Sinai for treatment. The medical center has 96 physicians dedicated to providing comprehensive cardiac care. It offers the most active cardiac program in greater Miami and has more experience in cardiac care than any other hospital in South Florida.

### CARDIOLOGY RESEARCH

The medical center is actively engaged in cardiac research, constantly investigat-

ing new ways to prevent and treat heart disease, contributing significant knowledge to the field and participating in important national studies. "Mount Sinai currently has more than 24 cardiac research studies underway," said Gervasio Lamas, M.D., director of cardiovascular research and academic affairs. The quantity and breadth of the studies mean patients have access to new and promising treatments long before they are widely available.

Dr. Lamas is an avid proponent of hospital-based research. "You want a hospital that is at the leading edge of knowledge," said Dr. Lamas. "You want all the new medical knowledge and equipment available to you, and you want to be in a hospital with physicians who have the skills and mindset to provide both. Patients come here because we have a national reputation for excellence. Our physicians know the medical literature and have contributed to it. Our level of expertise is profound."

One current study, directed by Dr. Lamas at Mount Sinai, is the Chelation Therapy Study, a \$30 million clinical trial sponsored by the National

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## REDUCE RISK FACTORS FOR HEART DISEASE

When it comes to heart disease, both genetic factors and lifestyle habits are major contributors. The good news is that through lifestyle and medication, you can assume an active role in controlling your heart health. The following risk factors for heart disease can be controlled:

### SMOKING

A smoker's risk for a heart attack is more than double that of a nonsmoker. Plus, when smokers have heart attacks they are more likely to be fatal.

### PHYSICAL INACTIVITY

Regular physical activity helps prevent heart disease. The more vigorous the activity, the greater the benefit.

### HIGH BLOOD CHOLESTEROL

Too much cholesterol leads to hardening of the arteries. Cholesterol levels can be lowered with a combination of diet and medication.

### HIGH BLOOD PRESSURE

High blood pressure increases the heart's workload and causes the heart to thicken and become stiffer, putting people at risk for stroke, heart attack, kidney failure and congestive heart failure. Diet and medication can lower blood pressure.

### BEING OVERWEIGHT

Excess weight makes the heart work harder and raises blood pressure and blood cholesterol. People who have excess body fat – especially at the waist – are more likely to develop heart disease and be at risk for stroke even if they have no other risk factors.

### DIABETES

Diabetes increases the risk of heart disease and stroke. About three-quarters of people with diabetes die of some form of heart or blood vessel disease. People with diabetes should manage the disease carefully to optimize their heart health.

To learn more about your risk for heart disease, visit [www.americanheart.org](http://www.americanheart.org) and take the risk assessment test.

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Institutes of Health. The goal of this national study is to determine the effectiveness of chelation therapy, an alternative treatment for coronary artery disease. More than 100 medical institutions throughout the country are participating in the clinical trial under the leadership of Mount Sinai.

### ONE PATIENT'S STORY

Melvin Banks, 62, of Opa-Locka, is a cardiac patient at Mount Sinai who is enrolled in the chelation trial. "I feel a whole lot better since I've been doing the program. A *whole lot* better," said Banks, who has had three heart attacks and two

are randomly assigned to receive either the chelation solution or a placebo solution over a period of 28 months. Participants also receive vitamin supplements. Neither the participants nor the researchers know which treatment they are receiving. Although Banks does not know if he is receiving the chelation therapy or placebo, he is extremely enthusiastic about the opportunity to participate in a clinical trial. "I would tell anyone who is having problems to try this trial," he said.

### PROCEDURES

Experience – and a lot of it – is a major factor in increasing a medical center's rate of positive outcomes in the treatment of heart disease. Mount Sinai has more experience than any other hospital in the region – the hospital performed 33 percent of all open-heart procedures in Miami-Dade County in 2003. It performs more open-heart procedures and diagnostic and therapeutic catheterizations than any other hospital in

South Florida. Additionally, the hospital was designated a cardiac specialty center by UnitedHealth Premium. The program identifies hospitals nationwide that are leaders in

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MELVIN BANKS IS A PARTICIPANT IN THE CHELATION THERAPY STUDY.



strokes since 1984 and had a quadruple bypass in 2000. "When I started the program, I was dragging. It was like I was in a shell. This program is bringing me out of it."

In the trial, participants

# Cutting-Edge Technology Treats Cardiac Arrhythmia

## New Electrophysiology Lab is First in Florida

There is only one hospital south of Charleston, S.C., where patients can find an electrophysiology lab equipped with a state-of-the-art magnetic navigation system. That hospital is Mount Sinai Medical Center.

The new lab, which combines robotics, magnetic fields and imaging to diagnose and treat arrhythmias, will have a significant impact on electrophysiology and create a huge benefit for patients.

“This new technology will take the field to a whole new level,” said Todd Florin, M.D., co-director of the electrophysiology lab. “Most developments in medicine are fairly evolutionary, but this is a revolutionary change. I believe this technology is going to alter interventions of all types, with electrophysiology leading the way.”

The magnetic navigation means that Mount Sinai’s capabilities for patient diagnosis and treatment are greatly enhanced. “We are now able to tackle much more complicated arrhythmias in an easier, quicker, safer environment,” said Dr. Florin. “This technology allows us to cure almost any patient with any arrhythmia.”

### WHAT IS ARRHYTHMIA?

In general, we aren’t consciously aware of our heart beating unless there are irregularities. These irregularities create the sensation of the heart “fluttering” or “skipping a beat” or beating very fast. These feelings



may be signs of an arrhythmia, which is a disorder of the heart’s regular rhythm. Arrhythmias are extremely common. They can occur in any age group and are present in healthy hearts as well as diseased ones. Some arrhythmias are very serious and can even be fatal.

If a patient has a documented arrhythmia, the next step is to find out what part of the heart is causing the problem and whether it should be treated. For an arrhythmia to warrant treatment, it has to cause

symptoms or put the patient at risk for future complications.

### ELECTROPHYSIOLOGY TESTING

One of the ways cardiologists diagnose arrhythmia is through electrophysiology testing. This procedure tests the electrical activity and electrical pathways in the heart to find the root of the arrhythmia and determine the best treatment option. The test is performed by placing catheters into the heart that record

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*Continued from Arrhythmia page 6*

the electrical signals of the heart beat. The arrhythmia is provoked by pacing and by drugs. Once the mechanism is identified, the electrophysiologist can decide on treatment. Treatment may require medications, pacemaker-type devices, or electrophysiology procedures can be used to treat the arrhythmia by inserting a catheter into the heart and using a heating or cooling method that treats the area causing the abnormal heart beats.

## ELECTROPHYSIOLOGY LABORATORY

Mount Sinai's new electrophysiology lab works by creating a magnetic field around the patient. The catheter inserted into the patient's heart has magnets imbedded within it. The doctor can manipulate the magnetic field around the patient to direct the catheter to exactly where it needs to be. In the past, the doctor had to manually push the catheter to areas in the heart, which took much longer than the new technology and would sometimes expose the patient to risk, according to Dr. Florin.

"Magnetic navigation will enable electrophysiologists to reach specific sites in the heart with greater precision and stability than was heretofore possible," noted Joseph Zebede, M.D., co-director of the electrophysiology lab. "In the near future, the merger of this technology with 3-D electro-anatomical mapping and imaging will revolutionize the way in which we treat arrhythmias."

*"...this is a revolutionary change. I believe this technology is going to alter interventions of all types, with electrophysiology leading the way."*

## THE SYMPTOMS OF CARDIAC ARRHYTHMIA

Several symptoms may be associated with arrhythmias, but not all involve differences in the heartbeat that are discernable by the patient. In fact, some arrhythmias don't have any symptoms that a patient would notice, which is why it's so important to get regular check-ups. A doctor can frequently detect an irregular heartbeat by taking the patient's pulse.

Symptoms of arrhythmia can include:

- Chest discomfort
- Feeling of pounding in the chest
- Palpitations (including a feeling of the heart "skipping a beat," "fluttering" or "racing")
- Dizziness or light-headedness
- Fainting
- Shortness of breath
- Fatigue or weakness

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providing cardiac care.

"The more you do something, the better you get at it," said Paul Vignola, M.D., chief of Cardiology and co-director of the cardiac catheterization lab. "One thing that sets us apart is the volume of procedures we do. As a result, the outcomes are better and the complications are fewer."

## STATE-OF-THE-ART TECHNOLOGY

Mount Sinai has a commitment to providing the best diagnostic and treatment technology available. The catheterization area is a case in point. The medical center now has eight state-of-the-art cardiac catheterization laboratories complete with digital imaging systems, which allow the doctor to record a catheterization procedure on a CD and review it with the patient at their bedside.

Cardiac catheterizations are most commonly used in the treatment of coronary artery disease. The new catheterization laboratories use digital imagery to study the heart and store the data in computers, which offers major improvements over the previous technology of 35 mm motion picture film. The images are of higher quality and are accessible from anywhere in the hospital. "Mount Sinai is at the forefront of this trend," said Dr. Vignola. "The technology is quite remarkable."

In addition, there is revolutionary magnetic navigation technology in the new electrophysiology lab, a significant advantage for patients being diagnosed and treated for heart arrhythmia. Mount Sinai is the only hospital in the southeast U.S., south of Charleston, S.C., to have this technology (see "Cutting-Edge Technology Treats Cardiac Arrhythmia," p. 8).

"Our experience, our technology and our commitment to the patients are all phenomenal," said Donald Williams, M.D., chief of thoracic and cardiovascular surgery. "The sheer number of patients we treat has given us a level of expertise unmatched by any other hospital around."

*For a physician referral, please call 305-674-CARE (2273).*



# Teaching Hospitals

## Offer Patients Much More

No one wants to be admitted to a hospital, but when it's an unavoidable reality, there is at least one important question to ask: Is it a teaching hospital? If the answer is "yes" you can rest a little easier knowing you'll be in a world-class healthcare facility where doctors have a wealth of experience, knowledge and medical expertise.

Research supports the theory that patients should turn to a teaching hospital. A study published in the *Journal of the American Medical Association* revealed that elderly patients with acute myocardial infarction received better quality care and had a lower mortality rate when treated at

a teaching hospital. Here are just a few reasons patients should consider seeking care at a teaching hospital:

- Doctors and staff at teaching hospitals are in an academic environment. They continuously update their skills, have access to leading-edge technology, and are turned to as the leaders in the health-care community.
- Outstanding physicians are attracted to teaching hospitals because they'll have greater opportunity to pursue innovative medicine, not to mention the privilege of passing on their knowledge and skills to a new generation of physicians.
- Patients at teaching hospitals have the benefit of an added "layer of care" which is provided by highly trained residents and fellows who participate in the teaching program to further their training or to study a particular medical specialty. This means that patients have the advantage of having additional doctors participate in their care, right along with their attending physician.
- Residents generally have more time to spend with patients because they don't have a regular practice to maintain. As a result, they see patients more often and have a greater opportunity to detect problems that might not be found as quickly in a hospital that doesn't have a teaching program.
- Physicians at teaching hospitals are more likely to participate in state-of-the-art research studies, giving their patients greater access to the latest advances in healthcare that would not be readily available elsewhere.
- Teaching hospital faculty and curriculum must meet strict guidelines for certification and accreditation, which mandates a high standard of medical excellence.



BACK ROW LEFT TO RIGHT - THOMAS MESKO, M.D., SURGICAL ONCOLOGIST;  
GERVASIO LAMAS, M.D., CARDIOLOGIST; GARY MERLINO, D.O., INTERNIST.

FRONT ROW LEFT TO RIGHT - GLORIA WEINBERG, M.D., GERIATRICIAN;  
HARRY SENDZISCHEW, M.D., VASCULAR SURGEON.

The answer is clear: teaching hospitals are the ideal choice for anyone facing hospitalization. The hospital's emphasis on research and academics means physicians remain sharp, have knowledge of the latest developments in medical care and have access to state-of-the-art technology – all of which translate into higher quality of care for you and your loved ones.

# New Spinal Surgical Techniques

Patients Experience Less Trauma, Recover Faster

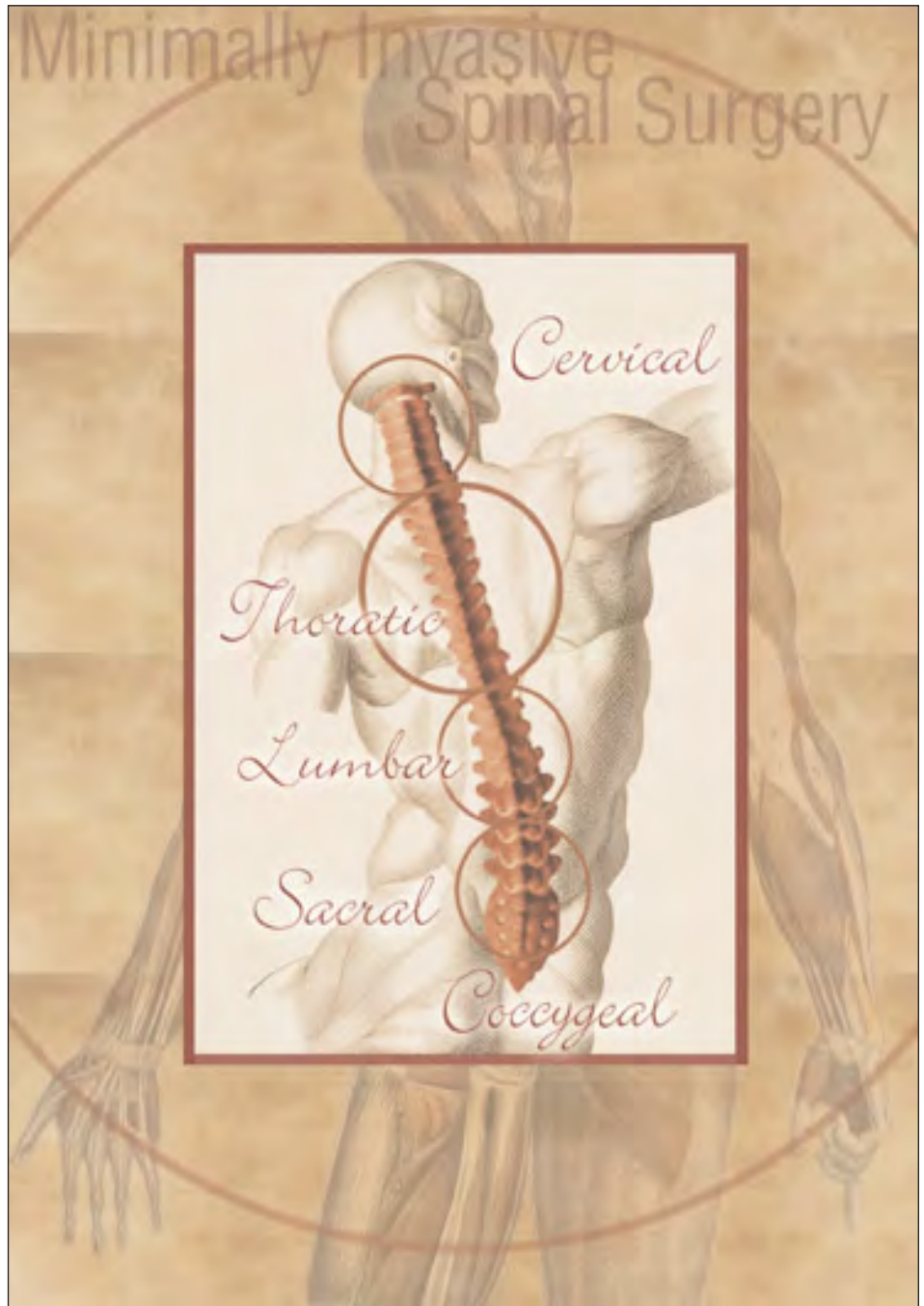
For years, having surgery to treat a ruptured disc, spinal stenosis or a similar ailment, meant enduring a six- to 10-inch incision and months of painful recovery. Fortunately, that is changing with the use of innovative minimally invasive surgical techniques and Mount Sinai Medical Center is a leader in the field.

“Mount Sinai is at the forefront of minimally invasive spinal surgery in Florida,” said Dan Cohen, M.D., a Mount Sinai orthopedic spinal surgeon who has been performing this type of surgery for nearly two years. “There are only a handful of surgeons in Florida who are doing it.”

In the past, a patient with spinal stenosis, a painful degenerative condition seen primarily in older patients, faced a six-inch incision and a prolonged recovery, Dr. Cohen said. “Now it’s done through a one-inch incision and the patient is in the hospital for about 48 hours. When they see me for the two-week follow-up, their first question is ‘when can I play golf?’”

Dr. Cohen and his partner, Jonathan Hyde, M.D., have played a pivotal role in teaching other surgeons minimally invasive techniques, both in Florida and throughout the nation.

In minimally invasive surgery, doctors approach the spine from either the front or back. Unlike traditional surgery, minimally invasive procedures require a very small incision – from one to 1½ inches. There is less disruption of the muscles, ligaments and bones, which reduces trauma and rehabilitation time and



accelerates patient recovery.

“This procedure is more preferable to traditional spinal surgery,”

said Dr. Cohen, who is in his 17th year of performing spinal surgery and has witnessed its evolution over

time. "At one point, patients would be in the hospital for 10 days and out of commission for a year. Now, with minimally invasive techniques, they're in the hospital for three days and they are ready to start chipping and putting on the golf course in three months."

## XLIF

Mount Sinai is the first medical center in Florida and one of the first in the nation to perform a new technique called XLIF (Extreme Lateral Interbody Fusion), a revolutionary advancement in surgery for back pain.

Dr. Hyde, who helped develop the procedure, began performing it in June 2004. He now teaches it to other surgeons in Florida and elsewhere. The technique is primarily for patients with degenerative disc disease.

"Traditional spine surgery for back pain involves making a five-inch incision in the front of the spine and going through the abdomen, which puts the patient at greater risk," said Dr. Hyde.

When compared with XLIF, the surgical path through the abdomen and the size of the incision cause significantly more bleeding and trauma to muscles and vessels.

In both XLIF and minimally invasive spinal surgery in general, intraoperable computer-driven neurological monitoring and x-ray guidance help chart where the nerves are before and during surgery, thereby reducing the possibility of collateral damage. Using an endoscopic approach, a bone graft grows over and fuses with healthy bone within six months.

XLIF involves going directly lateral

— in from the side — through a small muscle, thereby avoiding damage to blood vessels. "This further reduces the duration of the surgery, the amount of blood loss and trauma," said Dr. Hyde.

"It's another giant leap forward for spine surgery," said Dr. Hyde. "Patients who receive the XLIF technique are on their feet the same day and are able to go home the next day."

## OTHER DEVELOPMENTS

Other new developments in the field of spinal surgery at Mount Sinai also provide great benefits to patients.

"New materials, such as growth proteins, flexible rods and other instrumentation which can be placed through a tiny quarter-inch incision, represent tremendous advances in the field of spinal surgery," said Dr. Cohen. "As a result, many patients who once require braces no longer need them."

In the past, surgeons used bone from a patient's pelvis to connect or fuse two or more vertebral bones in the spine. With newer biologic bone products, spinal fusion is faster and there is no pain from the bone graft site.

## WHEN SHOULD YOU CONSIDER SPINE SURGERY?

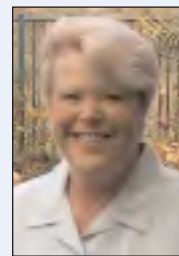
Up to 85 percent of people have low back pain at one time or another and about 10 percent to 15 percent of people with significant, chronic pain eventually require surgery.

Both doctors say the key to preventing low back pain is keeping your back, stomach and leg muscles strong, using smart body mechanics throughout the day and exercising regularly.

## XLIF SURGERY TECHNIQUE GIVES PATIENT NEW LEASE ON LIFE

Barbara Evans, one of the first patients to receive the XLIF procedure at Mount Sinai, couldn't be happier with the results.

"I'm doing great," said Evans. "I'm pain free and able to enjoy life again."



In May, Evans, age 63, from Moraga, Calif., was visiting relatives in South Florida when she was hit with a severe bout of lower back pain.

"Dr. Hyde at Mount Sinai recommended surgery and a new procedure called XLIF," said Evans.

She was amazed at the outcome. "I was out of the hospital in no time and walking. It was unbelievable."

Shortly after her back pain began four years ago, Evans underwent surgery for degenerative disc disease, but still had problems with pain, until her surgery at Mount Sinai. Now she's enjoying things she couldn't do before, when the pain was so overwhelming.

"I'm so grateful to Dr. Hyde, the new procedure he performed and to Mount Sinai," said Evans.

*"I'm so grateful to Dr. Hyde, the new procedure he performed and to Mount Sinai."*



AT AGE 70, JAMES BOWLING HAD BOTH HIPS REPLACED. THESE PROCEDURES WERE PERFORMED AT MOUNT SINAI, WHICH ALSO PROVIDES STATE-OF-THE-ART KNEE SURGERY.

# Hip & Knee Replacement

at Mount Sinai is State-of-the-Art

## New Minimally Invasive Technique Developed at Mount Sinai Offers Patients Distinct Advantages Over Traditional Hip Replacement Surgery

When James Bowling considered hip replacement surgery, an old friend gave him a hot tip for which he'll always be thankful.

The tip came in the form of a faxed copy of a press release describing a new hip replacement technique developed by Marc Umlas, M.D., an orthopedic surgeon at Mount Sinai.

"Boy, am I glad I got that fax," said Bowling, a retired attorney who lives on Fisher Island. After undergoing minimally invasive surgery to replace not one, but both hips, 70-year-old Bowling couldn't be more pleased with the results.

"I'm walking like I did before my hip problems started," he said. "My rehab time was minimal, and I'm pain-free."

Before learning about Dr. Umlas's minimally invasive technique, Bowling thought hip replacement surgery would require extensive rehabilitation time. He also was concerned about the outcome — whether he'd be able to function normally and without pain after recovering from the surgery.

"My fears were entirely unjustified," said Bowling. "Dr. Umlas's expertise and his minimally invasive technique made all the difference. I call him a modern day miracle worker."

### SPECIALIZED TECHNIQUE

"Minimally invasive surgery entails making a much smaller incision than traditional hip surgery," said Dr. Umlas. "The incision is only 2½ to 3 inches in most cases, while traditional hip surgery requires a 10- to 12-inch incision."

*"Dr. Umlas's expertise and his minimally invasive technique made all the difference. I call him a modern day miracle worker."*

In traditional hip replacement surgery, the incision is made above the buttocks and curves down the thigh. Minimally invasive surgery involves making an incision horizontally across the hip.

Dr. Umlas also performs minimally invasive knee surgery at Mount Sinai, and the results have been excellent. Patients undergoing minimally invasive knee surgery also experience reduced rehabilitation time and better recovery.

"Whenever you detach muscle from bone, it weakens the muscle and takes time to heal," said Dr. Umlas. "Using a minimally invasive technique reduces the extent of trauma to the muscles and tendons. The result is patients generally have fewer complications, less of a rehabilitation period and better outcomes."

Because of the smaller incision, tinier instruments are needed to perform the procedure. Dr. Umlas worked to scale down surgical tools, like retractors, which hold open the skin and muscle. He is one of only a few orthopedic surgeons in the country to develop specialized tech-

niques and instruments for minimally invasive hip replacement surgery.

"We're also using a new, revolutionary biomaterial to secure the artificial hip," said Dr. Umlas.

The new material, called trabecular metal, is an open cell, tantalum metal structure that is extremely similar in makeup to human bone. By volume, it's 80 percent air, yet structurally it's as strong as steel.

"The material completely locks into the bone and becomes part of the patient's body," said Dr. Umlas. "Over time, the patient ends up with a material that's 60 percent bone and 20 percent metal."

### WHAT CAUSES HIP PROBLEMS?

Hip replacement surgery is most commonly needed by people who  
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# Mount Sinai Participates in National Cancer Research Program

## Patients Can Enroll in Clinical Trials Due to Grant-Funded Program

Mount Sinai Medical Center is at the forefront of cancer care in Florida, thanks to its participation since 1987 in the prestigious Community Clinical Oncology Program (CCOP) sponsored by the National Cancer Institute. Mount Sinai is the only South Florida hospital to administer an adult CCOP, a grant-funded program that enables 61 major research centers country-wide to join clinical trials that test the newest and most advanced cancer treatments. Mount Sinai's \$3.3 million CCOP grant was last renewed in 2002 for a five-year period.

What does this mean for Mount Sinai, which typically has about 60 clinical trials underway? It means that Mount Sinai has a commitment to oncology research and to developing more effective therapies. It means that Mount Sinai's oncologists are constantly learning about new treatments and that Mount Sinai's cancer patients have more options.

The CCOP allows physicians at Mount Sinai to participate in cancer trials going on across the country. As a result, Mount Sinai often has access to drugs several years before they receive FDA approval. "Having the CCOP here is a significant advantage to patients," said Rogerio Lilenbaum, M.D., Mount Sinai's lead CCOP investigator and director of the center's thoracic oncology program. "It offers patients the

opportunity to participate in cutting-edge research protocols, which means they have access to promising treatment modalities and medications that are not available otherwise."

This access is extremely beneficial. "It's been demonstrated that patients who enter clinical trials tend to have better results and live longer than patients who don't," said Michael Schwartz, M.D., a CCOP investigator and an oncologist who focuses on breast cancer. Dr. Schwartz emphasized the advantages of the CCOP by noting that of the 20 most useful drugs for cancer treatments developed in the past 10 years, 15 were available through the CCOP before the FDA approved them.

### A PATIENT'S PERSPECTIVE

"I recommend Mount Sinai to everyone I know," said Montserrat Depera, one of Dr. Schwartz's patients. The 45-year-old Miami resident has benefited from two



MONTSERRAT DEPERA HAS BENEFITED FROM PARTICIPATING IN TWO CLINICAL TRIALS.

clinical trials at Mount Sinai in the past decade, both for breast cancer, and said she would participate in another trial if the need arose. "We need new medicine. We need to try new things and find new medicine for other people and for ourselves,"

she said. "I'm in favor of trials for any medicine."

Depara, a native of Madrid who has lived in Miami for 25 years, was first diagnosed with breast cancer in 1994, when she was 35 years old and had two young daughters. At that time, she participated in a clinical trial involving Taxol, a drug now routinely used to treat breast cancer. In 2000 her cancer recurred, and although she had surgery and received chemotherapy, the cancer metastasized to her liver and bones. In 2003 she began participating in a clinical trial that combined Taxol and Avastin, a biological agent. She currently is taking an oral chemotherapy medication and her tumor markers are decreasing.

She has worked throughout her treatments and surgeries, managing the office of a television station and staying active throughout the medical procedures she's undergone – "sometimes too active."

Depara has high praise for the care she's received at Mount Sinai, noting that, "One of the most important things about the staff at Mount Sinai is that they care. They treat you with a lot of respect, a lot of love, a lot of care. I always tell people to go and see Dr. Schwartz. He has given me hope with this cutting-edge information. There are so many new things that can help people, and we need to try to help the doctors find a cure for this."

## CUTTING-EDGE TRIALS

Several past and current trials stand out. The use of the drug Tamoxifen to help prevent breast cancer was studied by CCOP researchers, as was the use of Finasteride (Proscar) for the prevention of prostate cancer.

The SELECT (Study of Selenium and Vitamin E) Prostate Cancer Prevention Trial and the STAR (Study of Tamoxifen and Raloxifene) Breast Cancer Prevention Trial are two promising CCOP studies at Mount Sinai. Both studies are closed to new participants, but researchers hope the ongoing treatment will show which is most effective in decreasing the chances of "at-risk" individuals developing cancer. Other studies are investigating the best hormonal therapy for young women with breast cancer and new chemotherapy combinations for patients with lung cancer.

Mount Sinai oncologists are very interested in some of the newer and promising biologically based cancer treatments being studied in clinical trials. One example is the drug Avastin, an antibody that deprives tumors of their blood supply with side effects that are significantly less than chemotherapy. Avastin was only recently approved by the FDA for the treatment of colon cancer, but Mount Sinai oncologists have had access to it for several years. It is now part of a trial Mount Sinai is participating in to study its effect on kidney and pancreas cancers. Another promising antibody is Erbitux, which attaches to the proteins found on certain tumors and stimulates the immune system to fight the tumor. Erbitux was approved less than a year ago, but Mount Sinai has been using it for almost five years for

several types of cancers including head and neck, lung and colon cancer.

Dr. Schwartz noted that the CCOP attracted him and many of the other oncologists to practice at Mount Sinai. "The CCOP allows us to practice optimal care," he said. "We have access to so much for our patients that we wouldn't have if it weren't for the CCOP."

Dr. Lilenbaum summed up Mount Sinai's outstanding characteristics in the field: "We offer specialized physicians, in multiple disciplines, who work together to provide the best available cancer treatment to our patients."

## ASK QUESTIONS BEFORE PARTICIPATING IN A CLINICAL TRIAL

Patients should feel free to ask questions before entering a clinical trial. Write down questions in advance and ask a family member or friend to come along for support and to help you understand the doctor's answers.

### QUESTIONS TO ASK:

- What is the study's purpose?
- Has this approach been tested before?
- Who reviewed and approved the study?
- How will you measure results and monitor my safety?
- How long will the trial last?
- Will there be follow-up visits?
- What are the benefits? Risks?
- Are there other options with fewer risks?
- What will happen in terms of tests, procedures and treatments?
- How will it impact my daily life?
- May I speak to other participants?
- Is there a fee? Will it be covered by insurance?

# Targeting Lung Cancer



**Mount Sinai  
has Made  
Important  
Strides in the  
Treatment of  
Lung Cancer,  
and is a True  
Pioneer  
in the Field**

Promising new drugs are offering hope to lung cancer patients. A number of these drugs were researched at Mount Sinai long before they received approval by the FDA.

Mount Sinai was the first medical center in South Florida to test Iressa, which targets a receptor on the surface of cancer cells. “We’re currently the lead investigators in a national trial of Tarceva,” said Rogerio Lilenbaum, M.D., Mount Sinai’s Community Clinical Oncology Program (CCOP) Principal Investigator and director of the center’s thoracic oncology program. Similar to Iressa, Tarceva is being tested to determine how well it performs in comparison to chemotherapy for patients with advanced lung cancer.

“Another new agent, Avastin, which interferes with the blood supply to the

tumor, was tested at Mount Sinai for the treatment of colon cancer before it received FDA approval,” said Dr. Lilenbaum. The drug was also tested in lung cancer in a national trial, and Mount Sinai is currently conducting its own trial of the drug. Alimta, a new drug that interferes with the metabolism of certain proteins involved in the growth of cancer cells, was used by Mount Sinai before it was approved for mesothelioma and lung cancer.

In addition to the development of new drugs, Mount Sinai is at the forefront of aggressively exploring all other avenues of treatment for lung cancer.

“The outlook for patients with advanced lung cancer has improved significantly over the last decade,” said Dr. Lilenbaum. “Mount Sinai continues to work diligently



to increase the effectiveness of lung cancer treatment. In addition, for patients who had surgery, Mount Sinai actively participates in national and international trials that test different treatment options designed to maximize the chances of a durable remission.

### COMPREHENSIVE TREATMENT

Treatment for lung cancer depends on the type of cancer, how advanced it is and a person's overall health.

"We're focusing on integrating all treatment modalities, including surgery, chemotherapy, radiation and drug therapy," said Dr. Lilenbaum. "This multi-modality approach is yielding better outcomes for our patients."

### FOCUSED RADIATION TREATMENT: RESPIRATORY GATING

According to Michael Samuels, M.D., a radiation oncologist at The Mount Sinai Comprehensive Cancer Center, new technology has allowed the center to target tumors better.

"We now have the ability to target tumors with much greater accuracy and spare normal lung tissue from unnecessary exposure to radiation," said Dr. Samuels.

Lung tumors move as a patient breathes, which makes it difficult to pinpoint the tumor during radiation treatment. Mount Sinai's new radiation treatment system allows doctors to track moving tumors in the chest. This process of synchronizing radiation treatment with the patient's breathing is called 'respiratory gating.'

"The device we use actually learns the patient's breathing pattern, anticipating the movement of the tumor as the patient breathes," said Dr. Samuels.

### EARLY DETECTION

Mount Sinai continues to be an active participant in the Early Lung

Cancer Action Project (ELCAP), in collaboration with Cornell University, a project designed to help diagnose lung cancer in its early stages, when treatment generally yields more success.

"Through this project, heavy smokers and former smokers receive annual CT scans to screen for lung cancer," said Dr. Lilenbaum. "Mount Sinai determines which people fall within these at-risk categories and corresponds with them, encouraging them to have a CT scan. Results are sent to Cornell University, and appropriate follow-up treatment is recommended for the people who have lung cancer."

Mount Sinai is the only medical center in South Florida to participate in this worthy project.

"This project could help us develop initiatives to detect lung cancer in earlier and more treatable stages," said Dr. Lilenbaum. "Like mammography, which is widely used to detect breast cancer in its infancy, CT scans could become a mainstay for certain at-risk groups."

### POST-SURGERY TREATMENT

To provide follow-up treatment for people with lung cancer, Mount Sinai is participating in a new national and international trial of patients who have had lung cancer surgery. The trial compares the use of Iressa versus placebo in these patients. The drug Iressa is provided by the National Cancer Institute.

"We now know many patients may benefit by having chemotherapy after surgery," said Dr. Lilenbaum. "Doing so can reduce the recurrence of lung cancer in certain patients. I'm proud that we're participating in this study because it charts a new course in the treatment of lung cancer."

Chemotherapy for lung cancer

patients who have already had surgery is a relatively new development.

"In the past, studies evaluating the effectiveness of chemotherapy after lung cancer surgery yielded conflicting results," said Dr. Samuels. "However, recent studies have demonstrated conclusively that chemotherapy after surgery decreases the rate of relapse and improves survival in selected patients." Mount Sinai participated in one of these clinical trials.

### TREATMENT FOR NON-SURGICAL CANDIDATES

Mount Sinai is also focusing its efforts on treatment for lung cancer patients who are no longer candidates for surgery.

*Continued on page 18*

### SIGNS AND SYMPTOMS

The most common symptom of lung cancer is a persistent cough, which occurs when a tumor irritates the lining of the airways or blocks the passage of air. If you have a cough that seems unrelated to a cold, see your doctor. Also, look for:

- A "smoker's" cough that worsens
- Coughing up blood (even a small amount)
- Chest pain
- Shortness of breath
- New onset of wheezing
- Repeated bouts of pneumonia or bronchitis
- Hoarseness that lasts more than two weeks
- Fatigue
- Loss of appetite
- Weight loss

Some of these symptoms might have other causes, but see your doctor right away to find out.

*Continued from page 17*

“We’re working to come up with the best combination of chemotherapy and radiation,” said Dr. Lilenbaum. “Ten years ago, radiation alone produced rather poor results. Now, by combining the right mix of radiation, chemotherapy and drugs, 25 to 40 percent of lung cancer patients who can’t have surgery can be cured.”

In addition, through better monitoring and increased knowledge, chemotherapy has become less toxic for patients and produces better results.

“We’re administering chemotherapy in a more effective and appropriate manner,” said Dr. Lilenbaum. “As a result, patients are not as run-down by the chemotherapy and enjoy a better quality of life during treatment. With all of the treatment options being explored in all aspects of lung cancer, the future looks brighter for patients suffering from the disease.”

*If you’d like to receive more information about lung cancer treatment at Mount Sinai, contact our referral service at 305-674-CARE (2273).*

### LUNG CANCER PREVENTION

Lung cancer claims more lives than colon, prostate and breast cancer combined. Most of these deaths could have been prevented. That’s because smoking accounts for 85 to 90 percent of lung cancer cases.

By not smoking, or quitting, you can reduce your risk of developing lung cancer, even if you’ve smoked for years.

Protecting yourself from exposure to other leading causes of lung cancer, such as asbestos, radioactive dust, radon and secondhand smoke, also decreases your risk of getting lung cancer. There are, however, two risk factors for the disease that can’t be controlled: Women are more prone to the disease, as are African-American men.

*Continued from page 13*

have osteoarthritis. Osteoarthritis wears down the hip joint to the point that pain and mobility become a problem. Other conditions, such as rheumatoid arthritis (an inflammatory disease that causes joint pain, stiffness and swelling), avascular necrosis of the bone, injury and bone tumors also may lead to the need for hip replacement surgery.

### WHEN IS SURGERY NEEDED?

Surgery is a last resort. Patients are counseled on a number of other options first, depending on their condition.

“One of these options includes modifying a person’s activity, so they don’t exert as much pressure on their joints,” said Dr. Umlas.

“Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen, can also provide relief, along with stronger NSAIDs that can be prescribed by a physician. In some cases and depending upon which disease process is active, corticosteroids are prescribed, if NSAIDs don’t relieve the pain.”

An exercise program can also strengthen muscles and sometimes improve positioning of the hip and knee to relieve pain. In addition, weight loss is beneficial for patients who are overweight, to reduce the stress and strain on their joints.

“When all these measures don’t relieve the pain and improve mobility, hip replacement surgery is needed,” said Dr. Umlas.

*If you’d like to receive more information about orthopedic services at Mount Sinai and state-of-the-art minimally invasive surgery, contact our physician referral service at 305-674-CARE (2273).*

### EXPERIENCE COUNTS

The best reason to choose Mount Sinai for Orthopedic Surgery is our experience.

Jerry Enis, M.D., has been providing exemplary care for many years. As an orthopedic surgeon, he’s performed advanced hip and knee replacement at Mount Sinai Medical Center for 25 years. And he’s also a dedicated teacher, passing on his experience to other physicians.

As chairman of Orthopedics and Rehabilitation at Mount Sinai, Dr. Enis is a recognized leader at the forefront of orthopedic surgery. He has always put patient care first. That means providing the latest treatments and surgical techniques with the personal attention and support people need to recover.

“I consider each patient to be my only patient,” said Dr. Enis. “Giving each person my undivided attention is of utmost importance.”

Through his practice, Dr. Enis continues to advance the art of caring in orthopedic surgery. He provides the expertise and the experience that makes Mount Sinai a leader in the field of orthopedic surgery.

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# Bariatric Surgery

## Helps Control Obesity

### Patients Experience Weight Loss, Improved Self-Image through Surgery and Support Program

Obesity is a national epidemic – even surpassing smoking as the number one cause of preventable death in America. Recent reports show that as many as 450,000 deaths a year are obesity related and obesity is a major factor in several debilitating illnesses, such as diabetes and heart disease.

According to the Journal of the American Medical Association, two-thirds of Americans are overweight and one-third are considered obese. An estimated 15 million Americans suffer from morbid obesity, the most serious form of the disease, in which individuals are about 100 pounds or more over their ideal body weight. Only two percent of the morbidly obese population can lose weight and keep it off permanently. The other 98 percent experience great difficulties. Surgery can be very helpful in these cases.

“As a surgeon, this is a very gratifying operation,” said David Diaz, M.D., a leading bariatric surgeon who treats patients at Mount Sinai Medical Center. “We have the opportunity to give people their lives back. We see people really struggling and they are given another chance.”

Dr. Diaz and Robert T. Marema, M.D., specialize in minimally invasive laparoscopic gastric bypass and Lap-Band procedures. The two

doctors are extremely knowledgeable and train surgeons from all over the world to perform the surgery. Together these physicians have more than 14 years experience caring for bariatric surgery patients.

Drs. Diaz and Marema are known for the care, education and support they provide patients at every stage of the weight loss process, from the decision to have the procedure, to the operation, the post-operative adjustments and the lifestyle changes. “We have the most complete program for patient support in the world today,” Dr. Marema said.

Dr. Marema has a very personal understanding of what his patients experience during and after bariatric surgery, since he’s had the surgery himself. Six years ago, he weighed 340 pounds, despite constant dieting and exercise. “I saw my patients having success as I continued to struggle,” he explained. He decided to have the surgery, and has since lost 130 pounds.

Bariatric surgery is considered successful “when the patients lose enough weight to overcome the majority of their medical problems and significantly decrease the amount of medications they are taking,” Dr. Marema said. The amount of weight loss after surgery varies. Eighty-five percent of patients lose at least 75



percent of their excess body weight; 65 percent of patients lose 90 percent or more. Patients typically lose weight rapidly for the first six months after surgery, according to

FOR A PHYSICIAN REFERRAL, CALL 305-674-CARE (2273)

Dr. Diaz. They continue to lose weight at a slower rate until 18 months after the surgery, at which point they tend to stabilize, with small fluctuations.

Patients must be 85 to 100 pounds or more over their ideal bodyweight to be a candidate for bariatric surgery. Once the decision is made to have surgery, patients go through an extensive education process that



FIVE MONTHS AFTER BARIATRIC SURGERY, WAYNE COLE HAD LOST 105 POUNDS.

includes a psychological evaluation, nutritional and exercise training and evaluations with consultants.

During surgery, stomach size is reduced and a portion of the small intestine is bypassed, which reduces the amount of food the patient eats and the amount of calories absorbed.

After surgery, patients must alter their lifestyle, changing the way they eat and exercise. "The operation forces people to change habits they've developed over a lifetime, and we have a system in place to educate them," Dr. Diaz said. "We give patients access to psychological services, a nutritionist, an exercise physiologist and additional assistance. This helps them with the changes they are facing. The multidisciplinary support structure we provide is one of our outstanding qualities, and a must for success."

In addition to feeling and looking better, patients also find that losing weight resolves many of the diseases associated with obesity. In fact, 90 percent of adult onset diabetics will no longer need medication to control their blood sugar after surgery, and most patients with high blood pressure will be able to either reduce or eliminate their medications all together.

There are psychological benefits as well. "Emotionally we see a total turnaround," noted Maria Fernandez, R.N., program coordinator. "Patients who select surgery recognize this is their last option. They make the commitment to lifestyle change that is required. Fundamentally, if their relationship with food doesn't change, then success cannot be achieved. These changes can pose many challenges to the individual, but also bring many blessings."

*Information sessions on bariatric surgery are offered each month in both English and Spanish. Locations and times may vary. For more information call (305) 604-2755.*

## OBESITY AND HEALTH RISKS

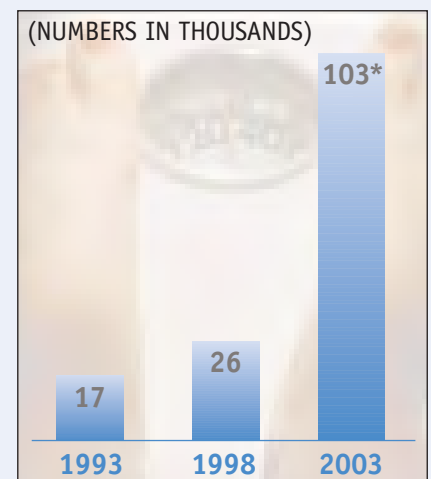
Obesity is a major contributor to:

- Diabetes
- Heart Disease
- Stroke
- High Blood Pressure
- Sleep Apnea
- Gallbladder Disease
- Osteoarthritis (degeneration of cartilage and bone of joints)
- Respiratory Difficulties
- Some Forms of Cancer (uterine, breast, colorectal, kidney and gallbladder)
- Gastro-Esophageal Reflux

Obesity is also associated with:

- High Cholesterol
- Infertility
- Complications of Pregnancy and Childbirth
- Menstrual Irregularities
- Hirsutism (presence of excess body and facial hair)
- Urinary Incontinence
- Depression and Other Psychological Conditions
- Increased Surgical Risk

## MORE PEOPLE ARE CHOOSING WEIGHT LOSS SURGERY



SOURCE: AMERICAN SOCIETY FOR BARIATRIC SURGERY \*ESTIMATE

# Excellent Nursing Care

## A Winning Combination of Skill Plus Caring Adds up to Great Nursing

We all know that skilled physicians and state-of-the-art equipment are essential for a hospital to provide excellent medical care. But excellent nurses also are of paramount importance. Nurses spend more time with patients than any other caregiver.

Nurses are the eyes and ears of the physician. They assess the patient, monitor how the care is progressing, coordinate and carry out the treatment plan and continually evaluate the patient's response.

"It's very interesting to consider the question of what constitutes good nursing care," said Karen Moyer, R.N., senior vice president and chief nursing officer at Mount Sinai Medical Center. "A lot of patients would say that it is someone who is kind and caring – a nurse with a good bedside manner that makes the patient feel cared for and looked after. But in fact, good nursing care is that and much more. Good nurses have a high level of technical competence that they combine with their ability to care. That combination of skill and caring is what we look for in our nurses and what we emphasize."

There are more than 800 nurses at Mount Sinai. All have the technical training and expertise to provide excellent nursing care, and they work together to create a caring and nurturing environment for every patient. The nurses have a high level

of expertise because of the advanced care the hospital provides. Whenever new state-of-the-art equipment is purchased or a new approach to treatment is adopted, the nurses are appropriately trained.

### OPERATION EXCELLENCE

One way that Mount Sinai demonstrates its commitment to providing quality care in a nurturing environment is through Operation Excellence, the hospital's two-year-old patient and customer service initiative. It sets forth the hospital's goals and values for behavior: **Healthcare Excellence**, **Ethical Behavior**, **Accountability**, **Respect and Caring**, **Teamwork** and **Service Before Self (H.E.A.R.T.S.)**. While such traits have always been central to quality nursing, identifying and stating these core values and training employees to incorporate them into their daily routine have led to impressive results in both patient and employee satisfaction.

This year Mount Sinai has been awarded two Compass Awards by



Press Ganey Associates, an independent company that conducts patient and employee satisfaction surveys. The awards recognize the hospital's improved levels of inpatient and outpatient satisfaction since implementing Operation Excellence two years ago.

"We're very pleased and proud to receive these awards," Moyer said. "Patient care is our overriding concern, so to be recognized for patient satisfaction is quite gratifying."

*Join the Mount Sinai nursing staff! Complete an online application at [www.msmc.com](http://www.msmc.com).*

# Mount Sinai leads the way in treating Peripheral Arterial Disease with new “Cool” Laser Treatment

The pain in Rodney Maxwell's legs used to be so intense that he couldn't walk a block without stopping to rest.

“Even getting from the airport parking lot to the terminal was excruciating,” said Maxwell, 62, a financial consultant, who used to travel frequently for business.

Now, after undergoing a technologically advanced minimally invasive procedure this summer at Mount Sinai Medical Center to unclog two blocked arteries – one in each leg – he's up and walking without pain.

According to Robert Beasley, M.D., an interventional radiologist at Mount Sinai who performs the procedure, Maxwell had severe claudication, or pain in the legs, due to poor blood circulation.

“He was a prime candidate for Cool Laser Revascularization, a new minimally invasive procedure that utilizes a laser treatment to vaporize plaque, blood clots or calcium that blocks arteries in the legs,” Beasley said.

The laser treatment is also used on patients with more serious forms of Peripheral Arterial Disease (PAD), such as Critical Limb Ischemia (CLI), the most advanced type of PAD.

Most common in diabetics and patients with heart disease, CLI is the progressive accumulation of plaque and blood clots in the leg arteries. If not treated, it can lead to pain, even when a patient is resting, and the development of ulcers in the lower extremities, which can result in toe, foot or leg amputation. Before the laser was developed, patients had to receive bypass surgery or traditional balloon angioplasty to clear blockages.

“Bypass surgery is major surgery that involves more risk, a three- or

four-day hospital stay and a longer recovery period,” Beasley said. “The laser treatment can be done as an outpatient procedure and usually requires no rehabilitation time.”

During the procedure, a laser is used to produce an intense monochromatic light beam that is delivered through tiny fiber optic catheters about the width of a human hair. Using x-ray guidance, short bursts of “cool” ultraviolet energy are delivered to the obstruction in the artery, vaporizing the blockage into small particles that can be safely excreted.

The laser helps keep the obstructed artery open longer and doesn't damage surrounding arteries.

Just like bypass surgery, while not an absolute cure, the laser procedure provides a minimally invasive treatment option for a potentially deadly condition.

“Our outcomes have been excellent,” said Beasley who actively trains other physicians in the procedure.

Maxwell is certainly reaping the benefits. He's already back to walking a mile a day.

*For more information on Cool Laser Revascularization, contact our physician referral service at 305-674-CARE (2273).*



RODNEY MAXWELL, RECENT COOL LASER REVASCLARIZATION PATIENT, ENJOYS A PAIN-FREE WALK.

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