

ONCOLOGY in FOCUS

Patients with Thoracic Cancers Benefit from Multidisciplinary Care at NewYork-Presbyterian Hospital

Minimally invasive surgery, targeted radiation therapy, and innovative clinical trials are among the many reasons why NewYork-Presbyterian Hospital is a leader in the management of lung cancer and other thoracic malignancies.

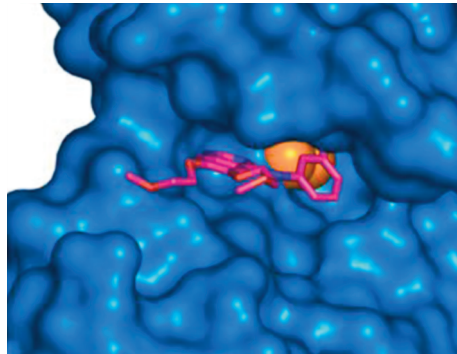
The team includes thoracic surgeons, medical and radiation oncologists, pulmonologists, radiologists, pathologists, physician assistants, nurse practitioners, dedicated thoracic intensive care nurses, respiratory therapists, and social workers who collaborate to provide compassionate and seamless patient care. Regular Tumor Board meetings address challenging cases and tailor the best course of care for each patient.

Most thoracic cancer patients have other medical conditions, such as heart disease and diabetes. The comprehensive expertise of NewYork-Presbyterian meets the needs of even the most complex patients. Our patient care coordinators help schedule procedures in other departments. We also know that a diagnosis of lung cancer can be overwhelming, so we attend to the emotional needs of our patients as well.

Two Campuses, One High Standard

At NewYork-Presbyterian Hospital/Weill Cornell Medical Center, patients with chest malignancies receive care through the Weill Cornell Cancer Center and the Ron Stanton Center for Thoracic Surgery. At NewYork-Presbyterian Hospital/Columbia University Medical Center, patients are seen at the National Cancer Institute-

designated Herbert Irving Comprehensive Cancer Center, in conjunction with the Price Family Comprehensive Center for Chest Care. NewYork-Presbyterian/Columbia is also home to the only lung transplantation program in New York City.



THERAPIES THAT HOME IN ON MOLECULAR TARGETS ARE REVOLUTIONIZING LUNG CANCER TREATMENT.

Advanced Diagnosis and Staging

We employ navigational bronchoscopy to locate, biopsy, and sometimes treat hard-to-reach lung tumors. Specialists collaborate to perform endobronchial and endoscopic ultrasound to identify and biopsy central lymph nodes in the chest, minimizing the need for more invasive cancer-staging surgery. Our pathologists have introduced a molecular testing paradigm to identify genetic mutations in lung tumors to guide the selection of the most effective targeted agents. Our radiologists are at the forefront of developing new techniques, such as 3D volume measurements and novel PET scanning technologies, to assess early changes in cancer growth or response, enabling clinicians to choose the most effective therapies.

Minimally Invasive Surgery

Most patients at NewYork-Presbyterian who are eligible for lung cancer surgery can have video-assisted thoracoscopic lobectomy. This approach reduces the hospital stay, is associated with less postoperative pain, and helps patients return to their normal level of functioning sooner than following thoracotomy. Select patients may be candidates for robotic lobectomy.

Patients with brain metastases — a common occurrence in thoracic cancer — benefit from the expertise of NewYork-Presbyterian neurosurgeons and radiation oncologists, who use state-of-the-art neurosurgery or gamma knife radiosurgery to minimize damage to normal brain tissue.

Targeted Radiation Therapy

Patients with thoracic cancers who require radiation therapy benefit from a range of approaches, including standard external beam therapy, 3D-conformal radiation therapy, and intensity-modulated techniques championed by our radiation oncologists. NewYork-Presbyterian also offers high-dose stereotactic body radiosurgery, as well as brachytherapy and intraoperative radiation therapy. We also apply gated techniques to account for movement of the chest as the patient breathes during radiation treatments.

Chemotherapy Infusions Given in Comfort

We offer both adjuvant and neoadjuvant chemotherapy to patients who may

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NewYork-Presbyterian Hospital features two of the country's top cancer centers: the National Cancer Institute-designated Herbert Irving Comprehensive Cancer Center of Columbia University Medical Center (one of only three comprehensive NCI-designated cancer centers in New York State) and the Weill Cornell Cancer Center.

Comprehensive care for even the most complex thoracic cancer cases.

Thoracic Oncology Program continued from front

benefit — particularly those with non-small cell lung cancer (NSCLC) — including preoperative combination chemotherapy/radiation therapy that may convert some inoperable tumors to an operable state. Chemotherapy is administered in new spacious infusion centers flooded with natural light. A wide range of innovative clinical trials is available for patients with most types and stages of thoracic cancers. NewYork-Presbyterian doctors were among those participating in the pivotal clinical trials that led to the approval of the new targeted agent crizotinib in August 2011, and continue to study a variety of promising novel experimental therapeutics.

The Mesothelioma Center

The Mesothelioma Center at the Herbert Irving Comprehensive Cancer Center is internationally renowned for its expertise in providing care for patients with this asbestos-related form of cancer. Carefully directed chemotherapy enables some patients to benefit from surgery that spares lung tissue.

Clinical and Translational Research

At NewYork-Presbyterian/Weill Cornell, laboratory investigators are exploring the genetic bases of thoracic cancers and studying cancer immunology and lung cancer vaccines. At the Herbert Irving Comprehensive Cancer Center, researchers are exploring biological markers to predict recurrence or metastasis; defining molecular mechanisms to understand why some patients respond to targeted therapies like erlotinib while others do not; and seeking new ways to interfere with angiogenesis. The goal is to translate research findings into novel ways to find thoracic cancers earlier and to treat them more effectively.

The following list is a sample of ongoing clinical trials for thoracic cancers at NewYork-Presbyterian which are currently enrolling patients:

NewYork-Presbyterian/Weill Cornell

- Comparison of Different Types of Surgery in Treating Patients With Stage IA NSCLC
- 177Lu-J591 Antibody in Patients With Nonprostate Metastatic Solid Tumors
- A Study of Cesium-131 Brachytherapy Following Sub-Lobar Resection for Early-Stage NSCLC
- Phase II Study of Efficacy and Safety of Apricoxib/Placebo with Docetaxel or Pemetrexed for NSCLC

NewYork-Presbyterian/Columbia

- A Phase III Study of recMAGE-A3 + AS15 Antigen-Specific Cancer Immunotherapeutic as Adjuvant Therapy for NSCLC
- Phase I/II Study of PX-866 and Docetaxel in Patients with Solid Tumors
- Phase I/II Study of Stereotactic Lung Radiotherapy for Early-Stage Inoperable NSCLC
- A Phase III Study of Erlotinib with ARQ 197 or Placebo in Previously Treated Patients with Locally Advanced or Metastatic NSCLC

To refer a patient to us for thoracic cancer care, call:

NewYork-Presbyterian/Columbia University Medical Center 212-305-5098

NewYork-Presbyterian/Weill Cornell Medical Center 212-746-5156

For more information, [visit nyp.org/cancer](http://visit.nyp.org/cancer)



For 11 consecutive years, NewYork-Presbyterian Hospital has been listed on the prestigious “Honor Roll” of the U.S. News & World Report “Best Hospitals” survey, and is ranked #1 in the New York metro area. NewYork-Presbyterian has the most physicians listed in New York Magazine’s “Best Doctors” issue and is recognized by Castle Connolly for having more top doctors than any other hospital in the nation.