NEW YORK CANCER & BLOOD SPECIALISTS SEPTEMBER **2024**

SPECIALIST

NEWSLETTER

Issue 07

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It's very important we take the time to get screened early.

A Message from the CEO

My Friends,

As the summer season begins to fade into the fall, it's time to embrace the return to routine. Welcome to the September 2024 edition of The Specialist, where we focus on maintaining your health via routine check-ups and spotlight the importance of men's health screening. As we shift gears, let's prioritize wellness and ensure you're on track with your health.

This month, we're dedicated to enhancing men's health with a focus on prostate cancer awareness. We invite men to prioritize their health by embracing proactive screening techniques.

In this issue, you'll find in-depth information on the latest advances in imaging and treatment technologies, as well as expert insights on multidisciplinary approaches to care. Additionally, we highlight the role of nutrition in supporting prostate cancer survivors, offering practical tips for integrating beneficial dietary changes. Our coverage includes a comprehensive look at early detection methods, treatment options, and risk factors.

In this issue, we explore the transformative role of the PSMA PET/CT scans in improving prostate cancer detection and treatment. This cutting-edge imaging technique enhances our ability to accurately locate and assess cancer spread, enabling more tailored and effective treatment plans.

We also explore the latest advancements in prostate cancer treatment, specifically CyberKnife technology. This innovative approach offers a precise, non-invasive option for targeting tumors with minimal impact on surrounding healthy tissue, making it a promising choice for many patients.

Collaboration between urologists and oncologists is essential in the fight against prostate cancer. Our specialists work together closely to create comprehensive treatment strategies that address every aspect of a patient's care.

Additionally, we discuss the benefits of dietary lycopene for prostate cancer survivors. We discuss the impact incorporating this powerful antioxidant into one's diet can offer, such as basic health maintenance and the potential to improve patient outcomes.

Warm regards,
DR. V

Section 1

Health

Discover what new equipment, procedures and treatments are available today!

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Prostate Cancer Awareness

01

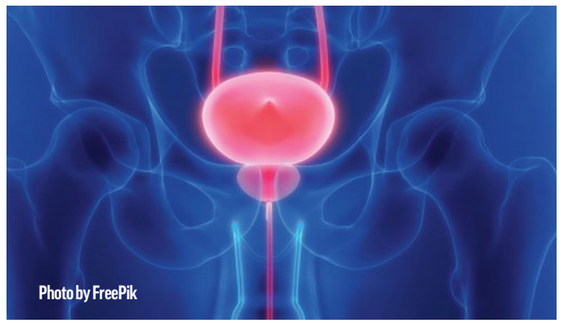
What is Prostate Cancer?

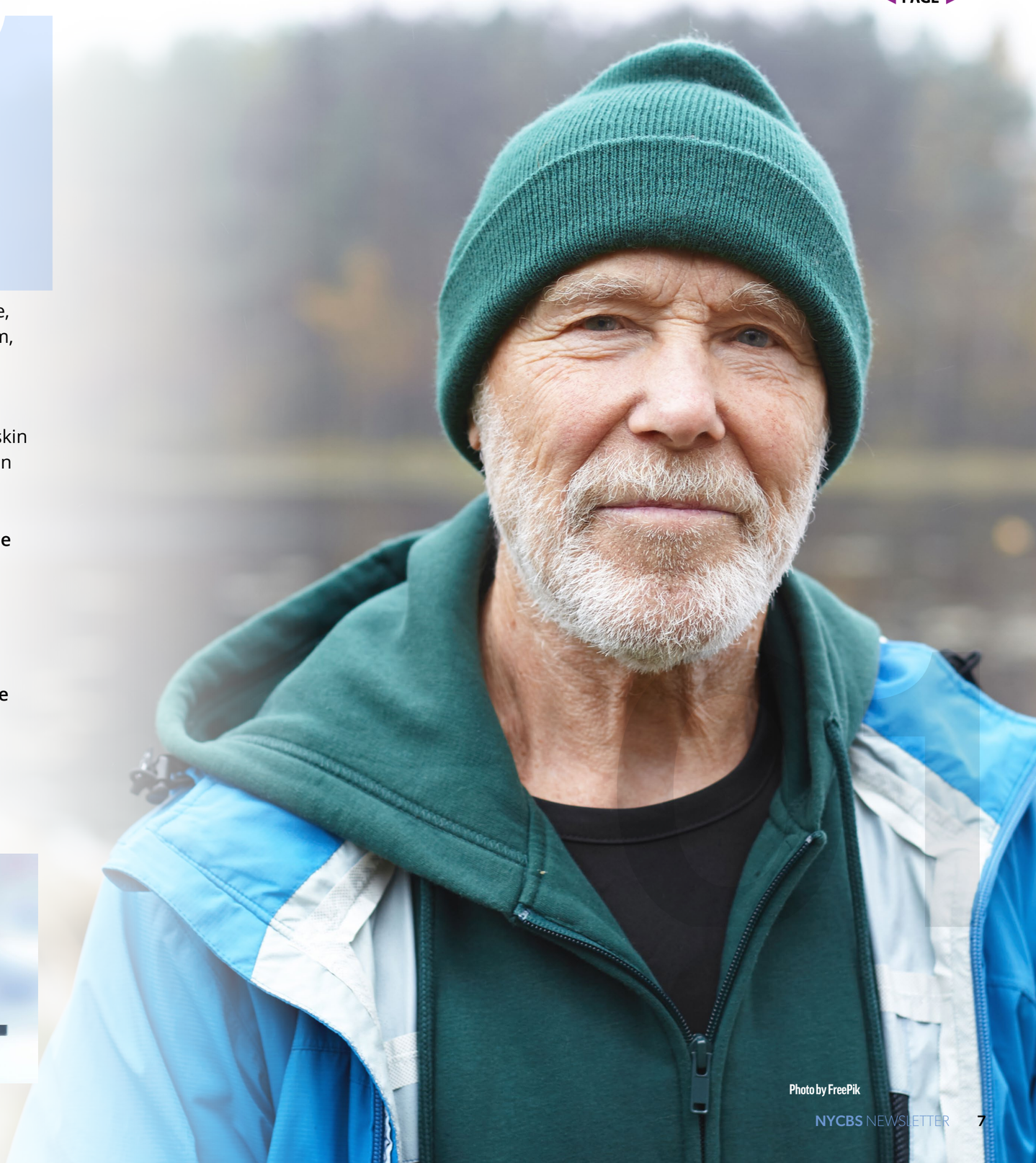
Prostate cancer occurs when cells in the prostate glands grow uncontrollably. The prostate, a walnut-sized gland in the male body located below the bladder and in front of the rectum, produces and stores the fluid that makes semen.

What Causes Prostate Cancer?

Prostate cancer is the most common cancer among men in the United States, aside from skin cancer. There is not a clear cause, but there are certain prostate cancer risk factors that can make you more likely to develop it in your lifetime, including:

- **African American - African American men are almost twice as likely to develop the disease than Caucasian men.**
- **A family history of prostate cancer - Having a family member diagnosed with prostate cancer increases your risk.**
- **A family history of breast or ovarian cancer - If family members have a BRCA gene mutation, it could leave them more at risk.**
- **Poor diet and obesity - Those who are obese and eat lots of high-fat foods may be at a higher risk for prostate cancer.**





Prostate Cancer Awareness

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What Are The Symptoms of Prostate Cancer?

Unfortunately, prostate cancer often begins and grows without causing any noticeable symptoms because it is slow-growing. Some prostate cancers can be aggressive and spread to other areas outside of the prostate, causing different symptoms and complications. Early detection is critical for successful treatment and a good prognosis.

Some of the signs and symptoms to be on the lookout for when it comes to prostate cancer include:

- **Difficulty urinating**
- **Blood in the urine**
- **Blood in the semen**
- **Erectile dysfunction**
- **Bone pain**
- **Loss of weight without trying**

How Can I Prevent Prostate Cancer?

There is no sure way to ensure you never develop prostate cancer in your lifetime, but there are specific lifestyle changes you can make to help reduce your risk, such as:

- **Maintain a healthy weight.**
- **Eat a nutrient-rich diet of healthy fruits, vegetables, lean meats, and whole grains.**
- **Exercise regularly throughout the week.**
- **Talk to your doctor about an increased risk of prostate cancer.**
- **Talk to your doctor about getting screened for prostate cancer.**
- **Talk to your doctor if you have any symptoms.**

Photo by iStock

Doctor Reviews

Malvi Thakker, MD

"Dr. Thakker is very knowledgeable and explains all issues very clearly Pleasure to have her as my doctor."

Ellen K

Efat Azizi, MD

"Dr. Azizi takes a lot of great quality time with her patients. She is easy to talk to about any medical problems you may have and gives excellent advice. Her nurses also get back to you if there are any blood work problems that she may need to speak to you about. Overall I am very happy with all my visits and the nurses upfront also work with my work schedule to accommodate me with upcoming appointments."

Halina M.

Amory Novoselac, MD

" Dr. Novoselac and his team are great! From their first entry into the office they are friendly and efficient. Blood draw was painless and easy. And Dr Novoselac has so much knowledge and perspective, with the patience to answer my multitude of questions. I highly recommend them."

Janet G.

Adami Hines, MD

"Dr. Hines is an amazing doctor. I was pleasantly surprised with his knowledge, and expertise. Patiently explained his medical specialty and made sure I understood before welcoming any other questions."

Octavia M.

Nella Shapiro, MD

"Dr. Nella Shapiro is a very experienced and dedicated breast surgeon with a good heart. I was treated by Dr. Shapiro as if I were her family member. She was very patient while explaining to me my options of treatment. She saved my life. Thank you for your help."

Zinaida Z.

Men's Health & **Prostate Cancer**

New York Cancer & Blood Specialists recognize Men's Health Month by increasing awareness and highlighting the importance of prostate cancer screenings. The risk of developing prostate cancer increases with age, but that doesn't mean it only affects older men.

"Men should consider screenings beginning at the age of 50," said Jahan Aghalar, MD, medical oncologist and hematologist at New York Cancer & Blood Specialists (NYCBS). "Prostate cancer is the second most common cancer in men worldwide. African American men and men with a family history (a brother or father with prostate cancer) are 2.5x more likely to develop the disease and therefore should be offered screening at an earlier age."

In recent years, genetically associated prostate cancer has been recognized in many cases with the involvement of a category of mutations involved in DNA repair named Homologous Recombination Repair defects. Uncovering whether a patient is a carrier of these genes can have significant therapeutic implications. Genetic testing in men with a specific hereditary cancer predisposition syndrome may help patients see long-term benefits if diagnosed and treated early.

Aside from conventional factors for risk stratification (i.e., age, stage, Gleason score, PSA level), in certain circumstances, Gene signature tests can help predict whether the cancer is less likely to spread or metastasize with the incorporation of anti-androgen therapy. "Treatment decisions for a newly diagnosed prostate cancer patient should certainly not take on a one-size-fits-all approach," said Dr. Aghalar.

There are also new updates in terms of novel imaging techniques. For example, prostate-specific membrane antigen (PSMA)-based PET scans can help doctors accurately assess the extent of disease at diagnosis or recurrence. This also has some new therapeutic implications based on a new treatment recently approved by the FDA, named Pluvicto (Lutetium 177). This is exciting news for patients and the future of prostate cancer diagnosis and treatment. This radiopharmaceutical is indicated to treat PSMA-positive metastatic castration-resistant prostate cancer who have previously received other anticancer therapies.

01

Dr. Jahan Aghalar *Named One of*

Newsweek's America's Best Prostate Cancer Oncologists 2024

New York Cancer & Blood Specialists (NYCBS), one of the Nation's leading oncology practices, is proud to announce that Dr. Jahan Aghalar has been recognized as one of Newsweek's America's Best Prostate Cancer Oncologists for 2024. This prestigious honor is part of Newsweek's first annual ranking of America's Best Prostate Cancer Oncologists & Surgeons, conducted in partnership with Statista.

"We are incredibly proud to have some of the best physicians and disease-specific specialists in the Nation, dedicated to providing world-class cancer care," said Dr. Jeff Vacirca, Chief Executive Officer of NYCBS. "Dr. Aghalar's recognition is a reflection of our commitment to excellence and our relentless pursuit of advancing cancer treatment."

The ranking, which recognizes the top 150 individuals in each of the two categories, is compiled from four primary sources: physician performance information based on Medicare data, an online survey of thousands of medical experts conducted in March and April, a quality-of-care rating from each specialist's peers, and consideration of their certifications from the American Board of Urology, Radiology, and Internal Medicine.

"I am deeply honored to be named among America's Best Prostate Cancer Oncologists by Newsweek," said Dr. Aghalar. This recognition is a testament to the collaborative efforts of my colleagues and the unwavering support from New York Cancer & Blood Specialists. Together, we strive to provide our patients the highest standard of care."

Dr. Aghalar specializes in malignancies originating from the genitourinary tract, specifically prostate, bladder, kidney, and testicular cancers. He earned his medical degree from Albert Einstein College of Medicine and completed his residency in internal medicine, serving as Chief Resident at Long Island Jewish Medical Center. During this time, he received the Outstanding Teacher Award. He later completed his fellowship in Hematology-Oncology at Hofstra-Northwell School of Medicine. Dr. Aghalar speaks English and Farsi.

Dr. Jahan Aghalar
Medical Oncology & Hematology

For more information or to schedule an appointment with Dr. Jahan Aghalar, please call 516-336-5255.

Early Screening and Detection of **Prostate Cancer**

Early screening and detection of prostate cancer can be life-saving. Prostate cancer is one of the most common cancers among men, and when caught in its early stages, the chances of successful treatment are significantly higher.

Regular screenings, including prostate-specific antigen (PSA) tests and digital rectal exams (DRE), can help identify the disease before symptoms develop, offering a critical window for early intervention.

Understanding the importance of these screenings and the options available is essential for men, especially those at higher risk due to age, family history, or other factors.

What is Prostate Cancer?

Prostate cancer occurs when cells in the prostate glands grow uncontrollably. The prostate, a walnut-sized gland in the male body located below the bladder and in front of the rectum, produces and stores the fluid that makes semen.

What Causes Prostate Cancer?

The exact cause of prostate cancer remains unclear, but several risk factors can increase your likelihood of developing it during your lifetime. These include having a family history of prostate, breast, or ovarian cancer, being an African American male, carrying the BRCA gene, and leading a lifestyle of poor diet habits and obesity.

How Can I Prevent Prostate Cancer?

There is no sure way to ensure you never develop prostate cancer in your lifetime, but there are specific lifestyle changes you can make to help reduce your risk, such as maintaining a healthy weight, eating a nutrient-rich diet, and exercising regularly. Talk to your doctor about an increased risk of prostate cancer, getting screened for prostate cancer, and if you have any symptoms such as difficulty urinating, blood in urine, blood in semen, erectile dysfunction, bone pain, or unintentional weight loss.

Early Screening and Detection of Prostate Cancer

(continued)

How Can Prostate Cancer Be Detected Early?

Prostate cancer can be detected early through two primary screening methods: the prostate-specific antigen (PSA) test and the digital rectal exam (DRE). The PSA test measures the level of prostate-specific antigen in the blood. PSA is a protein produced by the cells of the prostate. Because cancerous cells tend to produce more PSA, a spike in your PSA level may signify a problem. However, there are other benign conditions that may cause an uptick in PSA.If you're having a PSA test, it can often be added on to other blood work you may be having that day, and you may not need a separate blood draw.

DRE involves a physical examination of the prostate to check for abnormalities. Your doctor will insert a gloved, lubricated finger into your rectum and press toward the front of your body to feel the prostate. A prostate that's enlarged or irregularly shaped, or bigger than it was at your previous exam, is a red flag that should be investigated.

While imaging is not routinely used as a screening tool, MRIs can reduce unnecessary biopsies in patients with elevated PSA levels. MRIs aid in identifying significant cancers, guiding biopsies, and assessing the extent of the disease for treatment planning. Additionally, MRI is useful in monitoring low-risk prostate cancer during active surveillance and detecting recurrence after treatment.

When Should I be Screened for Prostate Cancer?

Prostate cancer screening recommendations vary widely according to different society guidelines and expert recommendations. In general, most groups agree that high-risk individuals should start screening earlier and most men should at least discuss screening with their providers by the age of 50. The table below provides an overview of PSA screening guidelines, highlighting the importance of discussing your options with your healthcare provider to determine the best approach for you.

Association (AUA) recommends that men under 40 should not be PSA screened, and men aged 45 years and older are encouraged to get a yearly DRE screening. The AUA recommends screening in men aged 40-45 only if they are at high risk for developing prostate cancer and for all men aged 45-69 to be PSA screened every 2-4 years. Men over 70 years of age or with a life expectancy of less than 10 years typically will not benefit from a PSA screening.

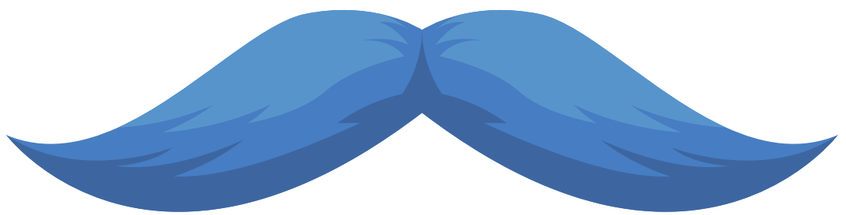
Talk to your doctor at your next checkup to go over your particular risk factors.

Prostate Cancer Screening Guidlines

Guidelines on prostate cancer screening have been issued by the following organizations:

- American Cancer Society (ACS) [1]
- National Comprehensive Cancer Network (NCCN) [2]
- American Urological Association (AUA)/Society of Urologic Oncology (SUO) [3]
- U.S. Preventive Services Task Force (USPSTF) [4]
- European Society for Medical Oncology (ESMO) [5]
- European Association of Urology/European Association of Nuclear Medicine/ European Society for Radiotherapy and Oncology/European Society of Urogenital Radiology/International Society of Urological Pathology/International Society of Geriatric Oncology (EAU/EANM/ESTRO/ESUR/ISUP/SIOG) [6]

The guidelines differ in their recommendations regarding whether or not to provide routine prostate-specific antigen (PSA)–based prostate cancer screening, in what age groups and life expectancies, and at what intervals. The guidelines agree that PSA-based prostate cancer screening requires an informed, shared decision-making process, and that the decision should reflect the patient's understanding of the possible benefits and risks and should respect the patient's preferences and values.



ACS Screening Guidelines

Current ACS guidelines for early detection of prostate cancer do not recommend routine screening in any age group. Instead, asymptomatic men with at least a 10-year life expectancy should be given an opportunity to make an informed decision with their health care provider after receiving information on the uncertainties, risks, and benefits of screening. [1]

Men should receive the information starting at the following ages:

- Age 50 for those at average risk of developing prostate cancer
- Age 45 for those at high risk, including African Americans and men with a first-degree relative (father, brother, son) diagnosed with prostate cancer before age 65
- Age 40 for those at higher risk (more than one first-degree relative diagnosed with prostate cancer at an early age)

For men who are unable to decide whether they wish to be screened, the ACS advises that the patient's health care provider can make the screening decision, taking into account the patient's general health preferences and values.

Men who decide to be screened should be tested with a PSA test. A digital rectal exam (DRE) may also be done as a part of screening.

If screening does not detect cancer, the time between subsequent screenings depends on the results of the blood test, as follows:

- PSA < 2.5 ng/mL – Retesting may be done every 2 years
- PSA ≥ 2.5 ng/mL – Retesting should be done annually

Even after the decision to screen has been made, the discussion about the risks and benefits of testing should be repeated as new information becomes available.

NCCN Screening Guidelines

The NCCN recommends performing a baseline evaluation, with a history and physical examination that includes the following

Men should receive the information starting at the following ages:

- Family history
- Medications
- History of prostate disease and screening, including prior PSA and/or isoforms, exams, and biopsies
- Race
- Family or personal history of BRCA1/2 mutations

The clinician should then discuss of the risks and benefits of a baseline PSA test with the patient, and consider a baseline DRE to identify high-risk cancers associated with a seemingly normal PSA. In patients 45-75 years of age, subsequent evaluation is based on the results of those tests, as follows [2] .

- PSA < 1 ng/mL, DRE normal (if done): Repeat testing at 2–4 year intervals
- PSA 1-3 ng/mL, DRE normal (if done): Repeat testing at 1–2 year intervals
- PSA > 3 ng/mL and/or very suspicous DRE result: Evaluate for biopsy

For men above the age of 75, screening may be cautiously considered in selected cases of very healthy men with little or no comorbidity. If PSA is measured and is < 4 ng/mL, the DRE is normal (if done), and no other indications for biopsy are present, the NCCN recommends repeat testing in selected patients at 1-2 year intervals. If the PSA is ≥ 4 ng/mL or DRE results are very suspicious, the patient should be evaluated for biopsy.

The NCCN notes that men ≥60 years of age with serum PSA < 1.0 ng/mL have a very low risk of metastasis or death from prostate cancer and may not benefit from further testing. The same is true of men age 75 years with a PSA of < 3.0 ng/mL.

Evaluation for biopsy includes the following:

- Repeat PSA
- Perform DRE, if not done performed during initial risk assessment
- Workup for benign disease

AUA/SUO Screening Guidelines

The current AUA/SUO guidelines, published in 2023, recommend shared decision-making for patients in whom screening would be appropriate, and proceeding on the basis of patients' values and preferences. PSA measurement should be the initial screening test and should be repeated for patients with newly elevated results prior to performing secondary biomarker measurement, imaging, or biopsy. [3]

Prostate cancer screening may begin for patients starting at the following ages:

- Age 45 to 50
- Age 40 to 45 for those at increased risk based on the following factors: Black ancestry, germline mutations, strong family history of prostate cancer

For men 50 to 69 years of age, offer regular prostate cancer screening every 2-4 years. The re-screening interval may be personalized or discontinued on the basis of patient preference, age, PSA, prostate cancer risk, life expectancy, and general health, following shared decision making.

DRE may be used alongside PSA to establish risk of clinically significant prostate cancer. PSA velocity should not be the sole indication for a secondary biomarker measurement, imaging, or biopsy. Validated risk calculators may be used to inform the shared decision-making process regarding prostate biopsy. When the risk of clinically significant prostate cancer is sufficiently low, based on available clinical, laboratory, and imaging data, clinicians and patients may forgo near-term prostate biopsy. [3]

USPSTF Screening Guidelines

The USPSTF guidelines, which were updated in 2018, recommend that in men age 55 to 69 years, the decision whether to undergo periodic PSA-based screening for prostate cancer should be an individual one (grade C recommendation). The guidelines advise that in making this decision, "patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs." In men age 70 years and older, the USPSTF recommends against PSA-based screening for prostate cancer (grade D).

ESMO Screening Guidelines

ESMO guidelines, which were updated in 2020, recommend against population-based PSA screening for prostate cancer, as it reduces prostate cancer mortality at the expense of overdiagnosis and overtreatment. [5] ESMO suggests that early PSA testing (baseline PSA measurement followed by risk-adapted follow-up) can be offered to the following:

- Men older than 50 years
- Men older than 45 years with a family history of prostate cancer
- African-American men older than 45 years
- BRCA1/2 carriers older than 40 years

ESMO recommends against testing for prostate cancer in asymptomatic men with a life expectancy < 10 years. [5]

EAU/EANM/ESTRO/ESUR/ISUP/SIOG
Screening Guidelines

Joint guidelines issued by EAU/ESTRO/SIOG, updated in 2023, recommend against subjecting men to PSA testing without counselling them on the potential risks and benefits, but recommend offering an individualized risk-adapted strategy for early detection to a well-informed men with a life expectancy of at least 10-15 years. [6]

The guidelines advise that early PSA testing may be offered to well-informed men at elevated risk of having prostate cancer, as follows:

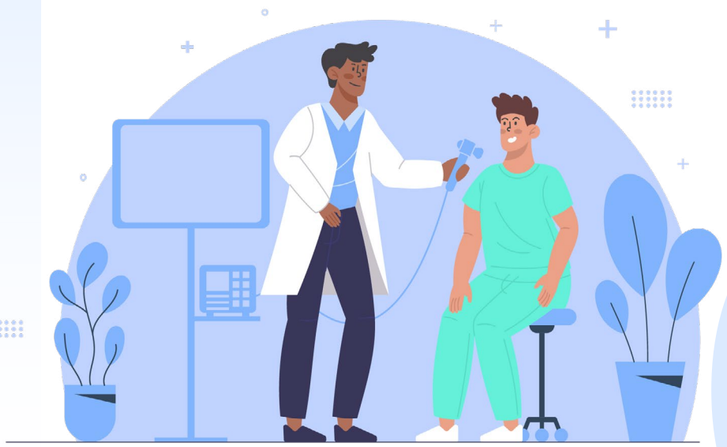
- Men ≥ 50 years old
- Men ≥ 45 years old with a family history of prostate cancer
- Men of African descent ≥ 45 years old
- Men carrying BRCA2 mutations ≥ 40 years old

Offer follow-up testing at intervals of 2 years for the following at-risk groups:

- Men with a PSA level of > 1 ng/mL at age 40 years
- Men with a PSA level of > 2 ng/mL at age 60 years

Postpone follow-up to 8 years in those not at risk.

Discontinue testing based on life expectancy and performance status; men who have a life expectancy of < 15 years are unlikely to benefit.



Everything You Need to Know Before Your First
Bone Density Scan

What is a Bone Density Scan?

A bone density scan, also known as a DEXA scan, is a specialized imaging test that measures the thickness and strength of your bones using low-dose X-rays. This scan primarily assesses the levels of minerals, particularly calcium, in your bones. Higher mineral levels indicate stronger, denser bones that are less likely to fracture.

Who Should Get a Bone Density Scan?

Bone density naturally decreases with age, raising the risk of osteoporosis, particularly in women. A bone density scan is **recommended for individuals who meet the following criteria:**

- **Age 50 or older:** Especially if you've experienced a bone fracture.
- **Height loss:** If you've lost 1 ½ inches or more of your height.
- **Women under 65:** If you are at high risk for osteoporosis.
- **Women aged 65 and older:** Routine scans are advised.
- **Men aged 50 to 69:** If you have significant risk factors.
- **Men aged 70 and older:** Routine scans are recommended.

How to Prepare for Your Bone Density Scan

Preparing for a bone density scan is straightforward:

- **Avoid calcium supplements:** Refrain from taking them at least 24 hours before the test.
- **Wear loose, comfortable clothing:** Avoid metal zippers, buttons, or any metal accessories.
- **Notify your healthcare provider:** If you've had a recent barium exam or a CT scan with contrast material, as these can interfere with your results.

Everything You Need to Know Before Your First

Bone Density Scan

(continued)

What to Expect During the Scan

During the scan, you'll lie on a cushioned table while a scanning arm moves over your body, focusing on key areas like the spine, hip, and sometimes the forearm. It's important to remain as still as possible; you may be asked to hold your breath briefly. The procedure is quick, non-invasive, and typically takes between 10 to 30 minutes.

Are There Any Risks?

Bone density scans are very safe, involving only a minimal amount of radiation—much less than a standard X-ray. While the risk is extremely low, it's crucial to inform your doctor if you're pregnant or suspect you might be, as any radiation exposure could potentially affect a developing fetus.

Understanding Your Results

Your bone density scan results are given as two scores:

- **T-score:** Compares your bone density to that of a healthy young adult of the same gender.
  - A T-score of -1 or higher indicates healthy bones.
  - A T-score between -1 and -2.5 suggests osteopenia, a condition where bone density is below normal but not yet severely low.
  - A T-score of -2.5 or lower indicates osteoporosis, a condition characterized by significantly reduced bone density.
- **Z-score:** Compares your bone density to what's typical for someone of your age, gender, and size.

These scores are essential for assessing your fracture risk and determining whether you need treatment for osteoporosis.

How Often Should You Have a Bone Density Scan?

The frequency of bone density scans depends on your individual risk factors and whether you're undergoing treatment. Typically, a scan is recommended every two years after your initial test. However, your doctor may suggest a different interval based on your specific needs and treatment plan.

Understanding Quantitative Computed Tomography (QCT) for

Bone Density Testing

Quantitative Computed Tomography (QCT) is a specialized bone density test that uses a CT scanner to evaluate the strength of your bones and assess your risk of osteoporosis. Unlike other bone density tests, QCT produces a 3D image, allowing for a more detailed measurement of Bone Mineral Density (BMD). The hip and lumbar spine are typically the primary areas evaluated with QCT, offering valuable insights into your bone health.

Who Should Consider a QCT Bone Density Scan?

A QCT Bone Density Scan is particularly recommended for individuals who may have specific risk factors, including:

- Those at risk of osteopenia (low bone mass)
- Patients currently being treated for osteoporosis and requiring regular monitoring
- Individuals receiving or about to receive steroid therapy
- Patients with hyperparathyroidism
- Those with vertebral abnormalities
- Individuals with either a small or tall stature
- Patients with a large body habitus
- Men with degenerative spine disease

Advantages of QCT Over DXA Testing

QCT offers several advantages over Dual-Energy X-ray Absorptiometry (DXA) testing, especially for individuals who may not be suitable candidates for DXA. QCT scans are safe and provide accurate BMD measurements for patients who have:

- Arthritis
- Scoliosis
- Disc space narrowing
- Spinal degenerative diseases
- Aortic calcification
- Osteophytes
- Obesity

Photo by FreePik

Understanding Quantitative Computed Tomography (QCT) for **Bone Density Testing**

(continued)

Contraindications for QCT Bone Density Scans

While QCT is generally safe, it is not recommended for everyone. You should avoid a QCT scan if you:

- Have recently undergone a test involving barium, iodine, or other contrast materials
- Are pregnant or suspect you may be pregnant

Preparing for Your QCT Bone Density Scan

Before your QCT scan, you may need to:

- Avoid calcium supplements for at least 24 hours before the test
- Wear loose, comfortable clothing and avoid metal zippers, buttons, or accessories
- Inform your healthcare provider if you've recently had any exams involving contrast materials, as these could interfere with your scan results

What to Expect During the QCT Scan

During the scan, you will lie on a cushioned table while the CT scanner captures images of your bones, focusing on areas like the spine and hips. The procedure is quick, non-invasive, and typically takes between 10 to 30 minutes. It's important to remain still during the scan to ensure accurate results.

Understanding Your QCT Scan Results

Your QCT scan results will provide detailed information about your bone mineral density, which is essential for assessing your risk of fractures and determining the need for osteoporosis treatment. The results will include a BMD score that helps your healthcare provider make informed decisions about your bone health.

If you have any questions or concerns about a QCT bone density test, please don't hesitate to contact us.

Advancements in **Embolization and Ablation**

The interventional radiology (IR) team at New York Cancer & Blood Specialists perform minimally invasive therapies using imaging to guide minimally invasive procedures that diagnose, treat, and cure many conditions. Interventional radiology procedures are often less expensive, less risky, and less painful than traditional surgery. Many patients can potentially benefit from these procedures but are unaware of the option.

IR is one of the pillars of treatment for both primary and secondary tumors. A patient's first encounter with IR might be an image-guided biopsy, which uses ultrasound or CT to guide a needle directly into the tumor. Previously, biopsies required being cut open or laparoscopic surgery to take a piece of the liver. With IR, the whole biopsy procedure takes about ten minutes. The procedures can be performed with either sedation or local anesthesia. Patients leave the same day with a band-aid and no incisions.

The two main types of IR procedures that treat cancers are ablation and embolization. Ablation is a needle-based procedure that uses heat or cold to destroy the tumors. At NYCBS, microwave ablation is performed using the latest and most advanced system, NEUWAVE Microwave Ablation System. The system allows for more precise and complete treatment of tumors. Similar to a biopsy, imaging is used to guide a needle into the tumor, but instead, this needle emits microwaves that heat the tumor, burn, and destroy it. Ablation procedures can, in certain instances, completely cure cancer, for example, stage 1 renal cell carcinoma and BCLC stage 0 and stage A Hepatocellular Carcinoma (HCC). Ablation is a good

Advancements in **Embolization and Ablation**

(continued)

treatment option for patients who are not good surgical candidates or have such small tumors that they do not necessarily need more extensive surgery. Patients recover just as quickly from the ablation procedure as from biopsies. They are monitored for two hours and then go home.

For patients with painful metastatic bone lesions, ablation is helpful not only for curing tumors but also as a palliative procedure. Although burning the painful bone tumors may not cure the cancer, it can help provide lasting pain relief. This can also be combined with external beam radiation for additional pain control.

Embolization is another outpatient IR cancer treatment. Embolization blocks arterial blood flow to tumors using tiny particles injected through a catheter directly into the organ with the tumors. For example, primary liver cancer (HCC) is a very arterial vascular type of tumor that responds well to embolization. When treating one or few focal tumors, the interventional radiologist can get into the specific tiny vessel that feeds only that tumor (or at least primarily that tumor and just a small part of the surrounding liver). The normal liver gets its blood supply mainly from the portal vein. So even if the entire hepatic artery is blocked, the normal liver tissue still survives while the tumors die. For patients with certain types of diffuse metastatic liver disease, embolization of an entire lobe or even the entire liver can be performed. When embolizing the entire liver, treatment is usually performed over two separate sessions. This usually helps to shrink the tumors throughout the whole liver but leaves the normal liver tissue mostly intact.

Unlike surgery, with embolization, patients have no or minimal scarring. Embolization often works part of the way and shrinks the tumors but does not always eliminate them. In those cases, we can repeat the procedures as often as needed to keep the tumors under control. For example, with primary cancer of the liver, Hepatocellular carcinoma (HCC), if it doesn't work the first time, we can repeat the procedure the following month. The goal is to cure the cancer in that case by repeating the process and being more aggressive until the tumor is destroyed. For patients with diffuse metastatic disease, the goal is tumor control rather than cure. These patients may experience regression or shrinking of the tumors, and then a year after treatment, the tumors may recur or progress. If the tumors recur or progress, embolization can be repeated as often as needed.

Chemoembolization is a specific type of arterial embolization in which particles are mixed with

chemotherapy that is also injected into the tumors. That allows the tumor to be hit with 50 times as much chemo as during a regular chemo infusion, but the patient's body will still get less than a regular chemo infusion. As a result, patients don't experience the chemo side effects even though they are getting very high doses of chemo directly into the tumor.

Embolization and ablation can also work together. For example, if there is a large tumor, it might need to be embolized first to block its blood supply and shrink it so that it can then be more easily burned with ablation. By decreasing the blood flow first, embolization stops the blood from carrying heat away from the tumor and allows the ablation to reach higher temperatures to better kill larger tumors.

Prostate cancer can also be treated using embolization. By shrinking the prostate and moving it away from the rectum and other delicate structures, the embolization allows external beam radiation to cure the prostate cancer without damaging the rectum or other structures nearby. In addition, by shrinking the prostate's total volume, the total radiation dose needed for treatment can also be reduced.

Embolization can be used to treat not only cancer but also benign lesions in different organs. In the kidney, embolization can be used to treat benign tumors called angiomyolipomas that can otherwise cause internal bleeding. Prostate artery embolization has become a popular treatment to shrink the prostate in patients with trouble urinating due to benign prostatic hyperplasia (BPH). Uterine Fibroid Embolization is another treatment that can help patients with heavy menstrual bleeding or pain related to fibroids, adenomyosis, or endometriosis.

Embolization and ablation are amazing procedures with various uses that can really help our patients. Advancements in embolization and ablation are occurring all the time, leading to new and improved types of treatments.

What is Radiation Therapy?

Radiation therapy is the delivery of high-energy X-rays to destroy cancer cells. The goal is to target and kill the cancer cells while minimizing damage to the surrounding healthy tissue. Radiation works by damaging the DNA within the cancer cells, which prevents them from growing and dividing. Over time, these damaged cancer cells die off and the body naturally eliminates them.

How Does Radiation Therapy Work?

Radiation therapy for prostate cancer can be delivered in several ways, but the basic principle remains the same: to direct radiation at the prostate to kill cancer cells. The treatment is usually non-invasive, meaning it doesn't involve surgery or cutting into the body. Instead, radiation is delivered from outside the body or placed directly inside the prostate, depending on the type of therapy.

There are two main types of radiation therapy used for prostate cancer:

External Beam Radiation Therapy (EBRT): This is the most common form of radiation therapy for prostate cancer. In EBRT, high-energy rays are aimed at the prostate from outside the body using a machine called a linear accelerator. The treatment is typically given five days a week over several weeks. Modern techniques, such as Intensity-Modulated Radiation Therapy (IMRT) and Image-Guided Radiation Therapy (IGRT), allow doctors to precisely target the prostate while sparing nearby healthy tissues, such as the bladder and rectum. Brachytherapy (Internal Radiation): In this type of radiation therapy, small radioactive seeds are implanted directly into the prostate gland. These seeds emit radiation over time, targeting the cancer cells within the prostate. Brachytherapy can be delivered as a permanent implant (low dose rate brachytherapy), where the seeds are left in place and the radiation gradually decreases, or as a temporary implant (high dose rate brachytherapy), where higher doses of radiation are delivered for a short period and then removed.

External Beam Radiation Therapy (EBRT) for prostate cancer can be delivered in various ways, depending on the fractionation schedule, which refers to how the radiation dose is divided over time: Conventionally Fractionated Radiation Therapy: This is the traditional approach where radiation is delivered in small doses, typically five days a week, over seven to nine weeks. Each session, or fraction, gives a lower dose of radiation, allowing healthy tissues time to recover between treatments. This method has been widely used and is well-established for treating prostate cancer.

Moderately Hypofractionated Radiation Therapy: In this approach, the total radiation dose is divided into larger fractions, allowing treatment to be completed in a shorter time frame, usually around four to five weeks. The higher doses per session can be as effective as conventional fractionation, with comparable side effects, making it a convenient option for many patients.

Stereotactic Body Radiation Therapy (SBRT): SBRT delivers very high doses of radiation in a few sessions, typically five or fewer, over one to two weeks. The precision of SBRT, often with machines such as the CyberKnife, allows for targeted treatment of the prostate with minimal impact on surrounding tissues. SBRT is particularly beneficial for early-stage prostate cancer, offering a shorter treatment duration with excellent outcomes.

Side Effects of Radiation Therapy

While radiation therapy is effective in treating prostate cancer, it can have side effects. These side effects can vary depending on the type and dose of radiation and the individual patient.

Common side effects include:

1) Urinary Changes: Radiation may cause some temporary changes in urinary habits, such as needing to urinate more often, feeling a stronger urge to go, or experiencing mild discomfort. In some cases, there may be a slight difficulty in fully emptying the bladder, but these symptoms typically improve over time.

2) Bowel Changes: Radiation can sometimes affect bowel habits or urgency during bowel movements. Some patients may develop a small amount of rectal bleeding, but these effects are usually manageable and tend to resolve on their own.

3) Erectile Function: Radiation can lead to changes in erectile function. However, many men continue to maintain sexual function, and there are effective treatments available if any changes occur.

4) Fatigue: It's common to feel a bit more tired than usual during radiation therapy. This fatigue generally improves after treatment is finished, and most patients find they can continue their normal activities with some minor adjustments.

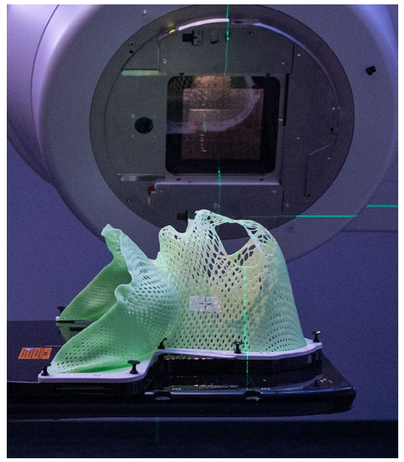
Most side effects of radiation therapy are temporary and improve over time. However, some side effects, like erectile dysfunction, may be long-term. Theoretically, radiation can also cause another cancer many years down the line, although the risks are low. It's important to discuss potential side effects with your healthcare team before starting treatment so you can make an informed decision about your care.

What is **Radiation Therapy?**

(Continued)

Conclusion

Radiation therapy is a vital tool in the fight against prostate cancer, offering effective treatment options with the potential for cure or long-term control of the disease. Understanding the basics of how radiation works, the different types of radiation therapy available, and the potential side effects can help patients and their families make informed decisions about their treatment options. As always, it's important to discuss any concerns or questions with your healthcare provider to ensure the best possible outcome for your individual situation.



The Effects of Early Prostate Cancer Treatment and Genetic Testing on Long Term Health

Dr. Jahan Aghalar
Medical Oncology & Hematology

Prostate cancer patients may see long term benefits during their cancer care if treated early or with genetic testing. Coordinating care with a medical oncologist is essential to establish the best plan of treatment for all stages of prostate cancer. Providing a treatment plan best suited for individual needs even after treatment such as radiation or surgery, the medical oncologists at New York Cancer & Blood Specialists help prostate cancer patients maintain good health and manage side effects from treatment.

According to Jahan Aghalar, MD, hematologist and medical oncologist at New York Cancer & Blood Specialists (NYCBS), "The latest research in prostate cancer indicates that in many circumstances, utilizing newer drugs that traditionally have been used in end-stage prostate cancer, earlier on at the time of diagnosis, improves the overall quality of life, and ultimately survival from cancer as well."

NYCBS' physicians can be an important part of your care team to help make the best-individualized decisions for a given person's particular diagnosis to avoid over-treatment, minimizing the risks of long term complications such as incontinence, or erectile dysfunction.

"As a medical oncologist, we can offer the patient a very unbiased objective opinion to help guide them. We want to ensure that patients are not left off with life-altering side effects unnecessarily. Treatment decisions for a newly diagnosed prostate cancer patient should certainly not take on a one-size-fits- all approach," said Dr. Aghalar.

In recent years, genetically associated prostate cancer has also been recognized in many cases with the involvement of a category of alterations in the DNA named Homologous Recombination–Related Gene Mutations. This information has a significant impact on the later stages of the disease. Uncovering whether a patient is a carrier of one of these genes can have significant therapeutic implications. Genes that are often associated with prostate cancer also put people at risk for higher incidences of pancreatic cancer, breast cancer, and ovarian cancer.

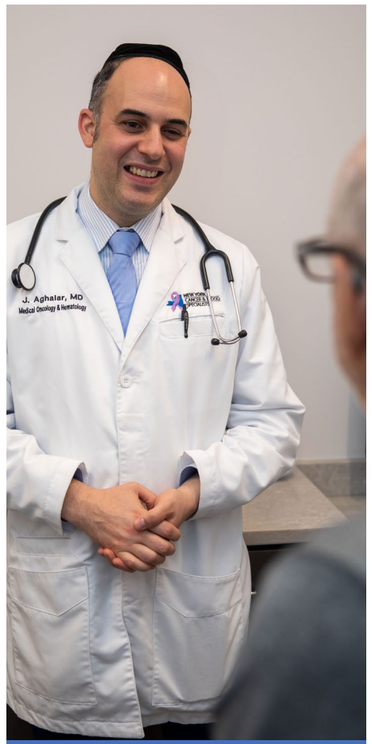
Sometimes the therapies men undergo for prostate cancer can have deleterious effects on their heart health. Therefore, following a heart-healthy regimen which includes avoiding high-fat foods and regular exercise, can be beneficial.

Dr. Aghalar concluded, "The right partner helps design treatment with the idea that prostate cancer should not limit a patient's life expectancy while maintaining the preservation of quality of life as a priority. The type of cancer, the age of the patient, and their comorbidities play an important role in their treatment plan. In addition to diagnosis, treatment, and the ability to offer genetic screenings, NYCBS provides integrated care teams, and on-site services to support you every step of the way."

To schedule an appointment, please call 1-833-CANCER9.

Prostate Cancer

and the Importance of Avoiding Undertreatment



Dr. Jahan Aghalar
Medical Oncology & Hematology

In truth, prostate cancer is an umbrella term ascribed to heterogeneous disease states with varying expected prognoses. Over the years, there has been a growing justified recognition and impetus to avoid overtreatment, particularly for those who present with early-stage low grade (i.e., nonaggressive) disease. The goal is the treatment's side effects should not be worse than the disease's expected morbidity. On the other side of the pendulum, more recent research is now illustrating clearly that undertreatment of prostate cancer can negatively impact survival in many circumstances.

New York Cancer & Blood Specialists' medical oncologist/hematologist, Dr. Jahan Aghalar, discusses the importance of early evaluation with a medical oncologist to conquer the disease. "We can help personalize effective and optimal therapies initially to combat prostate cancer, leading to improvements in long-term outcomes," Dr. Aghalar said. "In particular for those with metastatic cancer that is still sensitive to traditional hormone therapy (castrate-sensitive prostate cancer), recent research clearly illustrates the life-prolonging benefit of utilizing chemotherapy in addition to hormonal therapy early on. There are also three different novel hormonal agents that have been FDA approved and have been shown to improve survival compared to traditional primary hormonal therapy. Your physician can help you go over these options."

Patients should also inquire about genetic sequencing at the time of their diagnosis. "Approximately 15% of patients with advanced-stage prostate cancer have an important genetic component to their disease affecting the DNA repair mechanisms," Dr. Aghalar continued. "This has significant therapeutic implications as patients who are found to have such defects have an increased chance of significantly benefiting from a class of oral medications named PARP inhibitors."

In addition, more extensive analysis using whole-genome sequencing (WGS)-based classification of tumors may be useful to improve the selection of patients for different targeted therapies via ongoing promising clinical trials at NYCBS. Lastly, genetic sequencing can also uncover crucial hereditary information which would affect future cancer risk to close relatives who may be harboring the same genetic defect."

Exploring

Surgical Options for Prostate Cancer

Prostate cancer is one of the most common cancers affecting men, but advances in medical technology and techniques mean there are now several surgical treatment options available. For many patients, surgery offers the chance to remove the cancer and improve their chances of long-term survival.

Radical Prostatectomy

Radical prostatectomy is the most common surgical procedure for prostate cancer. It involves the removal of the entire prostate gland, along with some surrounding tissue, including the seminal vesicles and sometimes nearby lymph nodes.

Types of Radical Prostatectomy

Open Radical Prostatectomy: This traditional approach requires a larger incision in the lower abdomen. It's a reliable method, though recovery can be longer compared to newer techniques.

Laparoscopic Radical Prostatectomy: This technique is minimally invasive and involves several small incisions through which specialized instruments and a camera are inserted. It typically results in less blood loss, a shorter hospital stay, and a quicker recovery.

Robotic-Assisted Laparoscopic Prostatectomy: This is a type of laparoscopic surgery in which the urologist uses a robotic system to perform the procedure with enhanced precision. The surgeon controls the robot's instruments from a console, allowing for greater control and accuracy.

Radical prostatectomy can be highly effective in treating localized prostate cancer. However, potential side effects include urinary incontinence and erectile dysfunction. The risk of these side effects can vary based on factors like the surgeon's skill and the cancer's characteristics.

Transurethral Resection of the Prostate (TURP)

While TURP is not a cure for prostate cancer, it can be a valuable procedure for managing symptoms, particularly if the cancer is causing significant urinary obstruction. During TURP, the urologist removes part of the prostate tissue through the urethra using a specialized instrument.

TURP can alleviate symptoms like frequent urination or difficulty urinating. However, it doesn't remove the cancerous tissue, so it's typically used in conjunction with other treatments if prostate cancer is present.

Salvage Prostatectomy

Salvage prostatectomy is a procedure performed after other treatments, like radiation therapy, have failed. It involves the removal of the prostate gland and any surrounding tissue that might be affected by recurrent cancer.

Salvage prostatectomy can be a viable option for managing cancer that has returned after initial treatment. However, it's often more complex due to previous treatments, which can increase the risk of complications.

Choosing the Right Surgical Option

Surgery plays a critical role in the management of prostate cancer, with various options tailored to meet the needs of individual patients. Whether it's radical prostatectomy, TURP, cryotherapy, HIFU, or salvage prostatectomy, the goal is to effectively treat the cancer while minimizing side effects and maintaining quality of life.

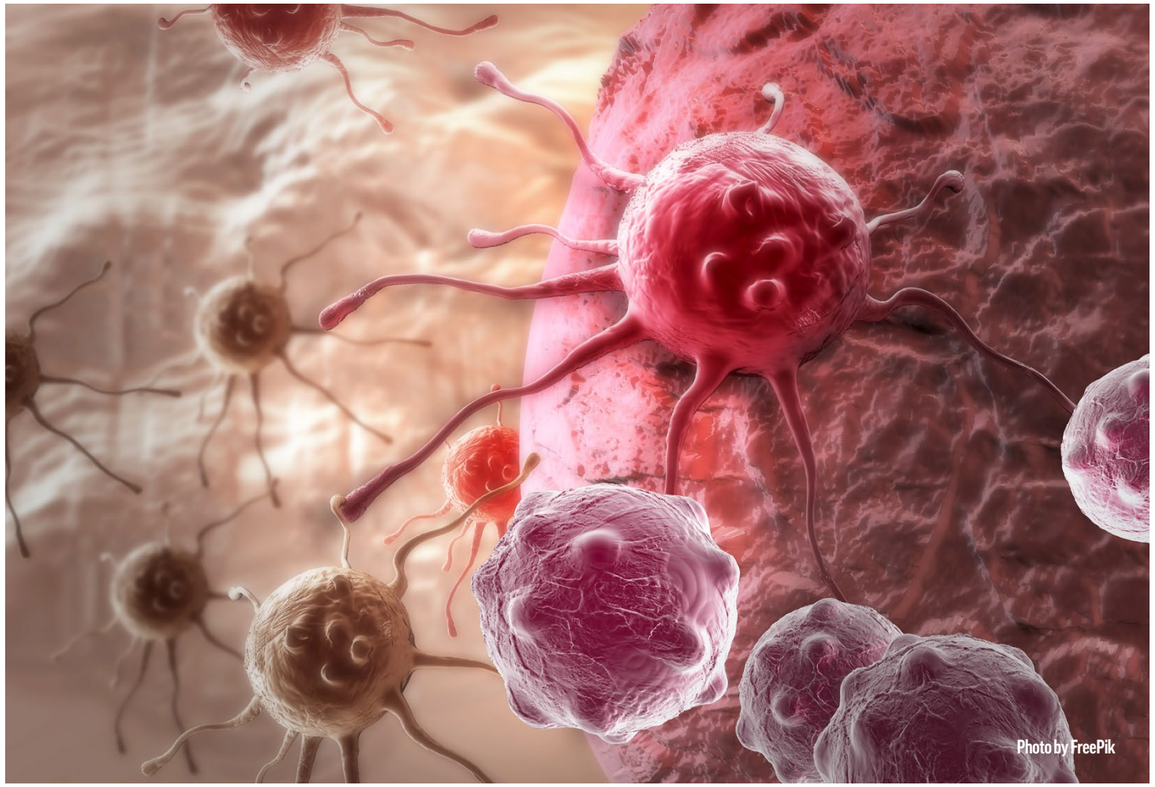
Deciding on the right surgical approach for prostate cancer depends on various factors, including the stage and grade of the cancer, overall health, and personal preferences. A thorough discussion with your urologist will help you understand each option's potential benefits and risks, ensuring that you make an informed decision.

To schedule an appointment or learn more about the latest advancements in prostate cancer treatment, visit nycancer.com.

Systemic Therapy in Prostate Cancer

01

Treatment for prostate cancer has come a long way in recent years, with systemic therapy playing a pivotal role in managing and combating the disease. Systemic therapy is an advanced approach to treating prostate cancer, as it targets cancer cells throughout the entire body rather than just one specific area. This modality of treatment is vital for managing cases where cancer has spread beyond



What is Systemic Therapy?

Systemic therapy refers to treatments which target cancer cells throughout the entire body as opposed to localized therapies which only affect a specific area. Unlike surgery or radiation, which focus on specific tumors or regions, systemic therapy circulates through the bloodstream to reach and affect cancer cells wherever they might be.

The Main Types of Systemic Therapy for Prostate CancerProstate cancer treatment often involves systemic therapy, and there are three primary types used to manage the disease:

1. Hormone Therapy: Also known as androgen deprivation therapy (ADT), hormone therapy is designed to reduce or block the effects of androgens—male hormones like testosterone that fuel the growth of prostate cancer cells. By lowering the levels of these hormones or preventing them from attaching to cancer cells, hormone therapy can slow down or even shrink tumors. This therapy can be administered through medications that either lower hormone production or block hormone receptors in cancer cells.

2. Chemotherapy: Chemotherapy involves the use of powerful drugs to kill cancer cells throughout the body. This type of systemic therapy is often used when prostate cancer becomes metastatic, has spread beyond the prostate gland, or is resistant to hormone therapy. Chemotherapy drugs are administered intravenously and work by targeting and destroying rapidly dividing cancer cells.

3. Immunotherapy: Immunotherapy leverages the body's immune system to identify and attack cancer cells. This approach is beneficial for advanced prostate cancer cases that have become resistant to other treatments. This treatment works by stimulating the immune system to recognize and target prostate cancer cells.

Systemic Therapy Benefits

Systemic therapy offers several key benefits for patients with prostate cancer. One of its main advantages is its broad reach— by circulating through the bloodstream, systemic therapies can target cancer cells that have spread to other body parts beyond the primary site. These therapies also provide comprehensive treatment by addressing localized tumors and microscopic cancer cells that might not be visible through imaging techniques. The variety of systemic therapy options available allows doctors to tailor treatment plans to fit the individual needs and specific stages of each patient's cancer, ensuring a more personalized and effective approach.

Systemic therapy is an integral treatment resource for prostate cancer, offering targeted options to manage the disease and improve patient outcomes. By understanding the different types of systemic therapies and how they work, patients and their families can be better prepared to make informed decisions about their treatment journey.

To schedule an appointment or learn more about the latest advancements in prostate cancer treatment, or visit nycancer.com.

PSMA PET/CT Scan

Improves Prostate Cancer Detection and Treatment

PSMA PET/CT Scans are improving how the extent of prostate cancer spread is detected and treated. The new technology can identify cancer both in and outside the prostate gland. It especially benefits men with recurrence and at risk of metastasis by helping doctors tailor more effective individualized treatment plans.

Prostate cancer is typically first detected through a prostate-specific antigen (PSA) blood test. Traditionally, elevated PSA levels are followed by a prostate biopsy to confirm or rule out cancer. The PSA test is a very good marker for the presence of the cancer, but it can't identify where it is. CT scans and other imaging tests can often appear normal, even when prostate cancer is present outside the prostate gland.

Until now, imaging tests were not sensitive enough to determine if or where the cancer had spread.

The radioactive tracer gallium 68 PSMA is a molecular imaging marker for prostate cancer. It is injected an hour before imaging, binding to PSMA, a protein on the surface of prostate cancer cells. The cancerous cells are then identified as bright spots on the PET scan, revealing their location on an image.

PSMA PET/CT is sensitive imaging, but more importantly, it is specific. So positive tests are nearly almost always a true positive. This allows physicians to act quickly without necessarily needing to perform a prostate or lymph node biopsy.

PSMA PET/CT is not intended to be a screening tool. Instead, it is for those diagnosed with prostate cancer who have a higher chance of it spreading or who have a recurrence, as indicated by a rising PSA level after initial treatment.

This advancement is much closer to the holy grail of precision and personalized medicine and will significantly impact patient decision-making and treatment options.

How Urologists and Oncologists Work Together to Treat Prostate Cancer

Prostate cancer can affect any man, and it's best treated by a team of doctors working together. Urologists and oncologists now team up to provide the most effective care, whether the cancer is just starting or more advanced. This teamwork, called multidisciplinary care, ensures that the treatment plan is made just for the person and covers all parts of the disease.

Prostate cancer used to be managed mainly by urologists, who dealt with urinary system issues. Surgery was a standard treatment. But today, a joint approach involving different specialists is recognized as crucial for the best care.

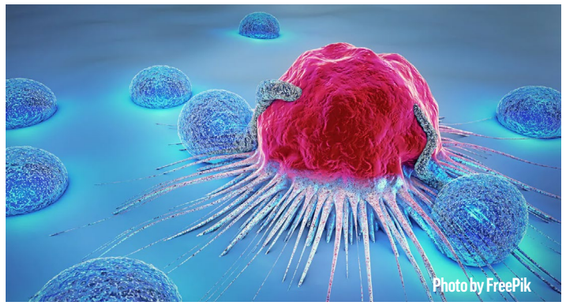
Urologists are key in prostate cancer care. They diagnose and guide patients through the journey, from initial screenings to treatment options. Urologists work with medical and radiation oncologists to ensure patients get the right treatment.

Medical oncologists handle systemic treatments like chemotherapy and targeted therapy, which are important for advanced cases. They collaborate with urologists to decide the best treatment plan.

Radiation oncologists are experts in using radiation to treat cancer. They decide if radiation therapy is needed and which type suits the patient best, such as brachytherapy or external beam radiation.

Collaboration between urologists, medical oncologists, and radiation oncologists is vital and is changing how we treat prostate cancer. When patients visit urologists due to high PSA levels, tests confirm the diagnosis. Treatment options like surgery, radiation, and systemic therapy are discussed if cancer is found.

Multidisciplinary care is about the patient's well-being. Urologists, medical oncologists, and radiation oncologists work together to create personalized treatment plans and ensure patients get the best treatment plans at every stage.



What You Should Know About
Radiation For Osteoarthritis

Osteoarthritis (OA) is known to be a progressively debilitating disorder commonly presenting with symptoms of pain, loss of mobility, joint stiffness, and fatigue.

Have you had it with Osteoarthritis (OA) and the disability it causes? Is nothing working? Are you running out of therapeutic options, and do not want to pursue an aggressive intervention yet?

If yes to any of the above, then Low-dose RT might be for you.

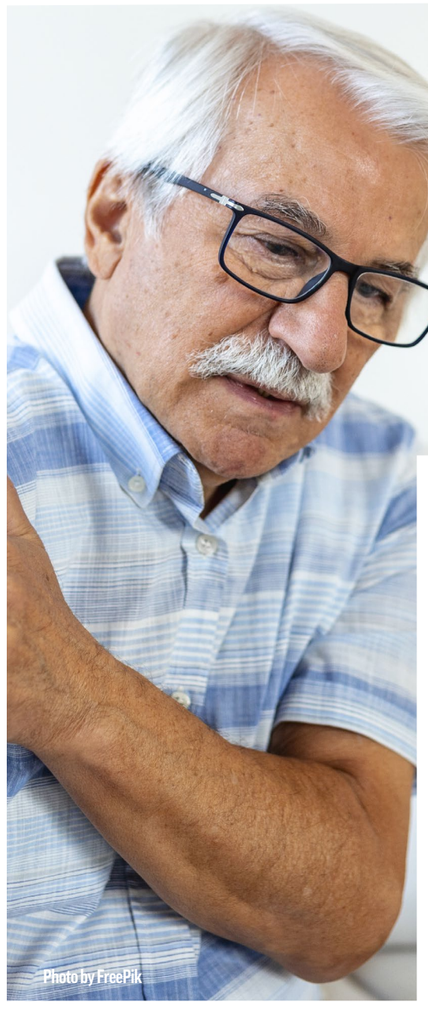
At New York Cancer & Blood Specialists, we use low-dose radiotherapy to successfully reduce pain and discomfort for multiple non-cancerous and benign conditions such as:


Photo by FreePik

What is Low-Dose Radiation Therapy?

While radiation therapy is normally used to treat and kill cancer, in lower doses, LDRT is a proven, effective treatment that has been used to treat a variety of benign conditions, including Osteoarthritis, Tendonitis, Plantar Fasciitis, Dupuytren's Contracture, Achilles Tendinitis, and Tennis Elbow.

Radiation therapy for osteoarthritis helps reduce pain and inflammation in the affected joints.
LDRT is given via our top-of-the-line and patient-friendly Halycon and Truebeam radiation machines. It is a non-invasive treatment involving targeted radiation.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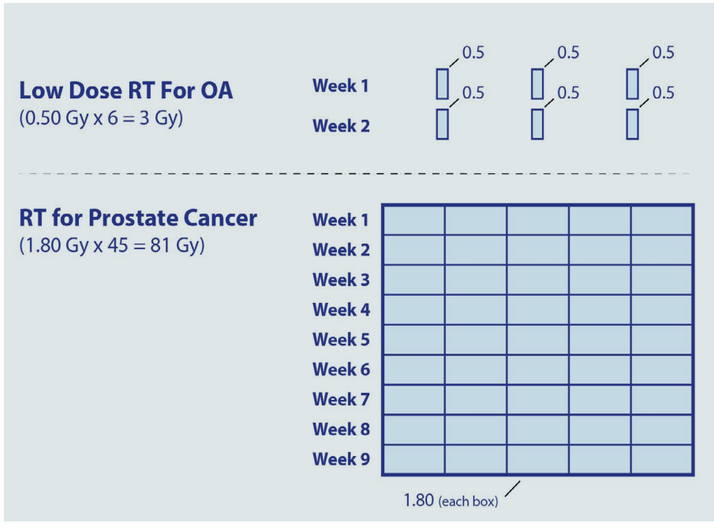
Most patients will be recommended to receive six low-dose radiation treatments every other day or twice a week. These doses are ultra low compared to the doses used when treating cancer. For example, a patient with prostate cancer may receive up to 81 Gy during their treatment course while a patient with osteoarthritis will only receive 3 Gy during their entire course of treatment.

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What You Should Know About
Radiation For Osteoarthritis

Each treatment takes less than 10 minutes, and multiple joints can be treated in the same session. LDRT is painless, and a long-term study of patients receiving the treatment found no significant acute or late side effects.


Photo by FreePik

Radiation therapy can cause side effects specific to the area being treated, which can vary from patient to patient. While these side effects are typically temporary and often subside gradually after treatment, it's important to adhere to your treatment schedule to achieve the best possible outcomes.

Treatment Planning

Before beginning radiation therapy, a CT simulation scan is typically performed. This scan is used to map the treatment area and minimize radiation exposure to healthy tissues near the target area. Radiation treatment generally begins about 1-2 weeks after this planning session.

Common Side Effects

Radiation therapy can cause mild skin reactions and fatigue. While there is a theoretical risk of developing another cancer due to radiation exposure, this risk is extremely low, especially with low-dose radiation treatments like those used for conditions such as osteoarthritis.

Skin Reactions: Skin reactions in the treated area are a common side effect during and shortly after radiation therapy. These reactions occur because X-rays must pass through the skin to reach the treatment area. Proper skin care is essential to help prevent or minimize these reactions. In some cases, skin changes may be permanent.

Fatigue: Fatigue is another common side effect that can result from various factors, including the treatment itself, the stress of managing an illness, daily travel for appointments, and the impact of other treatments such as chemotherapy.

Tips for Managing Fatigue

Pace Yourself: Plan regular rest periods throughout the day to prevent excessive fatigue.

Seek Support: Don't hesitate to ask for help with daily tasks like cooking, cleaning, and errands.

Stay Active: Moderate exercise, such as walking, cycling, or using weights or stretch bands, several times a week has been shown to help reduce fatigue.

Maintain a Healthy Diet: Rapid weight loss can increase fatigue. If you're struggling to eat enough, consult your provider for guidance.

These recommendations are designed to help manage energy levels and maintain overall well-being during radiation therapy.

If you have any questions about LDRT for osteoarthritis, please call 1-866-269-7232


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Section 2

Wellness

Maintain a positive mindset and physical shape as our care teams assist you on your cancer journey.

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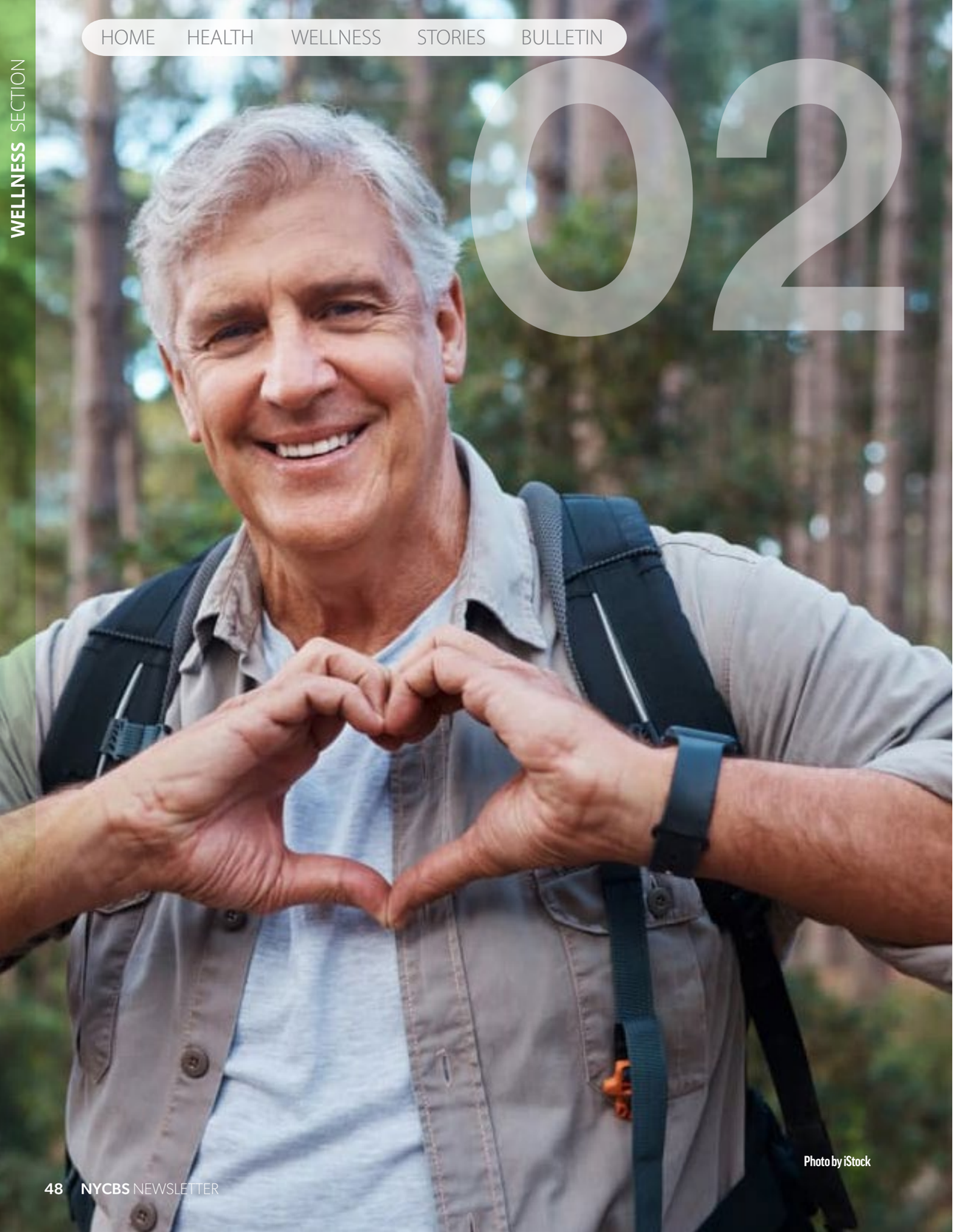

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Palliative Care and Prostate Cancer

By MaryAnn Fragola, DNP

Patients with prostate cancer are living longer than ever before. Palliative care is especially important in prostate cancer because of this and its progressive nature.

There are many treatment options for localized and advanced prostate cancer, and because of the chronicity and long-term treatments, patients will likely experience adverse effects. It is important to acknowledge some of the common side effects patients experience while trying to maintain a normal life to bring more awareness to Prostate Cancer Month.

Treatment with surgery, hormone therapy, chemotherapy, or radiation can all contribute to a diminished quality of life. However, adding the support of the palliative care team can make a significant difference in symptom management. Therefore, it is important to be aggressive not only in the treatment of your cancer but also in improving your quality of life.

Common prostate cancer side effects can include fatigue, anemia, bone pain, weight loss, hot flashes, difficulty urinating, and diarrhea. Other side effects, such as incontinence and loss of sex drive, can be more difficult to cope with. These adverse effects may impact self-esteem, leading to significant psychological effects such as depression or anxiety for the patient and their loved ones.

Many supportive treatments can minimize or alleviate some of the common sequelae of treatments. The palliative care team will help to discuss the patient's unique situation with their family or caregivers to help ease emotional concerns that may be related to the side effects they are suffering.

One of the most important goals of palliative care is improving the physical symptoms of the cancer itself and addressing possible and potential side effects from ongoing treatments. Recognition of the importance of implementing palliative care in conjunction with prostate cancer diagnosis and treatment and early management of side effects allows patients to live better and focus not only on their diagnosis but also on living a normal life!

Photo by iStock

Prostate Cancer Survivors

Should Include Dietary Lycopene

Did you know that phytochemical lycopene may be helpful in the diets of those with prostate cancer? Lycopene has antioxidant activity and helps your body fight damaging free radicals, which is associated with decreased risk for some cancers, including prostate cancer.

Although there is no specific recommendation, the general recommendation is to include lycopene (from food) daily. Lycopene is the main pigment in red fruits and vegetables, such as tomatoes, watermelon, and guava.

The tomato is also a nutritional powerhouse. It's packed with vitamins C, A, and K. When tomatoes are heated or processed (canned, marinara, salsa), the cell walls of the tomato are broken down, allowing the lycopene to be more available for your body to absorb. In other words, it becomes even more nutritious and a more powerful cancer fighter.

When consuming lycopene-rich fruits and vegetables, consume heart-healthy fats such as olive oil, avocado, or nuts. The fat from these sources will further the absorption potential of the lycopene and the vitamins—it's a great justification for enjoying pizza, chips, and salsa!

Nutrition Update

Exciting news! We have two new full-time nutritionists allowing more access to our Wellness Services.

Christina Kulogowski, RDN, CDN, is a Registered Dietitian with oncology experience providing nutrition care to patients in the outpatient setting. She holds Bachelor's degrees in both Health Science and Dietetics. As a native New Yorker, she has dedicated her career to serving the people of New York City and giving back to the community. In her spare time, she enjoys practicing yoga, exploring new restaurants, and spending time with friends and family. She also dedicates her time to volunteering for the Skin Cancer Foundation to help raise money and awareness in helping diagnose and treat all types of skin cancers. Christina will be working in Central Park, Eastchester, and Elmhurst locations.

Kelly Carroll, RDN, CDN, is a Registered Dietitian Nutritionist who holds a Bachelor of Science in Dietetics from SUNY Oneonta and completed her Dietetic Internship at Long Island University. Currently pursuing a Master of Public Health at the University of Albany, she is dedicated to advancing her expertise in public health and nutrition.

Kelly's professional journey includes roles at the Nassau County Department of Health, where she provided comprehensive nutrition care and education to WIC participants. She also worked as a clinical dietitian at Nassau University Medical Center, where she designed and implemented nutrition care plans for diverse patient populations and actively collaborated with interdisciplinary teams. Her previous experience at NutraCo involved developing care plans and coordinating nutritional therapy in a long-term care setting.

Throughout her career, she has worked in many different areas of the field, including burn and wound care, endocrinology, bariatrics, cardiology, critical care, psychiatry, and dialysis. Known for her commitment to patient-centered care and continuous professional development, Kelly actively engages in training and conferences to stay at the forefront of nutrition science. Kelly will be rotating within our Suffolk County offices

We are so happy to be able to grow our nutrition department and offer these essential services to all of our patients. We recognize that nutrition services are a critical part of overall health and wellness; good nutrition can also help patients cope with the effects of cancer and its treatments. These services have been shown to improve quality of life.

Both Registered Dietitian Nutritionists will be available in person and remotely for consultations, allowing broader access for all of our patients. For questions, email nutrition@nycancer.com.

Section 3

Bulletin

Hear about what's new and what's going on here at NYCBS.

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59 Career Opportunities

Opening of Our New **Multi-Specialty Center!**

We are proud to open our new state-of-the-art, multi-specialty center at 201 E 71st Street, in Manhattan, on September 23, 2024. This new facility will offer a comprehensive range of in-house services to better serve our patients and community.

Our new location on the corner of 71st St and 3rd Ave will include radiation therapy, urology, and imaging, including PET/CT, CT, and Ultrasound, greatly enhancing our patients' overall experience and health outcomes.

Radiation Oncologist Dr. Jennifer Y. Betourney will practice at this new location. She specializes in treating cancers of the prostate, breast, lung, head and neck, skin, gastrointestinal (GI), gynecological (GYN), and central nervous system (CNS). She is proficient in advanced techniques such as stereotactic body radiotherapy (SBRT), stereotactic radiosurgery (SRS), image-guided radiation therapy (IGRT), intensity-modulated radiation therapy (IMRT), and volumetric modulated arc therapy (VMAT).

Urologic Surgeon Dr. Stephanie Hanchuk specializes in treating urinary incontinence, voiding dysfunction, kidney stones, enlarged prostates, and male sexual health. She performs in-office and surgical vasectomies, benign prostatic hyperplasia procedures, and incontinence care, including bladder botox and bulking agents.

The strategic location of this new center is designed to be more convenient for both our patients and staff, which will help us better serve our community and streamline our operations.

Lung Cancer Screening

Lung cancer screening is a crucial tool in detecting lung cancer at an early stage, when treatment is most effective. If you're between the ages of 50 and 80 and have a history of cigarette smoking, you may qualify for this life-saving test. To find out if you're eligible, simply scan the QR code to access the eligibility form and provide your name, contact information, and details about your medical history, smoking habits, and other potential risk factors. Please double-check your information for accuracy before submitting to ensure the most accurate screening results. Remember, this screening is specifically for those with a history of cigarette smoking—cigar and vaping habits are not included in this evaluation. Early detection can make all the difference—take the first step today!

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Conquering Cancer Together

Podcast

On **"Conquering Cancer Together"** we'll talk about the latest cancer health information and take a deep dive into everything we need to know from screening and testing. We'll discuss the latest cancer treatment information, research updates, resources to turn to and happenings in our community. Hosted by **Wendy Kaplan, MS, RDN, CSO, CDCES, CDN** and **MaryAnn Fragola DNP, ANPc, ACHPN.**

LISTEN NOW

Photo by FreePik

UPCOMING EVENTS

Look Forward to Seeing You There!

11th Annual Patient Celebration Day!

September 28th

Our favorite event is almost here! Don't forget to mark your calendars for the 11th Annual Patient Celebration Day on Saturday, September 28th, 2024, at Bald Hill Amphitheater!

We look forward to a fun-filled day with patients, caregivers, and their families! NYCBS will support this event, placing no burden on patients and caregivers. Attendees will enjoy family-friendly activities, including new rides, live music, carnival games, raffles, catering by Felicos, and an area dedicated to Working Paws Training, a dog training and adoption center! The event will also have a pop-up store where patients can find free clothes, shoes, and wigs! We are also actively looking for volunteers!

***Please note that pets are not permitted at this event.**

Scan the code to volunteer at our 11th Annual Patient Celebration Day

Run the Vineyards

October 6th

New York Cancer Foundation is thrilled to be the Charity Partner for Good Day for a Run's, Run the Vineyards 5k/8k!

Please join us on Sunday, October 6th, 2024, at 9 am for a fun and scenic autumn race through Pindar Vineyards along their 300 acres of wine! There will also be a post-race party at the pavilion, including live music, delicious [illegible] and beautiful vineyard views!

This race is chip-timed, and awards are given to the top Overall and age group winners. It is great for all ages and abilities. We will also be joined by Pawsitive Possibilities Rescue Inc. which has puppies available for adoption!

Use code "NYCancerFoundation" for 10% off! Scan here to sign up

4th Annual Raising Ho[illegible]

October 18th

The New York Cancer Foundation is thrilled to announce the return of one of our most special events, the 4th Annual Raising Hope Gala: Courage and Grace! The gala will take place on October 18th, 2024, at the prestigious Ziegfeld Ballroom located at 141 W 54th St, New York, NY 10019.

Anticipating an attendance of over 400 people, this year's gala will bring together a remarkable group of individuals, including our Senior Administrative staff, Physicians, supportive vendors, our esteemed Honoree and their guests, selected grant recipients, as well as our incredible group of supporters and contributors.

New Hires

Adalina Mangiaracina (Therapist, Radiation)
Ahtziry Hernandez (Specialist, Reception)
Amanda Salerno (Medical Assistant, Laboratory)
Andrea Garofalo (Technologist, Ultrasound)
Angela Mei M. Placido (Coordinator, New Patient)
Aniyah Rufus (Coordinator, Radiology)
Asiris Diaz (Medical Assistant, Laboratory)
Bethonika Maxime (Technician, Chemotherapy)
Bisma Khan (Medical Assistant)
Brandon Miller (Specialist, Reception)
Breanna Guider (Specialist, Reception)
Bridget Cordero (Medical Assistant, Laboratory)
Brittany DeStefano (LPN)
Bryee Zaffrano (Specialist, Reception)
Carlisha Saurel (LPN)
Carolina Herrera (Therapist, Radiation)
Carrie Santiago (Medical Assistant, Laboratory)
Catherine Rodriguez (Coordinator, Radiology)
Christie Williams (Registered Nurse)
Colette Joseph (Specialist, Reception)
Danica Teresky (Medical Assistant, Laboratory)
Daniel Bock Jr (Medical Assistant, Laboratory)
Dayana Tacuri (Medical Assistant)
Devon Montalbano (Registered Nurse)
Eileen Namias (Specialist, Reception)
Fallon Brown (Medical Assistant, Laboratory)
Florence O'Sullivan (Specialist, Patient Communications)
Frances Noack (Coordinator, New Patient)
Gabriella Davis (Technologist, Ultrasound)
Garrett Schappert (Licensed Practical Nurse)
Giacomo Roma (Specialist, Medical Records)
Jacqueline Ferrante (Registered Nurse)
Jenna Edlin (PA)
Jennifer Searle (Coordinator, Radiology)
Jennifer Taormina (Medical Assistant)
Jennifer Tapia Nangle (Technologist, Mammography)
Jessica Schwartz (Specialist, Patient Communications)
Jorge Andres Sanchez (Specialist, Reception)
Josckar Palomeque Elias (Specialist, Reception)
Joselyn Morales (Coordinator, Radiology)
Julia O'Brien (Specialist, Patient Communications)
Julius High (Specialist, Reception)
Kaitlyn Curry (Licensed Practical Nurse)
Kaley Novellino (Licensed Practical Nurse)
Kate Chervin (Registered Nurse)
Kerri Mendoza (Licensed Practical Nurse)
Kerry Esposito(Reception, Specialist)
Kora Negron (Specialist, Reception)
Kwanita Stallworth (Specialist, Patient Communications)
Lesly Ramirez (Technician,Pharmacy)
Luisa Garcia Ciociano (Specialist, Patient Communications)
Lydia Matson (Care Team Specialist)
Maria Alaimo (Specialist, Reception)
Marleny Soto De Asis (Medical Assistant)
Marlyn Tobar (Licensed Practical Nurse)
Matthew Lovett (Medical Assistant, Laboratory)
Melissa Riascos (Coordinator, Radiology)
Melissa Tulipan (Licensed Practical Nurse)
Michelle Watson (Specialist, Reception)
Miranda Sapio(Specialist, Patient Communications)
Natalie Sylvain (Licensed Practical Nurse)
Noelle Kabanakis (Specialist, Reception)
Ricardo Zermeno (Licensed Practical Nurse)
Rosheen Sheikh (Technologist, Ultrasound)
Ruth Mendez (Nurse Practitioner)
Sabrina Diehl (Licensed Practical Nurse)
Samantha Douglas (Licensed Practical Nurse)
Samantha Kempf (Lead Technologist, Interventional Radiology)
Shalaya Ford (Specialist, Reception)
Shanique Beckford (Coordinator, Radiology)
Suan Condezo (LPN)
Sue-Ann Clarke (Assistant, Laboratory Medical
Tara Mulligan (Registered Nurse)
Teena Herrmann (Licensed Practical Nurse)
Theresa Williams (Medical Assistant, Laboratory)
Thomas Jardon (Specialist, Inventory Control)
Vanessa Williams (Specialist, Reception)
Vittoria Solla (Licensed Practical Nurse)
Xylina Maldonado (Licensed Practical Nurse)
Ziona Hall (Medical Assistant, Laboratory)
Zoe Williams (Specialist, Reception)

Career Opportunities

Urgent Care Physician (Suffolk)

Breast Radiologist (Suffolk)

Breast Surgeon Hematologist/Oncologist (Brooklyn, Manhattan, Nassau, Suffolk)

(Travel) RN Implementation Specialist - Nassau County

APP (Nurse Practitioner/Physician Assistant) - New Hyde Park

APP (Nurse Practitioner/Physician Assistant) - Manhattan

Authorization Specialist - Ridge

Breast Health Nurse Navigator/Procedural RN - Brooklyn

Chemotherapy Pharmacy Technician
Poughkeepsie

Clinical Recruitment Coordinator - Ridge

CNA/Medical Assistant - Chronic Care Management (CCM) - Shirley

Credentialing Coordinator - Shirley

Director of Operations - Hudson Valley

Head Nurse (RN/BSN) - Yorktown

Head Nurse (RN/BSN) - Staten Island

Health Care Unit Coordinator - Riverhead

Infusion Medical Assistant - Poughkeepsie

Intake LPN - Manhattan

Intake LPN - Newburghy

Intake LPN - Staten Island

Intake LPN - Radiation - Manhattan

Intake LPN/Chemo Mixer - Middletown

Intake Medical Assistant Float
Bilingual (English/Spanish) - Fresh Meadows

Lab Administrative Assistant - Port Jeff

Lab Integration Specialist Quality Assurance - Port Jefferson

Lab Integration Specialist Quality Assurance - Manhattan

Lab Medical Assistant - Brooklyn

Lab Medical Assistant (Part-time) Yorktown

Lab Medical Assistant - Float - Manhattan

Licensed Practical Nurse (LPN) - Brooklyn

Medical Front Desk Receptionist - Poughkeepsie

Medical Front Desk Receptionist - Patchogue

Medical Front Desk Receptionist (Part-time) - Riverhead

Medical Front Desk Receptionist (Float) - Suffolk County

Medical front Desk Receptionist / Administrative Assistant - Brooklyn

Medical Front Desk Supervisor - Yorktown

Medical Technologist (NYS Licensed) - Port Jefferson

New Patient Coordinator - Shirley

NYC Float Nurse Practitioner (NP) / Physician Assistant (PA) - Manhattan

Overnight Lab Assistant - Port Jefferson

Overnight Lab Processor - Port Jefferson

Patient Communications Operator - Ridge

Physical Therapy Aide (Part-time) - Port Jefferson

Radiology Systems Administrator - New Hyde Park

Registered Dietitian Nutritionist - New York City

Registered Nurse (BSN/RN's) - Brooklyn

Registered Nurse (BSN/RN's) - Manhattan

Registered Nurse (BSN/RN's) - Bronx

Registered Nurse (BSN/RN's) - Middletown

Registered Nurse (BSN/RN's) - Riverhead

Registered Nurse (BSN/RN's) - Suffolk County

Registered Nurse (BSN/RN's) - Port Jefferson

Registered Nurse (BSN/RN's) (Float) - Eastchester

Supervisor - Radiation Therapy - Brooklyn

Triage Registered Nurse - Shirley

Know of someone looking for a new career with upward mobility? Visit: ***nycancer.com/careers*** Or ***Scan the QR Code***

OUR PATIENTS & THEIR FAMILIES

Our patients and their families tell the story of conquering cancer like no other. They help us connect, inspire, and empower. If you know a patient or have a family member who would like to make an impact and share their experience with us, please have them contact **marketing@nycancer.com**

Scan to Donate to the
New York Cancer Foundation