

B2B Case Study: Health Tech & Cardiac Cath

I worked with 8 internal and client SMEs to complete this 1,300-word piece:
interviews, research, outline draft, writing, copy review, post-design proofing



Your data is valuable. Put it to work.

If you're simply collecting and storing data, that's no longer enough. Here's what moving to the right information system did for one cath lab and the people they serve.

What would benefit patients in your cath lab right now: Entering their test results into the EMR and double-checking them for accuracy? Or giving those patients your analysis of the next steps that they should take in their care?

Of course, both are important. But access to the data is a critical bridge between them.

One Midwest health system found that implementing a cardiovascular information system (CVIS) allowed them to capture data in ways that gave their staff and bottom line a boost. They were able to unlock data they had been collecting for years and shift their focus more toward analyzing data and treating their patients.

Challenge

For clinicians and staff in a typical cardiovascular department, the pace of the workday varies greatly. It can range from emergent, exciting and life-saving care to tedious transcription, data entry and oversight of detailed reports. During treatments, staff spend time entering patient data manually. Post-treatment, they spend more with transcription, review and sign-offs.

Individually, these processes can slow down patient care, introduce error in data entry, and delay submission to specialists and to registries. Together, they can compromise overall productivity and, potentially, care.

...The high-level goal for any new health technology for this health system had implications for their clinicians and patients. They wanted confidence that important health data would land seamlessly where it's needed most: with the patient's electronic health record (EHR or EMR), other specialists, data registries and medical coders. ...

The Transformation

Leadership looked outward for help. ... Hospital administrative, IT and clinical leaders evaluated the value that IBM Watson Health's Merge-branded solutions offered in the health information and informatics space.

...

The consultants' recommendations focused on how two IBM Watson Health solutions, Merge Cardio™ and Merge Hemo™, could improve:

- Quality of patient care
- Reporting
- Professional performance
- Medical billing

...For the cardiologist, a key benefit of using the Merge solutions was being able to view all the information they needed on a single screen after one log-in. ... This meant that physicians no longer needed to switch between screens or conduct time-consuming searches to get important information.

... Together, these solutions helped the health system achieve its cost and staff-related goals, as evidenced by key data points. For example, the system saved labor costs for a range of staff—from physicians to echo techs, registered nurses, coders and transcriptionists.

Using Merge Hemo and Merge Cardio, the team saw reductions in data entry and transcription delays. Other benefits that helped the health system meet or exceed its goals included:

Improved workflows

- Read and sign reports remotely
- Avoid duplicate and manual entry of data

Improved speed, accuracy of data entry

- Eliminated manual data entry and manual export
- Eliminated printing and scanning into the EHR

Increased cost savings

- Enabled minimal involvement of IT staff
- Reduced medical materiel waste
- Eliminated third-party service contracts

Looking forward

For this health system, analysis of the Merge-branded solutions verified impressive savings of time and cost.

Next, leadership can use their structured and unstructured data in new ways to improve care and organizational efficiencies. ...

So, your team wants to balance the need for better data with the goal of better healthcare? Leaders today are focusing on this future-state, where manual tasks are not a time-consuming part of each day. Instead, the work can focus on consultations with colleagues and conversations with patients. With experienced consultants, innovative tools and data insights, it's possible.

Copy by Amy@AveryWrites.com
Cleveland Clinic “eHealthLines”
a quarterly e-newsletter;
target: “highly educated” audience

Surgical Advances in Brain Tumor Treatment

Treating brain tumors effectively takes a team of physicians who have a high level of expertise in different areas of medicine. Cleveland Clinic Florida has such a team. Highly skilled neurosurgeons offering new surgical techniques are able to remove brain tumors that physicians elsewhere have deemed inoperable.

“With our surgical techniques and the expertise of our physicians, there really are few ‘inoperable’ brain tumors anymore,” says Badih Adada, MD, a neurosurgeon with Cleveland Clinic Florida. “And technology has evolved so much that our patients can expect great outcomes following brain surgery.”

Delicate Precision

Because of their location and their relation to delicate structures, brain tumors can be extremely challenging to treat. “Removing a brain tumor in its entirety and preserving the patient’s functions and quality of life are the ultimate treatment goals,” Dr. Adada says. Physicians at Cleveland Clinic Florida use a combination of surgery, radiation therapy and chemotherapy to reach this goal.

“Until 10 to 15 years ago, brain surgery could result in neurological deficits like poor motor function, cognitive function and speech,” says Richard Roski, MD, Cleveland Clinic Florida neurosurgeon. “But with the development of microsurgery, imaging tools and other techniques, those types of results are extremely rare.”

New Techniques to Target Tumors

In removing a tumor, Cleveland Clinic Florida neurosurgeons rely on their vascular expertise to preserve the intricate blood vessels and nerves of the brain. And their experience in “skull base surgery”—which involves surgery using highly advanced tools, cameras and training to operate through the nasal passages to reach the brain—gives them options to effectively remove tumors without causing dramatic scarring and requiring a long recovery.

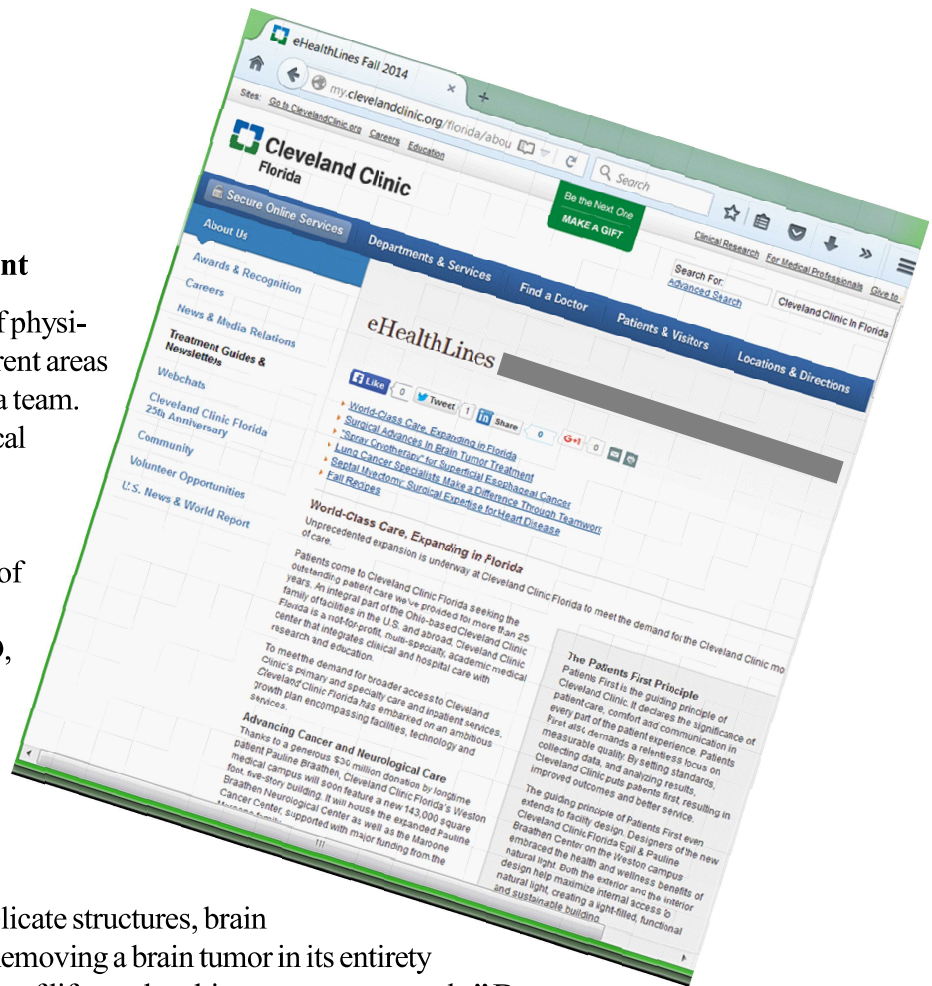
“Our ability to navigate inside the skull and brain has been another of the big breakthroughs to make tumor removal safer,” Dr. Roski says. For example, before surgery, neurosurgeons at Cleveland Clinic Florida use advanced, navigation software and imaging to clearly locate the tumor and plan a safe path to reach it. During surgery, they use ultrasound images to ensure they remain on the right path.

“Our physicians bring a combination of experience and expertise in brain surgery that is unique to our region of the country,” Dr. Adada says. “What that means for our patients is that, though having a brain tumor is a stressful diagnosis, we can offer them hope that our treatment will be successful and that we expect results to be superb.”

Other stories in this issue:

“Spray Cryotherapy” for superficial esophageal cancer

Lung cancer specialists make a difference through teamwork



Copy by Amy@AveryWrites.com
Physician-to-Physician
e-newsletter (and print newsletter)
UNC Health System

My services for this project:

- start-up consultations, including options for tone/style, graphic design, target audiences, publication schedule, etc.
- editorial schedule
- interviews with subject matter experts
- writing
- client review
- design
- e-distribution oversight
- print options and distribution

Graphic shown here is of the print version.



Excerpts from a 3,600 word magazine article

How TB employees help improve lives, save lives across the world

Do you know which of our products soldiers deliver using parachutes? How about which one is important to missionary families overseas? How many of our products let people go to school or work when they could not otherwise?

This article answers those questions. It will also give you lots of answers when your friends and family ask, “What do you make at TB?”

To clot or not to clot? We have the answers...

Hematology is the study of blood disorders. We make two products to help people with these disorders. One helps blood clot properly. The other prevents clots that are harmful.

Drug 1: Some people with hemophilia rely on this product every single day

Hemophilia A is a condition that causes people’s blood not to clot properly. So they bleed for longer than other people. They often bleed inside their bodies because of a bruise, as well as from a scratch on the skin, for example. They must plan carefully before having surgery, going to the dentist or even clipping their fingernails. (*Explanation of Factor VIII*).

How does it work: “It puts Factor VIII back into their blood,” he said, “so blood will clot normally.” It is made from human plasma.

How our medicine is special: About 20-30 percent of people who have Hemophilia A develop antibodies sometime during their lifetime. Some of them can no longer take other types of hemophilia medication while antibodies are in their blood. But often times, they can still take our product. Because of the special way we produce it, the body does not attack it.

“So it’s really important that this therapy is here for these patients,” he said.

Who needs this drug? About 1 in 10,000 children and adults worldwide have Hemophilia A. It is passed down from some parents to their children....

Growing needs: Over time, more people are developing antibodies to the other types of hemophilia medicine. So TB expects more patients in the U.S. to need it.

Drug 2: The *only* treatment the FDA approves for certain blood clot conditions.

For a small number of people, surgery or pregnancy can cause life-threatening blood clots to an arm or leg, and in the lungs, for example. These people do not have certain proteins in their



blood to prevent the clots. It’s a condition passed down through families that is called “hereditary antithrombin deficiency.”

How do we help: Drug 2 puts the blood-clotting agent, antithrombin, back in the blood. Our product is the only FDA-approved treatment for the condition.

Who needs our help: About 2,000 to 5,000 people have this condition.

Our challenges: “One of our biggest challenges is that not many physicians are aware of hereditary antithrombin deficiency,” he said. “So they’re also not aware of this drug.”

Our strengths: TB began an awareness campaign last year to reach physicians

Coming up: TB is exploring how patients with other conditions might benefit from the drug.

Drug 3: “An immune system in a bottle”

When it works properly, the body’s immune system helps keep people well. For those whose immune system isn’t working correctly, they get sick so often that they cannot have normal lives.

Drug helps many of these people to get back to normal activities and improve their quality of life.

“This drug is an amazing, life-altering therapy – essentially an immune system in a bottle,” said TB’s Director, U.S. Product Management. “Many patients who use it are really loyal to us. We should be proud of that.”

Who needs our help:

How it helps:

[Sidebar:]

IGIV: Making sense of the alphabet

IG: In medical terms, the disease-fighting parts of the blood are called immune globulins, or “IG.” In people with normal blood, immune globulins are made in the blood plasma. (By the way, immune globulins are also called “antibodies.”)

IV: Patients get our drug, which is a liquid, into their veins through a tube and needle. This way of getting medication is called “intravenous,” or through an “IV.”

The drug is therefore called an “IGIV” therapy.

IGIV therapies replace what people’s blood is missing.

Short-form introduction:

Cola: Bad for the bones

Study surprises researchers, shakes up women's attraction to cola

Researchers and parents have long understood that nutritionally bereft soft drinks often replace healthier choices in the American diet. One study now also suggests that colas actually rob bones of calcium, making them brittle. The large study, published in the *American Journal of Clinical Nutrition*, yielded several surprises both for researchers and for those who indulge in carbonated cola.

“We have long suspected a link between bone mineral density and cola consumption, but little research has explored the relationship between the two,” said lead author Katherine L. Tucker, Ph.D., with Tufts University in Boston. “We showed a significant relationship, but we were also surprised at how strong and consistent the results were.”

Bad news for girls, women

According to the study, drinking cola significantly lowers bone mineral density in the hips—in women, but not in men. Bone mineral density, or BMD, is a proven indicator of bone strength. Low BMD leads to osteoporosis and to millions of expensive, debilitating and even life-threatening hip and other bone fractures each year, according to the National Osteoporosis Foundation.

Several studies have found that girls with low BMD have more fractures than others, in part because drinking cola leaves less room for milk and other bone-building dairy products. But calcium displacement does not explain low BMD in women, the study showed, because women cola drinkers consumed as much calcium as non-cola drinkers. . . .

“There’s just something about cola, and that includes diet colas, too,” Tucker said. “That’s one of the more important results, because many women think that diet colas have no negative effect.” . . .

The bottom line for women? Read the label. [Read more...]

**Background/
implications:**

**Before you
drink that
cola....**

**Read the
label**

The major difference between carbonated cola and non-cola drinks are caffeine, phosphoric acid and cola extract. Caffeine intake is a risk factor for osteoporosis, but it is the phosphoric acid, added to cola for tartness, that is now the targeted suspect, Tucker said.

“Phosphoric acid releases hydrogen in the blood and makes it more acidic,” she said. “We believe that’s related to the body pulling calcium out. Each time you drink cola, there’s a small effect on the bones; but over years, there’s a cumulative effect that results in lower bone mineral density. It starts to show more in middle and old age.”

Bones naturally become less dense and weaker with age, and four times as many women than men today have osteoporosis, though it does affect both.

“That’s why these results are so important,” Tucker said. “We’ve noticed that bone is more sensitive than people realize to all sorts of items in the diet. Research will continue to make clearer the benefits and risks of items in the food we eat.”



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On-going media releases and other marketing and education collateral

Work included: research, SME interviews, writing, and SME reviews



April is Alcohol Awareness Month: When alcohol abuse is not the only issue

Signs of alcohol abuse are familiar, but what if alcohol is not a person's only concern? Signs of alcohol abuse include absenteeism, tardiness at work or school, drinking alone and to excess, and a general preoccupation with alcohol. Unfortunately, symptoms like these are also not uncommon in people who have mental health issues.

How can one tell whether alcohol abuse or a mental health issue is causing certain behaviors. Can one problem hide the other? Can one problem cause the other?

During Alcohol Awareness Month in April, staff at Silver Hill Hospital, a private, not-for-profit psychiatric hospital in New Canaan, offer some insight into these issues.

"Identifying whether someone's behavior is caused by alcohol abuse or by a mental health condition, or both, can be difficult," said Sandra Benti, a licensed clinical social worker and Senior Treatment Care Coordinator at Silver Hill Hospital. "When both issues exist, they become intertwined."

Over one-third of people who abuse alcohol have at least one serious mental illness, according to the National Mental Health Association (NMHA). Looking at the statistics another way, of all people who are diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.

This is called a "dual diagnosis," and treatment can be complex, Benti said.

For example, sometimes people who are depressed use alcohol to "treat" their negative emotions. This is called "self-medication," and it can be a symptom of someone who has a dual diagnosis. For other people, severe alcohol abuse causes severe behavior and emotional problems that mimic the symptoms of mental health conditions, according to NMHA.

No matter what the cause, when a person's behavior deteriorates to the point that it creates problems with home, family, work or daily functioning, a variety of treatments can help.

"If both alcohol and a mental health issue are problems for someone, professionals will work with the person to treat both issues," Benti said.

The first step in treatment with health professionals is to address substance abuse by cleansing the body of alcohol, or of drugs if that is an issue. This might take a few days or a few weeks and is most safely accomplished with the close supervision of medical professionals.

"Once the alcohol is out of a person's system, the root causes of symptoms he is experiencing become easier to sort out," Benti said. "At that point, we can also address the second part of any dual diagnosis, the mental health issue."

Along with a 12-step program targeted to end alcohol abuse, people with a mental health issue can work with professionals who use medications or various therapies for care.. Treatment saves lives and saves money, according to studies by NMHA.

"Our experiences here at Silver Hill as well as scientific evidence shows that treatment for alcohol abuse and mental health illnesses works," Benti said. "Treatment improves people's lives, and it benefits loved ones as well as the person who is participating in treatment."

Founded in 1931, Silver Hill Hospital is a nationally recognized, independent psychiatric hospital. The not-for-profit facility provides patients with diagnosis and treatment of the full range of psychiatric illnesses and substance abuse disorders. Silver Hill is distinct in offering a full continuum of care with both inpatient treatment as well as longer-stay residential Transitional Living Programs.

Beta-C* drug treatment: new aerosol version under study

Today, patients who rely on our drugs for a lung condition called BDC* Deficiency, or Beta-C, get the drug through an intravenous (IV) injection. We're now preparing for a clinical trial for an aerosolized version of the drug—one which patients could inhale.

If approved, it will be the only aerosolized treatment of its kind for BDC Deficiency. Many patients have shown great interest in this form of therapy.

"Patients could administer an aerosolized drug themselves at home, instead of having to rely on a home healthcare nurse to give the IV," said Joseph Kane, Ph.D., Deputy Director, Project Management Office. "This could make it more convenient for them."

The aerosolized version of the drug, called Beta-C Aerosol, would be inhaled directly into the lungs of patients with BDC Deficiency, a condition that causes lung damage.

Our goals

Our goal with this new product is to improve our existing Beta-C MP product in two ways:

- Add an additional purification step
- Offer patients the option of inhaling the drug, vs. receiving it via IV injections.

We've completed a pilot study with 77 patients in three European countries. During this study, we determined that Computed Tomography (CT) scans can be used to measure the lung density of patients. Therefore, we'll use CT scans for the upcoming Beta-C Aerosol trials. (People with BDC Deficiency can develop emphysema, which destroys lung tissue in ways that can be detected by CT scans.)

Next steps

Late last year, the Beta-C Aerosol drug received orphan drug status in Europe. We will file this year with the U.S. FDA for the same designation. Clinical trials are scheduled to begin late this year in the U.S., the United Kingdom and Germany.

"Results from our pre-clinical studies, as well as from our product and process development program, are positive," Kane said. "Everything to date offers a promising outlook for this next generation of Beta-C."

If all goes as expected, our Beta-B Aerosol product will provide a valuable and welcome therapy for our patients.

**pseudonym for a rare disorder and/or related drug therapy*

HIV/AIDS

Partner with XYZ. We're Experts in Enhancing Clinical Study Performance in Latin America

Strategic Global Support: With more local resources in Latin America than any other CRO, XYZ develops and implements effective, efficient execution strategies, using our proven feasibility and global drug development services.

Operational & Regulatory Experience: Our network of investigators specializes in multiple areas of HIV/AIDS, and we can help you manage the regulatory, operational, and cultural complexities of each clinical trial in Latin America.

Rapid Execution: Our experienced clinical team in Latin America can help you to maximize timelines and minimize challenges associated with large global trials.

XYZ understands the nuances of working with health systems and regulators in each Latin American country. Our clinical teams are experienced in supporting investigational therapies for HIV/AIDS in patients ranging from children to adults. By partnering with us, you will have access to a knowledgeable, experienced investigator network and clinical teams who can ensure rapid start-ups and strong patient retention rates—so you can get your therapies to market quickly and safely.

Quick Overview: XYZ, HIV and Latin America

With more than 1.7 million people in Latin American with HIV today, investigators and health authorities are motivated to increase the availability of therapies and to improve their clinical outcomes.

- Based on nearly 15 years of experience with HIV clinical trials in Latin America, XYZ has earned a reputation locally and internationally for investigators' training and delivery of high quality data.
- Our average site activation timeline for Latin American trials ranges from two to eight months.
- XYZ works closely with key, local opinion leaders, many of whom have vast experience in HIV clinical trials.
- Our monthly enrollment rate is high, at 2 patients per site on average, compared to 0.45 patients in North America and 0.35 in Europe.

XYZ's HIV/AIDS Network in Latin America:

- Our investigators specialize across multiple areas of HIV/AIDS.
- More than 275 investigators are based in 12 countries in Latin America.
- Our HIV specialists are based in private practices, research institutions, site management organizations (SMOs) and academic sites.

XYZ's Patient Experience in Latin America

Average number of patients per site:

- Treated adults: 332 monthly (up to 4,200)
- Naïve adults: 94 monthly (up to 1,400)
- Treated adolescents: 12 monthly (up to 130)
- Naïve adolescents: 5 monthly (up to 100)
- Treated pediatric patients: 17 monthly (up to 200)
- Naïve pediatric patients: 3 monthly (up to 60)

The XYZ Clinical Team in Latin America:

The Latin American team brings you extensive experience with HIV trials:

- **Directors of Clinical Management:** 64% of total staff has extensive HIV—experience, averaging 2.8 years.
- **Clinical Team Managers:** 60% of total staff has HIV experience, averaging 2.2 years.
- **Clinical Research Associates:** XYZ's 80 CRAs have more than 2 years' experience with HIV trials.
- XYZ's **project experience** includes over 1,600 trial sites in Latin America and 30 Phase I-IV HIV studies for pediatric patients and adults.

Copy by Amy@AveryWrites.com B2Clinician, B2Staff, B2Donors

I offer decades of experience in communications for the diverse stakeholders in the healthcare industry for organizations like Cleveland Clinic, UNC-Chapel Hill School of Medicine, Blue Cross Blue Shield N.C., Talacris Pharmaceuticals, and more

Media:

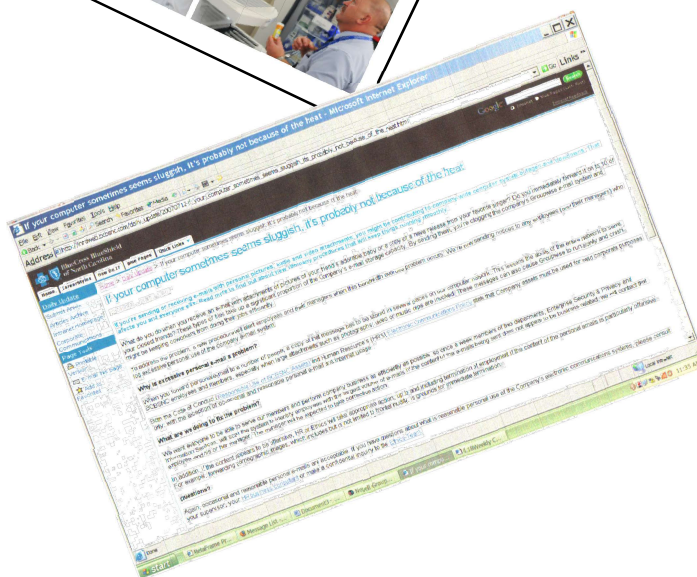
- ◆ Daily e-news
- ◆ Weekly print and e-newsletters
- ◆ Monthly and quarterly print newsletters
- ◆ Posters
- ◆ Classes and scripts
- ◆ Powerpoints

Internal Stakeholders:

- ◆ Employees
- ◆ Physicians
- ◆ Researchers and Partners
- ◆ Volunteers
- ◆ Financial Donors
- ◆ Boards of Directors

Messaging:

- ◆ Administration-to-stakeholders
- ◆ Physician-to-physician
- ◆ Employee-to-employee
- ◆ Crisis communications
- ◆ Human Resources support



Copy by Amy@AveryWrites.com
Patient Education Booklet: Health-literate
plain language

Quick Facts

about Your Lung Cancer Care

Thank you for choosing Regional Health Cancer Center for your care. You have either been diagnosed with lung cancer or have test results or symptoms that show you might have lung cancer.

Our staff is here to help guide you and your family through your tests, any cancer diagnosis, treatment and recovery.

These pages offer a summary of information to help you understand basic information about:

- lung cancer
- terms we use, including: work-up, staging and different types of treatment; carcinoma; tumor; etc.
- resources at Cone Health, including phone numbers and addresses
- other organizations that can help you and your loved ones during your treatment

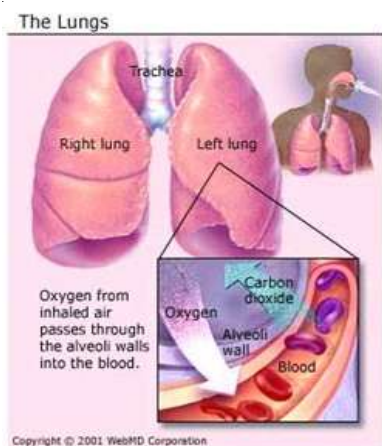
You might also receive more detailed information from Cone Health about your treatment. But this information is a summary, a place to start.

About your lungs and breathing

Your lungs are a pair of large organs in your chest that are part of the respiratory (breathing) system. Air flows into your body starting at your nose and mouth. It then passes through the trachea (windpipe), then through two

branches of the trachea (the bronchus), and finally to the lungs.

As you breathe in, your lungs expand, and your body gets the oxygen you need. As you breathe out, your body gets rid of the carbon dioxide. With healthy lungs, this breathing cycle happens easily.



How does cancer begin?

Cells are the basic building blocks of all things. Normal cells in the body grow and divide to form new cells. When normal cells get old or damaged, they die off. This process helps repair and maintain healthy tissue.

In cancer, this normal cell death and growth does not happen. Cancer cells do not know when to die, so the old and damaged cells can create new, but damaged cells that do not work correctly.

Some definitions

Tumors are masses, or a build-up of cells that do not work correctly. Not all tumors are cancer. Tumors can be either:

- **benign** (*bee NINE*), which means they do not spread to other parts of the body, but they can grow in size
- **malignant** (*mah LIGG nant*), which means they can or do spread to other parts of the body.

Carcinoma (*CAR sin OH mah*) means cancer.

Thoracic oncology refers to cancer in the chest (called the thorax), including the lungs.

Cancer work-ups

A “work-up” is a test or exam to help your team understand the type of cancer you have, whether it is benign or malignant, and other information that will guide them to find the best treatment. These work-ups can also tell your team how well your treatment is working.

CT, PET and MRI scans are painless. For each, you will lie flat on a special table. The equipment will move around you.

CT scan (or “CAT” scan) takes a series of detailed pictures of your chest, abdomen, pelvis, brain and other parts of your body. Using this information, your team looks for and measures any tumors.

PET scans find tumors by using a small amount of radioactive dye, which we will inject into a vein (blood vessel).

Copy by AmyMAvery@outlook.com
Education Classes for national organization
Audience: General Public

For over five years, a national organization (Humana) relied on me to write dozens of classes for their members using HEDIS and STARS measures: SME interviews, research, outlines, writing and fact-checks. Materials were then distributed nationally to professional trainers.



Scope of work:

- ◆ **Full Scripts for dozens of 1- and 3-hour classes**
- ◆ **PowerPoint slide copy, in health literate, plain language**
- ◆ **Handouts**

Assignment for each included:

Interview subject matter experts.

Perform secondary research to support/confirm points and provide background material for trainer.

Write engaging, interactive lesson plans.

Write clear, compelling copy for PowerPoint slides.

Incorporate games, videos that are in the public domain, and other adult-learning tools and techniques.

Document resources for members to later access for independent learning.

Consumer and Trainer Comments:

“Class content, particularly for the recent class I taught, were on target with what the members wanted.”

“Videos [which came from the public domain and so were free] were great content-wise.”

“Members loved using the handouts.”

“Each class discussed the latest, cutting-edge research, which members loved hearing about.”

“Members liked the short activities (true-false quizzes, ranking exercise).”

Copy by Amy@AveryWrites.com
Complete rewriting of website,
including process for SME reviews,
design
Cancer service line, sample pages:

1. Chest and Lung Cancer Expertise & Experience

At South Nassau Communities Hospital, if you need chest surgery for cancer or other conditions of the thorax (chest), our experts can often avoid the need for traditional surgery. Our cardiothoracic surgeons are experienced in using advanced tools that offer the precision of a computer plus advantages such as a shorter hospital stay and shorter recovery. We also use video-assisted equipment with similar advantages.

Some procedures we offer include:

- Lobectomy, removal of a lobe of the lung
- Wedge resection, removal of part of the lung
- Thoracotomy (pleurotomy), or surgery involving the chest wall
- Video-assisted thoracic surgery (VATS)
- Surgery for cancer

Cancer in the chest area: Thoracic Oncology Program

Focused on the treatment of chest cancer, the skilled surgical team at South Nassau Communities Hospital has unparalleled expertise in:

- Lung cancer
- Esophageal cancer
- Mediastinal tumors, or growths in the chest, including those in the heart, related blood vessels, breathing tube (trachea) and esophagus
- Tumors of the thymus gland (thymoma)
- Tumors of the chest wall

2. Gynecological Cancer Experts

Cancer diagnosis and treatment is a strong focus of the women's care specialists at South Nassau Communities Hospital. Our staff includes a range of dedicated physicians and surgeons with board certification in obstetrics and gynecology. These include one of the area's finest gynecologic surgeons, based at Valley Stream Cancer Center, who is among a limited number of physicians in the region who are board-certified in the subspecialty of gynecologic oncology, or cancer of women's reproductive system.

Our comprehensive services include state-of-the-art diagnostic tests and therapies. Our team works closely with a range of cancer experts to offer advanced radiation, chemotherapy and surgery. Whenever possible, we use "laparoscopic" techniques that require only small incisions, and results in faster recovery. Our surgeons are also highly experienced in using computer-guided (or robotic) techniques that give us greater precision than possible by the human hand alone.

In all that we do, our primary goals are to quickly and efficiently evaluate each patient's needs so we can create the best treatment plan as soon as possible.



3. The Center For Prostate Health

For men with conditions related to the prostate gland, the Center for Prostate Health offers experts who are experienced in the latest diagnosis and treatment options. We're located in the Gertrude and Louis Feil Cancer Center at Valley Stream. So you can get the advanced care you need right here in your community—near work, family and friends.

Our team includes physicians who specialize in urology, oncology (cancer), radiology and radiation oncology. We offer compassionate, expert care and can often schedule appointments quickly. Along with a team of technicians, technologists and other clinical experts, we work with each patient to identify all treatment options. Further, we focus on both care and quality, and our staff has ensured our facility is accredited by the American College of Radiology.

Treatment expertise

Not all hospitals offer every treatment option, but South Nassau offers a full range of care using the latest advances in techniques and equipment. Learn more.

Contact us: South Nassau's Center for Prostate Health (need address and one phone #)

Learn more

- Prostate cancer treatment options at South Nassau Communities Hospital
- Learn more about prostate cancer
- Our experienced team of board-certified physicians and staff
- Diagnosis and treatment for cancer
- National certifications for care and quality
- Support and education for patients and their loved ones.
- Overview of cancer care at South Nassau
- Prostate Cancer Support Group
- Gertrude and Louis Feil Cancer Center at Valley Stream

Taking Aim (pancreatic cancer)

The newly formed clinical and research team of the pancreatic cancer center at Baylor Charles A. Sammons Cancer Center at Dallas has taken up the challenge of curing one of the deadliest cancers in the U.S.

“In the past 30 years, we have made tremendous progress against many forms of cancer. But nationally, only about six in every 100 people with pancreatic cancer will survive more than five years,” says Alan M. Miller, MD, PhD, chief of oncology, Baylor Health Care System, and medical director of the Charles A. Sammons Cancer Center at Baylor Dallas. In addition, the overall number deaths from this aggressive cancer each year have been increasing for decades.

“We intend to change those statistics,” Dr. Miller says.

In a major step, a team from Baylor Dallas is launching a new pancreatic cancer center. Located at the Charles A. Sammons Cancer Center at Baylor Dallas, the center’s innovative research and a uniquely qualified multidisciplinary team are taking aim at pancreatic cancer.

The Best Hope Today To Cure Pancreatic Cancer

Pancreatic cancer is the fourth leading cause of cancer-related death. For the vast majority of people, the only way to cure it today is through surgery. But not all cancer cells can be removed through surgery. In addition, these cells are very resistant to chemotherapy and radiation therapy. [See sidebar, “Signs and Challenges.”]

“We already have excellence in surgery for pancreatic cancer, which is a very important component for our patients’ care, but we need more targeted tools to improve survival,” says Carlos Becerra, MD, medical director of the Innovative Clinical Trials Center at Baylor Health Care System. “Research into new drugs offers the best hope for a cure for our patients.”

Innovative Drugs and Clinical Trials

Nationally, most patients with pancreatic cancer are not in clinical trials, even though some drugs being tested might be more effective than current treatments. At Baylor Dallas, however, patients with pancreatic cancer have access to a range of innovative trials. Though these national and international studies, patients receive promising new therapies, some of which are not yet on the market. In addition, Baylor researchers are testing their own theories for curing pancreatic cancer.

“We’re working on developing new drugs to target this cancer at the molecular level,” Dr. Becerra says. “We’re focusing on the cells that cause cancer, and finding drugs that affect those cells—either killing them or keeping them from dividing and spreading—while leaving healthy cells alone.”

This type of treatment, called “targeted” therapy, is often more effective than other types of treatment and is less harmful to normal cells, according to the National Cancer Institute.

“We have the specialists, the research and the experience to focus on cures for pancreatic cancer,” says Baylor Dallas surgeon Scott Celinski, MD. “Not every health system is willing to put forth such effort. But for us, that’s our strength.”



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Signs and Challenges of Pancreatic Cancer

The pancreas is a long gland deep in the abdomen, just above the level of the belly button. It makes insulin to regulate blood sugar and enzymes to help with digestion.

Pancreatic cancer is hard to diagnose. Risk factors include advanced age, smoking and diabetes. But most people with pancreatic cancer do not have risk factors like these or others that are easy to identify. Plus, they rarely have symptoms until the disease has advanced.

Because it is hard to diagnose and treat, experts suggest that people with pancreatic cancer enroll in clinical trials, like those at the new pancreatic cancer center at the Baylor Charles A. Sammons Cancer, where they can receive some of the most advanced drugs available.