

Breast Cancer Treatment

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what type of cancer we're dealing with, our team of surgeons and oncologists can schedule a suitable plan of care."

Surgery and Treatments

From the outset, breast cancer patients typically receive coordinated care from both a surgeon and oncologist. MKMG Surgeons Dr. Barry Kassel and Dr. Ihor Cehelsky recommend and perform the two chief breast cancer operations: lumpectomies, to remove small tumors but preserve the remaining breast tissue, and mastectomies, which remove the entire breast. They often work together with Oncologists Dr. Dominick Chiarieri and Dr. Jonathan Goldberg, who recommend any appropriate chemotherapy, radiation or other treatments.

"For early (stage 1 or 2) cancers, the preferred treatment is a 'lumpectomy' or wide excision," said Dr. Cehelsky. "Lumpectomies can successfully remove tumors that are small in comparison to the overall size of the breast. They are usually performed in a hospital under general anesthesia, and the vast majority (over 80%) of women can return home the same day. During the surgery, we can also test the lymph nodes under the arms for traces of cancer cells, because they are the primary channels through which breast cancer can spread to other areas of the body. This procedure, called sentinel node identification and biopsy, is done by first injecting a blue dye to identify which lymph nodes would be first in the pathway of spread. If cancer cells are detected, more lymph nodes will be removed to assess full staging."

For larger breast cancer masses, a mastectomy, or complete removal of the breast is indicated. Often women consult with Dr. Douglas Roth, Plastic & Reconstructive Surgeon, prior to the surgery to decide whether or not to perform immediate breast reconstruction. About 60-70% of women are candidates for a "skin sparing" mastectomy, which preserves skin and fatty tissue to be used in reconstruction, and produces more natural results and less scarring. Breast reconstruction performed the same day as the mastectomy gives the most natural results and eliminates the need for a separate operation.

Options for breast reconstruction are many. The least complex choice is a breast implant, comprised of a silicon envelope with saline fluid inside. In cases where there is not enough skin to accommodate a regular implant, a tissue expander or flat breast implant is inserted. Over four to six months, the expander is filled with fluid to stretch the skin gradually. It is later removed and a normal breast implant inserted as a second procedure.

For women who choose a muscle flap reconstruction, the TRAM flap gives the best results. The TRAM flap procedure uses skin, fatty tissue and muscle from the abdomen to reconstruct the breast. The end result offers the double benefit of a "tummy tuck" combined with breast reconstruction.

Depending on the reconstructive options chosen, the second stage of breast reconstruction may be done as an outpatient procedure. When the tissue expander is exchanged for the permanent breast implant, patients can return home the same day. Nipple reconstruction is performed several months later as the final step.

"We are fortunate to have such varied options and advanced technologies available for the treatment of breast cancer," said Dr. Roth. "Surgery for breast cancer does not have to be permanently disfiguring. And the vast majority of patients are very satisfied with the results of plastic surgery breast reconstruction."

Depending on the size of the tumor, the age of the patient, and other factors, chemotherapy, radiation treatments, or hormonal manipulation may be indicated as a follow-up to surgery. According to Dr. Chiarieri, chemotherapy is recommended almost universally for high-risk tumors, especially in pre-menopausal women when the cancer is typically more aggressive, or in cases in which the lymph nodes are involved. If the tumor is very large, chemotherapy may also be used to shrink the mass before surgery.

"MKMG's infusion suite is a very convenient option for these treatments," Dr. Chiarieri said. "Robin Lapine, our registered oncology nurse, and Susan Spicer work very closely with patients to make their treatments as comfortable as possible. We also have excellent medications that can make chemotherapy more tolerable than it was even five years ago."

MKMG specialists and radiologists are available either by referral or directly at the following phone numbers: General Surgery: 242-1360; Oncology: 242-1355; Plastic Surgery: 242-1355; Radiology: 242-1395.

Dr. Jonathan Goldberg, Oncology & Hematology



Jonathan Goldberg, M.D., received his medical degree from Mount Sinai School of Medicine in 1994 and completed his internship and residency at Cornell Medical Center and Memorial Sloan-Kettering Cancer Center in 1997. After that, he completed a fellowship in Hematology and Oncology at Cornell Medical Center. Dr. Goldberg has conducted extensive research into new cancer therapies, and has presented the results of his research at major cancer conferences. His initial interest in oncology stemmed from having family members with cancer.

"Having lost a family member to cancer, I decided I'd like to pursue a medical career that focused on treating patients with the same disease," said Dr.

Goldberg. "Hematology, the treatment of blood disorders, goes hand-in-hand with oncology and treats cancers including lymphoma, as well as conditions such as anemia, low platelet counts, and abnormal blood clotting."

Practicing in MKMG's Mount Kisco and Carmel offices since August, Dr. Goldberg says he is impressed by the quality of physicians at MKMG, as well as by the way it operates. "MKMG lets doctors focus on what they do best -- treating patients -- while its administrative staff handles the necessary coordination of care," he explained.

"Our team at MKMG strives to give patients the best chance of cure and prolongation of life while maintaining as good a quality of life as possible," he continued. "Advances in recent years have improved the lives of cancer patients immensely. These advances are continuing to be made in great numbers, and I am looking forward to bringing these cutting-edge therapies to patients in our community."

Dr. Goldberg sees patients in MKMG's Mount Kisco and Carmel offices. To schedule an appointment with him, call 241-1050 or 845-278-7000, or contact your primary care physician for a referral.

MOUNT KISCO MEDICAL GROUP

MOUNT KISCO

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Route 22 and Milltown Road

CARMEI

845-278-7000 Main
Southeast Executive Park, 185 Route 312

New Treatments For Incontinence at MKMG: Technology Provides Dramatic Results & Satisfaction

Incontinence, the involuntary loss of urine, is a commonplace condition that affects nearly 25 million Americans, the vast majority of them women. Most common among the elderly, incontinence typically strikes women during or after menopause. The majority of men with incontinence are over 65 years old.

Urge vs. Stress Incontinence

There are two types of urinary incontinence. Urge incontinence occurs when an involuntary contraction of the bladder muscles cause a sudden desire or "urge" to urinate. This muscle contraction can overcome a person's ability to hold back urine.

Urge incontinence can be caused by aging of the bladder muscles, or may develop after stroke, spinal cord injury, neurological problems like multiple sclerosis, prostate enlargement, radiation therapy, or chronic urinary tract infections. Urge incontinence is common among men with incontinence.

Stress incontinence results from weakness of the urinary sphincter muscle, or poor pelvic muscle support of the bladder.

Dr. Jeffrey Powell, Endocrinology



A board-certified endocrinologist, Jeffrey Powell, M.D., joined MKMG in August. A graduate of Albert Einstein College of Medicine, he received his medical degree in 1995. After that, he completed his residency in 1998 and fellowship in 2001 at New York Presbyterian Hospital Center. During his last year of fellowship, he gained subspecialty experience in reproductive endocrinology, metabolic bone diseases, and gestational diabetes.

Dr. Powell said he chose to pursue a career in this specialty because he enjoys the diversity and analytical nature of the field, as well as the patient interaction.

"The study of endocrinology encompasses a wide variety of glands and their hormones," Dr. Powell said. "These include the adrenal, pituitary, and thyroid glands,

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With stress incontinence, there is no urge that precedes leakage of urine. Urine typically seeps out during instances of coughing, sneezing, or other general muscular contractions.

Causes of stress incontinence in women are varied. Many women are affected simply because of aging; in these cases, the decrease in estrogen causes the pelvic muscles to weaken. Others develop it after a hysterectomy or after giving birth.

Until recently, treatments for incontinence have typically included a combination of behavior modification and pharmacological therapy. Surgery has also been an option in more severe cases. However, these treatments have proven less than perfect in curing the condition. Medications only cure about 50% of urge incontinence cases, and 30-40% of stress incontinence cases. However, when behavior modification is added, the cure rates increase to 70-80%.

Thanks to recent medical developments, new treatments and procedures have proven remarkably more promising for curing the condition, especially for women with stress incontinence.

"I am extremely excited about the latest advances in treatments," said MKMG Urologist Dr. Warren Bromberg. "They are much easier and less invasive than ever before.

Biofeedback for Stress & Urge Incontinence

This new treatment, now available at MKMG, is one of the most promising advances in Urology to date. With an improvement rate of 85-90% after just six weeks, biofeedback is now recognized as a covered expense by the government's Healthcare Financing Administration in the treatment of urinary incontinence.

Biofeedback assists patients in exercising their pelvic muscles (using Kegel exercises), to rehabilitate and strengthen the pelvic floor. Many patients have difficulty "singling out" the precise muscles they need to exercise; biofeedback identifies and reinforces use of the proper muscles using sensors which go from the pelvic area to a computer system. The computer shows patients how to perform the exercises, monitors progress, and stimulates the muscles to contract on their own.

Treatments last about ten minutes, with patients practicing at home a few times a day. Typical treatment programs involve six to eight weekly biofeedback treatments in the doctor's office. After that, patients continue exercises on their own.

For women, treatment programs are offered jointly between MKMG's Urology and Gynecology departments. Biofeedback has also been effective in treating men with urge incontinence.

"Strengthening the urinary sphincter muscle and recognizing how to do this can sometimes stop involuntary bladder contractions. Biofeedback can also treat bedwetting and conditions occurring after prostate removal," Dr. Bromberg said.

The TVT Procedure for Women with Stress Incontinence

Surgery has also been used as a treatment for more severe cases of stress incontinence, its primary goal to create a bladder opening that remains closed during increases in abdominal pressure. Bladder neck suspension, the most common procedure, involves abdominal or vaginal incisions, the latter being less invasive and allowing for quicker recovery. During surgery a "sling" is placed underneath the bladder opening or urethra, to suspend and lift it, allowing gentle pressure to close it. The procedure requires spinal or general anesthesia and necessitates a hospital stay of one to three days. Patients use a urinary catheter used for a few days after surgery and recover completely within three to six weeks.

"Though bladder neck suspension is very effective for moderate to severe cases of stress incontinence, a new procedure, TVT, can offer women a more effective, less invasive option," Dr. Bromberg said.

The insertion of TVT, or tension-free vaginal tape, is a 30-minute procedure with a remarkable track record of results: 86% of patients are cured completely, and an additional 11% are significantly improved. Patients require only local anesthesia, and 95% of women can go home the same day without the need of a catheter.

During TVT surgery, three 1/2 inch incisions are made to place a thin, permanent mesh tape under the urethra for support. The tape anchors itself within the pelvic tissue with no sutures. Patients may resume most normal activities within days, exercise and sexual activity in a month.

"We've been using TVT at MKMG since the beginning of 2001, with phenomenal results and patient satisfaction," said Dr. Bromberg. "While it is a fairly new procedure, with studies only being done for five years or so, the good results appear to endure over time."

To learn more, contact MKMG's Urology Department at 241-1050, or the Ob/Gyn Department at 242-1580.

Neck, Back & Shoulder Pain: The Office Worker's Bane

Sitting at the computer: it's become a way of life for thousands of office-working Americans. While computer technology may indeed be the path to increased efficiency and progress for today's businesses, computer workstations themselves have brought about a new onslaught of neck, shoulder and back ailments that continue to plague those who operate them on a daily basis.

"People are simply spending too much time sitting," said Bobbi Ornstein, Physical Therapist at MKMG. "The way they sit, compounded by repetitive movements and body positions, are creating all kinds of aches and pains that become chronic if these patterns are not broken."

Common complaints resulting from office work include everything from general aches to muscle spasms in the neck, upper/lower back and shoulders, as well as the wrists and hips. More serious warning signs, such as tingling or numbness, indicate a more chronic problem that may have begun as an ache or pain, but was ignored. When no injuries or accidents have occurred, Ms. Ornstein said, the culprit is usually job-related.

"The problem is usually first experienced as an ache or pain that persists longer than a few days, with no apparent cause," Ms. Ornstein said. "Sometimes it manifests itself as general discomfort or stiffness in the joints. Many people notice it more intensely at bedtime, when they are more relaxed and aware of their bodies."

Ergonomics & Body Position

Pain can often be caused simply by maintaining constant, poor body positions. Examples include: cradling a telephone in the crook of the neck while typing, constantly turning the head right or left

to look at a computer monitor, or simply sitting for too long.

Ergonomics helps keep our bodies in the optimal anatomical position. Ergonomically designed chairs, pillows, and desk accessories, such as wrist pads and computer mice, can help correct poor body positioning.

However, Ms. Ornstein said, the real solution is to give the body frequent periods of rest and stretches to break the daily patterns of abuse to muscles and joints.

Take a REAL Break from Repetitive Motion Syndrome

Constantly sitting in the same positions and making similar movements (such as computer keystrokes or mouse maneuvers), all qualify as repetitive motions.

Those whose occupations demand a significant amount of desk and/or computer work can prevent or alleviate the effects of long-term muscle and joint problems by taking frequent breaks and forcing the body to move throughout the day.

"Simply getting up to use the restroom is not enough -- people need to get into the habit of really moving their bodies on a regular basis, to keep their muscles healthy," said Ms. Ornstein. "As a rule, office workers need to get up, walk around, and stretch their muscles for three to five minutes every 45 minutes. "While this may seem like a lot of time, it really is necessary. Even if you start out little by little, you can work it into your daily routine in no time."

For more information, contact MKMG's Center for Physical Therapy & Sports Rehabilitation at: 242-1563.

Dr. Jeffrey Powell (continued from page 3)

as well as the pancreas, testes, and ovaries. Therefore we diagnose and treat all sorts of conditions, including diabetes, thyroid disorders, osteoporosis, and other hormonal disorders. These conditions often have systemic ramifications, with symptoms occurring throughout the body. I enjoy working with patients to interpret symptoms and analyze test results; identifying the underlying causes of problems; and helping patients select the best options for treatment."

Dr. Powell sees patients in MKMG's Mount Kisco office. To schedule an appointment with him, call 242-1370 or contact your primary care physician for a referral.

Mount Kisco Medical Group, in conjunction with the Mount Kisco Lions Club and Cafe 100, are raising money for victims and families of the World Trade Center Tragedy. For more information or to donate, please call 914-242-1209.

Dr. Traci Toll-Griffin, Pediatrician



Originally from Chicago, Dr. Traci Toll-Griffin, said she always knew she wanted to be a Pediatrician. Now practicing in MKMG's Brewster office, Dr. Toll is eager to treat families in the area, watch her patients grow, and develop lasting relationships in her new community.

"I'm excited about my practice here, and am proud to be a part of such a renowned medical group," she said. "I look forward to caring for children and their families over the long-term."

Dr. Toll received her medical degree from Mount Sinai School of Medicine in 1998. While studying, she was involved in a variety of interesting health and research-related programs, including the Urban Health Initiative Project. There she administered developmental screening exams to homeless pre-schoolers, in order to identify developmentally delayed children for early intervention and education.

Dr. Toll also organized an annual health fair for more than 300 homeless women and children at the American Red Cross Emergency Family Center in New York City. In 1996, she spent a month at the Indian Health Service in Anchorage, Alaska, researching risk factors for traumatic injuries and fatal accidents in Native American families.

After graduating from medical school she completed a residency and internship in Pediatrics at Mount Sinai. She moved to Westchester in 2001 and accepted an offer to join MKMG's Brewster office.

When treating her patients, Dr. Toll focuses on the importance of preventive medicine and works with a patient's entire family to help them practice and foster healthy lifestyles during the developmental years.

"It's important to instill healthy habits early on, so they become a way of life as children grow into adulthood," she said.

Dr. Toll treats boys and girls up to age 17 and is currently accepting new patients. To schedule an appointment with her, call MKMG's Brewster Pediatrics office at 845-278-6641.

Breast Cancer Treatment at MKMG: The Whole Picture

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Drs. Marc Hertz, Claire Hibbard & Charles E. Elkin.



Drs. Ihor Cehelsky & Barry Kassel



Dr. Douglas Roth

*Drs. Dominick
Chiarieri &
Jonathan Goldberg*



In observance of National Breast Cancer Awareness Month, October 2001, MKMG proudly introduces its breast cancer treatment team. The intricate coordination of care that is accomplished among our primary care physicians, radiologists, surgeons and medical oncologists is unique.

While more women are faced with breast cancer today than in past decades, advances in diagnostic and surgical procedures, combined with new medications and treatments, have made the disease much more curable and easier to live with than it once was. Treatment involves a comprehensive regimen of diagnostic procedures, pharmacology, surgery, and follow-up, provided by a variety of medical specialists.

Step One: Diagnosis & Testing

All women over age 40 should have annual mammograms. When a lump is detected in the breast, either by a patient or her doctor or via a routine mammogram, patients are referred to a surgeon and are immediately scheduled for further diagnostic procedures at MKMG's radiology department. There patients receive comprehensive diagnostic services, which may include mammography and ultrasound.

"In order to give surgeons precise information on the location and dimensions of the mass, we perform a variety of diagnostic procedures which are used both initially and as part of regular follow-up," said Dr. Claire Hibbard, Radiologist. "We see breast cancer patients regularly and often develop personal relationships with them. It's nice, because many of us are on a first-name basis. As a result, patients feel more comfortable."

After initial testing is completed, a tissue diagnosis or biopsy may be necessary to determine whether the mass is cancerous. Together, the surgeon and radiologist decide which type of biopsy is required. Depending on such factors as the size and location of the mass, the radiologist or surgeon may recommend either a fine needle biopsy, which removes a very small amount of tissue, or a core biopsy, which extracts sections or "chunks" of tissue. "Stereotactic" core biopsies are used to locate and sample tumors identified through mammography. "Wire localization" or ultrasound-guided biopsies are performed on tumors that are only visible by ultrasound. All types of ultrasound-guided biopsies can be performed right in MKMG's radiology department. Results are available within 24-48 hours after the procedure.

Open biopsies involve surgery on the breast to extract the tissue in question and are usually performed on an outpatient basis at the hospital. They may be deemed necessary based on the location or extent of the abnormal tissue.

"Biopsies provide physicians with the definitive information needed to recommend appropriate treatment," said Dr. Hibbard. "Once we know if a patient has cancer and

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**Thomas Burnette, M.D.
has moved his practice
to MKMG's Carmel office.**

**Soon the Carmel office
will expand its specialty
services to include an
Imaging Center.**