Montefiore

Montefiore Einstein
Center for Cancer Care

Head and Neck Cancer Program

The Right Oncologic Specialists.
The Right Multidisciplinary Approach.

What defines premier head and neck cancer care?

At the Montefiore Einstein Center for Cancer Care, it starts with a multidisciplinary approach:

- Our team includes head and neck, oculoplastic, oral/maxillofacial and plastic surgeons, medical and radiation oncologists, radiologists, nuclear medicine experts, nutritionists, speech and swallow specialists and psychologists.
- Our specialists work together to address all aspects of cancer treatment, for all stages of common and rare cancers.
- Staff develop a unified recommendation so that your patient receives superior care. To that end, our multidisciplinary tumor board meets regularly to discuss your patient's case.
- Physicians have immediate access to reconstructive surgeons to rebuild damaged bone and tissue to maximize function and aesthetics.
- We assign each patient a navigator, a liaison between the patient and cancer care team to facilitate the patient experience.
- We see new cancer patients within 48 hours and coordinate visits so that patients can see all of their doctors in the same visit.

The Head and Neck Cancer Program at Montefiore Einstein Center for Cancer Care has pursued a threefold mission of providing the highest quality patient-centered and research-driven cancer care, conducting investigations to advance the field of head and neck cancer, and training the next generation of specialists.

"Head and neck cancer deeply affects one's ability to socialize, swallow, speak and breathe. By offering the most advanced diagnosis, treatment and support programs in a multidisciplinary environment, we can maximize patient outcomes and ensure the best quality of life."

Richard V. Smith, MD
Director, Head and Neck Cancer Program
Montefiore Einstein Center for Cancer Care
Vice Chairman, Otorhinolaryngology–Head and Neck Surgery
Montefiore Medical Center
Professor, Otorhinolaryngology, Surgery and Pathology
Albert Einstein College of Medicine

Advanced Technology and Customized Treatment

Montefiore Einstein Center for Cancer Care specialists have pioneered an approach to cancer care that enables your patient to heal more quickly and leave the hospital sooner.

Minimally invasive surgery

We are among the pioneers in transoral robotic surgery, which Montefiore began performing in 2006, and one of the first two institutions in New York City to offer this unique approach.

- Instead of cutting open the neck or jaw, we enter through the mouth, hastening healing and reducing the risk of major complications.
- Transoral entry usually eliminates the need for a feeding tube and a tracheotomy.
- Transoral laser and robotic surgeries work synergistically to improve outcomes. Laser surgery minimizes swelling and enables cutting around corners, because it is delivered by a bendable fiber. A surgical robot extends the laser's reach around the base of the tongue, into the back of the throat and elsewhere unreachable by even the best surgeon's hand.
- The synergy of laser and robot is so effective that radiation and chemotherapy can be avoided in many circumstances, greatly reducing side effects.
- Patients leave the hospital much sooner than following conventional surgery, sometimes even the next day, and with excellent function.

"We differ from most institutions in that resection and reconstruction are each performed by a dedicated surgeon, affording our head and neck cancer patients optimal results."

Evan S. Garfein, MD
Attending Surgeon, Plastic and Reconstructive Surgery
Montefiore Medical Center
Assistant Professor, Surgery and Otorhinolaryngology–Head and Neck Surgery
Albert Einstein College of Medicine

Simulators

Our surgeons perfect their skills in performing particularly difficult operations through simulation training. Simulators model body systems and serve as teaching tools.

- Our grant from the Federal Agency for Healthcare Research and Quality supported one of the first studies to demonstrate that surgical simulation training improved operating room performance and reduced residents' errors.
- Head and Neck Cancer Program surgeons have used simulators such as our sinus surgery simulator and two temporal bone (ear) simulators since 1999.

Reconstructive surgery

Reconstructing bone and tissue once the cancer has been removed is as important as eradicating the cancer. Our comprehensive planning results in faster, more efficient procedures with a better outcome for your patient.

- Prior to the operation, we plan the reconstruction virtually, using specialized software and the patient's CT scans.
- We perform virtual surgery prior to reconstructing the patient, which Montefiore plastic surgeon Evan Garfein, MD, helped pioneer. We model the post-resection defect and design a reconstruction that will closely match the size and shape of the defect. For example, when a tumor requires removal of part of the jaw bone, Dr. Garfein will use these techniques to help transform the fibula, which is straight, into the missing segment of mandible, which is curved or angled.
- In the planning stage, engineers can manipulate the virtual jaw in every direction so team members can view it from any angle.

"High-dose brachytherapy works very well in patients who have had failures in radiation treatment. Patients come to us from other institutions because they have been told that there is no technique that will be successful for them."

Madhur Garg, MD
Clinical Director, Radiation Oncology
Montefiore Medical Center
Associate Professor, Radiation Oncology and Otorhinolaryngology–Head and Neck Surgery
Albert Einstein College of Medicine

Radiation Oncology

We offer all the latest advances in radiation oncology so that your patient can get the best possible treatment.

- Intensity-modulated radiotherapy (IMRT) allows us to reduce the radiation dose to the salivary glands. This cuts severe and moderate xerostomia (dry mouth) symptoms roughly in half, to about 40 percent.
- Image-guided radiation therapy (IGRT) improves the accuracy and precision of delivery of radiation, through frequent imaging during the course of radiation. This reduces side effects and treatment toxicity.
- We value quality of life throughout treatment and provide our patients a 65-question quality of life survey and modify care accordingly based on responses. Contrary to expectations, our studies have shown that quality of life often stabilizes around the middle of the treatment period, even while radiation dose continues accumulating.
- We treat patients from other institutions whose previous treatments—especially radiation therapy—have failed them. We are one of the very few institutions that use high-dose brachytherapy in addition to IGRT and nuclear magnetic relaxation dispersion (NMRD). High-dose brachytherapy is especially difficult in head and neck cancer because so many important, high-risk structures traverse this region, including nerves and the carotid artery.

Adaptive planning

Center for Cancer Care physicians pioneered adaptive planning, which has replaced the traditional approach of mapping out radiation treatments in advance to guide the course of care. We monitor the patient's condition, changing radiation exposure and/or intensity over the course of treatment, as needed, ensuring the fewest side effects and the best possible outcomes.

- If the patient loses weight during treatment, or if the tumor shrinks, aiming radiation as originally specified may no longer provide the greatest efficacy with the fewest side effects.
- Patients sometimes develop trouble swallowing during treatment. When we find the radiation dose to relevant tissues has risen, we reduce it.

Medical Oncology

Our medical oncologists include some of the country's leading clinicians and researchers, who provide treatments that focus on minimizing toxicity while maximizing efficacy:

- Biological planning that allows us to customize your patient's treatment based on tumor biology, human papilloma virus (HPV) status, genetics and other factors.
- Treatment with cetuximab (Erbitux), a chimeric monoclonal antibody directed against epidermal growth factor, for both curative intent and palliative treatment of head, neck and throat cancers. Our physicians have in-depth experience utilizing the antibody, as we participated in the clinical trial leading to its initial FDA approval indication.
- Clinical trials to test new combinations of chemotherapy for people with oropharyngeal (including tonsils, base of tongue, and soft palate) cancer. Our goal is to reduce the morbidity and toxicity associated with current treatments.

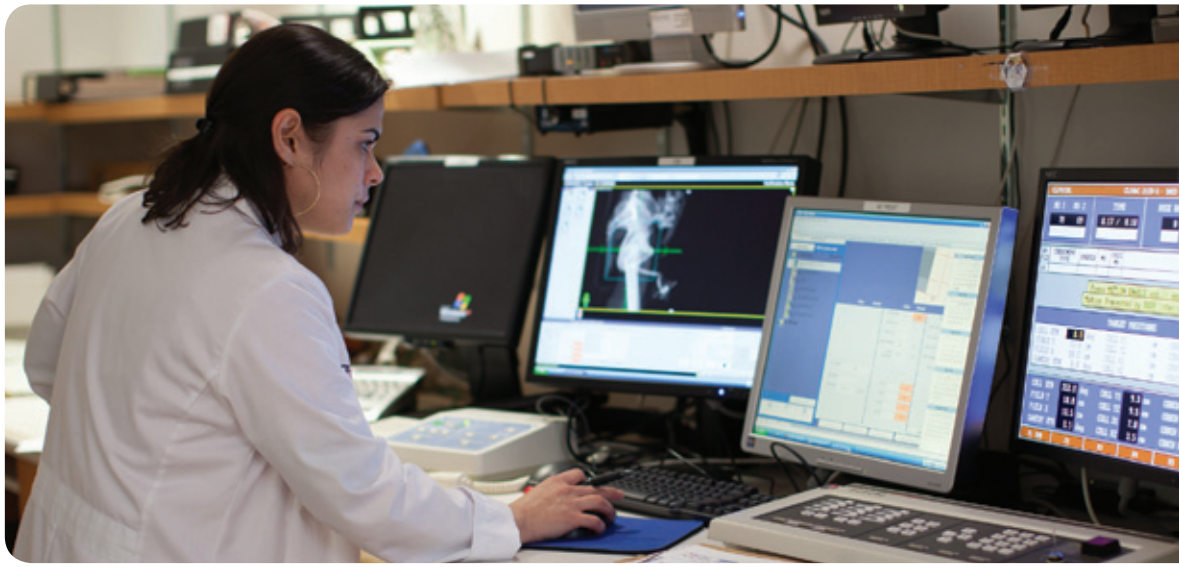
"I have a growing survivorship practice and maintain long-term relationships with my patients. It gives me great joy to see patients long after they are treated, to see that they are healthy."

Missak Haigentz, MD
Medical Oncologist
Montefiore Medical Center
Associate Professor, Clinical Medicine, Oncology
and Clinical Otorhinolaryngology–Head and Neck Surgery
Albert Einstein College of Medicine

High-End Imaging Technology

Montefiore Medical Center is a leader in superior, safe imaging, applying the latest technologies, including computed tomography (CT). We monitor dose and adhere to the ALARA (as low as reasonably achievable) dose concept to ensure patient safety.

- The neck is a vital arterial bridge from the heart to the brain. Cancers sometimes eat into arteries, causing bleeding, increasing the risk of premature mortality. We provide state-of-the-art imaging to reconstruct the vascular tree, which enables us to see and address such problems. We can stop bleeding by blocking blood vessels with covered stents if they cannot be occluded.
- For diagnosis, we employ state-of-the-art CT scanning and positron emission tomography (PET) at the same time, creating a single image from both. The resulting single image finds more cancers, with fewer false positives, than both modalities operating separately.
- Imaging is also used to diagnose recurrences. Conventional imaging can fail to distinguish a still-growing cancer from a dying, necrotic tumor. We monitor for recurrences using single-photon emission computed tomography (SPECT) magnetic resonance imaging (MRI).



Advanced Research Leads to Excellent Clinical Offerings

Our extensive research program means that we are aware of and most often initiate and participate in the most recent studies to understand the causes, diagnosis methods and treatment approaches for head and neck cancers.

Montefiore Einstein Center for Cancer Care partners with the Albert Einstein Cancer Center, a National Cancer Institute–designated cancer center in conducting trials, and also participates in trials sponsored by the Eastern Cooperative Oncology Group (ECOG), the Radiation Therapy Oncology Group (RTOG) and the AIDS Malignancy Clinical Trials Consortium (AMC).

Our large clinical trial portfolio enables us to give head and neck cancer patients access to the newest treatments, challenging the current standards of care, including new chemotherapeutic anticancer agents such as Reolysin®, which was initially studied in phase I and II clinical trials at Montefiore and is now the focus of a worldwide phase III trial. We are also involved in a phase III trial of a new agent (E7080, levantinib) for patients with thyroid cancer.

We also understand the changing landscape of head and neck cancer. Our pioneering treatment approaches are based on the most recent research findings.

"Our research capabilities allow us to optimize patient treatment. For example, we use robotic surgery in combination with external but non-disfiguring surgery to avoid using radiation and chemotherapy whenever possible. We've had excellent results in patients with HPV and have been able to spare patients additional treatment about half the time."

Richard V. Smith, MD
Director, Head and Neck Cancer Program
Montefiore Einstein Center for Cancer Care
Vice Chairman, Otorhinolaryngology–Head and Neck Surgery
Montefiore Medical Center
Professor, Otorhinolaryngology, Surgery and Pathology
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Treatment for HPV-Related Cancers

The human papilloma virus (HPV) is a recent etiology for head and neck cancer. Recent findings show we can treat these cancers less invasively with equal or superior outcomes, while most other institutions utilize more conservative, invasive treatments.

- In the past, head and neck cancers were most often linked to smoking and drinking. But HPV, often transmitted sexually, has become an increasingly common cause of head and neck cancer among younger patients.
- HPV-caused head and neck cancers have a better prognosis than those caused by smoking and drinking, even though they are usually caught at a later stage.
- We have been able to leverage this improved prognosis to lessen the invasiveness of the surgery, and to alter radiation protocols to minimize treatment-related toxicity while maintaining the same or better cure and control rates.

Pioneering Treatment for Head and Neck Cancer Patients with HIV

We take special interest in caring for head and neck cancer patients with human immunodeficiency virus (HIV) infection. Most clinical cancer research has historically excluded HIV patients, making them an underserved patient population. The Center for Cancer Care is working to address this need, and Missak Haigentz, MD, is the National Study Chair of one of the first head and neck clinical trials to study new cancer therapies among HIV-positive patients.

Patient-Centered Care

The Head and Neck Cancer Program of Montefiore Einstein Center for Cancer Care provides care for the whole patient. Clinical expertise is combined with superior support services to maximize patients' functional recovery during and after therapy.

The implications of a cancer diagnosis for emotional and social function can be devastating. For this reason, patients of the Head and Neck Cancer Program have rapid access to social work, nutrition, psychological and palliative care services, and patients' primary care physicians are informed of all steps of care.

We provide:

- Psychosocial support to help patients address emotional challenges, such as changes in body image, social roles and dependence upon others
- Spiritual support, including addressing such questions as how to find meaning and hope while living with uncertainty
- One-on-one counseling, support groups for patients in active treatment, stress management classes and a full array of wellness workshops
- A smoking cessation program

Our support services also include a comprehensive nutrition program. Maintaining nutrition is critical for all cancer patients and especially challenging for head and neck cancer patients who may experience loss of appetite and have difficulty eating. Also, therapies can cause oral lesions, dry mouth and pain when swallowing.

The Center for Cancer Care can help:

- We provide dietary counseling and management of symptoms, as well as weekly one-on-one counseling with the patient and/or his or her caregiver.
- We show patients how to modify food during preparation in ways that make eating easier based on their particular difficulties.
- We follow the latest nutritional research, which can often improve treatment and/or quality of life.


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THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

Our Clinical Leadership Team

Richard V. Smith, MD

Director, Head and Neck Program, Montefiore Einstein Center for Cancer Care
Vice Chairman, Otorhinolaryngology–Head and Neck Surgery, Montefiore Medical Center
Professor, Otorhinolaryngology, Surgery and Pathology, Albert Einstein College of Medicine

Dr. Smith received the Byers Award for the best clinical research from the American Head and Neck Society in 2003, and a Presidential Citation from the Society in 2011. Dr. Smith serves on numerous regional and national society committees and boards. He is past President of the New York Head and Neck Society and of the New York Laryngological Society and Chair of the American Academy of Otolaryngology–Head and Neck Surgery's Head and Neck Surgery Education Committee, and he also serves on the Robotic Surgery Task Force. He is also Chair of the Cancer Committee at Montefiore and is on the Executive Committee for Translational Research in the Albert Einstein Cancer Center. Dr. Smith, who received his medical degree from the University of Vermont College of Medicine in 1990, has published 60 original reports and 26 reviews, chapters, and invited papers, and he has co-edited two books: *Complications in Otolaryngology: Head and Neck Surgery* and *The Larynx*. Dr. Smith has been listed in the Best Doctors in America and Best Doctors in New York (Castle Connolly Medical LTD) and was named a Top Doctor: New York Metro Area (Consumers' Guide to Top Doctors). Dr. Smith trained in otolaryngology–head and neck surgery at Georgetown Hospital and School of Medicine in Washington, DC.

Evan S. Garfein, MD

Attending Surgeon, Plastic and Reconstructive Surgery, Montefiore Medical Center
Assistant Professor, Surgery and Otorhinolaryngology–Head and Neck Surgery,
Albert Einstein College of Medicine

Dr. Garfein has three medical patents: for a "method and product for locating an internal bleeding site," for "methods and apparatus for application of micro-mechanical forces to tissues," and for a "method for high-efficiency hemofiltration." He has been a Visiting Surgeon with Partners In Health in Haiti during 2006 and 2007, and he is the recipient of an Award for Excellence in Teaching for residents, 2002–3, selected by Tufts University School of Medicine clerkship students during the core clerkships. He received a John A. Mannick Day Research Award in 2003. Dr. Garfein is the author of New York State Law S6993B, requiring hospitals to inform women diagnosed with breast cancer that they are entitled to reconstructive surgery. He is also the author of 27 original articles, five abstracts, and five chapters, reviews, and editorials. After earning his medical degree at Columbia College of Physicians & Surgeons, Dr. Garfein completed his residency in plastic surgery at the Harvard Combined Plastic Surgery Training Program, Brigham and Women's Hospital, Massachusetts General Hospital, Beth Israel Deaconess Medical Center, Children's Hospital Boston, and Shriners Hospital for Children—Boston. Dr. Garfein continued his training with a fellowship in microsurgery and reconstruction at New York University Langone Medical Center.

Madhur Garg, MBBS

Clinical Director, Radiation Oncology, Montefiore Medical Center
Associate Professor, Radiation Oncology and Otorhinolaryngology–Head and Neck Surgery,
Albert Einstein College of Medicine

Dr. Garg is a recipient of the prestigious American Society of Clinical Oncology (ASCO) Young Investigator Award and Department of Defense Physician Research Award. He sits on the ASCO International Awards Committee and the American College of Radiology Appropriateness Criteria Committee. He is on the reviewer boards of several journals, including the *International Journal of Radiation Oncology*, and he is the principal investigator for several national and international research studies investigating novel cancer therapeutics. After graduating from King George's Medical College in Lucknow, India, Dr. Garg pursued his residency in radiation oncology at Rush-Presbyterian-St. Luke's in Chicago and Montefiore Medical Center in New York. He also completed a specialized research fellowship at the Radiation Oncology Center, Wayne State University, Detroit, Michigan.

Missak Haigentz Jr., MD

Medical Oncologist, Montefiore Medical Center
Associate Professor, Clinical Medicine, Oncology, and Clinical Otorhinolaryngology–Head and Neck Surgery, Albert Einstein College of Medicine

Dr. Haigentz received the American Society of Clinical Oncology (ASCO) Clinical Research Career Development Award in 2004 and National Institutes of Health (NIH) funding for his research in head and neck cancer. He is the current chair of the Non-AIDS Defining Cancer Working Group of the AIDS Malignancy Consortium and has served on several committees supported by the National Cancer Institute. Dr. Haigentz is the author of 15 original articles and 25 chapters, reviews and editorials. He is a referee for 19 journals, and since 2010 he has served on the editorial board of the *Journal of Clinical Oncology*. After graduating from the University of California at Los Angeles, Dr. Haigentz earned his medical degree and completed residency training in internal medicine at the UMDNJ-New Jersey Medical School, where he was elected to the Alpha Omega Alpha Honor Medical Society and served as chief medical resident. He then completed his fellowship training in hematology and oncology at the New York University School of Medicine.

Meet Our Head and Neck Cancer Program Team

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To learn more about head and neck cancer care for your patients at Montefiore Einstein Center for Cancer Care, please visit our website at **www.montefiore.org/head-and-neck-cancer**

To refer a patient, please call 718-862-8840.

Commission on Cancer®
ACCREDITED PROGRAM

Montefiore Einstein Center for Cancer Care received the national 2011 Commission on Cancer's Outstanding Achievement Award in recognition of its leadership in delivering exemplary cancer care.