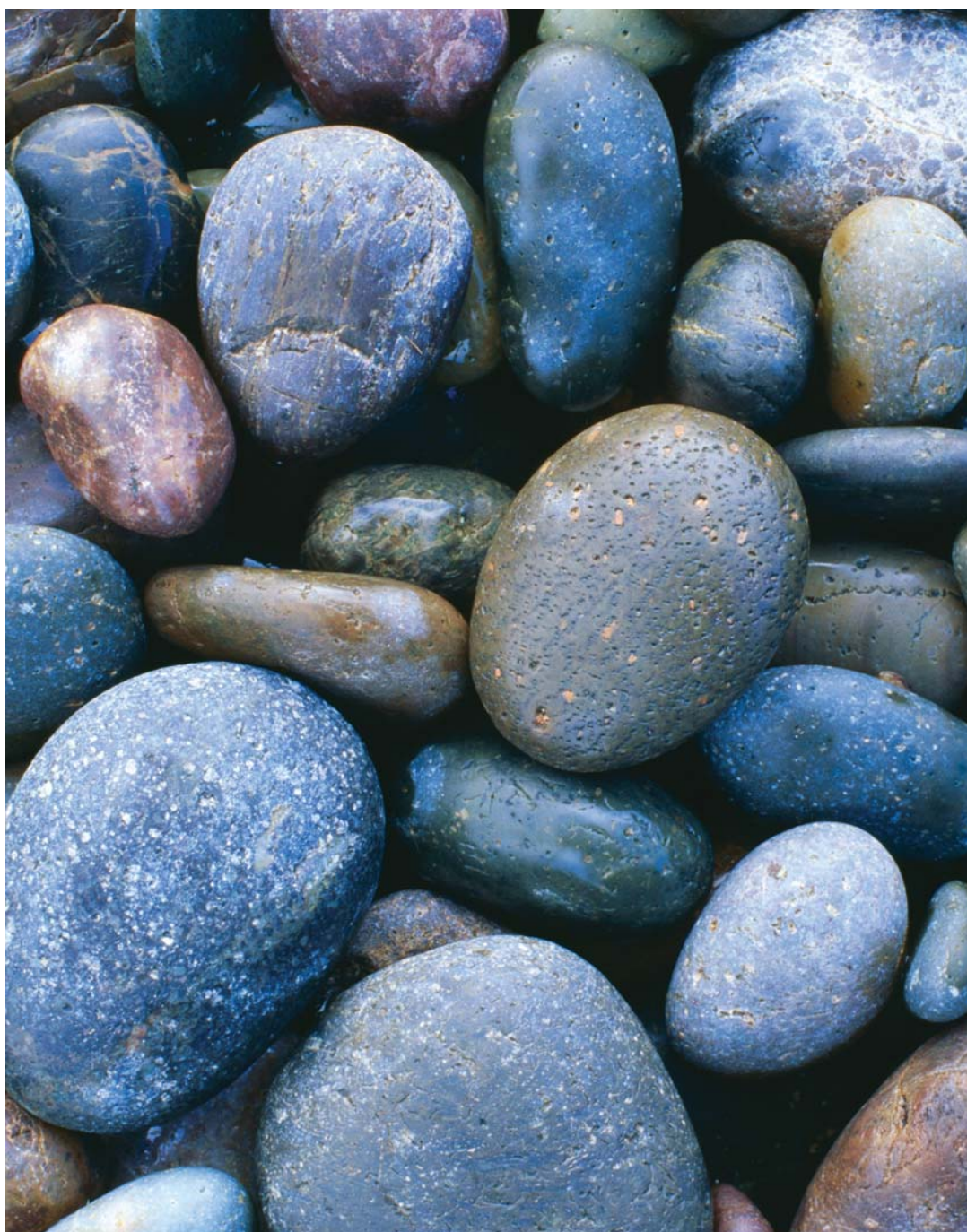


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Beyond Extraordinary



Giving Opportunities

Name

Gift

Specialty Treatment Center

\$5 million

The Outpatient Transplant Center

\$5 million

Neurological Cancer Center of Excellence

\$2 million

Head and Neck Cancer Center

\$2 million

Thoracic Cancer Center of Excellence

\$2 million

Urology Center of Excellence

\$2 million

The Infusion Center

\$2 million

Conference Room (14 seats)

\$1 million

Concourse/Waiting Area

\$1 million

Patient Exam Center

\$1 million

(28 Exam Rooms)

\$250,000 each

Physicians Office Suite

\$500,000

Waiting Area/Infusion Treatment Center

\$500,000

Outdoor Planter

\$500,000

Medical Records

\$250,000

Shared Office

\$250,000

Staff Lounge

\$250,000

Nurses Stations (3)

\$250,000 each

Specialty Treatment Center

The Specialty Treatment Center at Hackensack University Medical Center's new John Theurer Cancer Center will be devoted to the treatment of solid tumors, including cancers of the bone, brain, colon, kidney, liver, lung, pancreas, skin, stomach, and throat, among others.

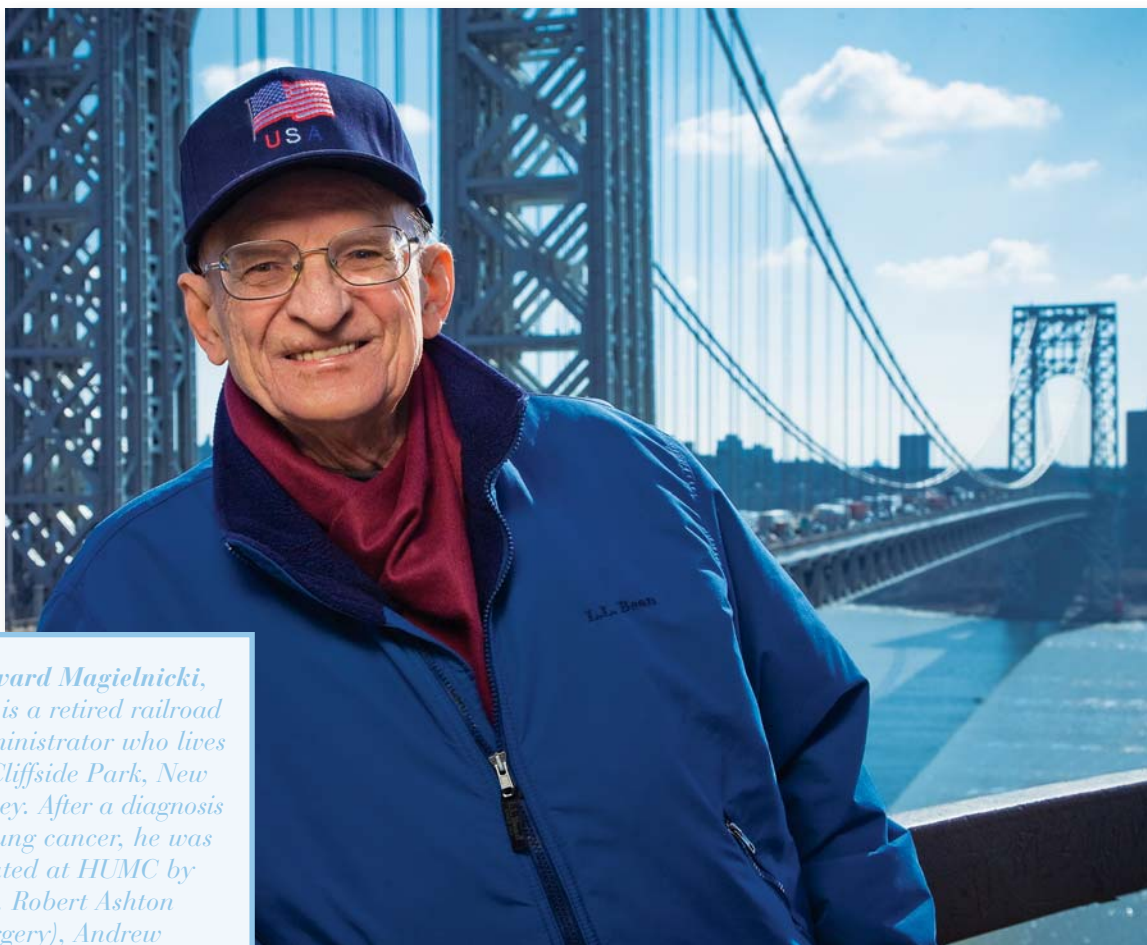
All the physicians and other medical professionals who specialize in the treatment of these 'solid' cancers will be gathered here to combine their expertise in the treatment of each patient. Many of these experts, now working in separate buildings, will for the first time be able to share their ideas and discuss them face to face—in the kind of daily, informal, spontaneous exchanges that can result in creative new approaches to treatment.

Patients will benefit from this proximity in more ways than one. Without leaving the building, or perhaps even this one floor, they will be able to consult with all their doctors, get their tests, and receive their therapy. Associated Radiology will be just a short elevator ride away, as will psychosocial services, fitness and nutrition advisors, a library, and other amenities within the center designed for the comfort and convenience of our patients.

The clinicians and researchers on this floor will be continuing the exciting work that has enhanced, extended, and saved the lives of so many patients while bringing honors and awards to the hospital and its staff. Among the innovative therapies being used and explored are those highlighted in the box above.

Breakthrough Advances

- *The development of a tumor bank that will enable researchers to study cancer at the molecular level, identify the abnormalities that lead to disease, and determine how and why these “mistakes” occur. In a given tumor sample, up to 30,000 genes can be studied at once.*
- *A variety of innovative treatments for brain cancer, including: new drugs that shrink tumors and inhibit recurrence; a vaccine that prevents recurrence by immunizing the patient with his or her own tumor tissue; brachytherapy and other non-invasive treatments that use radiation to destroy inoperable or recurrent tumors; and new surgical methods that allow tumor removal without harming normal tissue, among them a system that enables the planning of each operation in detail, ensuring complete tumor removal.*
- *High precision, robotic-assisted surgery to treat localized prostate cancer, which hones in on tumors while sparing healthy tissue.*
- *Targeted drug therapies for head and neck cancer that bind to the receptors of diseased cells and incapacitate or destroy them.*
- *Pioneering robotic-assisted thoracic surgery for the treatment of lung cancer.*
- *Cryosurgery; a minimally invasive “freezing” technique that kills microscopic bone tumor cells, drastically reducing the chance of recurrence.*
- *For patients with metastatic colorectal cancer who undergo liver resections, new chemotherapeutic approaches that help to vastly increase five-year survival rates.*



Edward Magielnicki, 71, is a retired railroad administrator who lives in Cliffside Park, New Jersey. After a diagnosis of lung cancer, he was treated at HUMC by Drs. Robert Ashton (surgery), Andrew Jennis (chemotherapy), and Anthony Ingenito (radiation oncology).

“Dr. Ashton is the most compassionate guy I’ve ever met. He has a great bedside manner and goes above and beyond for all his patients. So do his colleagues and support staff, from the person who cleans the bathrooms to the top doctors. It’s like great customer service—they make sure you’re comfortable at all times. When you go in for chemo, the nurses size you up. If you have a good attitude, they kid around with you, and that makes it very pleasant.

The only drawback is the physical separation between doctors, which can be cumbersome and tiring—having to go from building to building for chemo and radiation. But that’s a problem the new cancer center will solve.”

Robert C. Ashton, Jr., M.D.

*Chief, Thoracic Surgery and
Co-Chief, Division of Thoracic Oncology*

Harry Harper, M.D.

Co-Chief, Division of Thoracic Oncology



“The new cancer center will send an important message to the community: that here is a single entity where you can get all of your cancer care—comprehensive care of unsurpassed quality that will help us produce better outcomes for our patients.”

Dr. Ashton

“I think of my patients as heroes of a certain kind. They fight a battle with a tough and sometimes lethal enemy. They have tremendous courage. I’m in oncology because my patients show a great will to survive. An investment in our new cancer center is an investment in the human qualities of our citizens.”

Dr. Harper

Dr. Ashton specializes in lung cancer surgery and in the development of minimally invasive surgical and robotic-assisted approaches to thoracic oncology. Using the latest diagnostic tools, he identifies the stage of a patient’s cancer with an accuracy that leads to optimal care and outcome.

Dr. Ashton and Dr. Harry D. Harper work closely together with their team to treat thoracic cancers with a multidisciplinary combination of surgery, chemotherapy, and radiation. Their innovative approaches have reduced morbidity and mortality for many patients.

A pioneer in robotic-assisted thoracic surgical procedures, Dr. Ashton wrote the first papers about the daVinci® Surgical System that he now uses at the cancer center. He has appeared on a number of television news shows to discuss issues related to lung cancer and thoracic surgery.

Dr. Harper’s clinical and research expertise extends to all thoracic cancers, including treatment for every type of lung cancer. A hematologist as well as an oncologist, he has been a leader in developing the hospital’s multidisciplinary approach to care—an approach informed by his experience with the many services and complex care often required by lung cancer patients.

A member of the HUMC medical staff for more than 20 years, Dr. Harper has published research papers in a number of medical journals and is a member of the American College of Physicians and the American Society of Clinical Oncology.

Andrew Jennis, M.D.

Co-Chief, Division of Gastrointestinal Oncology

Donald McCain, M.D., Ph.D.

Co-Chief, Division of Gastrointestinal Oncology
Chief of Surgical Oncology



Dr. Jennis, a hematologist and oncologist, specializes in treating cancers of the gastrointestinal system, including cancers of the colon, rectum, anus, bile ducts, gallbladder, liver, pancreas, small intestine, and stomach. He and his co-chief, Dr. Donald McCain, work with their staff to provide extraordinary care for patients with gastrointestinal cancers.

Dr. Jennis has been instrumental in building one of the country's blood and marrow stem cell transplantation programs and is constantly seeking ways to improve the transplantation process. Dr. Jennis works with the Hereditary Cancer Risk Assessment Program, which offers screening and counseling services for patients at risk of developing hereditary colorectal, breast, ovarian, and endometrial cancers.

“All the great research advances are happening now in oncology; molecular biology; and the human genome, DNA. Stem cell work is where all the cutting-edge stuff is happening. Whatever I’m doing today is not what I’ll be doing a few years from now. In the new center, we can grow, specialize more, and offer more sophisticated approaches to treatment.”

Dr. Jennis

“Over five years ago, a young father had metastatic colorectal cancer and was advised to settle his affairs. I resectioned his liver, and today he’s still having a big impact on many lives. Sometimes you’re not saving just one person, you’re saving a lot of people at the same time.”

Dr. McCain

Dr. McCain is a surgeon who treats cancers of the gastrointestinal system, including the colon, stomach, liver, gallbladder, pancreas, rectum, anus, and small intestine. His research on these cancers has appeared in numerous publications.

Dr. McCain specializes in performing liver resections in patients whose colorectal cancer has metastasized to that organ. He attributes the extraordinary improvement in the five-year survival rates of these patients (from 25 percent or less some years ago to more than 56 percent today for patients with multiple liver lesions) to his experience with a high volume of patients at HUMC and a new approach to the disease in which chemotherapy is administered both before and after surgery. In appropriate cases for GI malignancies, Dr. McCain also performs robotic-assisted surgeries.

Mark Pascal, M.D.
Co-Chief, Division of Neuro-Oncology

Viswanathan Rajaraman, M.D.
Co-Chief, Division of Neuro-Oncology



Dr. Pascal, a hematologist and oncologist, specializes in the treatment and management of many types of cancer and blood disorders, including those that affect the central nervous system. He works closely with a team of neurosurgeons headed by his co-chief, Dr. Rajaraman, to provide optimal care for patients with tumors of the brain and spinal cord.

To shrink brain tumors and inhibit further malignancy, Dr. Pascal is testing combinations of new chemotherapeutic drugs that show a striking advance over previous methods of treatment. He is also researching a vaccine against recurrence of the cancer.

Dr. Rajaraman is a neurosurgeon who specializes in the treatment of brain cancer, using various methods to remove or destroy brain tumors. Employing very sophisticated technology—a kind of GPS for brain surgery—he and his team of oncologists, radiation therapists, and nurses plan every step of each operation, ensuring complete removal of the tumors. A measure of their success is the rapidly increasing demand for their services.

Dr. Rajaraman is also skilled in other advanced surgical methods, including a non-invasive treatment that uses radiation to destroy inoperable or recurrent brain tumors; a brachytherapy in which radioactive material is placed directly into the brain to destroy recurrent tumors; and a method of monitoring a patient's speech, language, and movement while he or she is awake so the surgeon can remove the tumor without harming normal tissue.

“Our neuro-oncology patients need special care, because their neurologic symptoms set them apart from other cancer patients. Our multidisciplinary team provides cutting-edge therapy to extend their lives and maximize their quality of life.”

Dr. Pascal

“Why do we need a new cancer center? Patients can be seen in one sitting by the oncologist, the surgeon, and the radiation oncologist. Having all the disciplines there at the same time will really make a difference, especially in complex cases, where decisions aren't easy.”

Dr. Rajaraman

Glen Gejerman, M.D.

*Co-Chief, Division of Urologic Oncology and
Clinical Director, Department of Radiation Oncology*

Ihor Sawczuk, M.D.

*Chairman of the Department of Urology and
Co-Chief, Division of Urologic Oncology*



In his dual role as a leader of both the urologic and radiation oncology teams, Dr. Gejerman has spearheaded the use of novel techniques and technologies in radiotherapy to treat prostate and other cancers. He directed the recent acquisition of the hospital's TomoTherapy system, one of the few dedicated to the treatment of prostate cancer. The system integrates the three steps of radiation therapy: planning the treatment, positioning the patient, and delivering the treatment.

Dr. Gejerman is invited to speak at conferences all over the world about his expertise in brachytherapy (radioactive seed implantation) and intensity modulated radiation therapy.

“We’re the leaders in high dose-rate brachytherapy. We can safely deliver the maximum dose to the tumor while avoiding collateral damage—whether it’s prostate, lung, or breast. Our machines require the amount of space we’ll have in the new cancer center—more room for us and greater comfort for our patients.”

Dr. Gejerman

“I deal with difficult, complex urologic surgical issues that require individualized care. When other doctors tell patients it can’t be done, I tell them it can—it’s just a question of how to do it. To help them keep their quality of life even though they have cancer—that’s our job.”

Dr. Sawczuk

Dr. Sawczuk is a leading authority on renal (kidney) cancer and the various methods used to treat it, including advanced surgical techniques and immunological approaches.

In 2005, Dr. Sawczuk and his colleagues achieved an astounding 95 percent usage rate with robotic-assisted surgery to treat localized prostate cancer when the national rate was only 20 percent. This state-of-the-art procedure enables the surgeon to operate with greater clarity and precision, sparing more of the patient's healthy tissue and nerves. By applying his advanced cryosurgical skills to renal cancer, Dr. Sawczuk extends the lives of many patients while also enabling them to retain kidney function. Both these procedures allow the patient to make a faster recovery and enjoy a higher quality of life.

Robert Alter, M.D.

Co-Chief, Division of Urologic Oncology

Christopher Shaari, M.D.

Co-Chief, Division of Head and Neck Oncology



Dr. Alter, a hematologist and medical oncologist, is dedicated to the investigation and treatment of cancer and blood disorders. He and his division co-chief, Dr. Sawczuk, collaborate with their specialized team to treat patients with urological cancers.

Using the latest clinical approaches, Dr. Alter seeks to eliminate disease, preserve the patient's organs, and maintain quality of life. These approaches include: chemotherapy to reduce the size of tumors before starting surgery or radiation; TomoTherapy, a radiation system that hones in on tumors while sparing healthy tissue; and targeted drug therapies that bind to the receptors of cancer cells and incapacitate or destroy them.

“I learned about compassion at an early age, when I made rounds with my uncle, a hematologist. Before I went to medical school, I knew I wanted to be a hands-on physician, talking to people, giving them hope. Positive attitudes make for better outcomes, and every day we extend the life of a patient is another day of success.”

Dr. Alter

“We treat a lot of head and neck cancers successfully. First there's anxiety, then you get the patients to believe. After one year, two years, you form a real bond.”

Dr. Shaari

Dr. Shaari specializes in the surgical treatment of thyroid cancer and cancers of the tongue, mouth, and throat. His use of the latest techniques in the removal of thyroid tumors has enabled him to achieve a high long-term survival rate with a minimum of complications. Through use of a nerve monitoring tube, he can avoid one of the major risks of thyroid surgery: hoarseness, caused by injury to the vocal chord.

Working with other colleagues in radiation oncology and reconstructive surgery, Dr. Shaari is frequently able to preserve and restore other vital functions, such as speech and swallowing, in patients undergoing extensive treatment for head and neck cancers.

James C. Wittig, M.D.

Chief, Division of Skin and Sarcoma



Dr. Wittig specializes in orthopedic oncology, treating bone and soft-tissue sarcomas in adults and children. Working with a team of medical oncologists, pathologists, and radiation oncologists who also specialize in this field, he performs sophisticated limb-saving surgery, aided by pre-operative chemotherapy that kills the patient's tumors.

Dr. Wittig uses cryosurgery to treat aggressive, benign bone tumors: a minimally invasive technique that freezes the undesirable area and reduces the chance of recurrence from 60 percent to 3 percent by killing the patient's remaining microscopic tumor cells.

“I trained with a surgeon at Columbia who started the field of orthopedic oncology, and we’ve made a lot of progress since then. When other doctors tell the patient it’s impossible to remove the tumor without also losing the limb, that patient comes to me—and I remove the tumor while saving the limb. That’s why I got into orthopedics. I can have an enormous impact on people’s lives.”

Dr. Wittig

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Hackensack University Medical Center Foundation

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