

Lung Cancer Evaluation Center



Dr. Bilfinger and Eileen Zaoutis, RN in the OR

The Lung Cancer Evaluation Center (LCEC) provides comprehensive programs to diagnose and treat patients with lung cancer.

People with x-ray abnormalities that may represent lung cancer and people with a known diagnosis of lung cancer can undergo evaluation by a multidisciplinary group of specialists that include pulmonologists, a thoracic surgeon, medical oncologists and radiation oncologists. Pathologists, radiologists and a nurse coordinator provide expert additional support.

Specialists work as a team in all aspects of diagnosis and treatment to develop an individualized management plan based on the newest developments in lung cancer screening, noninvasive diagnosis and staging, neoadjuvant treatment strategies, diagnostic and therapeutic bronchoscopy and resectional therapy.

Lung cancer is the fastest growing cancer in the US with over 170,000 new lung cancers diagnosed yearly. Although the prospects for cure of later stage lung cancer remain slim, dramatic progress is being made in early detection, risk assessment by markers, noninvasive staging and combined modality therapeutic approaches. These advances provide the opportunity to more accurately stage patients prior to operative intervention. As a result, treatments such as neoadjuvant chemotherapy prior to resection, which offer significant promise, can be offered. Advanced technologies such

as radiofrequency ablation are also offered and in the near future, computer-guided stereotactic radiosurgery will be available.

Stony Brook's growing focus on cancer care has resulted in the acquisition of a positron-emission tomography (PET)-CT fusion imaging scanner, the latest in technology for noninvasive diagnosis and staging, as well as state-of-the-art equipment in diagnostic radiology, interventional bronchoscopy and radiation oncology. These technologic advances support an active program in thoracic surgery, which remains the focus of treatment of lung cancer with curative intent. Procedures performed include pneumonectomy, lobectomy, VATS lobectomy, wedge resection, thoracoscopy and mediastinoscopy. The mortality associated with procedures done at the hospital has been consistently lower than the reported national average of between three and five percent. State-of-the-art techniques in bronchoscopy, including transbronchial needle aspiration with onsite pathology, cautery, laser, brachytherapy, and stenting for nonsurgical diagnosis and staging, as well as palliation are also available.

Patients treated at Stony Brook can participate in ongoing protocols in every phase of diagnosis and treatment, including national studies through the Eastern Cooperative Oncology Group and the American College of Surgeons Oncology Group.

Program leaders are Thomas V. Bilfinger, MD, director of the Lung Cancer Evaluation Center and interim chief, Division of Cardiothoracic Surgery; Daniel Baram, MD, pulmonologist; Theodore Gabig, MD, medical oncologist; Alan Meek MD, radiation oncologist and Eileen Zaoutis, RN, nurse coordinator.



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Cancer Care at Stony Brook University Hospital

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