



# A partnership for patients

*The Institute's work with MSK is already making an impact on care*

**E**ight months after the Hartford HealthCare Cancer Institute became the charter member of the Memorial Sloan Kettering (MSK) Cancer Alliance, collaboration has already led to improvements that benefit patients in many ways.

"We have come a long way in just a few short months, and that is translating into a lot of wonderful things for our patients," said Donna Handley, vice president of operations for the Cancer Institute. "Every day, our relationship with our peers and colleagues at MSK deepens and expands, which adds to our ability to provide the most advanced care to patients."

Handley said the partnership is now nearing the final stages

of an intensive assessment of the cancer services provided at the five cancer centers that make up the HHC Cancer Institute. Baseline data was established for six disease specialties and 11 disciplines to help establish best practices and meet MSK requirements.

Once the assessment period is complete, the Institute will become the first formal member of the newly established MSK Cancer Alliance. Ultimately the Alliance, an initiative designed to elevate the quality of care and outcomes for patients in community settings, will consist of a network of providers outside the New York metropolitan area, where MSK is based.

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# MSK receives landmark \$100 million gift for new precision oncology center

Memorial Sloan Kettering Cancer Center (MSK) announced last month that it has received a transformative gift of \$100 million to create a pioneering new center focused on breakthroughs in molecular oncology and genomic analysis.

The Marie-Josée and Henry R. Kravis Center for Molecular Oncology (CMO) is named in honor of Marie-Josée and Henry R. Kravis, whose generous gift will make it possible to realize the promise of precision oncology and support the development of new, individualized cancer therapies and diagnostic tools.

“Progress in our understanding of the biology of cancer has completely shifted the way we think about and treat cancer,” says Craig Thompson, MD, MSK President and CEO. “We’re moving away from the concept of treating cancer as many different types of the same disease and toward treating each person’s cancer as its own unique disease. Now, thanks to the inspiring generosity of the Marie-Josée and Henry R. Kravis Foundation, we will be able to expand and intensify this effort, ushering in what will truly be a new era of precision medicine.”

“Throughout the course of my involvement at Memorial Sloan Kettering, I have been deeply impressed by the dedication, experience and competence of the physicians and scientists who are working to unravel the complexities of cancer,” says Marie-Josée Kravis, who has been a member of MSK’s Boards of Overseers and Managers since October 2000 and is chair of the board of Sloan Kettering Institute. “Henry and I are delighted to support this exciting new initiative, which offers such hope to people around the world.”

“Memorial Sloan Kettering has already proven itself to be a leader in understanding cancer at the genetic level and in putting that knowledge to work for patients,” says Henry R. Kravis. “The new Center for Molecular Oncology will take these efforts to an



Memorial Sloan Kettering associate directors Michael Berger, left, and Agnes Viale, center, with director David Solit, of the MSK molecular oncology program.

entirely new level, and I look forward with great anticipation to the discoveries that lie ahead.”

Archived tumor specimens and tissues obtained in clinical trials will be comprehensively profiled by next-generation sequencing and other molecular technologies. The molecular information of each tumor will then be correlated with clinical outcomes to better understand the significance of genetic alterations in tumors and the opportunities they offer for treating cancers more precisely.

“The first application of the genomic revolution of the past decade is now being applied to cancer,” says José Baselga, MD, physician-in-chief of Memorial Sloan Kettering. “We have learned that cancer is actually a disease of the genome, and moving forward, we will need to integrate the vast amounts of molecular discoveries being made with clinical data to develop tumor-specific treatments. Our CMO will be the first program in the country to span the full range of activities required to bridge these molecular insights into clinical innovations.”

MSK — with its exceptionally powerful and seamless integration of clinical and scientific teams focused on cancer — is uniquely positioned

to launch an initiative of the ambition and scope of the CMO. The aim is to analyze more than 10,000 patient tumors in the CMO’s first year alone, with an eye toward offering molecular analysis for every type of cancer and for all MSK patients.

“In terms of structure, the Marie-Josée and Henry R. Kravis Center for Molecular Oncology epitomizes the multidisciplinary approach to cancer research, which demands that we fully link programs and departments across MSK so that we can inform each other’s work with our best and brightest ideas,” says Joan Massagué, PhD, director of the Sloan Kettering Institute.

David Solit, MD, the inaugural director of the CMO, adds, “The vision for the CMO is nothing less than to revolutionize the treatment of cancer. Our integrated clinical and scientific teams coupled with our ever-increasing genetic sequencing capabilities will allow us to build upon the molecular insights we’ve gleaned over the past decade to accelerate the development of more effective and less toxic cancer therapies.”

*The information for this story comes directly from Memorial Sloan Kettering and is used with MSK’s permission.*



Every day, no matter who it was, I saw a lot of smiling faces around me making sure I was getting what I needed. That goes a long way in giving you strength to go through your treatment.

— Lee-Ann Forsdick, Glastonbury



## 'Armies' of support inspire cancer patients

**W**hen Lee-Ann Forsdick was first diagnosed with stage-4 ovarian cancer last year, she fell into a momentary bout of depression as she struggled to come to grips with a difficult diagnosis she never expected. But within a couple weeks, and with the help of her support team at Hartford Hospital's cancer center, she suddenly found that her attitude had completely reversed.

"All of a sudden I had this great feeling of calm and optimism come over me," said Forsdick, 57, who lives in Glastonbury. "I don't know why, but I just had this clarity that I had this fight I had to go through, and I was going to fight it all the way. I was like, 'Let's go!'"

Forsdick said one of the main reasons for her optimism was the support she received from her team at the cancer center, especially her doctor, Aaron Shafer, MD, and the nurse navigator assigned to her care, Susanne Brown, RN. She said the team that managed her care always made sure to keep her apprised of her condition and the treatment plan that was being formulated for her. Within weeks, she said, she felt as if she had a close circle of new friends looking out for her.

"These people obviously knew what they were doing — and, just as important to me, they obviously cared about me," she said. "Every day, no matter who it was, I saw a lot of smiling faces around me making sure I was getting what I needed. That goes a long way in giving you strength to go through your treatment."

After beginning her treatment in April of last year, Forsdick underwent numerous rounds of chemotherapy and two surgeries before her doctors declared her cancer-free in September. She has been in remission ever since, and she said she owes much of her ongoing recovery to the survivorship programs offered to her through the cancer center.

"I always look forward to taking part in any program they



**Lee-Ann Forsdick, seated, recently successfully completed cancer treatment with help from her nurse navigator, Susanne Brown, RN, left, and support from her daughter, Heather Forsdick.**

have because then I get to come back and see all these great people," she said. "Throughout this process, I felt like I had all these armies of people who were marching into battle with me."

Brown, in turn, said patients like Forsdick are the reason she and her peers chose to pursue careers in cancer medicine.

"When you have a patient like Lee-Ann, showing so much determination and positive energy, it's really inspiring," she said. "She is doing everything in her power to keep her life on a positive track, and you want to do everything you can to help her."

Lee-Ann's 21-year-old daughter, Heather Forsdick, said she was also inspired by her mother's courage.

"I am really proud of her," said Heather. "Even when she was really sick and she lost her hair and all that, she still found strength and comfort in the company of other people. Even my friends would all come over to sit with her and just hang out with her. Everyone just kind of supported her."

# What the future holds for clinical trials

The following excerpt is taken from an April 27 interview on Hartford HealthCare's "Health Matters" radio show on WTIC-AM hosted by Elliot Joseph, president and CEO of Hartford HealthCare, and Rebecca Stewart, director of media relations. The show, titled "The Changing Face of Cancer Care," featured an interview with Dr. Sabbatini.

**Rebecca Stewart:** You are on the front lines of this exciting field. What do you say to people who ask, "What is a clinical trial?"

**Dr. Sabbatini:** I think clinical trials are really the only way forward in cancer care, or any medical specialty. If you look at the standard of care that we provide our patients today, everything that we use today was established through clinical trials. I think many people are concerned that clinical trials are "experimental," but actually they will find that they are often the standard of care plus something extra in cases where the standard of care might not be enough.

**Elliot Joseph:** So how do clinical trials work?

**Dr. Sabbatini:** In most cases, you will have a discussion with your doctor about what the standard of care is for your particular situation, and whether or not a clinical trial might be appropriate based on a set of eligibility criteria required for the trial. Your doctor will go over a series of steps that will include informed consent, which is a document for you to read that will explain what kind of treatment you will get, what testing you will get and an overview of the experimental treatment as described in the trial.

**Rebecca Stewart:** Do you get feedback from your patients as to why they want to pursue the clinical trials option? Do they see it as an opportunity to help future generations of patients as well?

**Dr. Sabbatini:** I think that's exactly right. Many patients come to us with



with  
**Paul Sabbatini, MD**  
Deputy physician-in-chief for  
clinical research, Memorial Sloan  
Kettering Cancer Center

previous knowledge of the clinical trials they are interested in, not only as a way to help themselves but to help others.

**Elliot Joseph:** When patients agree to sign an informed consent document, what are they agreeing to? What are they giving up in terms of rights and responsibilities, and what are they getting in return?

**Dr. Sabbatini:** Basically, you are agreeing to follow the protocols as described. And we will inform you of anything that develops that might change your mind about taking part in a clinical trial. Patients should know they are free to stop taking part in a clinical trial at any time.

**Elliot Joseph:** Will patients always know up front what kind of drug or treatment they are receiving before taking part in a clinical trial?

**Dr. Sabbatini:** Yes, the only exception would be trials involving placebos and even in those cases, patients are always told ahead of time that placebos will be part of the trial. A clinical trial involving a placebo may be helpful in understanding how a certain drug helps in a setting where the standard of care has already been completed. But in all cases, you will never get a placebo in a clinical trial unless it has been discussed with you up front.

**Elliot Joseph:** What are some excit-

ing and new developments emerging in clinical trial research?

**Dr. Sabbatini:** What's new and exciting at the moment is that as we start to match individual patients with available protocols, matching their individual genetics to a treatment, we are starting to see responses in earlier stages of the trials. Historically, most clinical trials were divided into three stages, the first one being a truly experimental phase in which we were not sure of the dosage level or some potential side effects, followed by a second stage in which we may have defined the dose and can bring in about 35 patients to take part in testing.

The third phase is generally much further along in the process in which you may have a randomized trial for hundreds of patients, and you work to identify the responses. Because of this new emphasis on genetics and individualized treatment, we are seeing more responses in the earlier phases of the trials, meaning we don't have to delay and go to later phases in all cases but can quickly expand treatment with these trials. It makes for a much more effective process.

**Elliot Joseph:** As someone who has survived cancer myself, I know firsthand the special type of physician who chooses this particular path in medicine. Why did you decide to switch from a career in internal medicine to a career in oncology?

**Dr. Sabbatini:** What is most meaningful for me is that when you are practicing oncology and you have a patient who is facing one of the worst moments in their lives when they are faced with a cancer diagnosis, it creates an opportunity to have a special relationship with the patient — a deeper relationship. You become a part of their lives in ways that often go beyond just a doctor and a patient, and I find that greatly rewarding and meaningful.

## On the cover

Jonathan Cosin, MD, a surgeon at The Hospital of Central Connecticut, is collaborating with Memorial Sloan Kettering on advanced protocols for identifying sentinel lymph nodes as a way to diagnose uterine cancer.

**Inset:** An image of a lymph node that has been injected with green dye to help with the identification of cancer in the uterus.



## How to reach us

- **By phone:** Call the Cancer Connect line at 855-255-6181.
- **Online:** Visit [www.togetherahead.org](http://www.togetherahead.org)
- **On Facebook:** Like the Hartford HealthCare Cancer Institute Facebook page at [www.facebook.com/HHCCancerInstitute](http://www.facebook.com/HHCCancerInstitute).





Thelma Grant of Cheshire, a breast cancer patient at MidState Medical Center's Cancer Center, celebrates the completion of her chemotherapy treatment with flowers provided by Rose Flowers & Gifts of Meriden. She is surrounded by physicians and staff who coordinated her care.

## Florist's kindness brings joy to chemotherapy patients

**T**he florists at Rose Flowers & Gifts shop in Meriden have a special place in their hearts for oncology patients at MidState Medical Center, and the patients feel the same way about them.

Whenever a patient completes a final round of chemotherapy at the MidState Cancer Center, the florists provide them with a small vase of carnations tied with a bow. The gift is provided during a small ceremony in which the patient rings a

brass bell three times followed by a round of cheers and hugs from staff and physicians.

"Both my parents had cancer and as we get older, we're finding out friends have had it," said Fred Barillaro, who co-owns Rose Flowers & Gifts with Jo-Ann Mangiaracina. "We wanted to bring a smile to someone's face because we know what they are going through," he added.

His gesture has brightened many lives since his business began donating the flowers eight or nine years ago. He estimates that he makes the happy delivery to the medical oncology office about three times a week.

"The flowers, ringing the bell, everything was so endearing. It was such a happy day," said Jane Schmitt, of Wallingford, who completed her 12-session chemotherapy program in February. A kindergarten teacher, Schmitt was diagnosed with colon cancer last fall after undergoing a routine colonoscopy. She is now back in the classroom following surgery and subsequent treatment.

"I can't say enough about the people at MidState. They were there for me from day one and became very much a part of my life. It was so frightening at first, and it seemed like forever, but they got me through," Schmitt said. "The ceremony was so symbolic and meant so much. It was such a triumphant feeling."



### SAVE THE DATE!

**Tuesday, Sept. 16 • Heublein Hall, Hartford Hospital**

■ The Future of Cancer Care: Advances in Molecular Oncology featuring experts from Hartford HealthCare Cancer Institute and Memorial Sloan Kettering

A Symposium for all Hartford HealthCare Cancer Institute and Memorial Sloan Kettering providers

**Hartford  
HealthCare**  
Cancer Institute

More  
information  
to come!

# Sullivan Symposium celebrates 25th year

*Experts from HHC and MSK provide insight and updates on breast cancer*

**T**he Mary Mulready Sullivan Oncology Symposium is named for a dedicated nurse educator who died of cancer in 1989 and whose passing inspired her family to establish the symposium in her memory. Since then, it has become an increasingly popular opportunity for health care providers to broaden their understanding of cancer by learning about the latest developments in treatment and research.

To mark the symposium's 25th year, a crowd of more than 200 physicians, nurses and other providers from the Hartford HealthCare Cancer Institute and other health care organizations across the state gathered May 14 to hear from an impressive range of experts in the field. The symposium featured presentations from leading physicians and specialists from the Institute as well as Memorial Sloan Kettering, the world-renowned cancer care and research center in New York which has named the Institute a member of the pioneering MSK Cancer Alliance.

"I know (Mary) would have been very pleased with how the symposium has evolved," said Paul R.C. Sullivan, MD, a retired Hartford Hospital endocrinologist and Mary Sullivan's husband.

The topic of this year's event was "Advances in Breast Cancer: Treatment and Survivorship." The first presentation was provided by Lisa Sclafani, MD, an attending surgeon in Breast Service at MSK and professor of surgery at Weill Cornell Medical College. Dr. Sclafani spoke about the evolution of surgical management in breast cancer, providing an overview of advances that have been made in surgical procedures for patients undergoing chemotherapy and other treatments.

Andrew Ricci, Jr., MD, a pathologist at Hartford Hospital, spoke next about updates in the pathology of papillary carcinoma of breast diagnosis and staging, followed by a presentation from Jennifer Logan, MD, a breast-imaging specialist at



**Lisa Sclafani, MD, attending surgeon, Breast Service, Memorial Sloan Kettering, speaks at the 25th annual Sullivan Symposium on the topic of changes in breast surgery.**

Hartford Hospital, who spoke about current controversies in breast imaging.

Chau Dang, MD, chief of Harrison Medical Oncology at MSK and associate professor of medicine at Weill Cornell Medical College, then provided a presentation called "Systemic Management – Neoadjuvant Therapy, Her2 Positive, Triple Negative." Her presentation was followed by Beryl McCormick, MD, a radiation oncologist from MSK, who spoke about new radiation approaches.

An overview of basics in cancer genetics counseling was provided by Sara Carroll, MS, CGS, who oversees genetic counseling for the HHC Cancer Institute, followed by a presentation on evolving models of care in cancer survivorship, which was offered by Mary McCabe, RN, MN, of MSK. The final presentation was provided by Larry Norton, MD, a pre-eminent medical oncologist and translational scientist from MSK, who spoke about the latest developments in mechanisms of breast tumor formation and metastasis. The symposium concluded with a series of panel discussions, which featured lively questions and discussion between some of the presenters and members of the audience.

## HOCC cancer program earns gold-standard accreditation

**T**he cancer program at The Hospital of Central Connecticut, which is part of the Hartford HealthCare Cancer Institute, has earned a three-year accreditation with commendations from the Commission on Cancer of the American College of Surgeons.

The commission recently spent several weeks carefully analyzing and reviewing all aspects of the hospital's cancer program before concluding that it exceeded standards in several areas.

The commission awarded the HOCC cancer program a gold-level accreditation after issuing commendations to seven of the categories that were reviewed. In particular, the commission praised the program's outstanding work in the



**Dr. Peter Byeff, medical director of the cancer center at The Hospital of Central Connecticut**

a consistently superior standard of care for patients.

"We are enormously pleased to be recognized in this way," Dr. Byeff said. "Our emphasis on a multidisciplinary team approach means that we have highly skilled and dedicated profession-

- Clinical trials accrual
- Cancer registrar education
- Public reporting of outcomes ("This is one of the best annual reports I have seen," said one commission investigator in his findings.)

- College of American Pathologists protocols
- Nursing care
- Two categories of data quality and accuracy

Peter Byeff, MD, who is medical director of the HOCC cancer center, said the program strives to excel in establishing

als contributing to all facets of care, from research to treatment to post-treatment."

Donna Handley, vice president of operations for the HHC Cancer Institute, said the HOCC program deserves to be recognized for excellence.

"We are extremely proud of the outstanding work being done by the cancer care team at HOCC," Handley said. "Their work reflects so positively on our Institute and our commitment to bringing the very best care to patients."

To earn its voluntary accreditation, the HOCC cancer program had to meet or exceed 34 quality care standards while being evaluated every three years through a survey process and maintaining levels of excellence in the delivery of comprehensive patient-centered care. Three-Year Accreditation with Commendation is only awarded to a facility that exceeds standard requirements at the time of its triennial survey.



Members of Hartford HealthCare's leadership team recently met with Kent A. Sepkowitz, MD, the deputy physician-in-chief for quality and safety at Memorial Sloan Kettering, at the HHC Center for Education, Simulation and Innovation. From left: Steven J. Schichman, MD, CESI medical director and chairman of urology at Hartford Hospital; Thomas Nowicki, MD, cognitive simulation director at CESI; Andrew Salner, MD, medical director of the Helen & Harry Gray Cancer Center at Hartford Hospital; Kent A. Sepkowitz, MD, deputy physician-in-chief for quality and safety at Memorial Sloan Kettering; Jeffrey A. Flaks, chief operating officer, Hartford HealthCare; Donna Handley, vice president of operations, Hartford HealthCare Cancer Institute; and Stephen Donahue, CESI program director.

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Handley said Hartford HealthCare's decision to seek membership in this pioneering Alliance proves wiser by the day, as the Institute's patients benefit from increased access to state-of-the-art care. In particular, she and others closely involved in the partnership identified several areas in which patients have already seen tangible benefits to their care, including:

- Sentinel node mapping.** Oncology surgeons within the Institute are working with MSK on a protocol for identifying sentinel lymph nodes in uterine cancer patients, which can be a reliable indicator for the presence of cancer, according to Jonathan Cosin, MD, a surgeon at the Hospital of Central Connecticut, a member of the HHC Cancer Institute (HHCCI). He said the Institute's collaboration with MSK has allowed surgeons to make great strides in developing the technique and determining its reliability in treating patients.

- Bi-directional learning and consultation.** Physicians at both organizations have developed deeper relationships over the past several months as the relationship has evolved. As a result, it has become increasingly common for physicians to share insights and research findings within their common specialties, and each organization has found that the other offers particular strengths that enhances their ability to care for patients. Kent A. Sepkowitz, MD, the deputy physician-in-chief for quality and safety at MSK, recently paid a visit to Hartford HealthCare's Center for Education, Simulation and Innovation in order to tap into the center's resources for streamlining care through advanced technology and efficiencies. "We are very excited for the opportunity to take advantage of this cutting-edge approach to improving quality and safety for our patients," Dr. Sepkowitz said.

- Access to MSK.** Every day, MSK

receives more than 1,000 inquiries from patients and providers around the world seeking access to MSK physicians and programs, including the Center's clinical trials. HHCCI clinicians and their patients have a direct link to MSK through the alliance. Any HHC Cancer Institute patient can be referred to an MSK specialist, and most newly diagnosed patients can be scheduled for an appointment within a week. MSK has a listing of HHCICI clinicians and several patients from HHCCI have sought and received timely appointments with MSK specialists.

Handley said the nature of the partnership between the two organizations, with its insistence on excellence from top-to-bottom, will benefit patients in tangible, meaningful ways.

"This is a true partnership based on a commitment to bringing the absolute best care to more patients," she said. "You can see it happening already in so many vital ways."

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- Patient thanks 'army' of supporters
- HOCC earns gold standard accreditation



**Donna Handley**

Vice  
President of  
Operations,  
Hartford  
HealthCare  
Cancer  
Institute

## Seeking a leader for our Institute

As the Hartford HealthCare Cancer Institute continues to evolve into a world-class center of excellence in the delivery of cancer care, it is becoming increasingly vital to have a clinical leader in place who will help our organization realize its full potential.

For months, we have been engaged in a national search for a new physician-in-chief who will play a pivotal role in overseeing the Institute's objectives and helping it achieve its goals.

I am pleased to say that the search has yielded a number of outstanding candidates, all widely recognized as experts in their particular fields of cancer care and who hail from some of the most prestigious and accomplished cancer treatment and research centers in the world.

The greatest challenge now is choosing one person from a small pool of extremely impressive and talented finalists. I am confident that decision will be made by the end of the summer. This will be an opportune time for a new clinical leader to emerge as we complete the certification process with Memorial Sloan Kettering (MSK) and officially launch the MSK Cancer Alliance.

One of the most important roles of the new physician-in-chief will be to help ensure that this critically important new relationship fulfills its

promise for transforming the delivery of cancer care for our patients within the Institute. To ensure that the interests of both organizations are served throughout this process, the new physician-in-chief will report not only to the leadership at the HHC Cancer Institute, but will also have an academic appointment and be part of the administrative structure at MSK.

It will also be crucial for the new physician-in-chief to work closely with the medical staff across the Cancer Institute to keep track of progress in meeting our goals. We are all in this together, and that will be a core message for the physician-in-chief to impart.

In the meantime, I want to express my deepest thanks to Dr. Andrew Salner, who, as medical director of the Helen & Harry Gray Cancer Center at Hartford Hospital, has been instrumental in formulating and guiding the clinical direction of the Institute as it has just begun to get its legs. His leadership, vision and spirit of teamwork have set the mold for the role of the physician-in-chief.