

# MEDICAL REPORT™

ADVANCED CARE AND DIAGNOSTIC NEWS FOR PHYSICIANS AND HEALTHCARE PROFESSIONALS

## MD Anderson Cancer Center at Cooper: A Groundbreaking Partnership – A Game-Changing Cancer Center

MD Anderson  Cooper  
Cancer Center

Making Cancer History®

Just days after finalizing their partnership, Cooper University Health Care and The University of Texas MD Anderson Cancer Center opened a new \$100 million, four-story cancer center in Camden.

MD Anderson Cancer Center at Cooper, located at Two Cooper Plaza adjacent to Cooper University Hospital, and two blocks from Cooper Medical School of Rowan University, is one of the most tangible examples of the integration between the two organizations. This state-of-the-art, freestanding cancer center houses a comprehensive array of multidisciplinary outpatient cancer care services, giving patients convenient access to advanced treatment technologies, leading-edge clinical trials and a full range of supportive care services in a single location. This dynamic environment fosters professional interaction and collaboration among physicians from various medical disciplines, including medical oncology, radiation oncology, surgical oncology, gynecologic oncology and urology, working on disease-site specific teams.

### THE CAMDEN CAMPUS' BUILDING FEATURES:

- Two state-of-the-art linear accelerators and high dose brachytherapy
- PET/CT scanner
- 18 bright, comfortable, chemotherapy infusion bays; two private infusion rooms
- Clinical research space

- Multidisciplinary care center – featuring spacious and comfortable exam rooms and treatment rooms
- Abundant natural lighting, thoughtfully curated artwork and a Tranquility Garden to promote an environment of healing
- Conference and meeting space
- Café
- Free valet parking

In addition to the outstanding clinical care, a full range of supportive care services including nutrition counseling, social work, behavioral health, complementary medicine and palliative care are available in the new building.

### GAME-CHANGING PARTNERSHIP FOR CANCER CARE

In June, when the two organizations publicly announced their intent to form a partnership, New Jersey Governor Chris Christie hailed it as “groundbreaking.”

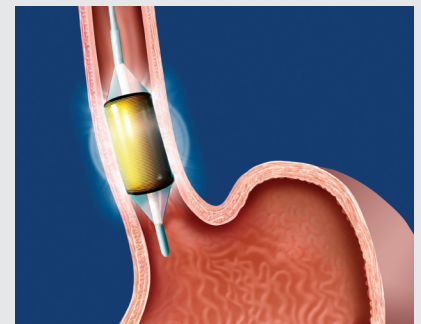
And it is.

Ranked as the number-one cancer hospital by *U.S. News & World Report's* “Best Hospitals” survey for ten of the past 12 years, MD Anderson also ranks first in the number of research grants and total amount of grant funds awarded by the National Cancer Institute.

The relationship between the two organizations began approximately 24 months ago when Cooper approached MD Anderson for consulting services. During this consultative phase, MD

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Anderson recognized the opportunity for closer collaboration with Cooper.

“Our partnership with MD Anderson is like no other in the region – with a full clinical integration of our program – taking cancer care in this region to a whole new level,” says Generosa Grana, MD, Director of MD Anderson Cancer Center at Cooper. “For patients, it means they’ll have access to MD Anderson treatment protocols and

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## MD Anderson Cancer Center at Cooper: A Groundbreaking Partnership – A Game-Changing Cancer Center (continued)

over time, to MD Anderson clinical trials, close to home.

“For the region’s physicians, it means we can greatly enhance the care we give to patients with cancer,” Dr. Grana continues. “And the care delivered in this new center brings our partnership to life.”

“Partnerships help advance and sustain our mission to end cancer,” says Ronald DePinho, MD, President of MD Anderson. “We’re proud to unite efforts with an organization equally committed to offering patients in the region the best possible cancer care.”

It is undeniably a win-win situation for all stakeholders, chief among them patients with cancer and their families.

### CLINICAL INTEGRATION AND PROGRAM DEVELOPMENT

Over the past several months, an extraordinary clinical and operational integration has been underway to establish the infrastructure, systems and workflows that align the two organizations and, ultimately, optimize patient-care efficiencies, enhance patient satisfaction and foster stronger multidisciplinary collaboration. The early steps Cooper is fast-tracking to achieve these objectives include:

- Developing increased disease-site specialization among all physicians within the cancer program and recruiting of additional physician and clinical staff to broaden our offerings.
- Transitioning all oncology inpatient rooms to single-occupancy, private rooms.
- Expanding clinical research activity and creating an infrastructure to support it.

- Facilitating real-time intra-operative communication between surgeons and pathologists with on-site pathology and frozen-section capabilities available at all locations where cancer surgery is performed.
- Developing and implementing patient care pathways based on MD Anderson protocols.

“We are modeling every aspect of the patient experience on what’s been so successful at MD Anderson,” says Amy Starling, Executive Director of MD Anderson Cancer Center at Cooper. “We’re adopting their policies and procedures, staffing models and clinical protocols, and patients will have access to an increased number of research trials. We’re becoming truly integrated and, as a result, everything about the patient experience – from the minute someone makes contact with Cooper throughout their journey of cancer care – will be improved.”

In addition, Cooper and MD Anderson are working together to expand cancer services at Cooper’s Voorhees facility, including the acquisition of a second linear accelerator and a permanent PET/CT scanner.

“The opening of our new cancer center and our partnership with MD Anderson is a game-changer for cancer care in our region,” says George E. Norcross, III, Chairman of the Board at Cooper. “We will combine the best cancer care in South Jersey with the number-one cancer program in the country to foster a remarkable opportunity for patients and families of our region.” ■



# Cooper at Voorhees

## Offering Expanded Services for Your Patients

Making academic-level health care accessible and convenient is a goal of Cooper University Health Care. With an expanding presence in South Jersey communities, Cooper continues to

open offices and provide specialty care in suburban communities. The Voorhees campus is currently a hub of medical and surgical services to which physicians can refer their patients. In addition to physician offices, many diagnostic and treatment services are available including, but not limited to, radiology and laboratory services, an outpatient surgical center, rehabilitation and an extensive array of diagnostic services including audiology testing and nuclear stress testing. ■

### BUILDING 1 900 CENTENNIAL BOULEVARD



■ Ambulatory Surgery Center

- MD Anderson Cancer Center at Cooper
  - Gynecologic Oncology
  - Hematology/ Medical Oncology
  - Radiation Oncology
- Pain Management
- Pulmonary and Sleep Disorders Center
- Radiology/Breast Imaging Center
- Surgical Specialties
  - Aortic Center
  - Cardiothoracic
  - Colorectal
  - General
  - Oncology
  - Urology
  - Vascular
  - Vein Center

### BUILDING 2 900 CENTENNIAL BOULEVARD



- **Laboratory Services**  
Suite 204
- **Cooper Bone and Joint Institute**  
Suite 203
  - Orthopaedics
  - Physical and Occupational Therapy
  - Podiatry
  - Rheumatology
- **Cooper Heart Institute**  
Suite 202
- **Internal Medicine and Endocrinology**  
Suite 201



### MAIN STREET COMPLEX

#### 901 CENTENNIAL BOULEVARD

- **Cooper Learning Center**  
4011 Main Street Complex
- **Female Pelvic Medicine and Reconstructive Surgery**  
6012 Main Street Complex
- **Metabolic and Bariatric Surgery** **NEW**  
(Coming early 2014)  
6017 Main Street Complex
- **The Ripa Center for Women's Health and Wellness** **NEW**  
6100 Main Street Complex
  - Clinical Services
    - Internal Medicine
    - Medical Specialties
    - OB/GYN and Maternal Fetal Medicine
    - Therapy & Support Center
  - Health & Wellness Center
    - Women's Imaging Center
    - Cooper Breast Imaging
    - DEXA Scan
    - Ultrasound
- **Surgical Specialties** **NEW**  
6200 Main Street Complex
  - Oral Maxillofacial Surgery
  - Otolaryngology – Head and Neck Surgery (ENT)
  - Plastic and Reconstructive Surgery
- **Children's Regional Center**  
6400 Main Street Complex
  - Adolescent Medicine
  - Allergy and Immunology
  - Child and Adolescent Psychiatry
  - General Pediatrics
  - Pediatric Endocrinology
  - Pediatric Gastroenterology
  - Pediatric Genetics
  - Pediatric Neurology and Development
  - Pediatric Surgery

## Otolaryngology/Head and Neck Surgery at Cooper: Growing Resources for a Growing Need

In response to regional demand, the Division of Otolaryngology/Head and Neck Surgery at Cooper is undergoing tremendous growth and transformation into a comprehensive academic program.

“We have a faculty complement of 13 people, including seven physician-surgeons as well as three advanced-practice nurses and three doctorate-level audiologists,” says Nadir Ahmad, MD, Head of Cooper’s Division of Otolaryngology/Head and Neck Surgery and Director of the Head and Neck Cancer Center, part of the MD Anderson Cancer Center at Cooper. “And we’re

still growing, with plans to add three more fellowship-trained surgeons, a speech language pathologist and a PhD researcher in 2014.”

Dr. Ahmad is also spearheading development of an otolaryngology residency program at Cooper.

This growth is driven by the burgeoning health needs of the region.

“As a fully developed academic ear, nose and throat program, we provide a comprehensive range of services,” Dr. Ahmad explains. “This not only includes routine services such as tonsillectomy, ear tube placement in children,

septoplasty, sinus surgery, facial plastic surgery and sleep apnea surgery, but also more complex head and neck surgery using innovative, exceptionally precise and minimally invasive surgical techniques.”

### MINIMALLY-INVASIVE APPROACH FOR FASTER PATIENT RECOVERY

These techniques include transoral robotic surgery (TORS) for selected head and neck malignancies including those of the tongue base, larynx, throat and tonsil as well as for sleep apnea surgery; transoral laser microsurgery (TOLM), also used for tumors of the throat and larynx; and endoscopic endonasal skull-base surgery, used to resect tumors at the base of the skull, repair cerebrospinal fluid leaks, and provide access for removal of tumors involving the brain and pituitary gland. Patients who are candidates for these minimally invasive approaches typically experience faster

*“We have a faculty complement of 13 people, including seven physician-surgeons as well as three advanced-practice nurses and three doctorate-level audiologists. And we’re still growing...” Nadir Ahmad, MD*



Nadir Ahmad, MD

recovery, less pain and no scars compared to traditional open surgery.

Such advanced surgical expertise is required in the face of an exponential increase in the incidence of head and neck cancers.

“The volume of head and neck cancer cases has markedly increased in the last decade,” Dr. Ahmad says. “A great deal of the exponential growth is due to the increase in human papilloma virus (HPV)-associated cancers of the tongue base and tonsils. Thyroid cancer is also on the rise.”

Cooper’s already strong head-and-neck oncologic and reconstruction capabilities are advancing to an entirely new level with the partnership between Cooper University Health Care and The University of Texas MD Anderson Cancer Center (*see related cover story*).

“MD Anderson has treatment protocols we’ve adopted, and our clinical trial offerings have increased significantly; and we benefit from having their people as consultants,” Dr. Ahmad says. “It has greatly enhanced the quality of our program.”

#### **A NAVIGATOR DEDICATED TO EACH PATIENT’S CARE**

He notes that MD Anderson also has other novel ways to deliver outstanding patient care that Cooper will be adopting.

For example, while the Head and Neck Cancer Program already has its own patient navigator – a service unique to Cooper in this region – a dedicated nurse practitioner also is being hired.

“The combination of a dedicated nurse navigator and a nurse practitioner devoted to head and neck cancer patients will have tremendous value to patients in terms of the care and education they will receive,” Dr. Ahmad says. “There will be someone in the patient encounter who’s hands-on with the patient from the outset, then the navigator ushers them into the system, coordinating appointments, education, counseling and any other supportive care services needed. And the new MD Anderson Cancer Center at Cooper will provide an amazing venue for patients to obtain all their care under one roof in a more timely, efficient and stress-free manner.

“We provide comprehensive, innovative medical and surgical treatment in this field, and we’re keen on developing strong collaborative links with referring physicians,” he adds. “We’re available and accessible to every patient that needs referral.”

#### **CONTINUING MEDICAL EDUCATION**

For information about upcoming Head and Neck Cancer CME programs:

visit [CooperHealth.edu/CME](http://CooperHealth.edu/CME)  
call 856.382.6480

or email [CME@cooperhealth.edu](mailto:CME@cooperhealth.edu). ■

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*Nadir Ahmad, MD*

**To discuss a patient or for a physician-to-physician referral, call Nadir Ahmad, MD, at 856.342.3275 or email at [ahmad-nadir@cooperhealth.edu](mailto:ahmad-nadir@cooperhealth.edu).**

*Dr. Ahmad and his team see patients at:*

901 Centennial Boulevard  
6200 Main Street, Voorhees, NJ 08043

Bunker Hill Plaza  
Two Plaza Drive, Suite 202  
Chapel Heights/Hurffville-Crosskeys Road  
Sewell, NJ 08080

Three Cooper Plaza  
Suite 403, Camden, NJ 08103



# Cooper's Structural Heart Disease Program: "This Is a Totally Different World of Structural Heart Disease Treatment"

Advances in percutaneous and minimally invasive surgical techniques have revolutionized the way structural heart disease can be treated today – and Cooper is in the forefront of the revolution.

"This is a totally different world of structural heart disease treatment than existed even five years ago," says Janah Aji, MD, Co-Director of Cooper's Structural Heart Disease Program. "There are revolutionary new approaches for treating aortic stenosis and for preventing embolic disease in atrial fibrillation. We're closing septal defects and paravalvular leaks. And the algorithm for treating mitral valve regurgitation is going to change dramatically in the next few years.

"For almost every structural heart problem that exists, we either have technology already available or under investigation here at Cooper," he adds. "Our capabilities are unrivaled in southern New Jersey, and for the most exciting and progressive new technologies we are one of only two or three medical centers that can make them available between New York and Washington, DC."

These capabilities include transcatheter aortic valve replacement (TAVR), in which a bioprosthetic valve is inserted percutaneously and implanted in the orifice of the native aortic valve. FDA-approved in the past year and a half for patients who are at high risk or ineligible for open heart surgery, TAVR improves quality of life and extends survival in a previously untreatable patient population. Although a number of hospitals now have TAVR, Cooper has done more procedures than any hospital in New Jersey and is one of only two sites in the Delaware Valley with the next generation, smaller, easier to deploy heart valve.

"For an 85-year-old with aortic stenosis who is now totally disabled, we have an option for getting them out of a wheelchair and giving both a longer as well as a better quality of life," according to Sajjad A. Sabir, MD, Co-Director of Cooper's Structural Heart Program.

In fact, Cooper not only has performed more TAVR procedures than any other New Jersey facility but is also ranked 11th in volume among 220 commercial TAVR sites in the U.S. Moreover, Cooper is the only hospital in the state participating in the PARTNER II clinical trial, making the next generation of TAVR technology available and extending its application to aortic stenosis patients at moderate risk for surgery.

Another significant advance is in managing stroke risk in patients with atrial fibrillation.

"We have managed these patients for the last 50 years with warfarin, but some patients can't be anticoagulated due to bleeding risk," explains Perry J. Weinstock, MD, Director of the Cooper Heart Institute and Chief of the Division of Cardiovascular Disease. "Now, with the LARIAT™ procedure, we have a way to ligate the left atrial appendage where clots tend to reside, tying it off so clot risk is dramatically reduced and patients can be treated with aspirin alone."

A recent editorial in the *Journal of the American College of Cardiology (JACC)*, entitled "The Assault on the Left Atrial Appendage in Perspective," sets guidelines for the use of the



LARIAT as well as a number of novel devices for embolic protection in atrial fibrillation. Cooper was a pioneer in the use of an investigational device called the WATCHMAN™ that uses a plug inserted percutaneously into the left atrial appendage to prevent emboli from migrating. The Cooper Heart Institute has been using this technology since 2004 and was one of the first sites in the country to place this device

Cooper is one of 40 plus sites nationwide participating in the COAPT Trial, studying the safety and effectiveness of the MitraClip® device in heart failure patients who have functional mitral valve regurgitation and are considered extremely high risk for surgery. According to Dr. Sabir, "Mitral valve regurgitation is the most common valve problem we deal with, but up to now the only effective treatment has been surgery. MitraClip is the first technology to treat this condition percutaneously, potentially offering a tremendous advantage for patients who are not surgical candidates."

Also noted in another editorial in *JACC* last year, co-authored by Michael Rosenbloom, MD, Chief of Cardiothoracic Surgery at Cooper, the MitraClip, which is an experimental device in the U.S. but widely used in Europe, may turn out to be best suited for high risk or inoperable patients.

Cooper has a busy program offering percutaneous closure of atrial and ventricular septal defects (ASDs and VSDs) and has been a pioneer in the (off-label) closure of prosthetic paravalvular leaks.

When surgical repair is required, the vast majority of procedures at Cooper are performed minimally invasively, with only a small incision in the chest, not the large midline sternotomy scar that was traditional until the past few years, and which is still the approach in most institutions, Dr. Rosenbloom notes.

"We have a broad basket of structural heart disease expertise and technology that includes minimally invasive, percutaneous and traditional open heart surgery, enabling us to offer what is best for the individual patient," adds Dr. Weinstock. "No one else in South Jersey and very few sites overall have the toolbox or the experience that we can offer." ■

**For more information on the Transcatheter Aortic Valve Replacement procedure and other comprehensive heart treatment programs, call 856.296.6516 or go online to [CooperHealth.org/heart](http://CooperHealth.org/heart).**

# Cooper Offers Advanced Ablation Therapy for Barrett's Esophagus

Of the estimated 20 percent of Americans who are chronic GERD sufferers, 10 percent to 15 percent will develop Barrett's esophagus. This premalignant condition increases the risk of developing esophageal adenocarcinoma, one of the fastest-growing cancers in the U.S. today – and one of the most lethal, with a dismal 15 percent five-year survival rate. In fact, individuals with Barrett's have a 30- to 40-times higher incidence of developing esophageal cancer than those without the condition.

Cooper University Hospital offers the state-of-the-art HALO® System, an advanced radio-frequency ablation (RFA) technology for treating Barrett's esophagus that removes



Joshua P. DeSipio, MD

the Barrett's epithelium in a short, well-tolerated endoscopic procedure. Cooper offers this non-surgical treatment that has over a 90 percent success rate in eradicating Barrett's esophagus.

"Anyone with a history of Barrett's should discuss the potential value of RFA treatment with his/her primary care physician or gastroenterologist, particularly those with long-segment Barrett's – greater than 3 cm – and those who've had the condition for years," advises Cooper gastroenterologist Joshua P. DeSipio, MD.

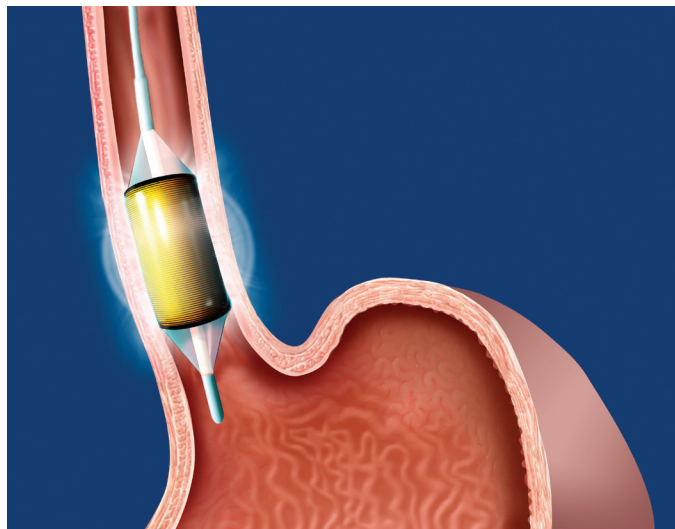
Prior to the availability of RFA, the standard treatment for Barrett's esophagus was surveillance to monitor the progression of the disease.

"This procedure may be an alternative to watchful waiting for patients who have precancerous findings, such as low- or high-grade dysplasia, whose disease has not yet advanced to the point where surgery is needed," Dr. DeSipio notes. It may also be considered in select individuals with non-dysplastic Barrett's who are at increased risk of progression.

"Radio-frequency ablation provides uniform and controlled ablative therapy that not only removes the abnormal cells but also allows for regrowth of normal cells," Dr. DeSipio says. Performed in an outpatient setting, it generally takes less than 30 minutes. Most patients require two to three treatments. ■

Cooper Digestive Health Institute  
501 Fellowship Road  
Suite 101  
Mount Laurel, NJ 08054

**To discuss a patient or for a physician to physician referral, call Joshua P. DeSipio, MD, at 856.642.2133.**



# Mindfulness-Based Cognitive Therapy Demonstrates Dramatic Results

Mindfulness – focusing on the breath along with any associated feelings and bodily sensations – is the simplest and one of the most researched forms of meditation. When integrated into cognitive or behavioral treatments – an approach called mindfulness-based cognitive therapy (MBCT) – it has been proven in randomized trials to be highly successful in treating a range of psychiatric conditions, something to which Basant K. Pradhan, MD, can attest.

An assistant professor of psychiatry and founding director of Cooper's Yoga-Mindfulness Based Psychotherapy program, Dr. Pradhan is nationally recognized for his expertise in yoga-meditation in mental health. He has developed evidence-based MBCT protocols – used with both adults and children – that he currently is using in a study with 15 patients aged 7 to 17 to help



Basant K. Pradhan, MD

ameliorate clinical symptoms and improve coping skills. All have been diagnosed with ADHD, and some with such concomitant conditions as autism spectrum disorder, anxiety, depression, anger issues, cyclic vomiting and recurrent abdominal pain. All began the study taking a variety of medications to manage symptoms.

"We've seen a lot of progress, sometimes after just two or three sessions," Dr. Pradhan reports, contrasting this with the six months it usually takes to determine pharmacologic efficacy. "Half of the patients are doing fine without medication, and many are exhibiting improved mood, sleep, behavior, school attendance and overall quality of life."

Notably, many parents of the study participants are adopting the MBCT protocols for their own benefit, including stress reduction.

"Kids don't know how to help themselves," Dr. Pradhan notes. "This gives them tools so they don't feel isolated and overwhelmed, without any side effects." ■

**To learn more or to refer a patient, please contact Basant K. Pradhan, MD, at 856.342.2328 or [pradhan-basant@cooperhealth.edu](mailto:pradhan-basant@cooperhealth.edu).**



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One Point of Contact for Specialized Patient Care

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Coordination of all transportation logistics by ground or air.

For more information about the **Cooper Transfer Center**, contact Ryan Miller, RN, Director of Patient Logistics, at 856.968.7931.



For more information: [SJMedicalReport.com](http://SJMedicalReport.com)



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