

NORTHWELL CONNECTIONS

VOLUME 2, 2022

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help for
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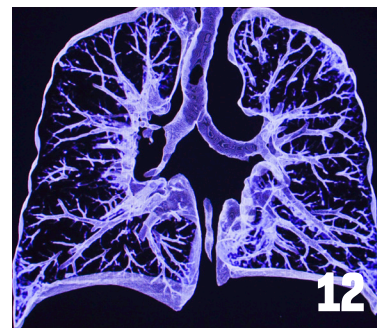
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FROM MATHER HOSPITAL



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News & Notes

FROM MATHER HOSPITAL AND ACROSS NORTHWELL HEALTH

Training the next generation of caregivers

A new program at Mather Hospital is helping to prepare the next generation of care providers. The new Mather Assistant Nurse Institute offers paid training for those interested in becoming certified nursing assistants (CNA) and guarantees a position at the hospital for graduates who pass the New York State certification exam. A response to a global shortage in the health care workforce, the program ensures that Mather will continue to have the support staff needed to provide high-quality care — and opens opportunities for students who want to advance in a health care career. Learn more at matherhospital.org/CNA.



92%

Patients who were able to **avoid a trip to the emergency room** in a study of Northwell's ER on Demand telemedicine service



Gambling problem? Mather can help

There's nothing wrong with buying a lottery ticket now and then. But if you feel an uncontrollable need to gamble, or if you're lying about your betting behaviors or going into debt because of them, you may be struggling with a gambling addiction. The problem is similar to addiction to alcohol or drugs — and it can be treated. Mather Hospital's Chemical Dependency Program now offers individual and group counseling to help people gain skills to combat gambling addiction. To make an appointment, call 631-540-1442.



News & Notes

FROM MATHER HOSPITAL AND ACROSS NORTHWELL HEALTH

34 million

The number of **lab tests** Northwell performs systemwide every year



CONGRATS AND KUDOS

Awards and accomplishments at Mather Hospital



Mather Hospital has received a coveted **four-star rating** from the **Centers for Medicare and Medicaid Services (CMS)**. The star rating is provided to help patients identify hospitals that are committed to the highest quality in care and safety, efficient processes and patient experience. View ratings on [medicare.gov/care-compare](https://www.medicare.gov/care-compare).



DIAGNOSTIC IMAGING CENTER of EXCELLENCE™

The American College of Radiology designated Mather Hospital a **Diagnostic Imaging Center of Excellence**. Mather's imaging services offer a broad range of radiological procedures on state-of-the-art equipment, including a low-dose, high-speed 320-slice CT scanner.



Healthgrades, the leading marketplace connecting doctors and patients, has recognized Mather Hospital with its **2022 Outstanding Patient Experience Award** — making it one of just six hospitals in New York State to earn that honor. Mather was also named among America's 100 best hospitals nationwide for gastrointestinal surgery and received Specialty Excellence Awards in:

- Bariatric surgery
- Critical care
- Gastrointestinal care
- Gastrointestinal surgery
- Pulmonary care



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
ACCREDITED BREAST CENTER

The Fortunato Breast Health Center at Mather Hospital has earned accreditation status from the National Accreditation Program for Breast Centers (NAPBC), a quality-assurance program of the American College of Surgeons. Accreditation indicates **excellence in all aspects of breast cancer care**. Facilities must renew their accreditation every three years; the Center first received it in 2009.



Proud to be nationally recognized

High-performing in:

- Geriatrics
- Orthopedics
- Urology
- COPD
- Heart failure
- Hip fracture
- Kidney failure

Beating a deadly blood clot



For Marnie Busdeker, minor surgery led to a dangerous blood clot. But an innovative treatment solved the problem — no stitches required.

Marnie Busdeker couldn't wait to get back to her students. She'd had ligament surgery on her ankle and had stayed off her feet for weeks while she healed. But on the morning of March 9, 2022, protected with a walking boot and equipped with a knee scooter to help her get around, the 40-year-old special education teacher from Selden happily headed back to work.

By midday, however, Busdeker found herself in the school nurse's office. "My leg was swollen from the knee down," she recalls. "And I had a lot of pain in my calf." She headed home to ice and elevate her leg, but in the morning the pain was worse. She went to a physical therapy appointment later that day — where, after one look, her therapist told her to head straight to the hospital.

A POST-SURGERY RISK

In the emergency department at Mather Hospital, an ultrasound of Busdeker's leg confirmed what her physical therapist suspected: She had deep vein thrombosis (DVT), which occurs when a blood clot forms in one or more of the deep veins of the body, usually in a leg.

Most often, DVT is caused by damage to a vein from an injury or surgery. Many factors can raise the risk, such as older age, being overweight or having a family history of the condition. Prolonged immobility is another big risk factor: Blood clots are more likely to develop in people who sit for a prolonged period in a cramped position during a lengthy plane or car trip, or who are on extended bed rest, such as after surgery — as Busdeker had been. About half of all blood clots occur during or soon after a hospital stay or surgery.

DVT itself is not life-threatening. But it's dangerous, because if the blood clot breaks loose, it can travel through the bloodstream and become lodged in the lungs, blocking blood flow. That's called a pulmonary embolism — and it can cause lung damage or even be fatal. As many as 900,000 Americans develop a deep vein thrombosis or pulmonary embolism each year, and up to 100,000 die as a result, according to the Centers for Disease Control and Prevention.

The emergency physicians prescribed Busdeker a blood thinner. Patients typically take these medications, also called anticoagulants, for several months to stop their DVT from



getting bigger while the body breaks it down, and to prevent other clots from forming.

But these drugs can take weeks to work — and for Busdeker, that turned out to be too long.

A LIFE-THREATENING COMPLICATION

Within days, she developed a fever and her pain became excruciating. By the weekend, she was feeling short of breath. She headed back to the Mather ED.

A follow-up scan showed several large clots in her lungs. She had a

pulmonary embolism and it was starving her lungs of blood.

Immediately, Busdeker was admitted to the hospital. She was terrified. Just two months before, she had lost a friend and colleague to a fatal pulmonary embolism. All she could think of was her husband, Brett, and their two little girls.

"I told her we would take care of her," says interventional radiologist Michael Dayan, MD, who led her care. There were several options, he told her. Sometimes, doctors treating a large pulmonary embolism use thrombolytic drugs — clot-dissolvers that are more

powerful than anticoagulants. But these meds have the potential to cause sudden and severe internal bleeding, and require a stay in an intensive care unit. Blood thinners are sometimes also prescribed for pulmonary embolisms, but they don't work to actively break down existing clots. With that approach, Dr. Dayan was concerned that Busdeker might ultimately develop heart failure.

But, he told Busdeker, he had a device that could treat the problem safely and effectively.

AN INNOVATIVE TREATMENT

Mather Hospital had recently added a new tool to its repertoire, called the Inari FlowTrievers. The first device specifically designed for the treatment of pulmonary embolism, the FlowTrievers works like a medical vacuum cleaner that sucks out clots from a patient's body.

"This device has revolutionized the treatment of pulmonary embolism," says Dr. Dayan. "It's the first of its kind that has the capability to remove large amounts of clot at once. It does so with minimal blood loss and a tiny incision, just a few millimeters across."

To perform the thrombectomy, Dr. Dayan and his interventional radiology team threaded the

FlowTrievers through a thin, flexible catheter inserted in a vein in Busdeker's groin. Then, guided by X-ray imaging, he snaked it up through her heart and into the pulmonary artery, where the clots were lodged.

He extended the FlowTrievers's self-expanding mesh disks, which grabbed and extracted them. "All she needed was a little bandage on the access site in her groin — no stitches," Dr. Dayan says.

Dr. Dayan and the interventional radiology team at Mather Hospital perform this procedure for pulmonary embolism more often than almost any facility on Long Island, he says. It provides long-lasting benefits.

Up to half of patients with serious pulmonary embolisms like Busdeker's have breathing trouble for months afterward, says Dr. Dayan. Removing her clots fast alleviated that concern.

Busdeker has no lingering symptoms from her frightening ordeal, only a desire to make sure others don't experience a similar problem. She's back in her classroom — and when school is out, she's spreading the word about DVT and the danger it can pose.

"I tell the story over and over again," she says, "because many people don't go to the hospital when they need to."

"This device has revolutionized the treatment of pulmonary embolism. It's the first of its kind that has the capability to remove large amounts of clot at once. It does so with minimal blood loss and a tiny incision, just a few millimeters across." — Michael Dayan, MD

Blood clots: when to seek care

Marnie Busdeker had no idea her swollen calf was a sign of deep vein thrombosis (DVT) — a blood clot in her leg — until an alert physical therapist sent her for care. Medical attention became critically important when her DVT led to a pulmonary embolism, a complication in the lungs that required lifesaving treatment.

If you have a DVT, you may notice a variety of symptoms. Call your doctor if you experience:

- Leg swelling
- Leg pain, soreness or cramping, often in the calf
- Discoloration (depending on your skin tone, the area may turn red or purple)
- Warmth or tenderness of the affected leg

A pulmonary embolism is an emergency. Seek immediate help if you experience any of these danger signs:

- Shortness of breath that appears suddenly and gets worse with exertion
- Chest pain or discomfort that's worse with a deep breath or cough
- Coughing up blood
- Rapid or irregular heartbeat
- Lightheadedness or dizziness

To make an appointment or learn more about Mather Hospital's interventional radiology program, call 631-801-4852 or go to matherhospital.org/IR.

For a video on thrombectomy, scan the QR code.





An ounce of prevention

SCREENING TESTS CAN BE LIFESAVING — AND YOU MAY BE OVERDUE. HERE ARE THE ONES TO SCHEDULE NOW.

It's a number to make you sit up and pay attention: In 2020, Americans missed out on an estimated 9.3 million cancer screening tests, not to mention other routine care. Of course, postponing things like colonoscopies and mammograms seemed sensible at the time — Covid-19 precautions and pauses kept many from seeing their doctor for non-emergencies. But if you're overdue for preventive care, now's the time to break out your calendar and get those appointments on the books.

Need a little incentive? Take a look at the good news/bad news story told by cancer statistics. First the bad: Around 40% of us will develop the disease at some point, with cancer taking the

lives of more than 600,000 Americans in 2020. And now the good news — more and more people are surviving. Between 1991 and 2019, the death rate dropped a whopping 32%. That means almost 3.5 million people survived cancer who may not have in previous years. One big reason for that remarkable improvement: early detection.

Finding cancer in its preliminary stages, before it has a chance to spread, can mean the difference between life and death. It also makes treatment easier, less invasive and less expensive. But many cancers are sneaky — growing for years before causing symptoms. That's where routine screening comes in. These tests are designed to spot small abnormalities

before they become bigger problems. Colon cancer is a good example: During a routine screening colonoscopy, doctors can spot and remove polyps or small growths that may, if left alone for years, turn malignant. Detecting cancer *before* it's cancer? Talk about a win-win.

Clip and save: Keep track of key screenings, vaccines, and preventive care with this handy guide ▶

Important cancer screens



COLORECTAL CANCER

THE TEST

You have a couple of options here. The gold standard is a colonoscopy, in which a doctor examines your large intestine, colon and rectum with a special scope. During this exam, any suspicious tissue, called polyps, can be removed and examined in a lab. Colonoscopies require prep to clean out the colon and are typically done under sedation. For people with few risk factors, there are several other tests available. The simplest ones examine a sample of your stool for tiny amounts of blood. Another option, called sigmoidoscopy, is almost like a mini-colonoscopy: It's done without sedation and takes less time, but it's also less comprehensive.

HOW IT HELPS

In the U.S., colorectal cancer is the second most deadly form of the disease — only lung cancer kills more people annually. But thanks to increased screening, the number of new cases has dropped every year since the mid-1980s. And diagnosing it early boosts your chances of beating it: More than 90% of people whose colorectal cancer is caught before it spreads survive at least five years after diagnosis.

WHEN TO GET IT

For most people, a first screening is warranted when you turn 45. You may need to start sooner if you have known risk factors: if you're Black or have an inflammatory bowel disease, relevant family history or certain genetic syndromes. Over 75? Ask your doctor about screening.

GOOD TO KNOW

In 2021, the U.S. Preventive Services Task Force (USPSTF) lowered the age when screening should start from 50 to 45, because colon cancer incidence among people in their forties has been rising — jumping 2% every year from 2012 through 2016. Actor Chadwick Boseman was just 43 when he died of colorectal cancer.

BREAST CANCER

THE TEST

A mammogram is a set of four X-rays, with two views of each breast. To make the images, a technician presses your breasts one at a time between two flat plates. The compression may not be fun, but it's over in seconds.

HOW IT HELPS

Years before you have any symptoms, these images can reveal changes in your breasts that could become cancer. Finding breast cancer early lowers your odds of dying by 25% to 30%, possibly more. With early detection, you're also less likely to need a mastectomy or chemotherapy, since a surgeon may be able to remove all the cancer with a procedure known as a lumpectomy.

WHEN TO GET IT

If you're aged 40 to 49, most experts recommend making the decision about getting a mammogram in consultation with your doctor, depending on your risk factors. Women between 50 and 74 who are at average risk of developing breast cancer should get a mammogram every one to two years. Over age 75, the benefits of the test decline — talk it over with your doctor. About to get a Covid booster? You may have heard that you should delay your mammogram for up to six weeks after the shot. But experts have looked at the issue and say it's not necessary to postpone — so go ahead and get your test.

GOOD TO KNOW

Breast cancer is the second most commonly diagnosed cancer for American women. In 2022, experts expect it to account for around 30% of women's cancer diagnoses. Your risk for breast cancer nearly doubles if your mother, sister or daughter has the disease — but even so, more than 85% of women who get breast cancer have no family history.

CERVICAL CANCER

THE TEST

A Pap test or Pap smear is the most common means of screening for cervical cancer. During a routine gynecological exam, your doctor collects a sample from the surface of your cervix, which is examined under a microscope for suspicious cells. A test for HPV (human papillomavirus) may be done on the same sample. HPV is a common virus that is the cause of many cervical cancer cases.

HOW IT HELPS

It can take up to seven years for abnormal cervical cells to become cancer. If screening finds cells that have started on that journey, you'll be monitored to see if they return to normal without any intervention at all, as often happens. If the changes are more substantial, you can have the abnormal cells removed before they turn cancerous.

WHEN TO GET IT

For most women between the ages of 21 and 65, the test is repeated every three years — more often if it finds abnormal cells. Alternatively, women 30 years and older can get an HPV test (or HPV test plus Pap smear) every five years.

GOOD TO KNOW

Cervical cancer used to be the deadliest form of cancer for women, but routine Pap tests made a dramatic difference. Now, cervical cancer doesn't even crack the top five.

PROSTATE CANCER

THE TEST

Two types of tests may help catch prostate cancer in its early stages. The first is a blood test called PSA, for prostate-specific antigen. A high level may indicate cancer. The other test is called DRE, for digital rectal examination. Here, your doctor inserts a gloved, lubricated finger into your rectum and feels your prostate for anything unusual. The DRE is less effective at finding prostate cancer than the PSA test, but it can sometimes be helpful.

HOW IT HELPS

As with any cancer, early detection increases your odds of survival. When prostate cancer is caught early, almost 100% of men survive at least five years.

WHEN TO GET IT

The short answer: it's complicated. The USPSTF recommends that men aged 55 to 69 with average risk talk to their doctor before undergoing screening. There are several reasons, but a key one is that other common prostate problems can raise your PSA level, not just cancer. Plus, while prostate cancer can be deadly, most cases grow slowly or not at all — even if you have it, you may never experience symptoms. If you're Black or have a family history of the disease, you're at higher risk; your doctor is more likely to recommend screening.

GOOD TO KNOW

After skin cancer, prostate cancer is the most common cancer among men in the U.S. — one in eight men will be diagnosed with it.



Vaccines: Powerful protection

Screening tests can help flag certain diseases while they're in the early stages, but vaccinations can help prevent some altogether (or, as we've seen with Covid-19 vaccines, ensure a milder case if you do get sick). Everyone should get the vaccines that follow, though their timing depends on age and risk factors — talk to your doctor about your individual needs. Other vaccines, like for hepatitis A, are recommended only for people with specific risk factors.

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Flu	ANNUALLY			
Tetanus, diphtheria, pertussis	INITIAL DOSE, PLUS A BOOSTER EVERY 10 YEARS			
Measles, mumps, rubella	1 OR 2 DOSES (IF BORN IN 1957 OR LATER)			
Chicken pox	2 DOSES (IF BORN IN 1980 OR LATER)			
Shingles	2 DOSES			
HPV	2 OR 3 DOSES			
Pneumococcal	1 OR 2 DOSES			
Hepatitis B	2, 3 OR 4 DOSES (THROUGH AGE 59)			

The primary care bonus

Having a regular check-in with your doctor ensures you'll get several other routine screenings to monitor your health — or even save your life:

Blood pressure: High blood pressure boosts your odds of developing several serious conditions, including stroke and heart attack. Between ages 18 and 39, get your BP checked every three to five years. Over 40? Get checked annually.

Cholesterol: Too much cholesterol in your blood can lead to heart disease. If you don't have a family history or other risk factors, you only need to be tested every five years or so. More risk factors means more frequent testing.

Blood sugar: Whether or not you have symptoms of diabetes, if you're between 35 and 70 years old and are overweight or obese, your doctor should order a fasting blood glucose test. You'll fast overnight and have blood drawn first thing in the morning to see if your blood sugar level is elevated.

Depression: Depression is one of the leading causes of disability in people over 15 years old, and you may not realize you have it. Screening is simple, usually a series of questions asked by your doctor.



Two more to consider

Experts recently added a must-do test that can protect your liver — and they recommend regular lung screening for select groups.

Protection against hepatitis C

Somewhere between 2.4 million and 4.7 million Americans live with hepatitis C, a viral infection that can cause dangerous liver inflammation. The exact number is unknown, because in many cases the virus causes no symptoms for years or even decades. Unfortunately, if untreated, hepatitis C can lead to serious complications, such as cirrhosis, liver failure or even liver cancer. Thankfully, hepatitis C is generally curable with medication — so long as you know you're infected. So in 2020, the USPSTF expanded its screening recommendation. All adults ages 18 to 79 years should get a one-time hepatitis C screening, the task force says, even if they don't have symptoms or known liver disease. It's easy: A simple blood test will do the trick, although results can take anywhere from a few days to a few weeks. Rapid tests are available in some clinics, with results in 20 minutes.

Finding and treating lung cancer early

Lung cancer is the third most common cancer in this country, but it's by far the deadliest. More people die of lung cancer each year than from colon, breast and prostate cancers combined. Those numbers are dropping, though, thanks in part to early detection. In 2021, the USPSTF issued new, more expansive guidelines for lung cancer screening. They call for checking adults aged 50 to 80 who either smoke now or quit within the last 15 years, and who have what's known as a "20 pack-year" smoking history. That's the number of packs you smoke a day multiplied by the number of years you've smoked. For instance, one pack a day for 20 years and two daily packs for 10 years both count as 20 pack-years. If you're referred for screening, you'll get a low-dose CT scan each year until 15 years after you quit.

To learn more about Mather's lung cancer screening program, turn the page.

THE PLACE TO GO FOR CARE

Get the tests you need, along with vaccines and personalized primary care, at Mather Hospital and Northwell Health Physician Partners locations throughout Long Island.

To find out more, visit doctors.matherhospital.org.

► For a video with more information about care that can keep you healthy, scan the QR code.





Outsmarting the top cancer killer

How Mather Hospital's lung cancer screening program saves lives

The man in the exam room was worried. He was a longtime smoker — often smoking a pack a day, he said — and had recently lost a close relative to lung cancer. Now he'd been referred by his primary care doctor for a consultation with Mather Hospital pulmonologist Andrew Weber, MD. Dr. Weber noted the concern on the man's face: Could he have the disease himself?

Years ago, doctors wouldn't have had much to offer in the way of early detection for the number-one cancer killer. But today, a lifesaving screening program is helping people at increased

risk for lung cancer get screened early, allowing doctors to find and treat the disease before it spreads.

"Lung cancer is much harder to treat when it's advanced," says Dr. Weber. Unfortunately, many patients don't learn they have it until after it has metastasized, or spread, which is why the five-year survival rate is just 18%. But about two decades ago, researchers began to realize that low-dose computerized tomography (CT) screening could make a difference.

A recent study in the *New England Journal of Medicine* shows just how big the impact is — screening people

at high risk for lung cancer with a low-dose CT scan slashed the lung cancer mortality rate by 24%. (A low-dose CT scan is a kind of imaging test that involves a minimal amount of radiation.) The evidence is strong enough that the U.S. Preventive Services Task Force (USPSTF) recommends that adults aged 50 to 80 with a smoking habit equivalent to a pack a day for 20 years get an annual low-dose CT scan. People have a "20 pack-year" history if they've smoked a pack a day for two decades, two packs a day for 10 years, or half a pack a day for 40 years. People who once smoked heavily but quit within the past 15 years also qualify for screening.

For Dr. Weber's patient, screening paid off. "Even though he had no symptoms, his CT scan revealed a small but concerning nodule," Dr. Weber says. The cardiothoracic team performed a needle biopsy, which confirmed a malignancy. The team removed the nodule in a robotic-assisted surgery — and thanks to the early action, the patient is now considered clinically cured.

Since 2016, Mather's Lung Cancer Screening Program has enrolled roughly 2,800 participants. Patients can be referred to the program by their primary care physician, pulmonologist or other doctor.

"Our program shows that smokers and former smokers aren't doomed to suffer this terrible disease," Dr. Weber says. "We want to make early detection easier, and help people live longer, healthier lives."



To see if lung cancer screening is recommended for you, please visit matherhospital.org/lung or scan the QR code.

One year, two cancers

Blindsided by a diagnosis of colon cancer and then a finding of breast cancer, Teresa Bermudez has become a believer in the power of screenings



No one in Teresa Bermudez's family had ever had colon cancer — until she was diagnosed.

It started with a simple stomachache.

But over several days in August 2020, Teresa Bermudez's discomfort grew to what she calls "howling pain," until, finally, she went to the emergency department at Mather Hospital. There, a computed tomography (CT) scan revealed a bowel obstruction — something was blocking food and liquid from passing through her intestines.

A medical emergency, a bowel obstruction can cut off the blood supply to the colon and lead to life-

threatening complications, such as tissue death and infection. Bermudez was quickly admitted, and her doctors immediately summoned surgeon Mohamad Abouzeid, MD — who took a look at the results of her workup and knew the situation was even more dire than first understood. "A tumor was blocking her intestine," he says. "It was obvious she had colon cancer." Bermudez, then 62, needed surgery, and she needed it fast.

The secretary and mom to two grown sons was shocked at the news and shattered at the thought of what she might leave behind if the worst happened. "I had just become a grandmother for the first time," says Bermudez, who lives in Yaphank with her husband, Claudio. "I was terrified."

But Dr. Abouzeid helped ease her fears. "He was incredible," says Bermudez. "You hear this booming voice coming down the hall and you're like, 'Oh, thank God.' Dr. Abouzeid explained everything so plainly, and never made us feel rushed — he'd just sit in the chair and say, 'OK, what's going on?' I was never afraid to ask dumb questions."

A DOUBLE-BARRELED TREATMENT

Less than a week after Bermudez's trip to the ED, Dr. Abouzeid performed surgery to remove the portion of Bermudez's colon that contained the cancer. Then, in a procedure called a colostomy, he routed the top end of her colon outside her body through an opening (called a stoma) made in the abdominal wall, with a bag attached to collect the body's waste.

The colostomy was temporary but necessary to allow her body to heal. Eventually, it would be reversed to allow for normal bowel function.

The operation revealed that Bermudez had stage IIA colon cancer — her cancer had grown through the muscle layer of the colon but had not spread to her lymph nodes. She was lucky. When colon cancer is caught at this stage, the prognosis is excellent, with a five-year survival rate of 91%.

Most patients with stage II colon cancer don't require further treatment after surgery. But when the cancer obstructs the colon, as in Bermudez's case, there is a higher risk for recurrence, so after surgery, she underwent six months of chemo treatments. A few months later, in the spring of 2021, Dr. Abouzeid performed her colostomy reversal.

A "SCREENING EVANGELIST"

Bermudez felt blindsided by her diagnosis. Sure, her primary care physician had been suggesting for years that she get a colonoscopy to screen for colon cancer. But no one in her family had ever had the disease, so she assumed her risk was low and put off making an appointment.

As she now knows, that assumption was wrong. Colorectal cancer is the second most common cause of cancer deaths for men and women combined, and most cases occur in people without a family history. Regular screenings not only help catch colon cancer when it's small and easier to treat, says Dr. Abouzeid; colonoscopy can even prevent the cancer from developing in the first place. That's because in this screening test, a doctor views the entire length of the rectum and colon with a special scope, and can remove any suspicious polyps, or growths. Since polyps can develop into cancer, the exam is detection and treatment, all in one.

“You hear this booming voice coming down the hall and you're like, ‘Oh, thank God.’ Dr. Abouzeid explained everything so plainly, and never made us feel rushed — he'd just sit in the chair and say, ‘OK, what's going on?’”

— Teresa Bermudez

(For the latest colon cancer screening recommendations, see “An ounce of prevention,” page 8.)

“Now I tell people, go when your doctor tells you to go,” says Bermudez.

She heeded her own advice when it came time for her mammogram last year, even though she was undergoing treatment for her colon cancer at the time. And she was lucky she did: The test revealed ductal carcinoma in situ, or DCIS. Considered the earliest form of breast cancer, DCIS is a collection of abnormal cells inside a milk duct. DCIS is preinvasive, meaning it hasn't spread out of the ducts and into nearby breast tissue.

Roughly one in five new cases of breast cancer are DCIS, and nearly all can be cured. In April 2021, Bermudez underwent a successful lumpectomy — a focused surgery in which just the affected duct was removed.

A BRIGHT FUTURE

Two separate cancers occurring one right after the other can suggest that a person has an inherited genetic vulnerability to developing the

disease. But Bermudez's tests did not reveal any known cancer-causing genes. Instead, doctors believe her cancers were just an unfortunate coincidence — after all, getting older is the most important risk factor for cancer overall and for many individual cancer types. Each year, almost 80% of new colon cancer cases and 70% of new breast cancer cases are in people over 55 years old.

Today Bermudez is cancer-free. Her doctors will continue to monitor her with follow-up screenings for the next five years, but she remains optimistic. Retired now, she has plenty of time to enjoy her life. The granddaughter who was born shortly before it all started is now 2 years old and has a baby sister.

“I'm going to see my grandchildren and do some gardening,” said Bermudez on a recent fall afternoon. “It's beautiful out today. It's beautiful every day I open my eyes.”

To make an appointment with Dr. Abouzeid, call Mather Surgical Associates, a practice of Harbor View Medical Services, at **631-714-2968**.

One more look



IT'S AWARD SEASON AT MATHER

The American Association of Critical-Care Nurses (AACN) recently honored Mather Hospital's critical care team with a gold Beacon Award for Excellence (above).

In addition, the nursing staff of Mather's emergency department (ED) was recognized by the Emergency Nurses Association with the prestigious Lantern Award, given to

EDs that provide extraordinary care (below). Mather's ED is one of just 29 across the country to earn the distinction. The ED also received the North Star 90 Hospital Award from Northwell for achieving top patient satisfaction scores in nationwide surveys. The department's scores put it in the 90th percentile.



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