

NORTHWELL CONNECTIONS

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News & Notes

FROM MATHER HOSPITAL AND ACROSS NORTHWELL HEALTH

Supporting our nurses

Nurses are the foundation of any hospital: Their clinical expertise and deep understanding of patient care — plus courage and compassion — **make them the new heroes of our time.**



At Mather Hospital we know it, which is one reason we help new nurses develop more skills, competency and confidence through a year-long nursing residency program. In 2018, Mather's nurse residency program became the first in New York State to be accredited by the American Nurses Credentialing Center (ANCC) — and now it's been reaccredited with distinction for another four years. It is one of just 227 accredited nurse residency programs worldwide.

Mather's healthy effect on its community



You count on your hospital in emergencies and when you need inpatient care. But what you may not realize is how much impact Mather Hospital has on the health of the local economy. Here's how Mather made a difference in 2020:

\$63 million*
provided to the community in the form of subsidized care, help for the underserved and investments in health initiatives

29,650
emergency room visits

9,521
patients discharged

\$712 million*
total impact on the local economy

*Source: The Healthcare Association of New York State (HANSY)



Ranked high by U.S. News & World Report

When you're looking for great care, U.S. News & World Report is a go-to source. According to the latest hospital rankings, Mather Hospital was rated "high performing" in the following adult specialties, conditions and procedures:

- Colon cancer
- COPD
- Geriatrics
- Heart failure
- Kidney disease
- Lung cancer surgery
- Orthopedics
- Urology

News & Notes

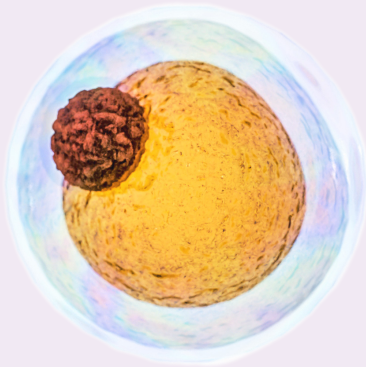
FROM MATHER HOSPITAL AND ACROSS NORTHWELL HEALTH



Northwell's knack for innovation

When nasal swabs used for coronavirus testing were in short supply during the height of the pandemic, a Northwell team used 3D printers to make their own. When there was a shortage of ventilators for Covid patients, another group figured out a way to use sleep apnea machines to do the job. Those are just some of the reasons Fast Company ranked Northwell number 3 among the 10 most innovative health companies of 2022.

But Covid isn't the only focus of researchers at the Feinstein Institutes for Medical Research and across Northwell Health — they take aim at a wide variety of diseases and conditions. **Three promising projects:**

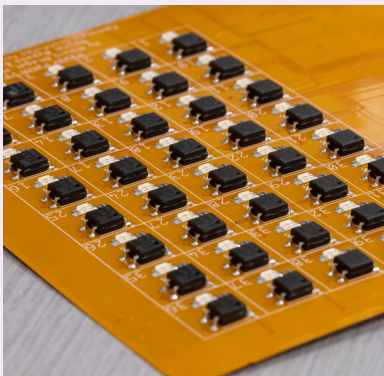
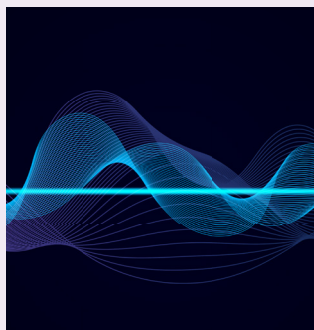


TAPPING BELLY FAT TO TREAT BRAIN CANCER

Researchers are investigating whether a transplanted bit of belly fat can help get around the "blood-brain barrier," which often blocks chemotherapy from killing cancer cells in the brain.

USING AI TO DIAGNOSE SCHIZOPHRENIA

A team is using artificial intelligence and machine learning to spot speech patterns indicative of schizophrenia. The tool may guide doctors to better treatments, as well.



BEATING PARALYSIS WITH A COMPUTER

Biomedical engineers are using brain implants and computers to help patients with paralyzed limbs regain muscle control and the sense of touch in their hands.

Stroke care at its best

Every 40 seconds, someone in the US suffers a stroke. A sobering stat, but here's some good news: Advanced medical treatments have led to improved survival rates and less disability. That's the kind of **nationally recognized stroke care** provided at Mather Hospital, which has received The Joint Commission's Gold Seal of Approval® and the American Heart/American Stroke Association's Heart-Check Mark for Advanced Primary Stroke Care Center certification — prestigious recognitions of the hospital's commitment to ensuring stroke patients receive research-based quality care and efficiency in stroke diagnosis, treatment and patient education.



Finding support

After a long pandemic pause, Mather Hospital's Live, Love and Laugh Again support group for women with breast cancer has resumed in-person meetings. The group meets at the hospital on the first Tuesday of every month from 7 p.m. to 9 p.m. Family members are encouraged to attend — registration is not required. For information, call Stephanie Crispino, RN, CBCN, at **631-526-7436**.



A new cardiac lab for more complete heart care

Think of it as a new home for electricians of the heart. At Mather Hospital's new electrophysiology lab — or "EP lab" for short — doctors can **better assess the heart's electrical system** and activity and diagnose abnormal heartbeats. The lab also allows heart specialists to implant lifesaving devices, from pacemakers to leads for conduction system pacing. It's an important addition to the hospital's cardiac catheterization lab, which opened in 2021, providing the community with advanced cardiac care services.

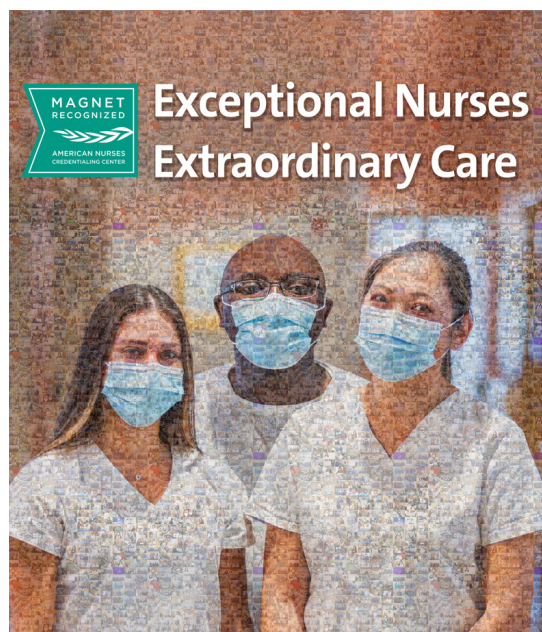


Making strides against breast cancer

Lace up those sneakers and join the Making Strides of Eastern Long Island's breast cancer awareness walk at Grangebel Park in Riverhead on Saturday, October 1! Sponsored by Northwell Health Cancer Institute, it's for a great cause: Funds raised will support research into breast cancer diagnosis and care. Sign up, join a team or support a walker at www.cancer.org

Leaping ahead in safety

Mather Hospital received its 16th "A" Leapfrog Hospital Safety Grade for Spring 2022. The national distinction recognizes Mather's achievements in patient safety, quality, and transparency.



Recognized for nursing excellence

Mather is one of only 584 hospitals worldwide to be recognized as a Magnet® designated hospital by the American Nurses Credentialing Center (ANCC) for its quality patient care, nursing excellence and innovations in professional nursing practice. Magnet status is bestowed after a rigorous process that includes an on-site review by the ANCC's Magnet commission.



Advanced care — and caring support — for breast cancer

**WHEN LORI ROSSI-SORICELLI WAS DIAGNOSED,
THE TEAM AT THE FORTUNATO BREAST HEALTH
CENTER WAS WITH HER EVERY STEP OF THE WAY**

Lori Rossi-Soricelli had already beat cancer once. At 62 years old, she was a three-year survivor of endometrial cancer when a routine mammogram showed some abnormalities. Doctors detected a suspicious lesion on her right breast and told her she needed a biopsy.

“I was a nervous wreck,” says the Holtsville resident, who kept thinking about the difficulties she had experienced with her first cancer diagnosis. Back then, she was given an appointment right away, but had to wait for weeks to see the doctor, she recalls. “It was very stressful,” she says. So now, as she waited to hear what kind of treatment she’d need, she mentally prepared herself to make a ton of phone calls to doctors’ offices and tried to summon the energy to process the emotions that were sure to come.

But this time, things were different, starting with Rossi-Soricelli’s first conversation with the team at the Fortunato Breast Health Center at Mather Hospital. Before Rossi-Soricelli hung up the phone, she had a date for her biopsy. Soon, she met with

Stephanie Crispino, RN, CBCN, one of the center’s nurse navigators. Crispino assured Rossi-Soricelli she would be there to help coordinate the rest of her care.

“When you first hear the word cancer, you can’t believe it — it’s a terrible shock,” Rossi-Soricelli says. “But the nurses and doctors handled everything. It made it all so much easier on me, my husband and my kids.”

PERSONALIZED CANCER CARE

The Fortunato Breast Health Center provides state-of-the-art screening and diagnostic imaging, along with the most advanced surgical procedures and other treatments. “Our patients get great care and they get it close to home,” says Michelle Price, MD, the center’s co-director. “That really makes a difference.”

It’s the concierge-style approach that surprises patients most, she says. “We help patients navigate every step, from the detection of an abnormality through biopsy, surgery and other necessary treatments,”

Dr. Price explains. The team at the Breast Center even helps tackle administrative tasks, like obtaining insurance authorizations. “That kind of support can alleviate a lot of anxiety,” she says.

But personalized care isn’t just about convenience and peace of mind; it also improves outcomes by ensuring that each woman gets precisely what she needs for her specific situation. No two patients get the same exact treatment, says Melissa Fana, MD, a breast surgical oncologist who operates at Mather. Instead, a group of clinicians from multiple specialties — such as surgical, medical and radiation oncology, radiology, genetics and plastic surgery — determine an individualized, evidence-based approach. “Breast cancer is actually not one disease, but several different diseases,” Dr. Fana says. “So we consider the biology of a patient’s cancer, as well as her physiology and any other conditions she has, and her priorities and wishes.”

EASING THE JOURNEY

The plan for Rossi-Soricelli’s cancer treatment was set: Dr. Fana would perform her lumpectomy and Joseph Cirrone, MD, would guide her radiation treatment. But she still needed a map of sorts, to help her get from one step to the next. Enter her nurse navigator.

Crispino not only scheduled all of Rossi-Soricelli’s appointments, she also called regularly to see how Rossi-Soricelli was doing, listened to her questions and concerns, and made sure they were all addressed. “It can be intimidating for patients to call a doctor’s office. You’re not sure what to say or ask,” Crispino says. “Part of our job is to make sure nothing is missed.”

The logistical support was important, Rossi-Soricelli says — and the emotional support was irreplaceable. Crispino and the other nurse navigators at Fortunato are there for patients from the moment of diagnosis through treatment and beyond, with a survivorship program that is available as long as it’s needed. “We do this for every single breast cancer patient who



“I had this whole team at the Fortunato Breast Health Center looking out for me. It was such a comfort. I trust them with my life one million percent.”

comes to our center,” Crispino said. “If you have questions, you can call us. If you just need to talk because you are feeling overwhelmed, you can call us. The most important thing is that our patients know that they are not alone.”

For Rossi-Soricelli, it felt like a friend was holding her hand every step of the way. “Stephanie made me feel that I could tell her anything,” she says of Crispino. “I don’t think she realizes the impact she had on me.”

LOOKING FORWARD

It turned out Rossi-Soricelli needed a second surgery as part of her treatment. Based on the pathology report from the initial lumpectomy, a decision was made to “widen the margins” — remove more tissue to ensure there were no cancer cells at the edges of the affected area. Wide, clean margins reduce the risk that cancer will spread to the lymph nodes or other parts of the body.

With the surgeries complete and radiation therapy behind her, Rossi-

Soricelli’s prognosis is good. And even with all that she’s been through, she considers herself lucky. “At one point, Dr. Fana told me that someone must be looking out for me because we caught the cancer so early,” she says. “I realize she’s right. I had this whole team at the Fortunato Breast Health Center looking out for me. It was such a comfort. I trust them with my life one million percent.”

Dr. Fana judges success by just that kind of physical and emotional outcome. “Getting a breast cancer diagnosis is hard and going through treatment is hard,” she says. “Making things a little easier for patients is why I’m in this field.”

To learn more about the Fortunato Breast Health Center, visit matherhospital.org/breasthealth.

To schedule a mammogram, call 631-250-8261.

Understanding hysterectomy

If your doctor has suggested this surgery, here's what you need to know



The da Vinci Surgical System offers extra precision, says Melissa Nicosia, MD.

When it comes to surgical procedures, hysterectomy is one of the most common of them all — one in three American women has a hysterectomy by age 60. But that doesn't mean women find the decision easy, says Melissa Nicosia, MD, director of obstetrics and gynecology at Mather Hospital.

"Many women aren't aware of all of the options that are available if they need a hysterectomy," she says. "And they're often concerned that it may affect their quality of life or sexual health. But if other therapies haven't helped with abnormal heavy bleeding, painful periods, fibroids or pelvic organ prolapse, studies show that

hysterectomy can actually improve how women feel about themselves and even improve their sexual function."

Sharing information about today's approach to hysterectomy often makes patients more comfortable, Dr. Nicosia says. Here are three key facts about this common surgery:

IT'S GENTLER — AND MORE PRECISE

A couple of decades ago, hysterectomy always involved open surgery and many days in the hospital; these days, a hysterectomy can often be done with a minimally invasive approach. At Mather Hospital, that approach is also very precise, thanks to the robotic-assisted da Vinci Surgical System. That system provides a magnified, three-dimensional visualization of

the surgical field, and its flexible surgical instruments give surgeons far greater control.

IT MAY BE ROBOTIC-AIDED, BUT IT'S HUMAN-DRIVEN

"There's a misconception that robotic surgery means that there is a robot performing the procedure, not a human. That's not true," says Dr. Nicosia. During robotic-assisted surgery, a surgeon guides instruments from a computer console; the instruments move like a human hand but with an even greater range of motion. That allows doctors to perform surgery more quickly and more safely, she says. "We can do the procedure with fewer and smaller incisions, so there's a decreased risk of bleeding as well as a lower risk of infection. The system also offers a quicker recovery. Most patients can go home the same day."

IT CAN BE EXTENSIVE — OR LIMITED

The type of hysterectomy you have depends on your condition and preferences. For instance, your OB/GYN may recommend a total hysterectomy, in which the uterus and the cervix are removed; this procedure may also include removal of the fallopian tubes and ovaries, depending on your age and medical condition. In a partial hysterectomy, the uterus is removed but the cervix is preserved. The best approach — vaginal, laparoscopic, robotic-assisted or traditional abdominal — is determined on a case-by-case basis in consultation with your doctor. The goal is to relieve symptoms so you can get back to your life as quickly as possible.

"It's important that patients are aware of all their options," Dr. Nicosia says. "My job as a physician is to give them all the information, with as little bias as possible, so that they are empowered to make an informed decision for themselves."

To schedule a consultation with Dr. Nicosia, call **631-364-7916**.

Could it be IBD?

Inflammatory bowel disease is harder on women — but the right care can help



Knowledge can help women fight IBD, says gastroenterologist Ramona Rajapakse, MD.

The names don't exactly roll off the tongue: Crohn's disease and ulcerative colitis. But these two types of inflammatory bowel disease (IBD) are common, painful and serious, affecting more than 3 million Americans. While equal numbers of men and women suffer, these conditions are particularly tough on women, says Ramona Rajapakse, MD, a Mather Hospital gastroenterologist specializing in IBD.

THE GOOD NEWS: There are very effective treatments for these

conditions. But understanding the gender effect is key to proper diagnosis and effective treatment — and unfortunately, many women don't recognize that they're carrying an extra burden from the disease. Even doctors may not focus on it, which is why Dr. Rajapakse says it's important to know that Crohn's disease and ulcerative colitis pose five unique challenges for women:

1. MORE SYMPTOMS DURING MENSTRUATION

IBD occurs when the body's immune system mistakenly attacks cells in the gastrointestinal tract, leading to inflammation. Symptoms depend on how severe the inflammation is and where in your GI tract it occurs, but you may have diarrhea, rectal bleeding, abdominal pain and cramping, fatigue and weight loss. "These can be exhausting, debilitating illnesses," says Dr. Rajapakse. "Severe cases can be life-threatening, but even a mild version can have a big impact on your quality of life."

Women often find that their symptoms worsen during menstruation, says Dr. Rajapakse. Adding insult to injury, women with IBD are more likely than other women to suffer from premenstrual headaches and cramps.

2. A GREATER LIKELIHOOD OF IRON-DEFICIENCY ANEMIA

You probably already know that menstrual bleeding increases the odds of becoming anemic. That's because blood loss during your period carries iron out of your body, which leaves red blood cells less able to deliver oxygen

to tissues from your head to your toes. The result: You feel tired and short of breath. Iron-deficiency anemia is even more likely for women with IBD, because it can cause digestive tract bleeding; the disease can also impair your body's ability to absorb iron. Symptoms of IBD, like diarrhea and cramping, also may make it harder for you to eat and get the nutrients you need to function at your peak.

3. TROUBLE GETTING AND STAYING PREGNANT

Uncontrolled inflammation can make it harder for sperm to reach the egg — and if IBD flares during pregnancy, it may increase the risk of complications. “When young women with active disease tell me they want to get pregnant, the first thing I tell them is that they have got to get their inflammation under control,” says Dr. Rajapakse. “That’s when their fertility will improve.” Fortunately, she says, most medications used to treat inflammation are safe for pregnant women.

4. PAIN DURING SEX

This is a big difference Dr. Rajapakse sees between her male and female patients. “Women with Crohn’s disease often suffer from sexual issues, particularly if the disease affects the digestive tract near the perineum, the area between your vagina and anus,” she explains. Inflammation can also sometimes erode through the intestinal wall, creating a fistula — a connection between different body parts that shouldn’t be there, such as between the intestine and the vagina, or the vagina and the rectum. A fistula can be painful and can cause a serious infection or other complications — but it is treatable.

5. A HEAVIER TOLL ON MENTAL HEALTH

Given the bigger burden of symptoms, perhaps it’s no wonder that research shows women with IBD are more likely to develop depression or anxiety than men with the condition. “For some women, Crohn’s disease can lead to pain during intercourse. Other women who are embarrassed and



uncomfortable about symptoms may experience body image problems,” Dr. Rajapakse says. “That can lead to depression and low self-esteem.”

FINDING THE RIGHT TREATMENT

There’s no cure for Crohn’s disease or ulcerative colitis, but there are many good options to help ease symptoms, reduce the risk of complications and improve your quality of life. It is important that the appropriate treatment is begun early in the course of illness in order to minimize problems. This may include medication, diet and lifestyle changes, and, in some cases, surgery. Counseling can also help with the emotional challenges of IBD.

Sharing some of the private or embarrassing side effects of IBD may feel awkward. “But women need to realize that they are not alone,” Dr. Rajapakse says. “Especially for my younger patients, getting to know other women with IBD can make all the difference.” She often refers patients to IBD support groups to help them connect with others, learn

more about the condition and share common problems and solutions.

Frank conversation with your doctor is even more important, Dr. Rajapakse says: Keep track of your symptoms and ask about concerns. For example, many women are wary of taking medication during a flare for fear it will affect fertility, she says, “but in fact the opposite is true.”

Whether you’re facing challenges about sex, body image or digestive problems, honest talk is the fastest route to the right interventions, she says. And that can make all the difference in managing your disease and living an active, satisfying life.

Whether you have IBD or not, everyone needs regular colonoscopies. To schedule yours, call Harbor View's Direct Access Colonoscopy Program at 631-825-7258.

To hear more from Dr. Rajapakse about digestive issues, scan the QR code.



Outsmarting Endometriosis

It's one of the most common, mysterious and debilitating conditions women face — but Northwell researchers are making progress



BRITTANY BASCETTA, PHD, SPENT 24 YEARS LOOKING FOR THE REASON FOR HER PAIN.

The neuropsychologist, who lives in Wantagh, New York, started suffering when she was just 12 years old. Every month, the cramping during her period would put her life on hold. By the time she got to college, she was frequently staying home with a heating pad and maximum doses of Tylenol or Motrin while her friends went out; often, the pain would wake her at night before her period started, an alarm clock that she couldn't turn off. "It kept getting worse," she says. "You can't have a healthy human life if you're fighting pain."

Finally, in December of last year, Dr. Bascetta, now 36, got the diagnosis she had both feared and expected: endometriosis, a frustrating and complex condition that affects roughly 5% to 10% of women and adolescents of reproductive age. Like Dr. Bascetta, many of them wait years, even decades, for an explanation for their pain.

Now scientists at the Feinstein Institutes for Medical Research, Northwell Health's research home, are teaming up to help women get answers faster, and without years of pain and frustration. "Many women tell us they've

been dismissed by friends, doctors and coworkers," says women's health researcher Christine Metz, PhD, who is working with geneticist Peter Gregersen, MD, on a fast, easy, noninvasive screening test for the disorder.

Dr. Metz, Dr. Gregersen and nurse coordinator Margaret DeFranco, RN, lead the ROSE (Research OutSmarts Endometriosis) study, which compares the menstrual discharge (or "effluent," in research lingo) of women with and without endometriosis in search of tell-tale differences. As Dr. Metz explains, menstrual flow contains tissue from the endometrium, the lining of the uterus that sloughs off every month. It's well documented that women with endometriosis have altered cells in their uterine lining, but the ROSE study — which has already enrolled almost 1,900 women, including Dr. Bascetta — is one of the first attempts to turn those differences into a diagnostic test. The goal is to give women fast answers based on characteristics of cells and tissue in menstrual flow. "What's exciting is that we have already seen real differences in several genetic markers and in the numbers of various cell types," Dr. Metz says.

The ROSE study is actively recruiting more women from all over North America to help confirm the accuracy and power of the test, a step toward potential FDA approval. "We hope that analyzing menstrual effluent will someday become a routine aspect of a gynecological visit, just like a Pap smear," Dr. Metz says.

Early diagnosis and timely intervention are key, says Tamer A. Seckin, MD, a gynecologic surgeon at Northwell's Lenox Hill Hospital in Manhattan and the founder of the Endometriosis Foundation of America. "That's how we can prevent drastic outcomes such as organ removal, hysterectomies, loss of intimacy and quality of life."

A potential game-changer: New discoveries may someday make a test for endometriosis as simple as a Pap smear.

Christine Metz, PhD, and Peter Gregersen, MD, are investigating cells and tissue in menstrual flow.

Unraveling a mysterious disorder

No one yet knows why, in some women, endometrial-like tissue escapes the uterus and starts growing elsewhere, most often in the pelvic cavity. Endometriosis lesions can adhere to any of the organs there — the uterus, ovaries, bladder, rectum or part of the lower colon — often causing severe pain during the hormonal fluctuations of a monthly cycle. Symptoms vary depending on the timing of a woman's monthly cycle and the location of the misplaced tissue.

One motivation behind the ROSE study is that those symptoms can be so confounding and doctors so often miss or misinterpret them. There's Dr. Bascetta's example, but she's far from alone. On average, women visit eight health care providers over seven to 10 years before getting a diagnosis.

Why has it taken so long for experts to recognize that menstrual blood might provide valuable clues? There were fewer female scientists decades ago, says Dr. Metz, and male scientists may have been hampered by a "yuck" response. Certainly, studies show that research on diseases impacting only women (and trans men and nonbinary people who menstruate) is vastly underfunded, even compared to less burdensome conditions that affect only men. "It's been a blind spot for science," Dr. Metz says. "But that's changing — and we're part of the change."

For now, it's important for women to know the symptoms of endometriosis and use them to educate their doctor if necessary. Here are some red flags that could indicate you have endometriosis:

INTENSE MENSTRUAL PAIN (AND NON-MENSTRUAL PAIN) Tissue that lodges in the pelvic cavity can cause severe pelvic pain and cramping before and during your period. You may also feel it in your abdomen or lower back. Oddly, the level of pain doesn't always indicate



the severity of disease; some women with extensive endometriosis feel little discomfort while others with a "mild" case suffer every month. Some women may experience chronic pelvic pain that does not coincide with their menses.

"ENDO BELLY" Severe abdominal bloating (excess gas or air in the abdomen) associated with the menstrual cycle can cause pain and pressure in your abdomen and back.

PAIN DURING SEX If endometriosis tissue attaches to the top of the vagina, sex during flare-ups can be excruciating.

IRRITATED BLADDER OR BOWELS Women may frequently feel like they have a urinary tract infection, including an incessant urge to urinate and pain during urination; they may also experience pain on defecation. Endometrial tissue on the bowels can trigger signs of irritable bowel syndrome, including diarrhea and constipation.

UNUSUAL CYCLES Women with endometriosis often have longer-than-average periods with especially heavy flows.

INFERTILITY Women with endometriosis often struggle to conceive, even if other symptoms are mild or nonexistent — in fact, some estimates say up to 50% of women with infertility have endometriosis. Fortunately, there's hope: A 2021 study of 175 women with infertility and endometriosis found that more than 60% were able to get pregnant after laparoscopic surgery.

"MYSTERIOUS" SYMPTOMS Endometriosis tissue can migrate throughout the body, sometimes causing chronic symptoms such as shortness of breath (if tissue reaches the lungs) or pain that shoots down the leg (if tissue sticks to the sciatic nerve).

Finding a doctor with solutions

Dr. Bascetta, a neuropsychologist who is trained to think scientifically about symptoms, suspected that she had endometriosis, but it took years for her to find a doctor who agreed. Finally, she was scheduled for laparoscopic surgery, the only definitive way to diagnose the disease.

A surgical road to relief

Even as scientists work to improve the way endometriosis is diagnosed, there are clues for women in pain — and for their clinicians, says gynecologic surgeon Tamar Seckin, MD. “Doctors need to ask the question that brings together the puzzle pieces like a magnet,” he says. “The question is: Do your symptoms only flare up during your period?” If the answer is yes, there’s a good chance that endometriosis is at the root of the problem.

An early booster and financial supporter of the ROSE study, Dr. Seckin is a strong advocate for women with endometriosis. “Too many patients are falling through the cracks,” he says.

TAKING THE RIGHT TACK

While some women can get (unpredictable) relief with hormonal treatments such as progestin or birth control pills, most with moderate to severe disease will need surgery, Dr. Seckin says. (Endometriosis typically subsides after menopause, although women taking hormonal therapy for menopausal symptoms may experience a resurgence of symptoms.) Not all surgical approaches are equally likely to succeed. Many surgeons attempt to remove endometrial tissues with ablation, a procedure that essentially burns away the cells. But that approach often misses much of the deeply embedded endometriosis tissue, which can spur new growth, Dr. Seckin says.

Indeed, 80% to 90% of his patients have already undergone ablation or even excision surgery that failed to remove all the tissue. Thoroughly removing endometrial tissue is a labor-intensive, painstaking process that can take several hours or more. After taking out the lesions, Dr. Seckin performs reconstructive surgery on any damaged organs.

For the last decade, Dr. Seckin has used a now widespread technique that he patented, which makes endometriosis patches easier to spot through a simple color change. “I can find two to three times more lesions than I could before I had this technique,” he says.



It took years for Brittany Bascetta to find a solution for her pain.

Operating through a small incision near Dr. Bascetta’s navel, her surgeon used a laparoscope — a thin tube equipped with a video camera and surgical tools — to find and remove extensive patches of endometrial tissue. Dr. Bascetta learned that she was at Stage 3 (Stage 4 is the most severe): The tissue had embedded itself into the lining of organs and reached at least one ovary. For the first time, she could pinpoint a cause for her pain, and, with much of that tissue now gone, look forward to a more normal life. “I was so relieved and validated I cried on the drive home,” she says.

Three months after her operation, Dr. Bascetta said she still has some discomfort but feels far less pain than she did before the procedure. She wishes she had found support earlier — in theory, she could have started her recovery 20 years ago. “If I had been identified when I was younger, it could have changed the course of my life,” she says. Still, she doesn’t hold grudges. “I don’t blame doctors who were dismissive in the past because this is so poorly understood.”

She has a message for other women who think they may have endometriosis. “Early detection and treatment are so important, and I say that in bold with a thousand exclamation points,” she says. “No woman should have to wait 24 years like I did.”

► LEARN MORE:

Mather proudly partners with Northwell’s Katz Institute for Women’s Health, the country’s only network of experts devoted to every aspect of women’s health. Created because women’s health needs are unique, the network includes specially trained clinicians from Mather Hospital and across Northwell, as well as researchers who use a female-specific lens to investigate disease prevention and treatment.

Whether you’re concerned about endometriosis, addressing a different condition or getting preventive care, your treatment is powered by the insight and experience of the Katz Institute for Women’s Health. For more information, call Melissa Nicosia, MD, director of obstetrics and gynecology at Mather Hospital, at **631-364-7916**.

For more information about participating in the ROSE study, scan the QR code.



One more look



PRECISE, PERSONALIZED RADIOTHERAPY

Mather Hospital offers state-of-the-art, painless radiation therapy using CyberKnife® technology. Precision CyberKnife® of New York, a program of Mather Hospital at New York Cancer & Blood Specialists, uses real-time imaging to deliver radiation directly to a patient's tumor from hundreds of beam angles with pinpoint accuracy. To schedule a consultation, call 631-407-2709.

CONNECTIONS

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matherhospital.org

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• Lenox Hill Hospital • Long Island Jewish (LIJ) Forest Hills • LIJ Medical Center • LIJ Valley Stream • Manhattan Eye, Ear & Throat Hospital • Mather Hospital
• North Shore University Hospital • Northern Westchester Hospital • Peconic Bay Medical Center • Phelps Hospital • Plainview Hospital • South Oaks Hospital
• South Shore University Hospital • Staten Island University Hospital, North • Staten Island University Hospital Prince's Bay • Syosset Hospital
• Zucker Hillside Hospital **Affiliates:** Maimonides Medical Center • Wyckoff Heights Medical Center



Men have always been the default in medicine, which has left women understudied, undertreated and misdiagnosed. Northwell created the Katz Institute for Women's Health, the only network of experts devoted to every aspect of women's care.

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