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SUMMER 2011

Teaming up for the Valley's health

The magazine of PREMIER *medical group of the Hudson Valley*

TEAMING UP FOR A HEALTHY HUDSON VALLEY

Premier Medical Group

With offices in 3 Hudson Valley counties— which encompass Poughkeepsie, Fishkill, Kingston, Rhinebeck and New Windsor—and privileges at six area hospitals (St. Francis, St. Lukes, Northern Dutchess, Vassar Brothers Medical Center, Kingston Hospital, and Benedictine Hospital), the specialist physicians of Premier Medical Group are where our patients need us, right in their own neighborhoods.

By the time you read this, the billboard pictured above will be out of date. Our Premier staff is still providing Premier care and achieving Premier results, but we continue to grow. The 127 physicians and staff members represented by those 254 helping hands have already increased in number, and we expect our ranks to continue increasing.

Modern medicine is a complex affair requiring ever more specialized skills, and not just on the part of the physician. Our pathologists have developed great expertise by focusing on just two areas of pathology, urologic and gastrointestinal. For our triage nurses, we've selected people who are sensitive and skilled in understanding the way patients express their needs and concerns, as well being knowledgeable about the medical aspects.

Though we all bring different skills to the job, everyone at Premier believes in the same mission, which is making being cared for by Premier Medical Group a great experience. Unlike what you may have come across elsewhere, our staff is trained not to protect the doctor's time, but to protect the patient and his or her needs. The staff knows the physicians want to see you, so it's never "no": when a patient feels he or she really needs care—we make it happen.

We genuinely care about our patients and about our community, and to work towards the betterment of both, we've established the Premier Cares Foundation. Read about our goals on page 15, and see if you can join with us.

Premier Medical Group's multiple offices reduce the travel time needed to get the specialty care you deserve.

Gastroenterologists

With offices in...
Poughkeepsie: 845-471-9410
New Windsor: 845-562-0740
Fishkill: 845-897-9797
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Sunil K. Khurana, MD
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Khurram I. Ashraf, DO
Arif M. Muslim, MD
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Sven Hida, MD
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Allied Professional
Kimberly Nieves, NP

Urologists

With offices in Poughkeepsie, Kingston, Fishkill and Rhinebeck
MAIN PHONE: 845-437-5000

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Daniel Katz, MD
Evan R. Goldfischer, MD, FACS
Michael Solliday, MD
Jason Krumholtz, MD
Scott Kahn, MD, FACS
Jose Sotolongo, MD
Naeem Rahman, MD
Paul Pietrow, MD, FACS
Michael Young, MD

Allied Professional
Kevin Torrens, RPA-C

The physicians of Premier Medical Group are affiliated with:
Benedictine Hospital
Kingston Hospital
Northern Dutchess Hospital
St. Francis Hospital
St. Luke's Cornwall Hospital
Vassar Brothers Medical Center

PREMIER medical group

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Premier Medical Group Editor: Sinikka Sherwood [ssherwood@premiermedicalhv.com]
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[the future of medicine]

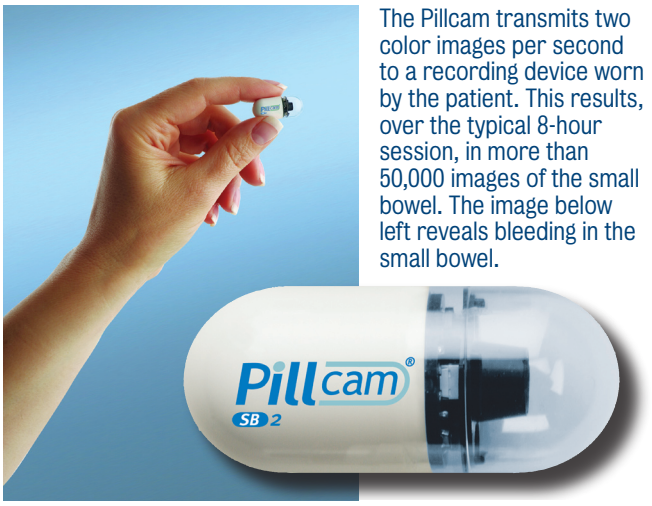
Staying on the Cutting Edge

Technological advancements and biological discoveries continue turning yesterday's science fiction into today's medical fact. The physicians of Premier Medical Group make sure their patients benefit from the latest developments.

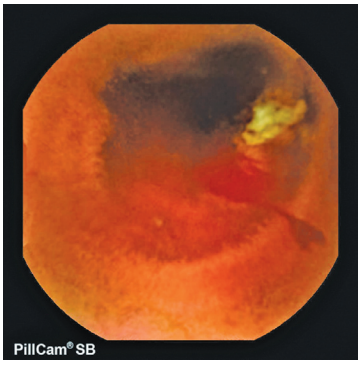
In 2001 the Food and Drug Administration (FDA) approved the first capsule endoscopy system. It was the first non-invasive device permitting doctors to visualize the entire small bowel, something that previously could only be accomplished through surgery. A marvel of engineering, the ingestible capsule is about the size of a large vitamin pill yet contains a miniaturized video camera, a light source, batteries, an antenna and a transmitter to wirelessly convey images to a data recorder. Normal digestion propels the disposable PillCam® through the GI tract until it passes painlessly from the body.

At GI Associates, a division of Premier Medical Group, Dr. Sven Hida is the lead physician performing capsule endoscopy. "The capsule shows you every nook and cranny of the small bowel," says Hida. "We use it to complete a workup of GI blood-loss anemia, to detect ulcerations and masses and other pathologies of the small bowel. When you aren't getting the answers from conventional endoscopic and radiological procedures, this should be the next step.

"There are actually two capsules for this procedure," Hida explains. "For patients who have a suspected obstruction of their small intestines, from inflammatory bowel disease for example, we first use something called the 'Agile' capsule to ensure the video capsule won't get stuck. Agile is the same size as the video capsule, but made of a substance that will dissolve in about three days." If the Agile capsule doesn't pass through the GI tract, capsule endoscopy can't be used.



The Pillcam transmits two color images per second to a recording device worn by the patient. This results, over the typical 8-hour session, in more than 50,000 images of the small bowel. The image below left reveals bleeding in the small bowel.



"Generally the capsule is administered in the morning," Hida says, "and the patients goes home with this little pager-like device on their belt that records the images transmitted from the capsule. Then, after eight hours, they come back and give us the 'pager' and we read the images.

"The software has improved tremendously through the years," Hida says. "You're basically presented with 8 hours worth of snapshots that read like a video. This program detects minor nuances of color hues and, for example, will provide an alert if the small bowel has bleeding.

"I would very much like to see this capsule being used to intervene in the small bowel," Hida says. "In the future there may be ways to use the capsule to deliver therapeutics or even take tiny biopsies." Considering the pace of medical advancement, that future could be sooner than we think.

NEW DEVELOPMENTS IN PROSTATE MEDICATION

There have been several highly promising recent developments in the treatment of advanced prostate cancer, says Dr. Naeem Rahman of Hudson Valley Urology.

In November, 2010, the FDA approved Xgeva (denosumab), a drug designed to help skeletal-related events in patients with metastasized cancer. "Patients with metastatic prostate cancer can develop cancerous lesions in their axial spinal column and pelvic bones, putting them at risk for bone-related pain and fractures," says Dr. Rahman. "Denusomab (Xgeva) is a monoclonal antibody that binds to a protein to suppress the rate of bone breakdown, reducing risk of these fractures.

"We've been using Xgeva in the office, giving it as a monthly subcutaneous injection, " says Rahman. "Previously, there were IV drugs used for this condition, but Xgeva not only has an easier delivery system, it is a more effective drug."

Provenge (sipuleucel-T) has been developed to help improve survival in men with advanced prostate cancer. It is the first FDA-approved autologous cellular immunotherapy.

"This is a therapeutic vaccine, different from conventional, preventive vaccines such as the polio vaccine. The patient donates his blood and his white blood cells (responsible for fighting infections) are harvested and incubated with a protein found in about 95 percent of prostate cancer cells. These cells, after they have been 'primed' to target prostate cells, are readministered to the patient.

"The process here," says Rahman, "is it's teaching your cells to recognize the cancer cells as a foreign body to be attacked. The data has shown a statistically significant improvement in survival, but by months not years."

The drug is not yet widely available and it is currently very expensive, but the physicians at HVU are tracking this exciting development.

A BETTER WAY:

Electronic Medical Records

I love the electronic medical record," says Dr. Sven Hida of GI Associates, a division of Premier Medical Group. "Just the sheer amount of information that is instantly available when I am seeing a patient makes for a much more complete and robust experience in diagnosing the patient than ever before. If I want to check a study, or look at a CAT scan, it's on the record. I am able to pull up any kind of radiologic imaging, I'm able to prescribe medication or fax a note to the patient's primary physician in an instant. The requirement is that all medical records be in electronic format by 2017. We've started way ahead of the curve."

Getting ahead of that curve "was a huge project," says Tony Alexander, Information Systems Supervisor for the Hudson Valley Urology division of PMG. "To get to an electronic medical record (EMR) we implemented sections at a time," he explains. "We started out years ago with pathology, scanning in old pathology reports. Then we did an interface with the main laboratories and started receiving lab reports directly into the system even before we went 100 percent electronic.

"We developed our templates in-house, and Dr. Krumholz was crucial to getting that done, working with the programmers for months to create templates specific to our urology practice. Let's say a patient is being seen for kidney stones. There's a kidney stone template with drop-down menus that speed through gathering all the information of the clinical meetings. The old way was dictating and transcribing, and then pasting the progress note into the patient's paper chart.

"Originally it was something of a nightmare to get doctors to switch from dictaphones and the old ways to electronic," Alexander admits. "We started with the most computer-savvy physicians, who helped us work out the kinks, and over a two year period we made the transition to the entire practice."

TOM BARBERA / PICTURE THIS STUDIOS

Daniel Katz, M.D., Hudson Valley Urology

"The Electronic Medical Record (EMR) gives us up-to-date, real-time access to patients' information, literally at our fingertips. We can be anywhere in the area as we cover five different hospitals. I could be at the hospital in Kingston when a question comes in from the office or one of the other hospitals. On my phone, let alone at a computer terminal, I can easily and immediately retrieve information to make an accurate decision about patient care. The transition to EMR was a little difficult at first, but once it was established there was no going back; it's the way of the future for sure."

Speed, accuracy and convenience

Use of the EMR has brought a number of improvements to patient care. Being interfaced with the main laboratories means that as soon as test results are ready, they're streamed into the patient's EMR. Any abnormal results are flagged and an alert is sent to the physician.

Premier physicians now can e-prescribe medications directly through the EMR. A drug interaction system sends an automatic alert of any contraindications at the time of ordering and halts processing.

One function of the EMR is a triage function for communicating health care questions and alerts between staff members. When a physician turns on his computer, an alert shows him there are questions or new patient developments awaiting his attention.

"The doctors seem most excited by the ability to look at the entire record without fumbling through a paper chart," says Alexander. "They can look at another doctor's notes or reports on a nurse visit. Everything is documented.

"On the horizon," says Alexander, " is a patient portal that will allow our patients to have access, make appointments, e-mail us directly. I think patients will, once they've gotten used to it, be very happy with it."

[understanding]

WHO CAN BENEFIT FROM Clinical Trials

Patients looking for "something better" in their treatment may find access to helpful medications years before they officially come to market.

Choosing to participate in a clinical trial is an important personal decision. It gives you the opportunity to play a more active role in your own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research.

The clinical trials conducted by Premier Medical Group follow a carefully controlled protocol and have many built-in safeguards to protect the participants. We make sure patients fully understand the potential benefits and risks, and they are free to stop participating at any time.

The clinical trials program at Hudson Valley Urology, a division of Premier Medical Group, began in 1999. "We hired top-notch people, we sent them to school, and now all the members of the department are Certified Clinical Research Coordinators (CCRCs)," says Dr. Evan R. Goldfischer, director of the research program.

He identifies a range of patients who seek the benefits of participation in a clinical trial: "Some patients have tried conventional FDA approved therapies that have not worked for them and some have tried conventional therapies that have worked but the side effects weren't palatable to them," he says. "Some patients have tried therapies that have gotten a modest effect but would like to do better. Some like to be state of the art and want the new standard of care.

"We've had many real-life success stories," says Goldfischer. "A great example is some of the PDE5 inhibitors—such as Viagra, Levitra and Cialis—used to treat erectile dysfunction. Men in our clinical trials had access to these drugs years before the rest of the world. Drugs for overactive bladder, and for prostate cancer and associated conditions… our patients were benefiting from them for years before they came to market."

Dr. Peter M. Varunok started GI Associates' clinical trials program in 1998 "initially just for medication access. When there were newer medications far along the approval process that showed they were safe and clearly more effective than what we had available, I wanted my patients in the Hudson Valley to be able to get those medications," says Varunok. "That way, mainly for hepatitis C, I was able to start my patients on medication a good year and a half before they were approved, prevent them from having disease progression, and in some cases was able to cure their hepatitis C.

"That's essentially what we continue to do," says Varunok, "for any number of diseases—be it Crohns, ulcerative colitis, irritable bowel syndrome, or hepatitis—being involved in clinical trials lets us offer our patients something better."

Clinical trials are also a mainstay in increasing medical knowledge. "When you're involved in these studies," says Varunok, "because of the investigational meetings, we get very current information on these disease states, information that is even ahead of what we get in journals or at the major conferences. So with absolutely the most up-to-date data, we can make the best clinical decisions for our patients."

For a comprehensive overview of clinical trials in general, consult the National Institutes of Health website at clinicaltrials.gov/ct2/info/understand

Clinical Trials CONNECTION

We are currently seeking patients to participate in studies in:

BPH/Nocturia
Alexa Markiewicz • 845-437-5051
amarkiewicz@premiermedicalhv.com

Constipation
Alyson Cahill • 845-451-7262
acahill@premiermedicalhv.com

Crohn's Disease
Alyson Cahill • 845-451-7262
acahill@premiermedicalhv.com

Erectile Dysfunction
Kimberly LaVigne-Secord
• 845-437-5002
ksecord@premiermedicalhv.com

Female Sexual Dysfunction
Alexa Markiewicz • 845-437-5051
amarkiewicz@premiermedicalhv.com

Gout
Jeanie Loeffel • 845-437-3810
jloeffel@premiermedicalhv.com

Hemorrhoids
Alyson Cahill • 845-451-7262
acahill@premiermedicalhv.com

Interstitial Cystitis
Kimberly LaVigne-Secord
• 845-437-5002
ksecord@premiermedicalhv.com

Irritable Bowel Syndrome
Alyson Cahill • 845-451-7262
acahill@premiermedicalhv.com

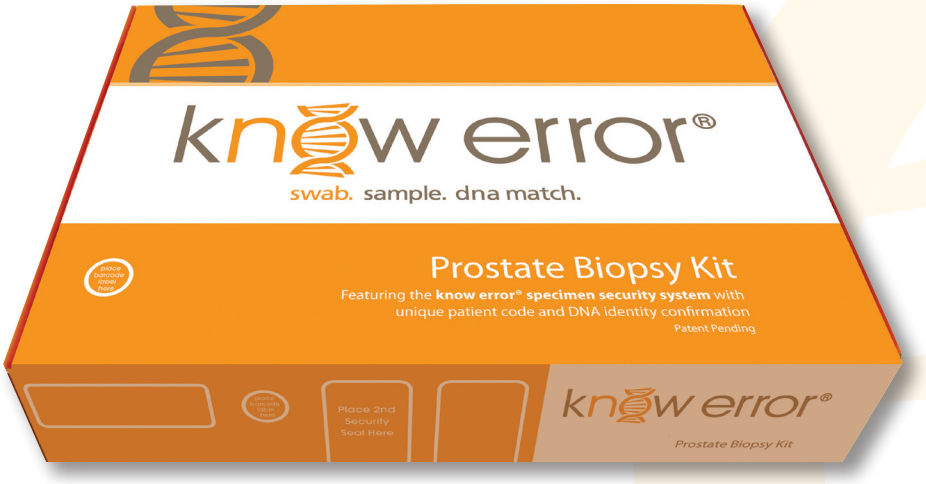
Overactive Bladder
Alexa Markiewicz • 845-437-5051
amarkiewicz@premiermedicalhv.com

Premature Ejaculation
Kimberly LaVigne-Secord
• 845-437-5002
ksecord@premiermedicalhv.com

Prostate Cancer
Jeanie Loeffel • 845-437-3810
jloeffel@premiermedicalhv.com

Ulcerative Colitis
Alyson Cahill • 845-451-7262
acahill@premiermedicalhv.com

A Partnership in Patient Safety



In an effort to provide the most accurate diagnosis possible, Hudson Valley Urology utilizes the **know error® system** for prostate biopsies. This system uses bar coding and DNA matching to ensure that, when your results arrive, the results belong to you.

Together we deliver an important measure of safety for prostate biopsy patients.

know error®

swab. sample. dna match.

For more information | **www.knowerror.com**

GREAT PROSTATE CANCER Challenge® 2010

PROUD SPONSOR OF THE 2010 GREAT PROSTATE CANCER CHALLENGE.

[urology]

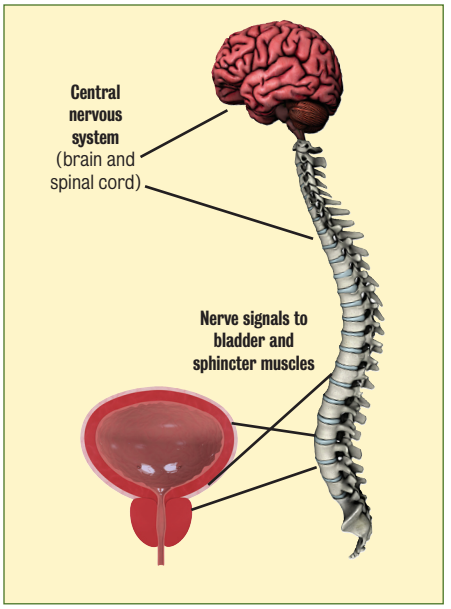
WHAT YOU NEED TO KNOW ABOUT

Neurogenic Bladder

When people are challenged with neurological conditions, bladder function may not seem too high up on the list of concerns. But failing to address bladder control not only lessens quality of life, it may endanger life.

The simple act of urination is not, it turns out, so simple after all. For the urinary system to do its job, muscles and nerves must work together to hold urine in the bladder and then release it at the right time.

"The bladder is controlled by the nervous system, just like an arm or a leg," says Hudson Valley Urology's Dr. Jose Sotolongo. "As the bladder fills, a certain part of the nervous system is active in making the bladder quiet, so it accommodates the urine. When the bladder reaches a certain capacity, the nerves from the bladder send a signal to the brain, making the brain aware that there's a need to urinate. The brain then sends a signal down through the spinal cord that does two things…. it opens the sphincter and,then it makes the bladder contract and push the urine out."



Neurogenic bladder, on which Dr. Sotolongo is an authority, is the generalized diagnosis for disorders of the bladder related to spinal injuries and neurological problems. Common causes include MS, Parkinson's disease and diabetic neuropathy, as well as spine or brain injury. The symptoms—those of underactive or overactive bladder (UAB or OAB)—depend on the nature and severity of the underlying neurological disorder.

"Diabetes is the most common condition that impacts neurogenic bladder," says Sotolongo. "People with peripheral nerve damage from diabetes usually have an underactive bladder, they tend to have difficulty in passing urine or they have retention. Interestingly enough, what happens is that diabetics come to me saying, "I have no control. I'm having accidents all the time."

"After taking a history, you discover they have diabetes. We'll begin by doing an ultrasound of the bladder after they've urinated," says Sotolongo. "Once you have urinated, your bladder should be empty, but you find that these patients have retained significant amounts of urine. That's the reason they're overflowing, we call it overflow incontinence."

A cystoscopy is often performed to make sure it is the diabetes and not some form of obstruction that's causing the problem. A urodynamic study may be done to assess the muscle strength of the bladder, and the severity of the neuropathy.

"You can't do much about interrupted nerve impulses," says Sotolongo. "But we do have medications, muscle enhancers and muscle relaxers, for the bladder. Sometimes they help a great deal, sometimes it is not the complete answer.

"Electrical stimulation of the nerves that control the bladder and sphincter muscles is a great modality for OAB," Sotolongo observes. "Technology has made it much more user-friendly over the last few years. A select group of patients are able to benefit from this."

One of the newer developments that Dr. Sotolongo is excited about is the use of botox for the control of overactive bladder, especially in patients with MS or an injured spinal cord. "The botulinum toxin basically paralyzes nerves," says Sotolongo, "so if you have a patient with overactive bladder because the nerves are serving up too many signals to the bladder, the botulinum toxin will slow those nerves down. This hasn't been FDA approved yet, but we have used it as a research tool. As soon as it is approved we will be offering it to our patients."

Jose Sotolongo, M.D.

"If I could deliver only a single message relating to neurogenic bladder, it would be this: When one has a neurological condition—be it MS, Parkinson's, diabetic neuropathy, or spinal cord injury—it's terribly important to address any urinary symptoms you are experiencing. The reason is, if the storage of urine in the bladder is not optimal, serious complications can develop, such as bladder stone formation, infections, and kidney failure.

Here's a historical fact: The majority of WWI and WWII veterans who suffered spinal cord injuries in those wars died of renal failure as a result of neurogenic bladders. After WWII we began to understand how the neurogenic bladder works and how to treat it. Veterans of the Korean and Vietnam wars with this kind of injury who were properly treated for neurogenic bladder no longer died from resultant kidney failure."

The Premier Experience

Everyone at Premier believes in the same mission," says Dr. Evan Goldfischer, co-managing partner of Hudson Valley Urology. "And that is to provide the best medical care with the best customer service in the best environment. We maintain multiple offices to be where our patients are and constantly upgrade those offices and our equipment, from a new CAT scanner to state-of-the-art pathology apparatus.

"Premier values its patients' time and peace of mind," says Dr. Goldfischer. "We work hard to keep our appointments as close to schedule as humanly possible. With the highly detailed medical histories we take, for example, the doctor doesn't walk in the room and say, 'So Mr. Jones, why are you here today?' We've looked at the notes, at your lab results, so we say, 'Hi Mr. Jones, we understand you have this problem, let's talk about it.'"

Information gatherers: Charlotte Wallace (left), Patient Care Representative supervisor at Hudson Valley Urology, and Donna Hochlowski, Medical Assistant at GI Associates, start the process of putting together the medical history a physician needs to give patients the care that they deserve.

At Premier Medical the focus, from the moment your physician walks into the examining room, is entirely on your health condition. Our procedures are designed to streamline information gathering—taking your medical history and incorporating all existing tests into the record—and maximize the time your doctor has to deal with the health problem at hand.

Each new patient is interviewed extensively about his or her medical history. We inquire about every medication they take, their allergies and medical conditions, their surgery history all the way back to childhood, and their lifestyle choices—such as, do they smoke or drink—to cover all the issues that may impact their current medical conditions.

The details of the problem that has brought you in for consultation is, of course, of prime importance. You can expect Premier Medical personnel to review, in depth, all the reasons for the current visit and all the symptoms that you are experiencing. You'll be asked whether you have had recent medical tests—from blood work to CAT scans and ultrasounds—and whether you have had any Emergency Room visits or hospitalizations. Premier will reach out to your primary care physician, labs, and hospitals to make the results of such tests part of your record.

At Hudson Valley Urology, a patient care representative does the process—which can take up to half an hour— predominantly over the phone, in advance of your first visit. At GI Associates, you will fill out a medical history form at your first visit and then review it with a Medical Assistant to make sure all the pertinent details have been covered. With both methods, the result is that your physician has had a chance to review the comprehensive health data before you meet. When the doctor pulls up your chart through the EMR system he'll see your entire history, the symptoms you're currently experiencing, and all the pertinent test results. It's a remarkably efficient approach that contributes to more accurate diagnosis and succesful treatment.

First-line responders: Premier Medical triage nurses (from left to right)—Lorraine Strauss, Anita Salmela and Pam Faulds—stream patients to the precise level of care that they need to deal with what ails them, be it a trip to the emergency room, a same-day office visit, or carefully monitored watchful waiting.

When a Premier Medical Group patient calls in to the doctor's office with a health problem, a clinical question, or a medical concern, he or she is usually first connected with a triage nurse. Often the questions are straightforward… what to do about a missed dose of medication; how to prepare for an office procedure. Drawing on their clinical experience and practice guidelines, the highly trained triage nurses can provide the answers and solve the problem. But frequently, in this busy practice, the concerns are more pressing. A patient may be experiencing pain, or bleeding, or a distressing change in symptoms… what should they do?

The word triage comes from the French trier, which means "to sort." Triage nurses don't provide a diagnosis, that's the physician's job. Their goal is to guide the patient to the appropriate level of care, and to make sure that care is always available to patients when they need it.

"Triage is more than answering health questions," says Pam Faulds, clinical triage nurse at GI Associates. "You have to have good listening skills to notice the nonverbal clues the patient is giving regarding pain, anxiety, fear, and even their level of comprehension. In assessing the symptoms the patient is telling you, you have to read between the lines. Listening skills help me to know what's going on and my knowledge and experience let me know what should be done about it."

Based on the information elicited, the triage nurse may advise patients to go directly to the ER, or to come in for an urgent office visit that day. "Depending on the situation," says Faulds, "I may feel I first need to consult with a physician and call the patient back. Everything is done under the supervision of the physicians and we document all the triage phone calls on the electronic medical record, so the physician is apprised and the information is there on the patient's chart." "Whenever a patient consults with us," says Anita Salmela, HVU triage nurse, "it's like they're seeing a doctor, but it's through us."

Often when patients call, what they really need most is to have their apprehension allayed."Sometimes it just takes a phone call from me to get them calmed down and tell them what we need to do," says Faulds. "I do a lot of handholding, and that is a big part of nursing." Conversely, there are some patients who are hesitant to "make a fuss" even when their symptoms indicate they need urgent care. Being directed to the appropriate level of care by a triage nurse can make an important difference in their health outcomes.

Evan R. Goldfischer, MD

"To provide the best medical care, we've developed our subspecialty practice.

It's hard to be good at everything. But by delivering true subspecialty care, each of us has gotten really good at doing the operations or procedures that we do, because that's all that we do.

There are 19 physicians at Premier, so for the patient—what with our dynamic research department and publishing in peer reviewed journals—it's almost like going to an academic department at a university hospital. All of us are expert in our specialized areas.

Our staff includes medical assistants, LPNs and RNs. Part of the Premier experience ensures that our patients are going to be surrounded by well-qualified staff. We foster and believe in education and encourage our employees to consistently further their education and seek higher degrees."

PREMIER CARES FOUNDATION

Prostate Cancer Walk

Walkway Over the Hudson • September 10, 2011

Registration: 9–9:45am • Walk 10–11am • Followed by awards ceremony and refreshments

One in 6 men will be diagnosed with prostate cancer during his lifetime. Over 200,000 men will be diagnosed with prostate cancer this year alone, and sadly 32,000 men will die each year from this disease. Prostate cancer touches almost everyone, through a father, son, uncle, neighbor, or colleague.

Yet prostate cancer is one of the most curable types of cancer if diagnosed in its early stages. Premier Cares Foundation is committed to reducing prostate cancer and alleviating the pain from the disease.

The second annual Prostate Cancer Walk offers a meaningful sponsorship opportunity for community leaders, businesses and individuals to provide financial support to those men and families touched by prostate cancer. It also represents the only men's health fundraiser in the Hudson Valley!

You can be a supporter of this important cause by signing up to participate in the walk. Enjoy the magnificient views of the Hudson Valley as you walk the 1.2 miles each way, 212 feet over the Hudson River on the Walkway Over the Hudson. Enjoy an exhilarating morning walk with the entire family, followed by entertainment, refreshments, and great prizes. Funds raised will be donated to local charities for prostate programs such as free screenings, transportation, and to raise the level of awareness for the importance of early detection.

• Registration Fee: $15 per person. Pre-registered participants and the first 500 people receive a free T-shirt and goody bag.
• Children under 12 are free.

Contact: Julie Goldfischer, Executive Director at jgoldfischer@premiercaresfoundation.org, or call 845.453.1160, or register online at premiermedicalhv.com/premier_cares_foundation.php

[gastroenterology]

GETTING HELP FOR Hemorrhoids

For some people the discomfort is so great that it's difficult for them to believe that hemorrhoids are neither dangerous nor life-threatening. Yet the initial signs of bleeding should never be ignored.

Hemorrhoids are swollen and inflamed veins around the anus or in the lower rectum. About 75 percent of the population will develop hemorrhoids at some point in their lives. The condition is most common among adults, aged 45 to 65, and among pregnant women. Several factors may cause this swelling, including chronic constipation or diarrhea, straining during bowel movements, sitting on the toilet for long periods of time, and a lack of fiber in the diet.

Weakening of connective tissue in the rectum and anus that occurs with age is a major cause of hemorrhoids. Pregnancy can cause hemorrhoids by increasing pressure in the abdomen, which may enlarge the veins in the lower rectum and anus. For most women, hemorrhoids caused by pregnancy disappear after childbirth.

Internal hemorrhoids develop in the lower rectum. These can sometimes protrude, or *prolapse*, through the anus. Most prolapsed hemorrhoids shrink back inside the rectum on their own. Internal hemorrhoids that are not prolapsed usually aren't painful, whereas prolapsed hemorrhoids often cause pain, discomfort and anal itching. The most common symptom of internal hemorrhoids is bright red blood on stool, on toilet paper, or in the toilet bowl after a bowel movement—a result of the swollen veins being scratched or broken by straining or rubbing.

External hemorrhoids are located under the skin around the anus. A blood clots, called a thrombosis, may form in external hemorrhoids and these cause bleeding, painful swelling, or a hard lump around the anus. When the blood clot dissolves, extra skin is left behind. This skin can become irritated or itch and excessive rubbing or cleaning to relieve the symptoms just makes the irritation worse.

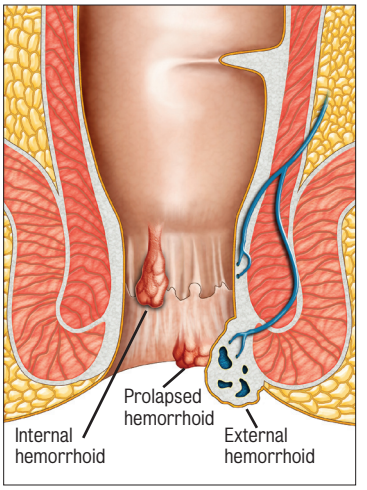
Simple Solutions

Simple diet and lifestyle changes often reduce the swelling of hemorrhoids and relieve symptoms.

Eating a high-fiber diet can make stools softer and easier to pass, reducing the pressure on hemorrhoids caused by straining.

Other changes that may help relieve hemorrhoid symptoms include:

- drinking six to eight 8-ounce glasses of water or other nonalcoholic fluids each day
- Sitting in a tub of warm water for 10 minutes several times a day
- Exercising to prevent constipation
- Not straining during bowel movements
- Using over-the-counter creams and suppositories to temporarily relieve pain and itching. Such treatments should only be used for a short time because long-term use can damage the skin.



A thorough evaluation and proper diagnosis by a doctor is important any time a person notices bleeding from the rectum or blood in the stool. Bleeding may be a symptom of other digestive diseases, including colorectal cancer. Also, other hemorrhoid symptoms are similar to those experienced as a result of anorectal problems such as fissures, abscesses, warts, and polyps.

The doctor will visually and physically examine the anus and rectum to determine whether hemorrhoids are present. Often, a colonoscopy is performed to rule out other, more serious, conditions.

There's no need to suffer indefinitely from hemorrhoids, as there are a number of treatments available. Rubber band ligation cuts off circulation to the hemorrhoid, causing it to shrink. In sclerotherapy, a chemical solution is injected into the blood vessel to shrink the hemorrhoid. Infrared coagulation (IRC), uses heat to shrink the tissue. Your doctor will discuss the pros and cons of each method and help you choose the best one.

Kurram I. Ashraf, DO

"Anytime there is repeated bleeding from the rectum, it is wise for a person to consult their physician or GI specialist.

Once it's been determined the cause is actually hemorrhoids, we usually begin with a conservative approach to treatment. We'll start out with suppositories and advise the patient on changes in behavior and diet. We may suggest donut-seating, stool softener, and drinking more fluids.

If further intervention is needed, my preferred treatment, when appropriate, is IRC. Something like rubber band ligation can be pretty painful and afterwards there's a risk of infection. With infrared coagulation a beam coagulates the vein above the hemorroid, which shrinks and disappears. The benefit is this is a five-minute, painless procedure. After it's done, the patient can go on with his or her day. Since patients often have more than one hemorrhoid, several visits may be required.

The next concern is preventing the return of hemorrhoids. Using stool softener, following a high fiber diet, and drinking adequate amounts of fluid, all those things will help."

COLON CANCER Awareness

Colorectal cancer screening saves lives. If everyone aged 50 years old or older were screened regularly, as many as 60% of deaths from this cancer could be avoided. The challenge is to get the word out, and Premier Medical Group is doing its part.

In an effort to get the word out about the importance of taking preventive measures against colon cancer, March has been designated as National Colorectal Cancer Awareness Month. This year, GI Associates, a division of Premier Medical Group, decided to channel its efforts into a publicized event, and held its first Colon Cancer Awareness Day at Vassar Brothers Medical Center in Poughkeepsie.

"I had thought about it for the last several years," says Dr. Sunil Khurana. "It's one of those things you think about but never get around to doing. But in recent months I had seen a few patients who were diagnosed with colon cancer, and they were at stage 3, not stage 1 or 2. One patient I recall very well. I said, you've been having some issues, why didn't you come in and see one of us? He told me, 'I didn't have insurance.'

"And that really brought it home," Khurana explained. "If a year and a half or two years ago he had a colonoscopy, maybe we would have found a polyp or a stage 1 cancer where his chances of survival were 99 percent, compared to now when his chances are 60-70 percent. I realized we had to get more involved and when I talked with my partners, everyone was excited by the idea."

"To keep colon cancer in the forefront of people's minds," says Dr. Salvatore Buffa, "we decided to put on an event and advertise. And to provide access to some of those who couldn't afford this important preventive care, we decided to offer people the chance to have a free colonoscopy." The physicians talked to their staff, and to the hospital staff as well, and found everyone was willing to donate their services.

To generate excitement, GI Associates conducted an "essay contest" for which people wrote in to say why they, or their loved ones, should receive a free colonoscopy. A guest speaker, CNBC anchor and cancer activist Courtney Reagan, addressed the group, telling a personal and moving story about a young friend she'd lost to colon cancer.

And though the subject was serious, the mood was celebratory, with GI Associates providing lunch and a prize drawing.

"I can't tell you how many people have come to us to say they were really fascinated by what we did," says Dr. Khurana. "And even better, we discovered that we had succeeded in reaching people and increasing awareness, because they told us so when they—finally—made an appointment for a colonoscopy."

"This was the first, but now we'll make it an annual event under the auspices of Premier Cares Foundation," Khurana says, "and hopefully it will continue to make a difference."

Gerald Bell told the crowd, "This is the only thing I've won in my life… and it had to be a colonoscopy." But as his letter makes clear, he's fully aware of the value of his prize.

"Both my father and his father died of colon cancer at young ages (59 and 49 years). I am 48 years old and have never had a colonoscopy. I don't have health insurance and have been trying to save up for a hernia operation (so I can pass the physical if I get a full-time job offer) and colonoscopy for several years.

I finally had the hernia operation last month and I still owe on this. I am a very healthy and hard-working person. I work every day, whether at my part-time job or at various handyman jobs. Still, it is hard to stay ahead of the bills, especially without health insurance. I don't smoke or drink, and have a healthy diet, but I know that because of my family history I should be screened for colon cancer.

I have two young daughters. They are the light of my life and I want to be around to take care of them and be a part of their lives. I am hoping you will offer me a free colonoscopy. It would make a big difference in my life. I feel irresponsible for not having had a colonoscopy already but it would put me in more debt to pay for one myself. Thank you very much for reading my story.

Sincerely, Gerald Bell"

*IN THE TREATMENT OF SYMPTOMATIC BPH**

RAPID RELIEF

THAT KEEPS HIM GOING

*Benign prostatic hyperplasia

RAPAFLO® is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). RAPAFLO® is not indicated for the treatment of hypertension.

Important Safety Information

RAPAFLO® is contraindicated in patients with severe renal impairment (CCr <30 mL/min), severe hepatic impairment (Child-Pugh score ≥10), and with use of strong CYP3A4 inhibitors.

Postural hypotension with or without symptoms (eg, dizziness) may develop when beginning treatment with RAPAFLO®. As with all alpha-blockers, there is a potential for syncope. Patients should be warned of the possible occurrences of such events and should avoid situations where injury could result. RAPAFLO® should be used with caution in patients with moderate renal impairment. Patients should be assessed to rule out the presence of prostate cancer prior to starting treatment with RAPAFLO®. Patients planning cataract surgery should inform their ophthalmologist that they are taking RAPAFLO®.

The most common side effects are retrograde ejaculation, dizziness, diarrhea, orthostatic hypotension, headache, nasopharyngitis, and nasal congestion.

Please see brief summary of Full Prescribing Information on adjacent page.

Models are for illustrative purposes only.

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RAPAFLO® 8 mg (silodosin) capsules

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RAPAFLO®
(silodosin) capsules

BRIEF SUMMARY

For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

RAPAFLO, a selective alpha-1 adrenergic receptor antagonist, is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). RAPAFLO is not indicated for the treatment of hypertension.

CONTRAINDICATIONS

- Severe renal impairment (CCr < 30 mL/min)
- Severe hepatic impairment (Child-Pugh score ≥ 10)
- Concomitant administration with strong Cytochrome P450 3A4 (CYP3A4) inhibitors (e.g., ketoconazole, clarithromycin, itraconazole, ritonavir) [*see Drug Interactions*]

WARNINGS AND PRECAUTIONS

Orthostatic Effects

Postural hypotension, with or without symptoms (e.g., dizziness) may develop when beginning RAPAFLO treatment. As with other alpha-blockers, there is potential for syncope. Patients should be cautioned about driving, operating machinery, or performing hazardous tasks when initiating therapy [*see Adverse Reactions and Use in Specific Populations*].

Renal Impairment

In a clinical pharmacology study, plasma concentrations (AUC and C_{max}) of silodosin were approximately three times higher in subjects with moderate renal impairment compared with subjects with normal renal function, while half-lives of silodosin doubled in duration. The dose of RAPAFLO should be reduced to 4 mg in patients with moderate renal impairment. Exercise caution and monitor such patients for adverse events [*see Use in Specific Populations*].

RAPAFLO is contraindicated in patients with severe renal impairment [*see Contraindications*].

Hepatic Impairment

RAPAFLO has not been tested in patients with severe hepatic impairment, and therefore, should not be prescribed to such patients [*see Contraindications and Use in Specific Populations*].

Pharmacokinetic Drug-Drug Interactions

In a drug interaction study, co-administration of a single 8 mg dose of RAPAFLO with 400 mg ketoconazole, a strong CYP3A4 inhibitor, caused a 3.8-fold increase in maximum plasma silodosin concentrations and 3.2-fold increase in silodosin exposure (i.e., AUC). Concomitant use of ketoconazole or other strong CYP3A4 inhibitors (e.g., itraconazole, clarithromycin, ritonavir) is therefore contraindicated [*see Drug Interactions*].

Pharmacodynamic Drug-Drug Interactions

The pharmacodynamic interactions between silodosin and other alpha-blockers have not been determined. However, interactions may be expected, and RAPAFLO should not be used in combination with other alpha-blockers [*see Drug Interactions*].

A specific pharmacodynamic interaction study between silodosin and antihypertensive agents has not been performed. However, patients in the Phase 3 clinical studies taking concomitant antihypertensive medications with RAPAFLO did not experience a significant increase in the incidence of syncope, dizziness, or orthostasis. Nevertheless, exercise caution during concomitant use with antihypertensives and monitor patients for possible adverse events [*see Adverse Reactions and Drug Interactions*].

Caution is also advised when alpha-adrenergic blocking agents including RAPAFLO are co-administered with PDE5 inhibitors. Alpha-adrenergic blockers and PDE5 inhibitors are both vasodilators that can lower blood pressure. Concomitant use of these two drug classes can potentially cause symptomatic hypotension [*see Drug Interactions*].

Carcinoma of the Prostate

Carcinoma of the prostate and BPH cause many of the same symptoms. These two diseases frequently co-exist. Therefore, patients thought to have BPH should be examined prior to starting therapy with RAPAFLO to rule out the presence of carcinoma of the prostate.

Intraoperative Floppy Iris Syndrome

Intraoperative Floppy Iris Syndrome has been observed during cataract surgery in some patients on alpha-1 blockers or previously treated with alpha-1 blockers. This variant of small pupil syndrome is characterized by the combination of a flaccid iris that billows in response to intraoperative irrigation currents; progressive intraoperative miosis despite preoperative dilation with standard mydriatic drugs; and potential prolapse of the iris toward the phacoemulsification incisions. Patients planning cataract surgery should be told to inform their ophthalmologist that they are taking RAPAFLO [*see Adverse Reactions*].

Laboratory Test Interactions

No laboratory test interactions were observed during clinical evaluations. Treatment with RAPAFLO for up to 52 weeks had no significant effect on prostate-specific antigen (PSA).

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In U.S. clinical trials, 897 patients with BPH were exposed to 8 mg RAPAFLO daily. This includes 486 patients exposed for 6 months and 168 patients exposed for 1 year. The population was 44 to 87 years of age, and predominantly Caucasian. Of these patients, 42.8% were 65 years of age or older and 10.7% were 75 years of age or older.

In double-blind, placebo controlled, 12-week clinical trials, 466 patients were administered RAPAFLO and 457 patients were administered placebo. At least one treatment-emergent adverse reaction was reported by 55.2% of RAPAFLO treated patients (36.8% for placebo treated). The majority (72.1%) of adverse reactions for the RAPAFLO treated patients (59.8% for placebo treated) were qualified by the investigator as mild. A total of 6.4% of RAPAFLO treated patients (2.2% for placebo treated) discontinued therapy due to an adverse reaction (treatment-emergent), the most common reaction being retrograde ejaculation (2.8%) for RAPAFLO treated patients. Retrograde ejaculation is reversible upon discontinuation of treatment.

Adverse Reactions observed in at least 2% of patients:

The incidence of treatment-emergent adverse reactions listed in the following table were derived from two 12-week, multicenter, double-blind, placebo-controlled clinical studies of RAPAFLO 8 mg daily in BPH patients. Adverse reactions that occurred in at least 2% of patients treated with RAPAFLO and more frequently than with placebo are shown in Table 1.

Table 1 Adverse Reactions Occurring in ≥ 2% of Patients in 12-week, Placebo-Controlled Clinical Trials

Adverse Reactions	RAPAFLO N = 466 n (%)	Placebo N = 457 n (%)
Retrograde Ejaculation	131 (28.1)	4 (0.9)
Dizziness	15 (3.2)	5 (1.1)
Diarrhea	12 (2.6)	6 (1.3)
Orthostatic Hypotension	12 (2.6)	7 (1.5)
Headache	11 (2.4)	4 (0.9)
Nasopharyngitis	11 (2.4)	10 (2.2)
Nasal Congestion	10 (2.1)	1 (0.2)

In the two 12-week, placebo-controlled clinical trials, the following adverse events were reported by between 1% and 2% of patients receiving RAPAFLO and occurred more frequently than with placebo: insomnia, PSA increased, sinusitis, abdominal pain, asthenia, and rhinorrhea. One case of syncope in a patient taking prazosin concomitantly and one case of priapism were reported in the RAPAFLO treatment group.

In a 9-month open-label safety study of RAPAFLO, one case of Intraoperative Floppy Iris Syndrome (IFIS) was reported.

Postmarketing Experience

The following adverse reactions have been identified during post approval use of silodosin. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure:

Skin and subcutaneous tissue disorders: *toxic skin eruption, purpura*

Hepatobiliary disorders: *jaundice, impaired hepatic function associated with increased transaminase values*

DRUG INTERACTIONS

Moderate and Strong CYP3A4 Inhibitors

In a clinical metabolic inhibition study, a 3.8-fold increase in silodosin maximum plasma concentrations and 3.2-fold increase in silodosin exposure were observed with concurrent administration of a strong CYP3A4 inhibitor, 400 mg ketoconazole. Use of strong CYP3A4 inhibitors such as itraconazole or ritonavir may cause plasma concentrations of silodosin to increase. Concomitant administration of strong CYP3A4 inhibitors and RAPAFLO is contraindicated [*see Contraindications and Warnings and Precautions*].

The effect of moderate CYP3A4 inhibitors on the pharmacokinetics of silodosin has not been evaluated. Concomitant administration with moderate CYP3A4 inhibitors (e.g., diltiazem, erythromycin, verapamil) may increase concentration of RAPAFLO. Exercise caution and monitor patients for adverse events when co-administering RAPAFLO with moderate CYP3A4 inhibitors.

Strong P-glycoprotein (P-gp) Inhibitors

In vitro studies indicated that silodosin is a P-gp substrate. Ketoconazole, a CYP3A4 inhibitor that also inhibits P-gp, caused significant increase in exposure to silodosin. Inhibition of P-gp may lead to increased silodosin concentration. RAPAFLO is therefore not recommended in patients taking strong P-gp inhibitors such as cyclosporine.

Alpha-Blockers

The pharmacodynamic interactions between silodosin and other alpha-blockers have not been determined. However, interactions may be expected, and RAPAFLO should not be used in combination with other alpha-blockers [*see Warnings and Precautions*].

Digoxin

The effect of co-administration of RAPAFLO and digoxin 0.25 mg/day for 7 days was evaluated in a clinical trial in 16 healthy males, aged 18 to 45 years. Concomitant administration of RAPAFLO and digoxin did not significantly alter the steady state pharmacokinetics of digoxin. No dose adjustment is required.

PDE5 Inhibitors

Co-administration of RAPAFLO with a single dose of 100 mg sildenafil or 20 mg tadalafil was evaluated in a placebo-controlled clinical study that included 24 healthy male subjects, 45 to 78 years of age. Orthostatic vital signs were monitored in the 12-hour period following concomitant dosing. During this period, the total number of positive orthostatic test results was greater in the group receiving RAPAFLO plus a PDE5 inhibitor compared with RAPAFLO alone. No events of symptomatic orthostasis or dizziness were reported in subjects receiving RAPAFLO with a PDE5 inhibitor.

Other Concomitant Drug Therapy

Antihypertensives

The pharmacodynamic interactions between silodosin and antihypertensives have not been rigorously investigated in a clinical study. However, approximately one-third of the patients in clinical studies used concomitant antihypertensive medications with RAPAFLO. The incidence of dizziness and orthostatic hypotension in these patients was higher than in the general silodosin population (4.6% versus 3.8% and 3.4% versus 3.2%, respectively). Exercise caution during concomitant use with antihypertensives and monitor patients for possible adverse events [*see Warnings and Precautions*].

Metabolic Interactions

In vitro data indicate that silodosin does not have the potential to inhibit or induce cytochrome P450 enzyme systems.

Food Interactions

The effect of a moderate fat, moderate calorie meal on silodosin pharmacokinetics was variable and decreased silodosin maximum plasma concentration (C_{max}) by approximately 18 - 43% and exposure (AUC) by 4 - 49% across three different studies. Safety and efficacy clinical trials for RAPAFLO were always conducted in the presence of food intake. Patients should be instructed to take silodosin with a meal to reduce risk of adverse events.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category B. RAPAFLO is not indicated for use in women.

An embryo/fetal study in rabbits showed decreased maternal body weight at 200 mg/kg/day (approximately 13-25 times the maximum recommended human exposure or MRHE of silodosin via AUC). No statistically significant teratogenicity was observed at this dose.

Silodosin was not teratogenic when administered to pregnant rats during organogenesis at 1000 mg/kg/day (estimated to be approximately 20 times the MRHE). No maternal or fetal effects were observed at this dose. Rats and rabbits do not produce glucuronidated silodosin, which is present in human serum at approximately 4 times the level of circulating silodosin and which has similar pharmacological activity to silodosin.

No effects on physical or behavioral development of offspring were observed when rats were treated during pregnancy and lactation at up to 300 mg/kg/day.

Pediatric Use

RAPAFLO is not indicated for use in pediatric patients. Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

In double-blind, placebo-controlled, 12-week clinical studies of RAPAFLO, 259 (55.6%) were under 65 years of age, 207 (44.4%) patients were 65 years of age and over, while 60 (12.9%) patients were 75 years of age and over. Orthostatic hypotension was reported in 2.3% of RAPAFLO patients < 65 years of age (1.2% for placebo), 2.9% of RAPAFLO patients ≥ 65 years of age (1.9% for placebo), and 5.0% of patients ≥ 75 years of age (0% for placebo). There were otherwise no significant differences in safety or effectiveness between older and younger patients.

Renal Impairment

The effect of renal impairment on silodosin pharmacokinetics was evaluated in a single dose study of six male patients with moderate renal impairment and seven male subjects with normal renal function. Plasma concentrations of silodosin were approximately three times higher in subjects with moderate renal impairment compared with subjects with normal renal function.

RAPAFLO should be reduced to 4 mg per day in patients with moderate renal impairment. Exercise caution and monitor patients for adverse events.

RAPAFLO has not been studied in patients with severe renal impairment. RAPAFLO is contraindicated in patients with severe renal impairment [*see Contraindications and Warnings and Precautions*].

Hepatic Impairment

In a study comparing nine male patients with moderate hepatic impairment (Child-Pugh scores 7 to 9), to nine healthy male subjects, the single dose pharmacokinetics of silodosin were not significantly altered in patients with hepatic impairment. No dosing adjustment is required in patients with mild or moderate hepatic impairment.

RAPAFLO has not been studied in patients with severe hepatic impairment. RAPAFLO is contraindicated in patients with severe hepatic impairment [*see Contraindications and Warnings and Precautions*].

OVERDOSAGE

RAPAFLO was evaluated at doses of up to 48 mg/day in healthy male subjects. The dose-limiting adverse event was postural hypotension.

Should overdose of RAPAFLO lead to hypotension, support of the cardiovascular system is of first importance. Restoration of blood pressure and normalization of heart rate may be accomplished by maintaining the patient in the supine position. If this measure is inadequate, administration of intravenous fluid should be considered. If necessary, vasopressors could be used, and renal function should be monitored and supported as needed. Dialysis is unlikely to be of significant benefit since silodosin is highly (97%) protein bound.

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For additional information see:

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Rx Only Revised: November 2009 173761-2 S1109

Introducing: Premier Cares Foundation

A new organization has been launched in the Hudson Valley. Its goal: reaching out, 'giving back', and helping our neighbors receive the healthcare they need.

PREMIER CARES FOUNDATION, a fully accredited non-profit 501-(c) (3), was incorporated in March 2011. Its mission is straightforward: to provide support, education, and awareness relating to the prevention and treatment of urologic and digestive diseases to its neighbors in the Hudson Valley.

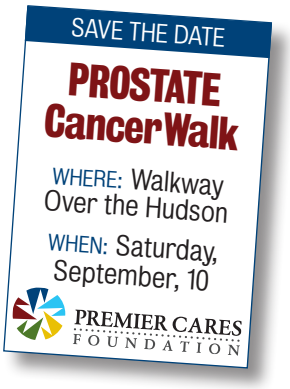
Hudson Valley Urology and GI Associates have both long provided substantial amounts of free medical care to the residents of the Hudson Valley. Once these two forward-looking medical practices merged as Premier Medical Group, they were in a position to formalize their charitable efforts.

As Dr. Sunil K. Khurana of GI Associates recalls, it wasn't long after the creation of Premier Medical Group that the physicians began wondering, "Why can't we make our own foundation to help out in the fields we know best? We can raise funds from different businesses and members of the community, and have alliances with hospitals and maybe even with insurance companies. The people who have the means to get their tests done, they are more aware and will get it done. But if we put on big events that draw lots of attention, the people sitting on the sidelines will think, let's get it done. One of the main purposes of this foundation is to raise enough funds to allow us to provide help to the people who can't afford the necessary procedures."

"We think of this new organization as providing a way for us to give back to the community," adds Dr. Evan Goldfischer of Hudson Valley Urology. "We've always given back on some level, with free exams and free care, but we've never done it in any formal way, we've never had a plan. Now we're formalizing it. We've decided that, to impact all these issues that affect our patients—prostate cancer, colon cancer, other diseases—we need to have a real staff. We need to set up events to raise money and develop ways to raise awareness of the diseases."

In 2010 Premier Medical Group sponsored its first Prostate Cancer Walk, drawing over 300 walkers and raising more than $26,000, all of which went directly to community hospitals to pay for prostate screenings and treatment for individuals without insurance. This year, under the sponsorship of the Premier Cares Foundation, we are reaching out to local businesses and organizations to seek support for the 2nd Annual Prostate Walk and its goal to raise $100,000.

In conjunction with the Walk, the Foundation is setting up a week in September when two urologists from HVU will be providing free prostate screenings at Vassar Brothers Hospital. "The Premier Cares Foundation wants the public to be aware of and to take advantage of preventive care," says Executive Director Julie Goldfischer, "as early detection is the key to best outcomes for prostate and colon cancer. We don't want people to miss their 'window' for cure.



"Additionally, we are going to co-sponsor, with St. Francis Hospital, a Urology Teaching Day early this fall, inviting the public to learn about urologic conditions. And next March we will sponsor our 2nd annual Colon Cancer Awareness Day," says Goldfischer. "The plan is to engage in extensive outreach to individuals in our community who do not have insurance or the funds to pay for urologic or GI treatment, and help get them the medical attention they need."

Contact the Executive Director at jgoldfischer@premiercaresfoundation.org with any questions regarding how to participate in upcoming Premier Cares Foundation events.

PREMIER CARES FOUNDATION

PREMIER *medical group*
1 Columbia Street
Poughkeepsie, New York 12601
www.premiermedicalhv.com

RETURN SERVICE REQUESTED

Faces of Premier

Good healthcare requires teamwork. We're proud of the dedicated staff that makes up the Premier Medical Group team. Their loyalty contributes to the comfort and security of our patients.

Patty Sullivan, RN, BSN, MSN, CNS
Director of Clinical Operations, Hudson Valley Urology

Patty Sullivan isn't involved with direct patient care on a daily basis, but what she does directly affects every patient at Hudson Valley Urology every day. As Director of Clinical Operations she is responsible for monitoring the practice's day-to-day operations and maintaining a stellar clinical environment.

"The environment of care involves more than the exam room that a patient is in," says Sullivan. "It's all about keeping the patient safe, whether its proper hand washing technique, making sure the staff understands the elements of infection control, or fire safety."

"For example, when patients come in it is pretty routine to do urinalysis and bladder scans. You have to be sure the equipment you are using has been tested, has been checked regularly, and that it's been certified in terms of its measurement capabilities. When I use a piece of equipment to test your urine, I want to be sure I am getting accurate results. Monitoring the equipment is part of the environment of care. So is ensuring that the staff has been properly trained to use that equipment, and establishing an auditing process to be sure those skills are maintained."

"This is definitely a demanding position," Sullivan acknowledges. "My previous position as Manager of Surgical Services at St. Francis Hospital (the busiest Level 2 Trauma Center in the State), was excellent preparation for this one. HVU is a very cohesive, strong practice that's very patient-focused and caring about the staff. The practice is committed to not only meeting the many standards that need to be met, but also to constant improvement."

"My favorite part of the job is teaching and helping our staff have a real understanding of why we do what we do," says Sullivan. "Knowledge is so empowering and this team has embraced that position. That translates into better patient care."