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FALL/WINTER 2015



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The magazine of PREMIER Medical Group of the Hudson Valley

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Dr. Anita V. Pavels, left,
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Dear Reader,

As you may know, the health care industry is going through a period of consolidation. We'd like to assure you that Premier Medical Group of the Hudson Valley intends to remain an independent, physician-led group. We will continue growing, adding staff to our existing specialties and adding new specialties to our practice.

By objective measures, Premier is a modest-sized practice, but we operate like a hospital or medical center. Our physicians have a great deal of flexibility in their treatment style but many controls have been put in place to ensure that each of us is delivering the highest quality of care.

In New York State, any provider of surgical procedures is required to have accreditation from an outside agency. Most practices simply seek accreditation for their surgical suites. We decided to go a rare step further and have the entire Premier Medical Group practice accredited by The Joint Commission, the nation's oldest and largest standards-setting and accrediting body in health care.

To accomplish this required putting significant infrastructure in place as well as evaluating, documenting and standardizing the many policies and procedures that govern the day-to-day details involved in operating a medical practice.

After 18 months of preparation, we have passed this significant milestone and become one of the very few groups to receive accreditation across the entire practice.

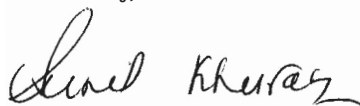
We have long been justly proud of the talent and expertise of our physicians. This year, for example, Premier urologists Dr. Paul Pietrow and Dr. Paul Pomerantz and Premier gastroenterologist Dr. Khurram Ashraf have been rated among the "Region's Top Doctors" in Castle Connolly's annual survey.

Preparing for The Joint Commission accreditation, however, has enabled us to take ownership of the entire gamut of experiences that contribute to quality of care. We have placed expanded emphasis on how we protect our patient's privacy rights; how we protect them from infection; how we can act to provide the safest environment of care.

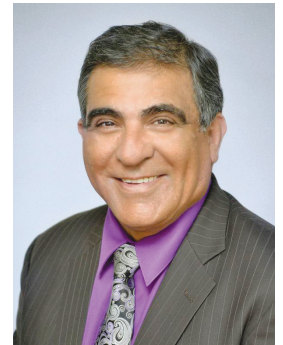
To achieve this goal requires ongoing vigilance. We have a full-time Infection Control Coordinator who monitors compliance with standards at each of our offices and educates our staff on changing requirements. Personnel are routinely tasked with ensuring that alarm systems are working properly, fire extinguishers are current and defibrillators are serviced and ready for action. In the event of a sudden emergency, there is no last minute scrambling. Every relevant employee has received standardized training in advance and knows his or her role in the situation. Our top priority is patient safety.

Equally important is patient satisfaction. All of our patients will receive a satisfaction survey asking questions about their Premier experience, from how they're greeted to how accessible their physician is. Your responses are taken seriously. Let us know how we're doing. We value your feedback.

Sincerely,



Sunil K. Khurana, MD, FACC
CEO, Premier Medical Group of the Hudson Valley



Premier's Continuity of Care

New services—from diagnostic lab work through ongoing treatment and prescription fulfillment—provide a more seamless and integrated health care experience.

Women's Center Now Offers Physical Therapy Services

The Premier Women's Center for Continence and Sexual Health is pleased to welcome Susan Riordan, PT, to its team.

An experienced physical therapist with a subspecialty in pelvic floor disorders, Riordan will help the Center further its commitment to bringing the Hudson Valley a full range of treatment options for women, offered in a comfortable, discrete and patient-friendly facility.

"Utilizing a pelvic floor physical therapist as adjunct therapy to the medical and surgical care we provide makes us a truly comprehensive center," says Dr. Daniel Katz of Premier's Urology Division, who serves as medical director of the Women's Center.

The pelvic floor comprises a series of muscle layers, which, for a variety of reasons, can become inflamed, weakened or injured. Pelvic floor disorders include overactive bladder, voiding dysfunction, cystitis, pelvic pain, chronic constipation, urinary incontinence and pelvic prolapse.

Physical therapy has proven successful in the right patients. It should be an integral part of any complete pelvic floor women's center.

or in conjunction with medical or surgical treatment. Her techniques can help women control these issues and improve their quality of life in a noninvasive, nonsurgical and nonmedical way."

"These physical therapy techniques have proven successful in the right patients, and we feel they are an integral part of any complete pelvic floor women's center," says Dr. Katz.

Riordan graduated from Columbia University and pursued postgraduate work in the women's health field. She favors an approach focusing on soft tissue mobilization, trigger point release and joint mobilization. Riordan has served as the educational coordinator for the Hudson Valley District of the New York Physical Therapy Association and as a member of the International Pelvic Pain Society. "The response has been overwhelmingly positive to her and her therapies," Dr. Katz says. "We work together closely, so our patients are always monitored by a physician or nurse practitioner. Susan's reports and follow-ups ensure that patient outcomes are as good as possible."



Daniel Katz, MD, FPM-RS

Premier's Dispensing Pharmacy

The cost of cancer drugs, and the copayments for them, is often frighteningly high. Some of these life-saving and life-extending drugs are so expensive that they can't be purchased in a regular pharmacy, such as CVS or Rite-Aid; patients must order their prescriptions from a mail-order "specialty pharmacy." Unfortunately, there is also a ream of paperwork and red tape that patients must usually plow through before they get what they need.

All in all, starting out on regimen of cancer medications can be daunting. According to a recent article in the *Annals of Internal Medicine*, almost one third of patients fail to fill their prescriptions for a new medicine. The rate of this nonadherence is highest in the case of expensive drugs.

To make it easier for our patients to get the drugs they need, in a timely fashion, Premier has opened its own dispensing pharmacy for oncology drugs. This step allows us to help patients get past the major hurdles. With insurance information in hand and knowledge of the patient's burden of disease, our pre-approval professionals can, if necessary, go to battle with the insurance company and plan administrators. We can determine the final cost to the patient and, in many cases, get them help for their payments.

There are a number of national foundations that help patients purchase drugs they could not otherwise afford. We track these foundations, find out when they have funds available, and can approach them on behalf of our patients. Premier is able to move through the system more quickly than a patient normally can.

When the drugs become available, we don't just hand the patient a bottle of pills. These potent medications need to be taken in a precise fashion and on a precise schedule to deliver the most beneficial effects. Serving as the drug dispensary allows us to make sure all our patients are fully educated on the protocol and have the opportunity to ask questions.





Semen Analysis Soon Available at Premier Medical Group

Semen analysis is the gold standard for evaluating male infertility. Soon, Premier Medical Group will be the only practice in Dutchess County with the specialized equipment and expertise to offer this cornerstone of infertility care and treatment.

If a couple has been trying to get pregnant for a year without success they are experiencing infertility. Your physician may prescribe a semen analysis as the first step in a diagnostic workup before deciding the female partner needs to submit to more invasive diagnostic procedures.



Jason Krumholtz, MD

To obtain a viable sample, the patient must abstain from ejaculating from two to five days before the test. We typically ask for two semen samples, which should be provided in the privacy of your own home, in a receptacle supplied by our office, and returned to us within about an hour of ejaculation.

We analyze the samples for a number of factors, the most important of which include:

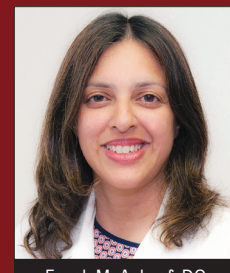
- **Volume.** A typical semen specimen is between 1.5 and 4 cubic centimeters (cc). Low volume may indicate blocked or unproductive seminal vesicles, or a problem with the prostate gland.
- **Count.** Normal specimens contain 20 million to 300 million sperm per milliliter. Counts below 10 million are considered low; counts of 20 million to 40 million may be adequate for conception if other factors are normal.
- **Motility and velocity.** This is the percentage of live sperm per sample and how active they are. Normally, about 40 percent of the sperm should be swimming. Their quality of movement is rated from 0-4, with a score of 2 or more considered satisfactory.
- **Morphology.** The shape and size of the sperm head should be normal in 14 percent or more of the sperm. Men with less than 4 percent of normally shaped sperm may experience significant fertility problems.

Results are available from PMG within 24 hours. If they return with abnormal findings, our fertility specialists will discuss the possible causes and treatments, if any, to improve sperm quality.

[rheumatology]

NEW TREATMENTS AND TIPS FOR PROTECTING YOUR JOINTS

Rheumatoid Arthritis is a chronic autoimmune and inflammatory disorder that can affect multiple joints, causing pain, stiffness and swelling and eventually cause damage and deformity. The goals of treatment are to reduce symptoms, slow progress of the disease and preserve joint health and integrity.



Farah M. Ashraf, DO

Traditional management involves initiating therapy with disease modifying antirheumatic drugs (DMARDs) such as plaquenil, methotrexate, and sulfasalazine. As a result of increasing medical knowledge of how rheumatoid arthritis progresses, several biologics have been developed over the past decade to treat it. Biologics are synthetic proteins that have been genetically engineered. They are designed to inhibit key components of the immune system that are involved in causing inflammation. All approved biologic agents—which work best in early stages of the disease—have been shown to slow or prevent disease progression and joint damage. These agents are often added to the traditional DMARDs prescriptions.

Approved biologics include the TNF (tumor necrosis factor) inhibitors such as Enbrel, Humira, Cimzia, and Remicade; interleukin-6 inhibitors, such as Actemra; B-cell targeted therapies, such as Rituxan; and T-cell targeted therapies, such as Orencia. They are administered either through subcutaneous injection or intravenous infusion.

Prior to initiating any biologic, it is necessary to establish and record disease activity, screen for other health conditions, establish the patient's vaccination record (certain vaccines cannot be administered while on these agents), and order a complete set of blood work, which includes screening for tuberculosis and hepatitis B and C. Possible side effects of biologics include infections, malignancy, and injection-site or infusion reactions. Therefore, close monitoring and regular follow up care with your rheumatologist is important.

The Patient's Part

In addition to medication, patient education, rest, exercise, and physical and/or occupational therapy provide added benefit and improvement to the quality of life. Patients with RA should:

- Perform stretching and range of motion exercises for at least 10 minutes every day.
- Engage in aquatic therapy a few times a week to improve range of motion and get therapeutic relief.
- Modify activities and, if possible, the physical environment to reduce stress on joints, conserve energy and reduce inflammation.
- Flex and move the joints to minimize fixed positioning, which can limit range of motion.
- Maintain proper posture to reduce stress on the joints.

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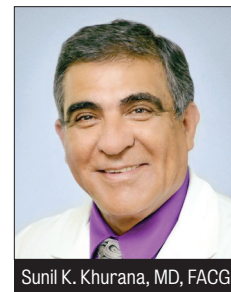
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GI Division Welcomes New Physicians

Expanding our capabilities with more subspecialties, talent and expertise.



Sunil K. Khurana, MD, FACP

Premier Medical Group is pleased to welcome two outstanding physicians to our Gastroenterology Division: Dr. Elizabeth Williams and Dr. Majed El Zouhairi. “They both bring talents and expertise that further expand the division’s capabilities,” says Dr. Sunil Khurana, Premier Medical Group’s CEO and director of the GI Division. “The complexity of modern medicine is such that in every specialty, physicians are becoming subspecialized.”

Dr. Elizabeth Williams, for instance, “is a great fit for the GI Division for two reasons,” he says. “First, she grew up and went to high school in Dutchess County; her parents still live here and she wanted to come back home, so to speak. Second, a subspecialist that has been lacking in our practice, in fact in the whole area, is a



“I wanted to come back because this is home to me. It’s nice to give back to the community I grew up in. Everyone is so nice and supportive, and I like the group because it has so many areas of expertise to offer.”

gastroenterologist with a passion for nutrition. Dr. Williams has extensive training in this growing field and we anticipate her participation in dietary counseling throughout the practice.”

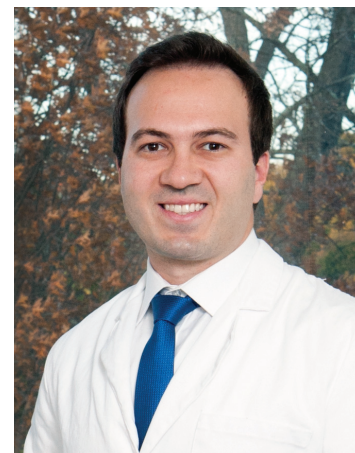
Dr. Williams is originally from LaGrangeville and now lives in Pleasant Valley with her husband, Dr. Matthew Pomykala, an ophthalmology Fellow. She earned her D.O. degree from the University of New England College of Osteopathic Medicine in Maine, and completed her GI residency and Fellowship at Winthrop Hospital in Mineola, N.Y. She was drawn to this field, she says, because “as a GI physician, I can see

because it has so many areas of expertise to offer,” she says.

“Premier can provide comprehensive care to the community, and I wanted to be part of that.”

“Dr. El Zouhairi comes with exemplary training and a passion for GI oncology, which is an area we’ve long been interested in developing further,” says Dr. Khurana. “Dr. El Zouhairi is very aware of what’s going on in the complex and fast-evolving oncology world. He will serve as something of an oncology point person and help us develop a range of new, advanced guidelines.”

A native of Beirut, Lebanon, where he attended medical school, Dr. El Zouhairi moved to the United States in 2007 for his residency and to conduct research on GI oncology at Georgetown University; while there, he won several awards for his research work. He then completed a Fellowship in GI and Hepatology at Duke University. Like Dr. Williams, he too values the opportunity to provide interventional treatments. “I enjoy performing procedures as well as exploring the complexity of various digestive system diseases,” he says. “I chose to focus on GI oncology because this patient population is in need of advancement and assistance. I also enjoy the diagnostic as well as therapeutic aspects of oncology care.”



“I chose to focus on GI oncology because this patient population is in need of advancement and assistance. I also enjoy the diagnostic as well as therapeutic aspects of oncology care.”

He chose to join Premier partly to be closer to his family, in Manhattan, and because he felt a close fit to the other physicians in the practice. “I love the group,” he says. “The staff is very helpful and pleasant. All the physicians have the same goals as I do—patient satisfaction and hard work. As a physician, my philosophy is to be of assistance to my patients and their families, and to advance the field of GI through innovative ideas and determination.”

WHAT YOU NEED TO KNOW ABOUT

Microsurgical Varicocelelectomy



Jason Krumholtz, MD

About 15 percent of men develop the enlarged veins that form a varicocele. For most, the condition is harmless, but when it causes pain or infertility, surgery may be necessary.

The male scrotum houses the spermatic cord (including the vas deferens), which carries sperm from the testes to the prostate. Inside the spermatic cord is a network of veins called the pampiniform plexus. Sperm stored in the testes are healthiest at temperatures slightly below normal body temperature and the pampiniform plexus drains and cools the blood in the testicular artery before it enters the testes.

On occasion, those veins become enlarged, a condition called a varicocele. “It is similar to a varicose vein in the leg,” says Premier urologist Dr. Jason Krumholtz. Varicoceles occur in 10 to 15 percent of males. Approximately 90 percent of varicoceles form on the left side of the scrotum, because the anatomy is different on each side, but it can occur on both sides, sometimes at the same time.

“In most cases, varicoceles present no symptoms and are harmless,” Dr. Krumholtz says. “In some instances, however, they can grow in size, causing pain—again, most commonly on the left side of the scrotum and

sometimes radiating to the back or side. Typically the pain is intermittent and is often exacerbated by prolonged activity or by sitting for long periods of time.” Along with pain, varicoceles can cause testicular atrophy, or shrinkage, and infertility.

Although this condition can occur at any age, “we tend to see it more in younger patients, with whom we are more concerned about future fertility issues,” he says. Varicoceles are the cause of about 40 percent of male fertility problems when fathering a first child, and in about 80 percent of fertility problems when trying to father a second child.

Varicoceles are diagnosed by self or clinical examination of the scrotum, often during a routine doctor’s visit. A varicocele can be felt—and sometimes seen—as a twisted mass of veins on the

scrotum above the testicle. It is sometimes described as looking and feeling like a “bag of worms.” In a clinical exam, the doctor will perform the “Valsalva maneuver,” in which the patient stands, takes a deep breath and bears down while the doctor feels above the testicle. Ultrasound may also be indicated to confirm the diagnosis and, if necessary, drive treatment.

“Treatment is indicated for one of three reasons: if there is pain, testicular atrophy or risk for infertility,” Dr. Krumholtz says. “Surgery is the main treatment option, and I prefer a procedure

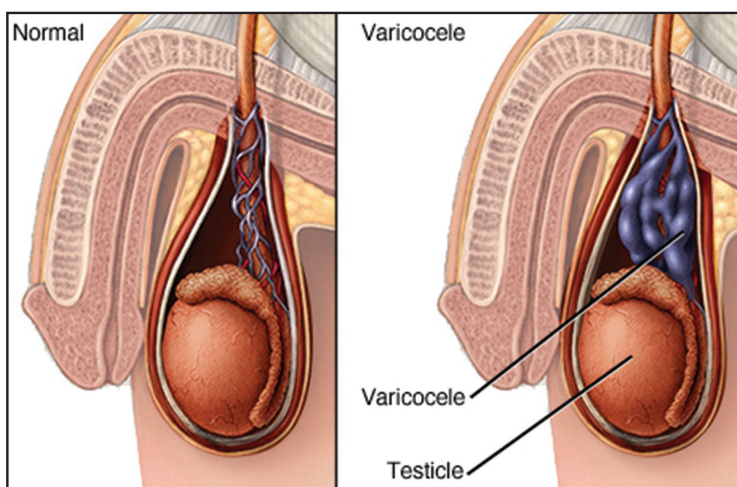
called microsurgical varicocelelectomy. This minimally invasive, outpatient procedure has proven highly successful in my patients, particularly for pain management and also fertility.”

Dr. Krumholtz first identifies all the veins, arteries and lymphatics with ultrasound to locate the aberrant anatomy. “With the patient under general anesthesia, I then make a 4-centimeter incision over the external ring, where the spermatic cord is seen,” he says. “We bring in a high-power operating microscope

with up to 13-times magnification to treat the diseased varicocele. It is not uncommon to identify as many as 12 veins at a time, and we have to ensure that all the veins are removed because, if even the smallest veins remain, they can dilate.”

The procedure takes about 90 minutes to two hours. Pain medication is prescribed for the recovery, but pain is often mild and recovery is usually fast. Patients typically are able to return to regular activity in a few days, but are advised to avoid exercise for 10 to 14 days.

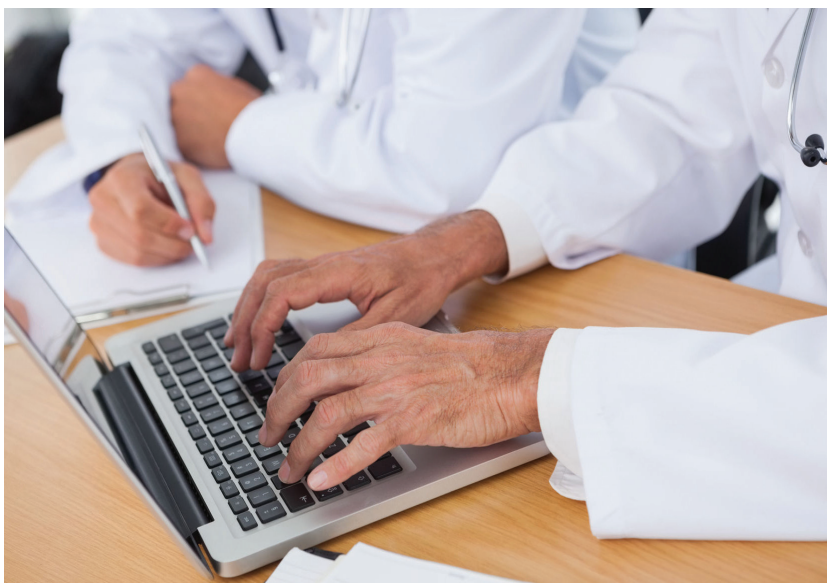
Complications—which include varicocele recurrence, fluid around the testicle and injury to the testicular artery—are very rare. Recurrence happens in fewer than five percent of patients who have surgery done with magnification.



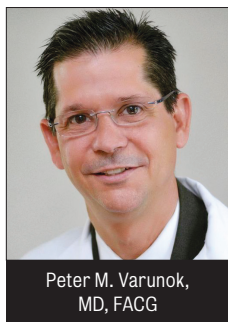
A varicocele can be felt as a twisted mass of veins on the scrotum above the testicle, and is sometimes described as feeling like a “bag of worms.”

Research Update

We're one of the region's largest centers for clinical trials in gastroenterology and urology.



Most of our patients know of Premier Medical Group as home to some of the region's finest physicians. It is also one of the Hudson Valley's largest centers for clinical trials in gastroenterology and urology. Under the leadership of principal investigators Evan Goldfischer, M.D., Medical Director for the Urology Research Division, and Peter Varunok, M.D., Medical Director for the Gastroenterology Research Division, Premier has played a significant role in the process of getting FDA approval for many urological and gastrointestinal drugs that are now on the market.



Peter M. Varunok,
MD, FACP

The Research Division provides two notable advantages to our patients. First, it may give them access to potentially life-changing medications well in advance of the general population. Second, when one of these drugs finally receives FDA approval and is available for general use, the physicians at Premier have already become experienced in prescribing it,

are sensitive to dosage and potential side effects.

Premier's GI research in hepatitis C continues. "With the advancement of research we have contributed to, hepatitis C is becoming a thing of the past; we expect to come close to eradicating it," says Dr. Varunok. "Our ongoing research involves identifying and treating the small percentage of patients that fail the current therapies, as well as exploring the possibility of decreasing the duration of the treatment, which generally is from 12-24 weeks."

Another major focus of Premier research is Crohn's disease. "The advent of biologic agents, Remicade in particular, made a big change in the treatment of Crohn's," says Varunok. "Since then, however, response and remission rates have not increased all that much. In a percentage of patients the drug will either lose effectiveness or they will become intolerant of it." Clinical trials are examining alternative pathways for treating the disease. "As science finds receptors and pathways for bowel specific inflammation," Varunok says, "we will potentially be able to treat Crohn's more effectively and with fewer side effects."

Urology research at Premier has taken on a new focus in response to developments in the pharmaceutical industry. "We have been conducting a number of major pharmaceutical trials in

the oncology arena, particularly bladder cancer and prostate cancer," says Dr. Goldfischer. "There are some very promising drugs for advanced cancer patients that are not available elsewhere and that we can offer patients in trials."

Premier is also involved in clinical trials researching some of the diagnostic markers of prostate cancer. "The big question for patients with prostate cancer is whether active surveillance is an option of whether they need to be treated and, if so, how aggressive should treatment be," says Goldfischer. "We now have a number of new diagnostic markers that we're testing to help patients make an intelligent decision," he says. One diagnostic test that Premier had in trial, Oncotype Dx, has already received FDA approval. The test examines DNA in a biopsy sample and provides a Genomic Prostate Score to use in assessing risk. The lower the score, the less risk the patient has an aggressive cancer: a low score suggests that surveillance is adequate, while a high score suggests that more aggressive treatment may be necessary.

DR. EVAN R. GOLDFISCHER NAMED CHAIRMAN OF AUA'S ADVANCED PROSTATE CANCER EXPERT PANEL

Premier Medical Group of the Hudson Valley is proud to announce that Dr. Evan R. Goldfischer was recently appointed Chairman of the Advanced Prostate Cancer Expert Panel by the Public Education Council of the Urology Care Foundation, the American Urological Association's official foundation.

"This is indeed a great honor," said Dr. Goldfischer, "and I am delighted that the American Urological Association has recognized the research that Premier Medical Group's urology division has done in advanced prostate cancer along with the work of Premier Cares Foundation in helping patients afflicted with prostate cancer."



Evan R. Goldfischer, MD,
MBA, FACS, CPI, CPE

Gastrointestinal Benefits of the Mediterranean Diet

A diet low in meat and high in fruits, vegetables, and healthy fats, has been shown to decrease inflammation and promote a healthy digestive tract.



Elizabeth Williams, DO

The secrets to longevity and overall health have long been debated. Exercise programs, constantly evolving diet regimens, vitamin supplements and pharmaceutical medications have all been mentioned as essential components to maintain health. However, recent studies indicate that the secret lies along the Mediterranean coast and is much less

expensive than a cruise around the Greek islands. The inhabitants of the western Mediterranean coast have for centuries adhered to a simple diet that may hold the key to sustainable health.

“In the last two decades, we have witnessed a marked expansion of research into how food and nutritional elements influence health and disease. Food and its interactions with the immune system are a critical topic for gastroenterology to address, changing our view of digestion and resorption of food as the principal role of the gastrointestinal tract.”¹

Recent publications reviewing a data pool of nearly 2 million individuals found that adhering to a Mediterranean diet can significantly lower the risk of certain cancers. This includes colorectal cancer, breast cancer, gastric cancer, prostate cancer, liver cancer, head and neck cancer, pancreatic cancer, and respiratory cancer.²

Evidence suggests that a diet low in meat and high in fruits, vegetables, and healthy fats, such as the Mediterranean diet, can also decrease inflammation and promote a healthy digestive tract. Microbes in the gastrointestinal tract are necessary for proper digestive function and may benefit from a diet rich in plant-based foods.³ Components in western diets may have undesirable effects on the pathogenesis of disorders such as inflammatory bowel diseases, cardiovascular disease, and type 2 diabetes. Components associated with unhealthy fats including phosphatidylcholine, and L-carnitine have been implicated in promoting inflammation and atherosclerosis. The by-products of fatty acid degradation induce these undesirable

effects in the gastrointestinal tract and throughout the body.

As the microbiomes in our gastrointestinal tract process and digest the foods we consume they produce chemical messengers and metabolites that can signal the body to react in undesirable ways, including promoting inflammation, altering immunity and metabolism.

Researchers were able to demonstrate that, in as short of a duration as six weeks, following a modified Mediterranean-based diet decreased inflammatory responses as seen through measuring various known biomarkers. This had a beneficial effect on patients with Crohn's disease and even showed alterations in gene expressions.⁴

The Mediterranean diet pyramid recommends that the majority of a meal be plant-based food such as fruits, vegetables, whole grains, olive oil, seeds, beans, nuts and legumes, with herbs and spices replacing salt intake. It's recommended that fish

and seafood be consumed at least 2 to 3 times per week, replacing poultry, eggs, and dairy. The smallest number of calories should come from red meats and sugar and sweets.

This is in contrast to the traditional western food pyramid established by the USDA that focuses on a base of breads, cereals, rice and pasta, followed by fruit and vegetables, with meat, dairy and sweets, at the top of the pyramid, emphasized the least.

Nutrients found in the Mediterranean diet's preferred foods include antioxidants, vitamin D, and calcium, which have been shown to have potential chemo-protective effects and decrease the risk of cancer, such as colorectal cancer. Olive oil, a monosaturated fat can also reduce low-density lipoprotein (LDL) cholesterol. Canola oils, certain nuts, and fish contain beneficial types of omega-3 fatty acids that work to lower triglycerides and inflammation in the cardiovascular system, decreasing the risk of heart disease and high blood pressure.

¹Gastroenterology, vol. 148, May, 2015; ²Cancer Med. 2015 Oct 16; ³Gut. 2015 Sep 28; ⁴Hum Genomics. 2013 Nov 27;7:24



Erectile Dysfunction

When Medication Doesn't Help



A 62-year-old man comes to me complaining of changes in his ability to achieve and maintain an erection. He has tried medication but is not satisfied with the results and wants to know what else can be done for his condition.

PATIENT HISTORY

The patient has a past history of high blood pressure and high cholesterol, which are now well controlled with medication. He smoked for 15 years, but reports quitting 15 years ago. He has a family history of prostate cancer, but no other urinary complaints at this time.

About eight months ago he consulted his family physician about experiencing difficulty in achieving spontaneous erections, a decrease in morning erections, decreased rigidity and firmness, difficulty with penetration and erections that dissipated sooner than he would like.

His physician started him on Viagra 50 mg, but patient noted no significant improvement. Patient reports that he is losing confidence in bed—he is unsure about his erections and doesn't want to be in a situation where he cannot perform for his partner. His desire for sexual activity has diminished.

CLINICAL EXAM AND RECOMMENDATIONS

A physical exam reveals patient's genitalia to be normal, while his prostate is mildly enlarged. He is about 15 pounds overweight. Blood work ordered to measure patient's testosterone levels comes back normal.

The patient's risk factors of past smoking, high cholesterol, and being overweight, suggest erectile dysfunction, and his primary physician was right to try Viagra. However, it is common for men to be unresponsive to one medication while responding to another, so I offer patient another medication. He chooses Cialis. At his follow up, a month later, he reports that he is still unable to maintain his erections.

After the failure of two medications, the algorithm I follow calls for further investigation.

DIAGNOSIS

Although blood flow into the penis is important for achieving erection, it is only part of the equation. The blood must be trapped in the penis to maintain erection. A vascular condition called venous leakage—often associated with Peyronie's disease or diabetes—allows blood to leak out and results in venogenic erectile dysfunction. I order a penile Doppler study, an in-office diagnostic intervention that employs ultrasound technology to evaluate blood flow, dilation, curvature to the penis and leakage. The study confirms that the patient has some artery calcifications that allow leakage and are the root cause of his problem.

TREATMENT

Unfortunately, there are no current medications that treat venous leakage. The patient has three options—two of which are less than optimal—to help him reliably achieve and maintain an erection. A vacuum erection device—in which a tube placed over penis pulls blood in, which is then trapped by a band placed at the base—is bulky, nonspontaneous and uncomfortable. Injection therapy to produce erection can be painful and may cause prolonged erection, a potential emergency situation. The best option, in my opinion, is penile implant surgery.

There are several types of implants, but the gold standard is the inflatable implant. A pump filled with saline fluid is placed in the scrotum and attached to cylinders implanted on each side of the penis. The patient pumps the fluid when he is ready, allowing for spontaneous sexual activity. The implant recreates a true physical erection, and allows for normal sensation of orgasm and ejaculation.

The patient chooses this option, and I implant the device during a 45-minute procedure in the operating room. He spends one night in the hospital, recovers normally, and returns for follow-up at one week and six weeks post-op, at which point I teach him how to use the device. I advise him to practice inflating and deflating twice a day for two weeks, at which point he should be ready to resume sexual activity. When patient returns for his six-month follow-up he reports that he is very satisfied with the results of the procedure.

It is important to know that there are many reasons for erectile changes, and not everyone responds to the medicines advertised on TV. In fact, 40 percent of medication attempts fail. Men should not blame themselves for ED; instead they should consult a specialist for other treatment options.

[premier cares foundation]



Foundation Update

A walk across the Walkway Over the Hudson, with its beautiful views and invigorating air, is always special. When coupled with the Annual Premier Cares Foundation Prostate Cancer Walk the outing becomes meaningful as well. This was the sixth year that hundreds of Hudson Valley residents and friends joined us to raise awareness and honor the individuals and families that have been affected by prostate cancer.

A diagnosis of prostate cancer often means unplanned expenses that can cause extreme hardship. The Foundation's goal is to make sure that patients are assisted with their urgent needs, so that some of their stress can be alleviated. The 450 participants in this year's Walk helped raise \$72,000 to aid Hudson Valley patients battling prostate cancer and other urological and gastrointestinal diseases in coping with their financial challenges.

Partnering with Community Foundations of the Hudson Valley and local community action agencies we are able to provide

grants for medication and medical equipment not covered by insurance, and for housing, transportation and utilities.

Such help to individuals is in addition to major donations the Premier Cares Foundation makes, such as the \$42,000 given to the Foundation for Vassar Brothers Medical Center this past July. "It is heartwarming to know that we are reaching so many more patients in the community as we grow each year," says Julie Goldfischer, the Foundation's Executive Director.



(All Photos, Except Nancy Fuller) Photographed by Picture This Studio



5th Annual Celebrity Chef Dinner Featuring Chef Nancy Fuller

This year's Celebrity Chef Dinner was held on November 21 and featured Food Network chef and Hudson Valley resident, Nancy Fuller. Nancy's on-camera charisma has established her and her program, Farmhouse Rules, as a presence on Food Network's Sunday morning line-up. Filmed on location at her 18th-century farmhouse, Farmhouse Rules has inspired viewers to put the family back at the dinner table. Nancy advocates for our region's hard-working farmers and for the farm-to-table movement, which she has long supported. This Celebrity Chef Dinner embodied her philosophy of cooking simple, delicious meals from the heart.

SAVE THE DATE

Sunday, March 13, 2016
12:00–3:00 pm at Villa Borghese

5th Annual Colon Cancer Awareness Day "Challenge Your Colon" Chili Festival

This family-friendly event features vendors serving up their prize chili and cornbread recipes, along with other specialties such as cheeses, salsa and desserts. This year's Festival introduces a new Chocolate Chip Cookie Contest.

You can expect tasting portions of delicious wines and beers, good music, games and activities for children, and inspiring stories about the battle against colon cancer.

Funds raised at the event will help provide colon cancer related services to patients in the Hudson Valley. Please contact Gia McCormack at gmccormack@premiercaresfoundation.org with questions about sponsorship or event details!



[internal medicine]

A Healthier You

DEALING WITH COPD IN WINTER

The cold weather is beginning to settle in over the Hudson Valley. While frigid temperatures may be merely uncomfortable for most of us, the cold can be dangerous for people suffering from chronic obstructive pulmonary disease (COPD).

The two main conditions associated with COPD are emphysema and chronic bronchitis. "Both are caused, most frequently, by smoking, and therefore there are usually components of both diseases in smokers or former smokers," says Dr. Alan H. Gross, a pulmonary specialist in Premier's Internal Medicine Division. Frequent exposure to other irritants, such as chemical fumes and workplace dust can lead to COPD and, more rarely, so can genetics or uncontrolled long-standing asthma.

The shortness of breath, wheezing and coughing symptomatic of COPD are exacerbated by bronchial irritants, including cold air. The common cold and flu, which are more easily spread in winter, not only worsen COPD symptoms, they are also more likely to develop into serious infections in patients with COPD.

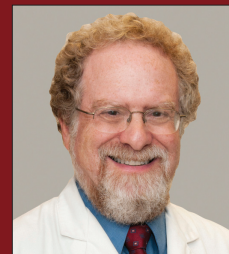
"To try to prevent worsening of COPD and pneumonia, vaccinations are useful," Dr. Gross says. "A yearly flu shot is very important for patients with COPD, because the flu may cause not just flu but also pneumonia."

Vaccination against pneumococcal pneumonia is also warranted, he says.

There are actually two different vaccines, and both are very effective. "One vaccine targets 23 different strains of the pneumococcal bacteria," he says. "The other, which is relatively new, targets 13 strains and is most often used in combination with the older vaccine."

Unlike the flu vaccine, which changes every year to target the most likely strains of the ever-evolving virus that will be in circulation, vaccination against pneumonia is given just once or twice in one's lifetime, typically after age 50. Dr. Gross recommends talking to your physician about which pneumonia vaccine to get, and when.

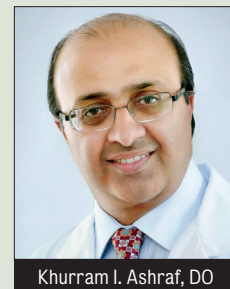
He also advises COPD patients to limit time outdoors during the region's severe cold snaps and to be diligent in taking the medications prescribed to help control their COPD symptoms.



Alan H. Gross, MD, FCCP

Dr. Gross advises his patients with COPD to limit the time they spend outdoors during our region's severe cold snaps and to be diligent in regularly taking the medications prescribed to help control their COPD symptoms.

He Had Difficulty Swallowing



Khurram I. Ashraf, DO

A 57-year-old male with a decade-long history of esophageal reflux (GERD) comes to me complaining of difficulty swallowing solid foods and liquids (dysphagia). His symptoms have become worse over the last three months and he has lost eight pounds.

PATIENT HISTORY

Patient has been self-medicating for the symptoms of heartburn and acid regurgitation with Nexium and Tums for several years. He has a 30-year history of smoking; his moderate alcohol consumption is confined to drinking wine with dinner. Patient has never had an upper endoscopy.

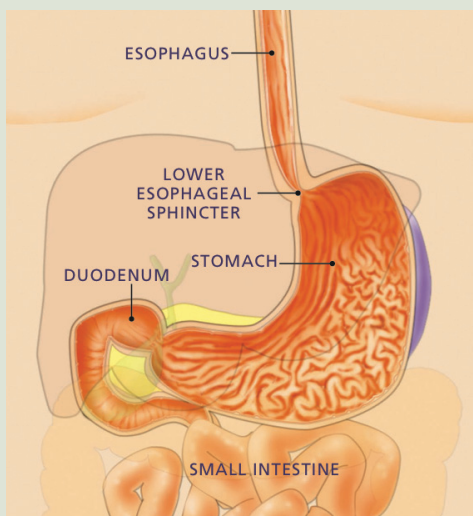
DIAGNOSIS

Initial lab work shows the patient has mild anemia which, combined with progressive dysphagia, weight loss and a long history of GERD, suggests the possibility of esophageal cancer.

Esophageal cancer is the eighth leading cancer worldwide. There are two kinds: squamous cell carcinoma, which is associated with smoking and alcohol use, and adenocarcinoma, which is associated with GERD and Barrett's esophagus, a premalignant abnormality of the esophageal tissues. Most patients notice no symptoms until the disease is advanced, when they may experience dysphagia and weight loss.

The patient underwent upper endoscopy, which showed a circumferential mass in the lower esophagus with partial obstruction, along with suspicious-looking epithelium (the lining of the esophagus) suggestive of Barrett's esophagus. A biopsy confirmed Barrett's esophagus and adenocarcinoma, consistent with his history of GERD.

To aid in staging the cancer, the patient underwent a CT scan of his chest, abdomen, and pelvis, which showed thickening of the lower esophagus but no metastasis to lung or liver. Since there



was no distant metastasis, patient was referred to me for endoscopic ultrasound (EUS) for additional staging.

STAGING

Endoscopic ultrasound (EUS) has changed the way we manage esophageal cancer today, providing a degree of staging accuracy that guides us to the most appropriate treatment. In the past, it was difficult for oncologists and surgeons to determine if patients without metastasis would need surgery or chemoradiation. Now, with EUS, we can see all layers of the esophagus and lymph nodes and determine the exact stage of cancer present.

If EUS shows early-stage esophageal cancer, endoscopic mucosal resection or surgery—treatments with a five-year survival rate of 80 percent—would be possible. Cancer confined to the submucosa, the second layer of the esophageal wall, can be treated with surgery, yielding a five-year survival rate of 50 percent. Cancer confined to the third layer—which is the muscle layer—is treated with a combination of chemotherapy and radiation therapy, followed by surgery; this approach has a 20 percent five-year survival rate. If EUS shows the presence of cancer in the lymph nodes, in any stage, chemoradiation is given first. The treatment for advanced-stage cancer is palliative, with chemoradiation and/or stent, and has a seven percent five-year survival rate.

Our patient's EUS scan showed a mass invading, but not crossing, the muscle layer and four large lymph nodes around the mass, resulting in a staging of T2N2.

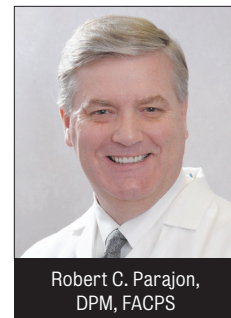
TREATMENT

With cancer detected in the lymph nodes, the patient was started on chemoradiation treatment, and then underwent surgical resection of the esophagus, which showed no recurrent tumor. Nine other lymph nodes were negative for tumor. Patient was started on Nexium 40 mg a day for reflux. He underwent a repeat endoscopy in six months and again in one year, with both showing no recurrence of tumor. He was advised to have surveillance endoscopy and a CT scan annually.

Because esophageal cancer often first presents at an advanced stage, prevention is of the utmost importance. Patients with GERD should abstain from smoking and alcohol use. They should also seek regular monitoring and treatment, including an endoscopy to evaluate for Barrett's esophagus, which needs a follow-up endoscopy every 1 to 2 years, depending on biopsy findings.

Diabetes and Your Feet

About 25 percent of diabetics develop foot problems as a complication of their disease. Daily attention may prevent you from being one of them.



Robert C. Parajon,
DPM, FACPS

Most people with diabetes are well aware that, without good glycemic management, their condition can lead to heart, vascular, eye and kidney disease. Less well known is the importance of foot care, even though 25 percent of diabetics eventually develop significant foot problems as a complication of their disease.

The causes of foot problems are twofold, says Dr. Robert C. Parajon of Premier's Podiatry Division. People with diabetes often develop neuropathy, nerve damage that may impair feeling in the legs and feet. As a result, a diabetic may not feel a pebble inside his sock that is causing a sore or feel a blister caused by poorly fitting shoes. Diabetes also frequently leads to peripheral artery disease and the impaired blood flow can slow or prevent healing of these seemingly small injuries, putting the diabetic at risk of developing infections. Heightened blood glucose tends to "feed" the infections, making them worse. Untreated infections can become life threatening and in some cases necessitate amputation.

Cold, wet weather further complicates



matters. The cold increases foot numbness and damp feet increases the risk of developing dry and cracked skin vulnerable to infection.

"I advise my diabetic patients to check their feet regularly," says Dr. Parajon. "That means daily visual inspection. Patients should remember to set aside time at the end of the day when they take off their shoes and socks to inspect their feet for cuts or breaks in the skin. If necessary, use a mirror to see the bottoms of feet, or ask for help from a spouse or partner. Also check for redness around nail beds and for potential calluses. Doing this on a daily basis prevents years of problems from developing."

Dr. Parajon's prescription for foot health includes keeping toenails trimmed and straight, with no corners that may cut the skin or become ingrown. He tells his patients to "Wash your feet every day and dry them carefully, especially between the toes. Keep the skin soft and smooth with lotion, but don't apply it between the toes, as excess moisture can encourage fungal growth and infection."

Proper footwear is also crucial. "Do not walk barefoot," Parajon advises. "Always wear socks and select comfortable shoes that do not chafe or have protruding seams, and always check inside your shoes for objects before you put them on."

Of course, foot care is just part of an overall diabetes management plan, in which blood glucose control is the most critical. "Work with your health care team to keep blood glucose levels within the target range of 80 to 120 milligrams/deciliter," Parajon says. "Being active physically helps control blood sugar, and keeping the feet moving helps keep the blood flowing."

Premier Medical Group takes a comprehensive approach to diabetic care, he says, as it strives to combat this growing epidemic. "Unfortunately, diabetes is becoming ever more prevalent in our society. Today, there are approximately 45 million diabetics in the U.S., with another 20 million in the prediabetic stage."

"Due to the developments in diabetes care, it is almost impossible for one physician to comprehend and employ all aspects of treatment. A team approach involving the primary care physician, endocrinologist, podiatrist, ophthalmologist and ancillary physicians is the best approach."

Perhaps Dr. Parajon's most important piece of advice is that patients be proactive about their care. "Learn about your disease," he says. "Many people with diabetes tend to go into denial about their condition. This is the worst possible approach someone could take. Having diabetes does not mean the person cannot live a healthy and normal lifestyle. But denial and not seeking proper treatment will ensure a poor lifestyle and outcome."

"I advise my diabetic patients to check their feet regularly," says Dr. Parajon. "That means daily visual inspection...Doing this on a daily basis prevents years of problems from developing."



PREMIER *medical group*

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Faces of Premier

Good healthcare requires teamwork.
We're proud of the dedicated staff that makes
up the Premier Medical Group team.

KAY HOLT, RN

Infection Control
Coordinator

Kay Holt's long career as a registered nurse has included stints in the operating room, at the bedsides of women in labor, in neurology and respiratory care units and as director of nursing for developmentally disabled adults. Kay has worked in our endoscopy unit here at Premier and presently continues as GI manometry studies nurse. As important as this work is, none of these responsibilities are more crucial than Kay's current role as Infection Control Coordinator at Premier Medical Group.

Patient safety is a top priority at Premier and Kay serves on the front line of the effort to ensure that. Her duties are many. She is responsible for infection control standardization throughout all of our offices in four counties, visiting each one for infection prevention rounds on a regular basis. Kay oversees Premier's hospital grade disinfection protocols, consistent and safe instrument processing, as well as the writing and implementation of standard policy, procedure and forms across the practice. "It's all done with help from the great team of people that make up the Infection Control Committee," she says.



Along with expertise in infection control, "This job requires strong communication skills," says Kay, who is deeply involved in the ongoing staff and patient education efforts of Premier. The data she collects is reviewed by our Quality Assurance Committee and helps us make ongoing self-assessments and improvements.

Kay also plays a role in employee health, ensuring all staff are screened annually for TB, and are offered the flu vaccine annually. "Our staff understands how important this is for their families, for community health and to the continued health of our patients," Kay says.

Taken together, Kay's activities keep Premier in compliance with The Joint Commission standards as well as CDC standards of infection control. As our office spaces are renovated and new offices are built, Kay is on hand to make sure they're

all in compliance on day one.

"The single most important thing we, as health care providers, can do to prevent infection is to wash our hands," says Kay. "It sounds so simple, yet national statistics tell us that out of the opportunities that present themselves we only practice proper hand hygiene 40 to 60 percent of the time." Kay strives to improve that statistic significantly at Premier.