Every advance at MSK is intended to achieve a singular goal: improving our patients’ well-being. In 2017, teams across the organization optimized surgeries, minimized unnecessary treatment, built new spaces for recovery, and made facilities feel a little bit more like home.
Lyndell Kegerise (right) was among the first to stay in MSK’s 75th Street Patient Residence, an apartment-style facility for people recovering from bone marrow transplants.
JUST LIKE HOME
A CONVERSATION WITH

LYNDELL KEGERISE
MSK patient

WESLEY KEGERISE
Lyndell’s husband

Life at the Jersey Shore was good for Lyndell Kegerise. The former real estate professional was diagnosed with non-Hodgkin lymphoma in 2005, but under the care of MSK oncologist Paul Hamlin, her disease went into remission and stayed there for eight years. But in 2014, when she was 66, her disease relapsed, and then relapsed again in 2015. When chemotherapy and immunotherapy couldn’t keep her in remission for longer than a year, Mrs. Kegerise and her husband, Wesley, learned that her best option was a stem cell transplant with hematologic oncologist Craig Sauter.

LYNDELL KEGERISE

In January 2017, Dr. Hamlin said that we were running out of options. That hit me hard. He said that I would be a great candidate for a stem cell transplant and he’d like me to meet Dr. Sauter, who would perform it.

CRAIG SAUTER

Lyndell had high-risk disease, so that dictated the transplant. When patients approach 70, we have a little more pause, but she didn’t have any major medical problems.

WESLEY KEGERISE

Our MSK team found a donor through the Be the Match program — this 25-year-old fellow who was a wonderful match. We’re extremely grateful to him.

LYNDELL KEGERISE

I was afraid he was going to back out after I initially didn’t achieve remission. I hope I get to meet this man one day because he stuck in there with me. He was ready when I was ready.

A NEW PLACE TO HEAL

Mr. and Mrs. Kegerise had looked into staying at a New York City hotel while she recovered from her transplant, until a nurse at MSK Basking Ridge gave them another idea: MSK’s brand-new 75th Street Patient Residence, an apartment-style facility for bone marrow transplant patients and their caregivers that opened in 2017. The studio, one-, and two-bedroom units are outfitted with full kitchens, bathrooms, laundry, cable TV, and Wi-Fi. For some patients, their stay may be covered by insurance.

Left: Wesley and Lyndell Kegerise at the 75th Street Patient Residence. Above: Mr. Kegerise and Noel Neylon. Right: Mrs. Kegerise’s doctor Craig Sauter.

continued ▶
LYNDELL KEGERISE

Eric, one of my chemo nurses at MSK Basking Ridge, said, “You know, the new facility might be open by the time of your transplant.” The next time I was back, he said, “Lyndell, it opened!” So I pursued it.

CRAIG SAUTER

I thought it was great because she lives in New Jersey. She didn’t need inpatient care, but we like to have our patients close by for follow-ups. It’s a good resource for patients who need to be here frequently.

WESLEY KEGERISE

We said, “This is great — take our reservation now!” When your loved one is going into a long hospital stay, what is the caregiver going to do? How are you going to go back and forth? All of these thoughts were going through my head. But MSK was sensitive to the needs of the caregiver as well as the patient. At a hotel, the room isn’t sanitized. They don’t understand your medical needs. But here the staff is trained to understand the needs of the patient.

LYNDELL KEGERISE

Even when you get out of the hospital, you’re still going to see the transplant team every other day. The whole coordinating team at the 75th Street Patient Residence made it easy for us. They would call in the evening and say, “Your van will be here at 8 AM” to go to the hospital. If for some reason it was late, they would call a driver.

WESLEY KEGERISE

At the residence, you have your own little apartment. If Lyndell wanted to take a nap, she could go in the bedroom and I could be in the living room watching TV. That’s a real benefit. And the staff couldn’t be more accommodating. Lyndell loves Bigelow mint tea, and they even got it for her. The session assistant, Ritsuko, and door attendant, Terry, would call us and say, “Do you need a ride in tomorrow at a certain time?” Noel, the superintendent who changed the filters, was so nice.

NOEL NEYLON (MAINTENANCE SUPERVISOR)

I know the people who stay with us, like the Kegerises, need support from our entire staff. Doing everything I can to create a warm, friendly environment for patients and their families to come home to is very important to me. I am proud to have been at MSK for more than 23 years, and I hope that we can continue to make a difference in our guests’ experiences by treating them like family.

The people at MSK work so well integrating with all the departments that the patient doesn’t have to worry about anything except getting better.”

- WESLEY KEGERISE

“They thought of things we didn’t even think about. Our air was filtered. Our water was filtered.”

- WESLEY KEGERISE

This is the remarkable thing about MSK. The 75th Street Patient Residence team was so easy and wonderful to work with. I had to move our reservation about six times because we didn’t exactly know when Lyndell would be OK for the transplant, and nothing was a problem for them. Your room is ready when you’re ready. The people at MSK work so well integrating with all the departments that the patient doesn’t have to worry about anything except getting better.

LYNDELL KEGERISE

Everything was coordinated for us. We just had to show up. And it was wonderful being on the east side near the hospital, so we didn’t have to go across town.

LIFE AFTER TRANSPLANT

Mrs. Kegerise had her transplant and stayed in Memorial Hospital to recover for 30 days. Mr. Kegerise stayed at the residence. Then Mrs. Kegerise joined him at the residence a few blocks away, where they stayed for 40 more days.

LYNDELL KEGERISE

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LYNDELL KEGERISE

He became like our family.

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“We try to provide a warm and casual environment,” says Noel Neylon, seen here in one of the residence’s apartments. “Our patients have enough hardships to deal with. They shouldn’t have to worry about having any problems at their home away from home.”
A COMMON BOND

LYNDELL KEGERISE

At the residence, you are with people who are going through the same thing as you. We met a gentleman who worked on 9/11 and got blood cancer. We befriended a family from Saudi Arabia, and the son took Wesley under his wing. He cooked for him. The night before we left, they said, “Come down to our apartment and spend some time with us.” At the end of the evening, the father, who was also a transplant patient, gave me his prayer beads.

WESLEY KEGERISE

Most days I would go with her to her appointments and have lunch with her. Some days I would go to the art museum or the Museum of Natural History. A couple days I would hit golf balls at Chelsea Piers. I could go back for lunch, see her in the afternoon, and walk home in the evening. It was so convenient.

LYNDELL KEGERISE

I encouraged him to get out. I said, “I’m taken care of — it’s you I’m worried about! Go do something fun.”

WESLEY KEGERISE

Our daughters came in from Delaware and Atlanta. They could stay with me at the residence while Lyndell was in the hospital. That was another beautiful thing: People could visit.

LYNDELL KEGERISE

That was very nice. Our Saudi Arabian family was able to join us for pizza in the common area.

In October 2017, Mrs. Kegerise was cleared to return home.

LYNDELL KEGERISE

I was nervous leaving, but it was very coordinated. I had a little setback at Christmas — I got an infection so I was back in the hospital — but I’m doing great. I feel great. I have energy, and I’m getting stronger. Every December, I would have scans done, and the cancer was always back. This was the first time in three years I didn’t hear the word “cancer” at Christmas. It was unbelievable.

The couple will celebrate their 50th wedding anniversary in September.

LYNDELL KEGERISE

We want all the special people in our lives over the past 50 years to come celebrate with us. We are so blessed. Every day is a gift.
SEEING PROSTATE CANCER IN A NEW LIGHT
As a dentist, Gregory Page knew the importance of staying on top of his health. He had prostate-specific antigen (PSA) tests, which measure for a protein in the blood that is elevated in men with prostate cancer, as part of his regular routine. When his PSA came back abnormally high in 2007, he made sure to see his doctor each year to more closely monitor his level.

In April 2017, his doctor saw that Dr. Page’s PSA had risen high enough to warrant a biopsy. The test came back positive for cancer. The news was understandably difficult for Dr. Page to take in — even more so because it came on top of what had been a challenging year so far. His godmother, best friend, and brother had all recently died.

“It was not a good year for me,” recalls the 68-year-old from New York City. “I said, ‘God, you’re giving me a lot to handle here.’ ”

Dr. Page was already under the care of a urologist, but hearing he had cancer made him reconsider where he wanted to go for treatment. He remembered the times he had escorted one of his good friends, a lung cancer survivor, to MSK’s Rockefeller Outpatient Pavilion.
“The whole ambience they created was just outstanding,” he says. “I always felt that if I ever had a diagnosis of cancer, I would not walk but run to MSK. And that’s exactly what I did.”

Before calling MSK’s Patient Access Service, which schedules first appointments for people coming to MSK, Dr. Page researched urologists online. When he saw a YouTube video of MSK urologic surgeon Jonathan Coleman, he knew he had found the doctor he wanted to see.

Dr. Page recalls, “Dr. Coleman discussed the various treatments for prostate cancer, and he also used the word ‘cure,’ which is possible for many men with prostate cancer. ‘That’s a good word to hear when you have cancer,’” he adds.

Another point in the video that really resonated with Dr. Page was when Dr. Coleman said that the procedures he does have minimal side effects.

“I had friends who had their prostates taken out, and it took them years to recover,” Dr. Page says. “One of my friends had incontinence problems for a year. I have another friend who had to have a pump put in. I didn’t want all of that.”

**FINDING A LESS-INVASIVE OPTION**

In June, Dr. Page and his fiancée, Cynthia, met Dr. Coleman and his nurse, Connie Estes. Dr. Coleman remembers how impressed he was with Dr. Page’s knowledge of his circumstance.

“He had definitely done his homework,” Dr. Coleman says. “He was extremely intelligent and well informed. He was thoughtful, inquisitive, and concerned about his cancer while also being concerned about treating it too aggressively.”

Ms. Estes was equally taken by the couple. “They are both the nicest people, and every interaction we had was a delight,” she says. “It was obvious that they had researched prostate cancer and treatment.”

She told the duo that Dr. Coleman was doing promising research with vascular-targeted photodynamic therapy, a form of prostate cancer treatment that uses a light-activated drug to zap prostate tumors with minimal side effects.

Dr. Coleman has been offering vascular-targeted photodynamic therapy since 2010. The procedure requires only light sedation — the same type used for a colonoscopy. Once sedated, the patient receives a medicine called padeliporfin (Tookad®) through an IV. Then the doctor places a thin laser fiber into the prostate gland, which activates the drug so it can kill the cancer. Patients can go home the same day.

“There’s a need for new technology to better destroy cancerous tissue without harming the surrounding tissue, and that’s where this type of therapy comes into play,” Dr. Coleman says.

Right now, vascular-targeted photodynamic therapy is performed only through clinical trials, and it’s not an option for every man with prostate cancer. However, efforts are under way to make it more widely available.

At their next meeting, Dr. Coleman told Dr. Page that he was recruiting men for a trial that would bring vascular-targeted photodynamic therapy closer to US Food and Drug Administration approval. He had 30 out of the 50 men he would need. Dr. Page knew this was his opportunity.

“I looked at my fiancée, I looked at Dr. Coleman, and I said, ‘Could I be number 31?’ ” he recalls. “He said yes, and I hugged him like he was my long-lost brother. I knew I was getting world-class treatment.”

**Above:** Jonathan Coleman is hoping the drug becomes a mainstream option for men with this type of cancer.

**Right:** Narrow optical fibers activate Tookad to destroy prostate cancer.
Connie Estes helped prepare Gregory Page for his treatment with Jonathan Coleman.

"I remember I was so excited to make that call. As an office practice nurse, you really get to know patients and their families. When the biopsy came back benign, it was great news. It makes my day when I am able to call a patient with news like this."

- CONNIE ESTES

THE BIG DAY — AND A QUICK RECOVERY

Dr. Page had his procedure in October 2017 at Memorial Hospital. He went home the same day. He had to stay in shaded light conditions for the first two days he was home because Tookad is activated by light, but his fiancée helped him pass the time.

“When the 48 hours were up, I got up, put on my clothes, and went to a baseball game. And I felt fine,” he remembers.

After the procedure, the only side effect Dr. Page experienced was some minor soreness. And unlike other major forms of prostate cancer treatment, he hasn’t had any serious issues with incontinence or erectile dysfunction.

At his three-month postsurgery checkup in January, Dr. Coleman didn’t find any cancer. Ms. Estes relayed the good news to Dr. Page.

“I remember I was so excited to make that call,” she recalls. “As an office practice nurse, you really get to know patients and their families. When the biopsy came back benign, it was great news. It makes my day when I am able to call a patient with news like this.”

Now, nearly a year postsurgery, Dr. Page is doing great. He’s busy at work and helping plan Cynthia and his wedding. He says this year is shaping up to be much better than the last.

“As a healthcare provider, it’s important for me to spread the word about positive things that can enhance and prolong people’s lives,” he says. “I feel very fortunate that I was at the right place, at the right time, with the right doctor and staff. How many people can say they had a complete turnaround in nine months?”
There are few diseases as feared — or as challenging to treat — as cancers of the brain. But there are very few doctors in the field of neuro-oncology with the expertise, experience, and compassion of Lisa DeAngelis and Viviane Tabar. Both have spent nearly all of their distinguished careers at MSK. Dr. DeAngelis has been Chair of the Department of Neurology since 1997; Dr. Tabar was named Chair of the Department of Neurosurgery in 2017.

In addition to treating patients, both doctors also conduct groundbreaking research. They sat down to talk about their approach to treating people with neurologic cancers, what makes MSK special, and much more.

INTERVIEW WITH

VIVIANE TABAR
Chair of the Department of Neurosurgery

LISA DEANGE LIS
Chair of the Department of Neurology

THE UNIQUE CHALLENGES OF BRAIN CANCERS

LISA DEANGELIS

People have very different ideas about what makes life meaningful. It’s important that we know what that means to all of our patients, so we can not only treat their disease but also help guide them through difficult decisions and honor their wishes and their values, especially if they reach a point at which they may not be able to articulate that. So you need to know that early on.

VIVIANE TABAR

I agree. I think it’s absolutely crucial to understand what patients really want and to tailor our treatment to their expectations. I remember early in my career someone who had a large, benign tumor, and we were very proud to have removed it completely. But the patient was not really satisfied because she turned out to be a wine connoisseur and she lost her ability to smell. That impacted her quality of life far more than we had anticipated.

Obviously, some people deal with much more challenging neurological and psychological problems related to a brain tumor diagnosis than that. That kind of experience is why I often tell my trainees that your first ten years as a surgeon are focused on developing your skills and becoming a good surgeon. But what’s more challenging afterward is developing good judgment.
It’s also really important to understand that treating the family is an integral part of treating the patient. It’s the family who bears the consequences if the person’s personality and identity are changed dramatically by their illness. In some ways, the family struggles more than the patient. I’ve often said to people, “This is going to be harder on you than it’s going to be on your spouse,” or father, or whoever the patient is. I think that’s something that we in the neurology world confront much more frequently than other doctors.

VIVIANE TABAR

Yes, that’s very insightful. The families do take on a large burden that sometimes leaves me in awe of their generosity. Brain cancers are probably some of the most challenging diseases to deal with.

LISA DEANGELIS

You sometimes ask yourself, “How do these people even get out of bed in the morning and face the day?”

“ I think it’s absolutely critical to understand what patients really want and to tailor our treatment to their expectations.”

—VIVIANE TABAR

NEW DEVELOPMENTS IN THE FIELD

LISA DEANGELIS

Having taken care of people with glioblastoma and malignant brain tumors for more than 30 years, I really have seen a noticeable improvement in the quality of life for people who live with these diseases. One reason is newer drugs, such as temozolomide [Temodar®], which is much less toxic than prior chemotherapies and better tolerated. Also, the addition of bevacizumab [Avastin®] has helped patients avoid corticosteroids for brain edema or swelling and the attendant side effects. That’s been very gratifying and enabled patients and families to make the best use of whatever time they have left.

The other thing that’s changed is that there are people who are living many years with this illness. That’s not something that we saw — or saw very rarely — in the ’80s and ’90s. It’s important to understand that the proportion of these people is very small. And the fact that we haven’t substantially prolonged life for more patients is the most important problem that we struggle with. But those people who live for six or seven years after treatment often do extraordinarily well. They are able to work and enjoy life. That’s a dramatic change.

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In the neurosurgery department, we’ve evolved over the last ten years to put a greater focus on offering surgery while maximizing function. That’s in part because of technologies that I expect will continue to evolve and allow us to offer people more options. Take, for example, patients who suffer from brain metastases, when cancer spreads from another part of the body. Traditionally they were told that their life expectancy was a year or less, and I would admit that they perhaps received less attention from surgeons in the past. But today, we often focus our discussion on what surgery can do to improve quality of life. If a patient suffers from a weak leg or a weak arm, we are more likely to offer them surgery if we think that it can help them overcome that deficit, even if we cannot impact life expectancy.

VIVIANE TABAR

In the neurosurgery department, we’ve evolved over the last ten years to put a greater focus on offering surgery while maximizing function.”

- VIVIANE TABAR

THE IMPORTANCE OF TREATMENT

LISA DEANGELIS

We’ve seen in both of our disciplines, whether with primary or metastatic tumors, that there can be recovery of function. Particularly with primary tumors, I think there was a lot of therapeutic nihilism associated not only with the fact that these are difficult cancers to treat but also with the long-held belief that people could not recover neurologically. If they were left severely compromised from a functional point of view, what was the point?

But in fact we have learned that with multiple means of treatment — surgery, radiation, chemotherapy — patients with very considerable deficits can make substantial recoveries and have a very meaningful return of function. That’s been a paradigm shift and is very encouraging therapeutically.

VIVIANE TABAR

Improving function also allows some people to be eligible for more-aggressive treatments, for clinical trials or new drugs. I think that’s where strides are going to be made. Gains at the individual level and for a subset of patients are going to move the field forward.
There is no question in my mind that what we bring to the table collectively far exceeds the sum of the individual parts.

—LISA DEANGELIS
Telemedicine uses electronic communications such as video conferencing and secure email to provide care without an in-person visit. Here, Lee Erickson, Deputy Physician-in-Chief for Clinical Operations, speaks with Christian Otto, Director of Teleoncology, about this burgeoning field at MSK. They both joined MSK in early 2017.

**A BOLD NEW TAKE ON CARE**

**LEE ERICKSON**

Implementing telemedicine is about a bigger paradigm shift. We want to move the majority of cancer care out of the healthcare setting entirely. Instead of making you come to us, we’ll come to you. If we can turn this whole model inside out, it’d be amazing.

**CHRISTIAN OTTO**

Telemedicine can have a significant impact on quality of life. When patients feel unwell and we’re asking them to travel, that can be challenging. We’re also seeing data showing survival benefits. For example, take a study done by [MSK epidemiologist] Ethan Basch that was presented at the American Society of Clinical Oncology annual meeting in June 2017.

**LEE ERICKSON**

It showed five months of additional survival just from having patients report their symptoms to their physician.
We've been able to begin pilots in Manhattan, the regional care network, and patients’ homes. I think there’s so much momentum because of the can-do attitude here.

—CHRISTIAN OTTO
DRIVING CANCER CARE
Going the extra mile for people affected by cancer is what Ansar Mohammed and Luther Nickelson do best. They are part of a team of 36 shuttle drivers who, on any given day, transport 750 patients, caregivers, and staff to MSK’s facilities throughout Manhattan. They also deliver critical medicines, supplies, and patient samples.

Driving patients and families between appointments means they often share personal moments with their passengers. Some of those experiences, like enduring a challenging treatment session or receiving a life-changing diagnosis, are understandably tough. “I can’t shy away from this part of my job,” Mr. Mohammed says. “I make sure my passengers know I will take care of them. Their doctors and nurses will take care of them. We are all in this together.”

But there are many positive moments too. “When I first started three years ago, I was driving a woman who started singing a song that came on the radio,” Mr. Nickelson recalls. “She was singing with such passion, and when I looked in the mirror, I saw tears streaming down her face. She was happy. She had just gotten good news, and it was a healing song. That’s what MSK is about — it’s a healing place.”

Both men are proud to be part of the more than 17,000 scientists, doctors, nurses, and support staff who make up the MSK community. Whether it’s offering words of encouragement during a ride between appointments, making groundbreaking scientific discoveries, or providing unmatched patient care, the focus is clear, Mr. Mohammed says: “We all come to work each day to help.”

“I make sure my passengers know I will take care of them. Their doctors and nurses will take care of them. We are all in this together.”

—ANSAR MOHAMMED