

# Pluta Cancer Center

Leading-edge care in a patient-empowering setting

In March 2003, the Pluta Cancer Center opened in its new location as the first independent, not-for-profit cancer center in New York State. The 20,000-square-foot facility offers medical and radiation oncology in an integrated way to maximize continuity of patient care.

The Rochester area has several large hospital-based cancer programs, but the Pluta Cancer Center (PCC) presents patients with a unique choice of treatment environment. The independent cancer center was designed from the ground up to offer patients the option of state-of-the-art cancer care in a setting that maximizes ease of access and comfort and promotes individual dignity. The cancer center is not directly affiliated with any hospital; however, the PCC physicians work with all of the local hospitals and have privileges at various hospitals in the area.

## Change and Choice

The cancer center itself faced some hard choices when Rochester's Genesee Hospital decided to close its doors in 2001.

Since 1975, the Pluta Cancer Center had been located in the Genesee Hospital building and operated as a hospital-based outpatient cancer program. But Genesee Hospital was in financial trouble, and in 2001, the news came that the hospital would close. The cancer center's first concern was for its patients' peace of mind. Patients needed to know how and where they would continue to receive their treatment. Would the cancer center be able to continue its mission?

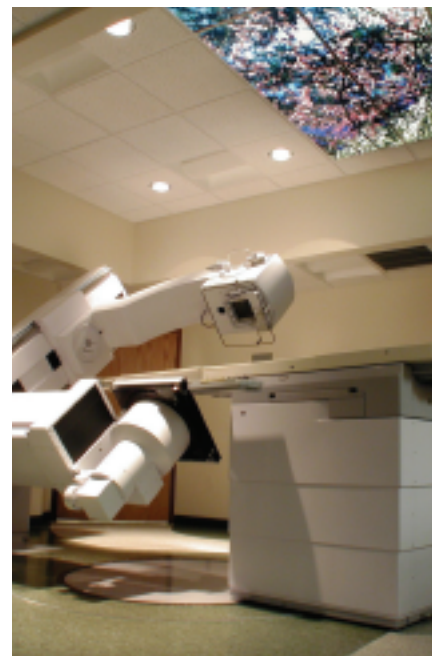
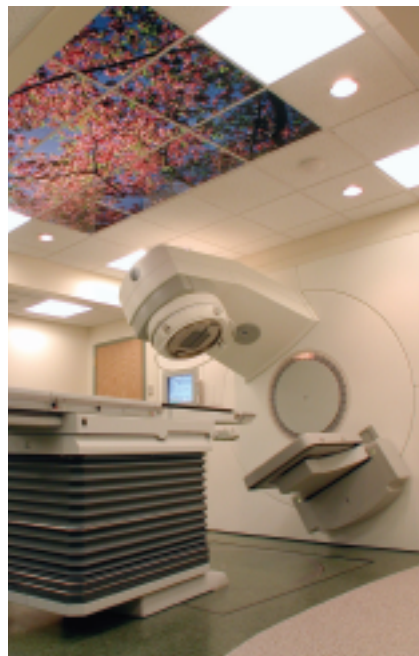
As a temporary measure, the cancer center was able to stay on in the Genesee site, but the situation was less than ideal. The cancer center's services were in several different locations in the building. With the

hospital's closing, patients had to walk through an empty building to go from one area to another for treatment.

The Pluta family had generously supported the cancer program for decades and was dedicated to the cancer center's continued existence. The decision was made to carry on the program's work in a new setting. In fact, the obstacles created by the hospital's closing also created a unique opportunity to build a new

cancer center dedicated to offering high quality cancer care in an exceptionally patient-focused way. The Pluta Cancer Center would be recreated as an independent not-for-profit freestanding cancer center.

The short-term challenges included fundraising as well as planning and building the new center. The new PCC also faced long-term challenges including providing services in a market that already had several large, well-established hospital-based



Pluta Cancer Center's state-of-the-art linear accelerator with multi-leaf collimator capable of IMRT (left) and simulator (right).

### Vital Statistics

- Total hospital bed size: N/A
- Dedicated cancer unit beds: N/A
- Number of new analytic cases seen in 2003: 600
- Managed care penetration in New York: 39 percent

### Selected Patient Support Services

- Massage therapy to patients free of charge, including gentle touch Swedish massage and Reiki, an energy-based modality.
- Mind-body connection groups, including journaling and Spirit Beads.

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cancer programs nearby and an NCI-designated cancer center 60 miles away.

**Patients First**

Planning for the new cancer center focused on the patient experience. The level of care involved in the center’s design is evident in the attention to detail. Patient access is just one example. Conveniently located near an Interstate exit, the cancer center is a one-floor facility with ample free parking and accessible by public transportation. The building’s covered entrance area is designed for patient drop-off, an important feature in an area with snow-filled winters.

The cancer center’s exceptional, home-like atmosphere envelops patients as they enter the lobby. The cheerful waiting area features a cozy fireplace and comfortable seating. Here, attention to detail includes artwork, pleasant lighting, and seating arranged to enhance both privacy and comfort.

A single administration oversees the operations for the cancer program. Medical oncology and radiation oncology are located all on one floor. Working in close proximity, the doctors are able to consult with each other as needed, often and easily. PCC offers patients total continuity of care, including blood work, X-ray, CT, chemotherapy, and radiation therapy. Patients have access to clinical trials and leading-edge treatments such as HDR, IMRT, and MammoSite.

The center’s staff includes two radiation oncologists, Sandra McDonald, MD, who also serves as the center’s medical director, and Jan Dombrowki, MD, and two medical oncologists/hematologists, Brian Yirinec, MD, and Andrew Liman, MD. Also on staff are a full-time medical physicist and two full-time dosimetrists, four nurses, five radiation therapists, including a clinical technologist, a social worker, dietitian, massage therapist, and administrative staff.

With a total staff of about 30 employees PCC boasts high employee satisfaction. “We have a wonder-

ful group of employees,” said Dr. McDonald, noting that there has been no healthcare staff turnover since the center’s inception.

**Personal, Private, Dignified**

The center includes many small touches that enhance patient dignity and instill a feeling of empowerment. The intimate scale of the cancer cen-



A home-like atmosphere

ter means that patient flow is an integral part of the treatment process.

Patients are initially interviewed in a private room. At the first appointment, a digital photo is taken of the patient and saved in the patient’s electronic chart. When it’s time for the patient’s treatment, a nurse or therapist can look at the photo and identify the patient without having to announce the patient’s name in the waiting area. Patients are then escorted to their appointment room.

At the first intake appointment, the patient meets with a team of staff, including a nurse who conducts the health history, a support staff member for a clerical interview as well as with the cancer center’s full-time social worker who identifies any financial or other treatment access concerns. The patient is then seen by a physician for consultation. Finally, treatment planning is presented to the patient in a “family room,” a comfortable setting that is designed to be reassuring and non-clinical. The center provides each patient with a Pluta Cancer Center Information Guide. This printed 50-page guide includes information about the cancer center’s programs and services, general community resources, home health services, patient advocacy issues, and more.

Unique in the region is Pluta

Cancer Center’s ability to offer patients support services free of charge. The center’s social worker meets with every PCC patient. Massage therapy, nutritional counseling, and support groups are all offered to PCC patients. Because PCC funds these services through grants and donations, the center is able to provide these services to

patients without charge. The center runs three support groups for patients facilitated by the social worker and other volunteers: an integrated group for families, a women’s group, and a men’s group.

**State-of-the-Art Treatment Options**

In 2003, the cancer center saw more than 600 new analytic cases. Breast cancer is the center’s leading cancer site and prostate cancer is the second most commonly treated cancer. PCC also treats a number of head and neck, gynecological cancers, and hematologic malignancies.

The cancer center offers state-of-the-art treatments including IMRT for head and neck and prostate cancer. Currently, the center has one linear accelerator and the capacity to expand to two. In addition to IMRT, the center offers HDR brachytherapy with special expertise in gynecological and head and neck cancer, prostate seed implants, and MammoSite treatment for selected breast cancer patients. To date, the center has treated more than 40 patients with MammoSite therapy.

“Patients consistently tell us that the caring supportive atmosphere they felt at Pluta made all the difference in their treatment,” Dr. McDonald, said. “We’re all proud of that.” ■