Thoracic Surgery

What Sets Us Apart

- **Minimally invasive lung resections** including lobectomy, segmentectomy and pneumonectomy
- **Latest surgical technologies and procedures** such as robotics and 3D Video-Assisted Thoracoscopic Surgery (VATS)
- **Dedicated Interventional Pulmonology** service with fellowship trained experts working alongside our thoracic surgeons
- **Advanced bronchoscopic capabilities** that diagnose and stage cancers at the same time
- **Extensive experience with mesothelioma and pleural malignancy** management
- **Esophageal cancer** and complex benign esophageal pathology management

Our thoracic surgery program provides outstanding expertise and proven excellent results for the most complex and high-risk cases of lung, esophageal and pleural malignancies.
Esophageal Care

Our thoracic surgical team offers high volume experience and skill with esophageal procedures:
- Minimally invasive esophagectomy
- Complex open esophageal resections, such as salvage esophagectomy, colonic pull through, and supercharged jejunal interpositions
- Complex benign esophageal surgery, such as re-do fundoplications

The Roswell Park Advantage
- Roswell Park Cancer Institute was among the first to be designated by the National Cancer Institute (NCI) as a comprehensive cancer center — one of only 47 in the nation — and the only such center in upstate New York.
- Multimodality thoracic conferences and tumor board discussions held three times/week, and include radiology, pathology, pulmonary medicine, thoracic surgery and medical and radiation oncology.
- State-of-the-art inpatient facilities with 17-bed Intermediate Care Unit, which employs universal bed concept. Coverage includes Intensivist team and nurse-to-patient ratio of 1:3 to 1:4, 24 hours/day, 7 days/week. Nursing staff of the Intermediate Care Unit ranked in the 92nd percentile of Press Ganey surveys for overall nursing care.
- Extensive support services include 24-hour respiratory therapy, nutrition support, speech and swallow evaluation and therapy, dedicated social service team, and palliative care.
- Enrollment in national quality databases including NSQIP and STS GTDB.
Non-Small Cell Lung Cancer

A high proportion of lung surgeries at Roswell Park are performed using thoracoscopic procedures.

**Lobectomy:** More than 90 percent of lobectomies are performed with video-assisted thoracoscopic surgery (VATS).

### New York State 2012 VATS Comparison
(Facilities with greater than 100 Lobectomies)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>VATS Lobectomy</th>
<th>Open Lobectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roswell Park Cancer Institute,</td>
<td>8%</td>
<td>92%</td>
</tr>
<tr>
<td>Buffalo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mt. Sinai, NYC</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Memorial Sloan Kettering, NYC</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Mt. Sinai, NYC</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>NY Presbyterian Weill Cornell,</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>NYC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: 2012 New York State SPARCS Inpatient Discharges extracted from WebMD Hospital Performance Monitor. All NY Hospitals with 100 or more lobectomies are shown. Percentage of lobectomies done by VATS = VATS lobectomies/all lobectomies. Median length of inpatient stay is median number of days for discharges from a hospital. Report data run on Principal Procedure code only (32.41 & 32.49); no filters for patient origin or patient diagnoses used. Codes were provided by Corporate Reimbursement 32.41 (VATS Lobectomy) & 32.49 (Open Lobectomy).

**Pneumonectomy:**

55 percent of pneumonectomies are performed with video-assisted thoracoscopic surgery (VATS).

### New York State 2012 VATS Pneumonectomy
Roswell Park Compared With New York State Hospitals (2012 Inpatient Data) with 10 or More Procedures - Median LOS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>VATS Pneumonectomy</th>
<th>Open Pneumonectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong Memorial Hospital</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>(University of Rochester)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roswell Park Cancer Institute,</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Buffalo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mt. Sinai, NYC</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>St. Peter’s Hospital, Albany</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>NY Presbyterian Weill Cornell,</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>NYC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: 2012 New York State SPARCS Inpatient Discharges extracted from WebMD Hospital Performance Monitor. All NY Hospitals with 10 or more pneumonectomies are shown. Percentage of pneumonectomies done by VATS = VATS pneumonectomies/all pneumonectomies. Median length of inpatient stay is median number of days for discharges from a hospital. Report data run on Principal Procedure code only (32.50 & 32.59); no filters for patient origin or patient diagnoses used. Codes were provided by Corporate Reimbursement 32.50 (VATS Pneumonectomy) & 32.59 (Open Pneumonectomy).
Meet the Team

We provide coverage for consultation and treatment of patients at other local facilities: Buffalo General Medical Center, Buffalo VA Medical Center, Erie County Medical Center, Mercy Hospital of Buffalo, Millard Fillmore Suburban Hospital, Mount St. Mary’s Hospital, Niagara Falls Memorial Medical Center, and Sisters of Charity Hospital.

Thoracic Surgery
1. Todd Demmy, MD, FACS
2. Elisabeth Dexter, MD, FACS
3. Mark Hennon, MD, FACS
4. Chukwumere Nwogu, MD, PhD, FACS
5. Anthony Picone, MD, PhD, MBA
6. Sai Yendamuri, MD, FACS

Interventional Pulmonology
1. Samjot Singh Dhillon, MD, FCCP

All team members are Board Certified.

Contact Us
Call us today to discuss a case or refer a patient: 716-845-RPMD or 716-845-7763.