Jodie Hooper knows firsthand the devastation that cancer can inflict on a family.

Her mother, Marie, one of eight children, has a sobering history of the disease on her side — four of her siblings have fought cancer — including lung, colon, ovarian, and breast cancer. Jodie has also lost her godfather to pancreatic cancer and, recently, her 34-year-old cousin to colon cancer.

So, six years ago, when her mother was diagnosed with breast cancer, Jodie, 30, and her sister, Kim, 34, knew their chances of developing it were high. Not the types to shy away from a daunting situation, they both decided to seek genetic testing to check for BRCA1 and BRCA2 mutations. The BRCA gene test uses DNA analysis to identify harmful changes (mutations) in either one of the two breast cancer susceptibility genes — BRCA1 and BRCA2. Although having a BRCA gene mutation is uncommon, women who have inherited mutations in these genes face a much higher risk of developing breast cancer and ovarian cancer compared with the general population. In fact, inherited BRCA gene mutations are responsible for about 5 percent of breast cancers and about 10 to 15 percent of ovarian cancers.

When the results came back, Kim’s test was positive for the mutation and Jodie’s was inconclusive. Deciding she was taking no chances, Kim chose to be aggressive in her response. She immediately made an appointment with Lifei Guo, MD, PhD, FACS, the Lahey plastic surgeon who had previously reconstructed her mother, to discuss her options. She ultimately decided on a double mastectomy with DIEP (deep inferior epigastric perforator) reconstruction. Because she was living in New York at the time, she moved in with Jodie and her family for the four weeks that it took her to recover from the surgery.

Jodie, who was otherwise young and healthy, decided to wait, but became extra vigilant about getting regular mammograms and about self exams. “I watched my mom suffer and, taking care of my sister, I had a glimpse of what could come down the road. I had to fight the system to get checked as early and as frequently as I did, but if I hadn’t insisted, I likely wouldn’t be here today.” In July of 2011, Jodie felt a lump in her breast. She had had a clean mammogram just six months prior. New scans were taken and she was diagnosed with ductal carcinoma in situ (DCIS). Although initially non-invasive, DCIS has varying degrees of aggressiveness, with some types likely to become invasive if not treated. Treatment is similar to that of invasive cancers.

(Continued on page 2)
Breast reconstruction is plastic surgery to rebuild a breast. It is usually undertaken after a mastectomy (removal of the breast) has been done to treat cancer. Thanks to the Women’s Health and Cancer Rights Act of 1998, which mandated coverage of reconstructive breast surgery for women who have undergone mastectomy, the procedure is covered by insurance and is not considered elective surgery.

Performed by experts in Lahey’s Plastic and Reconstructive Surgery Department, breast reconstruction can take place at the same time as the mastectomy (immediate reconstruction), or later (delayed reconstruction).

If you choose to have reconstruction, your surgeon will perform a skin-sparing or, if qualified, even nipple-sparing mastectomy. Breasts can then be reconstructed in two ways:

- With implants filled with fluid or gel, or
- With “flaps” of your own tissue taken from your abdomen, buttocks or back to recreate a “natural” breast.

At Lahey Clinic, we offer patients a full complement of choices for breast reconstruction. Because every patient is different, reconstruction options may be dependant on a variety of factors, including your age, health and body type. Your surgeon will help you to determine what the best option is for your situation.

**Implant or tissue expander followed by placement of an implant.** A breast implant is the simplest form of reconstruction with the quickest recovery. In some cases, a one-stage, immediate breast reconstruction procedure can be done at the time of mastectomy if the patient’s anatomy fulfills certain criteria. A breast implant is simply inserted where the breast tissue was taken out. The implant can be filled with sterile salt water (saline) or silicone gel. This type of reconstruction may provide an improved appearance of the breast without resorting to the use of other parts of the body.

Many times, your surgeon will perform two-stage reconstruction whereby a tissue expander (temporary implant) is slipped under the skin, and the skin is closed. The expander can then be filled with saline. Over a few weeks, more saline is gradually put into the pouch. The skin overlying the pouch slowly expands as the pouch grows in size. At a later date, the tissue expander is replaced with a saline or silicone gel implant.

**Tissue Flap Procedures.** Flap procedures involve using skin and sometimes muscle flaps from your abdomen, back, or other parts of your body. Although more complicated, these procedures generally provide superior and much more natural results than implants.

- The **TRAM flap procedure** (transverse rectus abdominus muscle) takes tissue and muscle from the lower abdomen and tunnels it under the skin to the chest to create a new breast shape. Two types of TRAM flaps exist:
  - A pedicle flap remains attached to the original blood supply under the skin from the abdomen.
  - A free flap is completely cut away from its original location and reattached to blood vessels in the chest area using microsurgery.

There are a few minor downsides to this procedure including a partial loss of abdominal strength (up to 20%) and the risk of possible abdominal complications such as bulging or hernia.

- The **DIEP flap procedure** (deep inferior epigastric perforator) is the latest form of breast reconstruction available today. Similar to the free TRAM flap with the need for microvascular surgery, the surgery uses the patient’s own abdominal skin and fat to reconstruct a natural, warm, soft breast after mastectomy. However, the DIEP flap largely preserves all the abdominal muscles. Patients experience less pain after surgery, enjoy a faster recovery and maintain their abdominal strength long-term.

Other procedures performed at Lahey include:

- The **latissimus dorsi flap procedure** where skin and muscle are taken from your upper back and tunneled under the skin to the front of your chest. This flap is particularly useful in patients with prior radiation and significant damage to the chest skin.

- The **gluteal artery perforator-free flap procedure** where tissue is taken from your buttocks and reconstructed to form a breast shape. Although less commonly used due to potential complications, this does offer a unique choice for those patients with no other options.

To learn if you are a candidate for breast reconstruction using your own tissue, or to schedule a consultation with a member of the Department of Plastic and Reconstructive Surgery, please contact us at (781) 744-8584.
FALL 2011
COVER STORY

Spotlight on:
Lifei Guo, MD, PhD, FACS

Lifei Guo, MD, PhD, FACS, recently joined Lahey Clinic as the Chair of the Department of Plastic and Reconstructive Surgery. Most recently with Brigham and Women’s Hospital, Dr. Guo specializes in breast reconstruction, complex reconstructive surgery and microsurgery. Although there are many reconstructive breast surgeons in the United States, very few routinely perform the DIEP procedure due to the technical difficulty of the surgery. Dr. Guo has been performing the surgery for over five years with over 150 such flaps. Dr. Guo received his medical degree from Yale University School of Medicine. He completed a residency in plastic surgery through the Harvard Combined Plastic Surgery Residency Program and a fellowship in microsurgery at Beth Israel Deaconess Medical Center and Children’s Hospital Boston. To make an appointment for a consultation with Dr. Guo, please call (781) 744-8584.

When she discussed her options with Dr. Guo (“I couldn’t imagine seeing anyone else”), she, like her sister, decided to pursue a double mastectomy, but with implants rather than DIEP reconstruction. “My children are 6 and 11. They are incredibly active and I am so involved in the day-to-day events in their lives. I wanted to keep our life as normal as possible. Although Kim is pleased with the results of her reconstruction, I knew that the recovery would be too much for me.”

She adds that the process – which is still ongoing – has been an emotional roller coaster as is. “Nothing can prepare you for this…it is so difficult. Even though I know I am doing the right thing, I feel like I am missing out. I can’t pick up my kids. I can’t coach. I can’t do a lot of the things I want to do…yet.” She says that the positive support and humor of her husband and kids have helped. “My 11-year old told me, ‘mom, you know you are not alone…50-100 people around the world are going through the same thing!’ Sometimes it takes seeing it through a child’s eyes to put everything into perspective.

It also helps to know I am in the best hands there are and that everything will eventually be fine. Dr. Guo has been my family’s backbone. I can call him anytime, explain the situation, and know that he will always find me a solution to whatever problem I am having. He is exceptional.”

To learn more about hereditary cancer predisposition and the services we provide at Lahey Clinic to individuals with significant personal and/or family histories of cancer, visit the Familial Cancer Risk Assessment Center website at www.Lahey.org/FCRAC.
This interview was conducted with Lahey acupuncturist, Jonathan Ammen, M.Ed., LicAc. Ammen trained in Shanghai, China, and at the New England School of Acupuncture in Watertown, Massachusetts.

Can you talk a bit about the work you do with cancer patients?

I work with cancer patients in all the different stages of treatment and recovery. I see patients from the Breast Cancer Center at Lahey and the Sophia Gordon Cancer Center. Acupuncture is very helpful in alleviating pain. Many patients have pain after surgery, and during or following radiation or chemotherapy treatment. With breast cancer patients, for instance, pain often occurs in the breast, chest wall or arm, and acupuncture is often very helpful for these patients.

What about helping with other side effects besides pain?

Acupuncture is helpful for other common side effects from cancer treatment such as nausea and vomiting, lack of appetite, fatigue, dry mouth, difficulty swallowing and numbness and tingling. In patients with urinary and prostate cancer, acupuncture can be helpful in alleviating lower bowel problems and urinary dysfunction, such as frequent or difficulty urinating.

Personally, I’m very interested in the role acupuncture plays in helping with depression and anxiety, particularly in breast cancer patients. There is mounting evidence that attending to depression and anxiety in these patients causes significant improvement in their outcomes. Patients who are feeling better tend to better tolerate treatments, often have a decrease in side effects, and may even have higher survival rates.

How does acupuncture work?

From the Chinese perspective, acupuncture is all about treating imbalances in the body and mind. Balance is regulated by the flow of chi, or the body’s vital energy and capacity for health. So from this view, acupuncture’s function is to adjust or normalize imbalances of energy.

From the western, more scientific perspective, we know a lot, but we still don’t have the whole picture. What we know from the research is that acupuncture stimulates the nervous system, and this stimulation is carried through the spinal column and brain, creating changes in health. We know that endorphins, which provide pain relief, are released during acupuncture, and that...
changes in the blood show a regulating effect on
the immune system. We also know that serotonin
and norepinephrine neurotransmitters, which
help with depression and anxiety, are also
stimulated by acupuncture. Still, the reason
for some of acupuncture’s positive effects
remains a mystery. For example, special MRI
scans of the brain during acupuncture have
shown some effects on brain activity even though
these are difficult to predict and understand.

**What can I expect from an acupuncture session? Will it hurt?**

The first session is about an hour. I do a very
thorough review of a person’s health issues
and history. I also pay attention to the state
of healthy balance in the person’s life. How
is their home and work life, are they sleeping
and eating well, are they exercising, are they
getting support? I also perform a physical
exam. Every person’s treatment plan is
personalized and continuously adjusted
to their specific needs.

The best way to know what it feels like is
through demonstration, which I often
give during the initial visit if the patient
is curious. Acupuncture needles are so
tiny, most people say their acupuncture
sessions are painless and also deeply
relaxing. I have a picture on my wall
of myself with a young girl, maybe
six years old, with a huge grin on her
face and an acupuncture needle in
her neck. Treatment often begins
with a short trial of two to four visits,
that way we can gauge a person’s
response, and refine the
treatment as needed.

**How do I get more information?**

To make an appointment or find out more about Lahey’s Integrative Therapies program,
visit www.Lahey.org/IntegrativeTherapy or call the Sophia Gordon Cancer Center at (781) 744-8400.
HEART HEALTH

Keeping up with Cholesterol
(News to Know Even if You’re Under Thirty)

Most of us know something about cholesterol. We read about it in the news, or see products touting the words “Low Cholesterol” as we walk through the supermarket. But unless we have heart disease or have a family member with heart disease, we may not pay much attention to this critical risk factor for heart attack.

Why not make 2012 the year you start keeping up with your cholesterol?

What is cholesterol anyway?

Cholesterol is a waxy substance produced naturally by the liver and transported through the body by the blood. It serves several purposes, such as producing cell membranes and some hormones, as well as contributing to other bodily functions. Cholesterol becomes dangerous when there is an excess of it in the body, a common occurrence since cholesterol is also present in many of the animal-based products we eat, including meat, poultry, fish and dairy products. When there is too much cholesterol running through our bloodstream, plaque builds up on the artery walls, a condition known as atherosclerosis, and puts us at risk of heart and other vascular disease. A completely blocked artery to the heart can lead to a heart attack; a completely blocked artery to the brain can lead to a stroke.

“While a blood cholesterol screening measures your total cholesterol and other fats in the body called triglycerides, the two most important numbers to understand are your HDL, or high-density lipoprotein, and your LDL, or low-density lipoprotein,” says Madhavi Challagulla, MD, a primary care physician at Lahey Wilmington. “LDL is the bad cholesterol that clogs arteries, while HDL is good because it carries cholesterol away from your arteries. In general, you want the HDL number to be higher—above 50 across the board—and the LDL to be lower. To remember the distinction, it helps to think: I equals lousy equals low.”

According to the American Heart Association (AHA), heart disease is the number one cause of death in America; two thousand two hundred Americans die from causes related to cardiovascular disease each day. The AHA recommends that all adults 20 years or older have their cholesterol checked by their primary care physician every five years if healthy, and more frequently if there is any indication of heart disease. “Awareness and prevention are essential to lowering your risk for developing heart disease,” adds Challagulla.

If your cholesterol numbers are abnormal, your physician will work with you to develop a treatment plan that typically includes regular cholesterol testing, a low-fat diet, smoking cessation/tobacco treatment and a regular exercise program. For appropriate patients, cholesterol-lowering medications such as statins are also available.

Although the AHA provides guidelines for interpreting cholesterol levels and making treatment recommendations, Challagulla cautions patients not to set ideal goals for themselves without talking to their physicians first. “While the guidelines are helpful, they are just that: guidelines,” explains Challagulla. “For instance, people who have already been diagnosed with heart disease have different LDL goals than people who do not yet have the diagnosis. Each person is different and has unique risk factors. You should always talk to your physician about what the appropriate number goals are for your particular situation.”

Visit www.Lahey.org/heart for more information about heart disease. To make an appointment with Dr. Challagulla call Lahey Wilmington at 978-694-9610. To make an appointment with a primary care physician in another location, visit www.Lahey.org/PrimaryCare.

Did you know?

- All adults 20 years or older should have their cholesterol checked.
- When someone gets their cholesterol checked, they measure several things:
  - LDL levels (known as the “bad” cholesterol)
  - HDL levels (known as the “good’” cholesterol)
  - Triglycerides
- The test should be done every five years.
**Survivors of Breast Cancer Wellness Group**

Thursday, April 5, 5:30 to 7:30 pm  
Thursday, May 3, 5:30 to 7:30 pm  

Conference Room A, First Floor  
Lahey Clinic Medical Center, North Shore  
One Essex Center Drive, Peabody  

All breast cancer patients, including those who are newly diagnosed, are currently in treatment, or have completed treatment, are invited to participate in this free support group, led by Deborah Smulian, LCSW.  
For more information, call 781-744-7779.

**Cooking Up Good Health: Learn to Cook**

Monday, April 23, 5:30 to 6:30 pm  
41 Mall Road  
Lobby Conference Room  
Burlington, MA 01805  

Join Kathleen Schader, a registered dietitian and chef, for a free demonstration that includes cooking techniques for meals that are delicious and easy to prepare. She will show tools and techniques to improve skills and confidence in the kitchen and provide samples for tasting as well as recipes to try at home.  
For more information, call 781-744-2469.

**Urologic and Prostate Cancer Support Group**

Tuesday, May 15, 6 to 7 pm  
Tuesday, June 19, 6 to 7 pm  

Lahey Clinic Medical Center  
Urology Center Conference Room, 4 East  
41 Mall Road  
Burlington, MA 01805  

A free program offering emotional support, coping skills and resources to those with urologic and prostate cancers. The group is facilitated by Sharon O’Brien, RN and Deborah Smulian-Siegel, LCSW.  
Register by calling 781-744-7485 or 781-744-7779.

**Healthier Living: A Journey to Diabetes Control**

Thursday, April 5, 4:30 to 5:30 pm  
Thursday, April 12, 5 to 6 pm  
Thursday, April 19, 5 to 6 pm  
Thursday, April 26, 4:30 to 5:30 pm  
Thursday, May 3, 5 to 6 pm  
Thursday, May 10, 5 to 6 pm  

4N-67 Conference Room (4 East GIM)  
Lahey Clinic Medical Center, Burlington  

Come join our certified diabetes educators and others living with diabetes to get the support you may need to lead a healthier lifestyle. Classes are offered throughout the year and cover the latest in diabetes care, including the basics of diabetes, healthy eating, an active lifestyle, medications, and self-monitoring.  
In most instances, diabetes education Sessions are covered by health insurance plans if you have a diagnosis of diabetes. Some plans such as Medicare require a physician referral.  
For more information, call 781-744-8355 (Burlington), 978-538-4674 (Peabody), or 781-744-7076 (Arlington).

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**March is Colorectal Cancer Awareness Month**

__Fiction:__  
Colorectal cancer screening is only necessary for people who have symptoms.

__Fact:__  
Since early colorectal cancer often has no symptoms, it is important to get regular screenings.

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Men and women who are 50 or older should get screened regularly for colorectal cancer. Those with a personal or family history may need to be screened earlier. To learn more about screening colonoscopies, please speak to your primary care provider.
In 2011, Lahey Clinic was designated a member institution of SWOG (formerly known as the Southwest Oncology Group). SWOG is a clinical research cooperative group that designs and conducts large-scale trials of new cancer treatments and prevention regimens. To become a full member, Lahey had to demonstrate a high level of contribution to clinical trials and the ability to offer unique and significant new ideas, programs or techniques for evaluating and treating cancer patients.

SWOG is one of the largest National Cancer Institute (NCI)-supported clinical trial cooperative groups and about half of its member institutions are NCI-designated cancer centers. Lahey joins 40 other member organizations internationally, and becomes the second SWOG member in Massachusetts.

While eight hospitals in Massachusetts currently participate in SWOG trials, all do so as affiliate members, with the exception of the Boston Medical Center. With this new appointment, we are now eligible to oversee affiliate member activities.

In addition to conducting large-scale Phase III trials, SWOG also conducts innovative Phase I and Phase II studies evaluating promising new treatment approaches and translational science concepts.

Lahey is currently running eight open breast cancer trials in conjunction with SWOG.

“Behind every recent advance in the management of breast cancer, there are hundreds or possibly thousands of patients who have volunteered to participate in the clinical trials that made these advances possible,” said Corrine Zarwan, MD, of Lahey’s Department of Hematology and Oncology. “The women who participate in clinical trials are the heroes that are helping to develop the new drugs, devices and treatments for the future. At Lahey Clinic, we strive to keep interesting and promising breast cancer trials open and available to our patients. We hope that every patient will have an open mind and consider participating in clinical research. We urge you to ask your doctor about clinical trial participation and consider signing up.”

For more information on Lahey Clinic’s Comprehensive Breast Health Center, visit www.Lahey.org/Breast.

For information on the Sophia Gordon Cancer Center, visit www.Lahey.org/Cancer.
1. **Trial Number: S1007**

**Description:** The goal of this trial is to help doctors and their patients with breast cancer make better treatment decisions by using a genomic test known as the Oncotype DX® Assay.

Patients with hormone receptor-positive breast cancer that has spread to their lymph nodes usually get both chemotherapy and hormonal therapy after surgery. But for some of these patients with low to intermediate “recurrence scores” on the Oncotype DX test, chemotherapy may offer little or no benefit. Hormonal therapy alone may be enough.

This trial will measure just how much, if any, benefit these patients get from chemotherapy. It will also try to determine where the cutoff score is between patients who benefit from chemotherapy and patients who do just as well with hormonal therapy alone.

2. **Trial Number: S0812**

**Description:** This trial gives premenopausal women at high risk for breast cancer 20,000 IU per week of vitamin D for one year.

Studies published over the past few years suggest a correlation between vitamin D deficiency and increased breast cancer risk. Compared to women with vitamin D deficiency, women whose serum levels are within the optimal range have a 40 to 50 percent lower breast cancer risk.

Investigators are putting this last association to the test in a randomized, phase II controlled trial, assessing whether a year of high-dose vitamin D will reduce mammographic breast density in high-risk, premenopausal women as compared with a similar group of women taking a placebo.

3. **Trial Number: S0927**

**Description:** This is a randomized placebo-controlled trial of omega-3 fatty acid for the control of aromatase inhibitor-induced musculoskeletal pain and stiffness in women with early stage breast cancer.

This randomized phase III trial is studying omega-3 fatty acid supplements in treating muscle and bone pain and stiffness in patients with stage I, stage II, or stage III breast cancer receiving hormone therapy. An omega-3 fatty acid-enriched nutritional supplement may help improve muscle and bone pain and stiffness caused by hormone therapy in patients with breast cancer.

4. **Trial Number: NSABP B-39**

**Description:** This is a randomized phase III study of conventional whole breast irradiation (WBI) versus partial breast irradiation (PBI) for women with stage 0, I or II breast cancer.

The primary aim of this protocol is to determine whether partial breast irradiation (PBI) limited to the region of the tumor bed following lumpectomy provides equivalent local tumor control in the breast compared to conventional whole breast irradiation (WBI) in the local management of early stage breast cancer.

5. **Trial Number: NSABP B-43**

**Description:** This is a phase III clinical trial comparing trastuzumab (an antibody used to treat certain breast cancers) given along with radiation therapy, and radiation therapy alone, for women with HER2-positive ductal carcinoma in situ (DCIS) resected by lumpectomy.

This study will find out if adding trastuzumab to breast radiation therapy is more effective than radiation therapy without trastuzumab in preventing occurrence of breast cancer in the same breast, in the other breast, or in other parts of the body in patients with HER2-positive DCIS.

6. **Trial Number: NSABP B-47**

**Description:** This is a randomized phase III trial comparing chemotherapy alone to chemotherapy plus trastuzumab in women with node-positive or high-risk node-negative HER2 low-invasive breast cancer.

The main purpose of this study is to learn if adding a targeted therapy, trastuzumab (Herceptin®), to standard treatment with chemotherapy for early stage, HER2-low (negative) breast cancer, will prevent breast cancer from returning.

7. **Trial Number: CALGB 40603**

**Description:** Every person on this study will get standard preoperative chemotherapy. The study tests whether adding other drugs to the standard treatment will make triple negative breast cancer tumors more likely to shrink and even disappear than with the standard treatment alone. This could also lower the risk of breast cancer showing up in other parts of the body. The drugs being studied are carboplatin and Bevacizumab. They are both approved to treat other cancers.

8. **Trial Number: MA.32**

**Description:** The purpose of this study is to test the effectiveness, safety and side effects of Metformin, an agent commonly used to treat diabetes, in patients with breast cancer.

This study is looking at whether Metformin can decrease or affect the ability of breast cancer cells to grow and whether it will work with other therapies to keep cancer from recurring.

The purpose of this study is to find out whether it is better to receive the drug Metformin in addition to the usual treatment for breast cancer. Half of the subjects in this study will get Metformin in addition to their usual treatment. The other half will receive a placebo (a substance that will look identical to the Metformin pills but will not contain any active ingredients) in addition to their usual treatment.

Previous laboratory work has shown that Metformin may decrease the growth of different types of cancer cells, including breast cancer cells. Research has also shown that Metformin lowers the level of insulin, a hormone found in the blood that can negatively affect breast cancer.
Lahey Clinic has again been named as one of the nation’s 50 Top Cardiovascular Hospitals by Thomson Reuters. This prestigious annual award honors hospitals that have led the way with superior performance in cardiovascular care. In the thirteen years the award has been distributed, Lahey has received this distinction nine times.

To determine the winners, Thomson Reuters conducted an annual study that examined the performance of more than 1,000 hospitals. These hospitals were analyzed based on outcomes for patients with heart failure and heart attacks, and for those who received coronary bypass surgery and percutaneous coronary interventions (PCI), such as angioplasties.

“It is an honor to be recognized by Thomson Reuters for our commitment to providing excellent cardiovascular services, and we are pleased to again be named as one of the 50 Top Cardiovascular Hospitals this year,” said Richard Nesto, MD, chief medical officer and chairman, Cardiovascular Medicine. “For us this means that everything we do is being recognized on a broader scale, particularly when we’re compared with other places and particularly when metrics used to define awards are ones that directly impact quality, safety and cost.”
Lahey Goes Red for Women

On Thursday, February 2, 2012, Lahey held a mini-heart health fair in recognition of National Wear Red Day®. Members of Lahey’s Cardiac Rehab hosted a table in the main lobby of the Medical Center with a brief video on heart disease and information for colleagues and visitors alike. To show support for women’s heart health and urge women to educate themselves about the risk of heart disease, colleagues also brought out the red – dresses, shirts, ties, and red dress pins.

To learn more about heart health, visit www.Lahey.org/Heart or make an appointment with a Lahey cardiologist by calling 781-744-3250.

Statistics show that heart disease kills more women than all cancers combined.
Meet the Primary Care Team

Looking for a new Primary Care Physician? Lahey PCPs in your area have openings! Working together in teams, our primary care providers deliver comprehensive and compassionate care to you and your family. Need a specialist? We can also offer you convenient access to hundred of world-renowned specialty physicians to ensure that all your unique health care needs are met.

Marie Angeli Adamczyk, MD
Lahey Lexington
Dr. Adamczyk is board certified in internal medicine. She received her medical degree from University of the East, RMMC, Manila, Philippines and attended Saint Barnabas Medical Center, Livingston, NJ, for her internship and residency. Prior to joining Lahey, she was most recently Clinical Assistant Professor of Medicine and Staff Physician at the University of Arizona and Southern Arizona Veterans Administration Healthcare System in Tucson, Ariz. She is fluent in Filipino. For more information or to schedule an appointment with Dr. Adamczyk, please call 781-372-7100.

Blair Russell Johnson, MD
Lahey Burlington
Dr. Johnson is board certified in internal medicine. He received his medical degree from Tufts University School of Medicine and attended Lahey Clinic Medical Center for his internship and residency. For more information or to schedule an appointment with Dr. Johnson, please call 781-744-7000.

Bhumi Shah, MD
Lahey Billerica
Dr. Shah is board certified in internal medicine and is a member of the American College of Physicians. She received her medical degree from Smt. N.H.L. Municipal Medical College in India and completed her residency in internal medicine at Bronx-Lebanon Hospital Center in New York. Her special interests include diabetes, hypertension and women’s health. She is fluent in Gujarati and Hindi. For more information or to schedule an appointment with Dr. Shah, please call 978-663-6666.

Natalia Yurkovetsky, MD
Lahey Wilmington
Board certified in internal medicine, Dr. Yurkovetsky has a special interest in diabetes and women’s health. Prior to joining Lahey Clinic, she was a primary care physician with Norwalk Medical Group and an attending physician at Norwalk Hospital in Norwalk, Conn. She completed her internship and residency in internal medicine at Mount Sinai School of Medicine, Queens Hospital Center in Jamaica, N.Y. Dr. Yurkovetsky is fluent in Russian. For more information or to schedule an appointment with Dr. Yurkovetsky, please call 978-694-9610.
Meet the Primary Care Team

Blair Roberts, MD, MPH
Lahey Amesbury
Dr. Roberts is a board-certified family practice physician with more than 20 years of experience with both children and adults. Prior to joining Lahey Clinic, Dr. Roberts practiced at Greater Lawrence Family Health Center. He received his medical degree from Case Western Reserve University School of Medicine and completed his residency at Brown University Family Medicine. For more information or to schedule an appointment with Dr. Roberts, please call 978-388-5050.

Cherylyn Black, MD
Lahey Lynnfield
Dr. Black is a board certified family practice physician. She received her medical degree from the University of Iowa, College of Medicine, and completed her residency at Beverly Hospital. Prior to joining Lahey Clinic, Dr. Black practiced medicine at Willowdale Medical Center and Lynnfield Primary Care, both affiliated with Beverly Hospital. Her special interest is in women’s health. For more information or to make an appointment with Dr. Black, please call 781-213-4040.

Lisa Connolly, MD
Lahey Lynnfield
Dr. Connolly is a board certified family practice physician. She received her medical degree from Boston University School of Medicine and completed her residency at Beverly Hospital. Prior to joining Lahey Clinic, Dr. Connolly practiced medicine at Willowdale Medical Center and Lynnfield Primary Care, both affiliated with Beverly Hospital. Her special interests are in pediatric and adolescent medicine. For more information or to make an appointment with Dr. Connolly, please call 781-213-4040.

Anu Diddee, MD
Lahey Clinic Medical Center, North Shore
Dr. Diddee recently joined the Department of General Internal Medicine at Lahey Clinic Medical Center, North Shore. Dr. Diddee is board certified in internal medicine. She is a graduate of Maulana Azad Medical College in New Delhi, India, and completed a residency in internal medicine at Jacobi Medical Center, Albert Einstein College of Medicine. Prior to joining Lahey Clinic, Dr. Diddee was a primary care physician with Monadnock Internists, affiliated with Monadnock Community Hospital in Peterborough, N.H. For more information or to make an appointment with Dr. Diddee, please call 978-538-4230.

Looking for a new Primary Care Physician? Lahey PCPs in your area have openings! Working together in teams, our primary care providers deliver comprehensive and compassionate care to you and your family. Need a specialist? We can also offer you convenient access to hundred of world-renowned specialty physicians to ensure that all your unique health care needs are met.
SAVE THE DATE
Saturday
June 2, 2012
Lahey Clinic Cancer Walk and 5K Run

A MILLION REASONS TO WALK—
BECAUSE CANCER IMPACTS US ALL