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**On the Job: Lori Pellegrino, MSN, CRNP; Sung Whang, MSN, CRNP, CTTS; Kate Thistle, CRNP**

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## Patient Perspective



At the monthly Esophagectomy Support and Survivorship Group meeting in April, John Harbold (center) announced, "I am SO happy to be here!" as he was reunited with his care team: Drs. Christina Brus, Nathaniel Evans, Ernest L. Rosato and Pramila Rani Anne.

## Patients Benefit from Multi-Disciplinary Approach of Jefferson Gastroesophageal Center

John Harbold is a busy guy. In 2013, he was 58 years old and teaching physical education, algebra and personal finance at a private Christian school near his hometown of Woodbury, NJ. He was also coaching the football team at Clearview Regional High School and working as a chaplain for the New Jersey Department of Corrections.

By late summer, he started feeling very tired but chalked it up to "being an old guy running around with the young guys – nothing to worry about." Around that time, Harbold says, he started having bouts of hiccups lasting 10 to 15 minutes every time he ate. It was a nuisance but didn't seem like an emergency. Then, in September, he awoke in the night sneezing and coughing. When he found a blood clot in his tissue, he got in touch with his family doctor. A blood test revealed that he was anemic, while other symptoms pointed to the need for a visit to his gastroenterologist, Howard Kroop, MD, at Jefferson.

According to Harbold, the day after that visit is one he will never forget: "I was lying in my bed reading a book when my family doctor called and said, 'John, you have cancer,'" he recalls. More specifically, he says, "It was adenocarcinoma of the esophageal-gastric junction – where the esophagus meets the stomach about 12 inches down from my Adam's apple."

Within days, Harbold was being seen by other physicians at the Jefferson Gastroesophageal Center, where the multi-disciplinary team was prepared to map out his treatment plan. He quickly underwent additional testing, which confirmed that his cancer was in an

advanced stage. In a single day, he met with surgeon Ernest L. Rosato, MD, FACS, as well as radiation oncologist, Pramila Rani Anne, MD, and medical oncologist, Christina Brus, MD. He enrolled in a clinical trial and, in November 2013, started the first round of chemotherapy.

At the end of those six weeks, a scan showed that the chemo had shrunk the tumor, and Harbold began a second, even more intense, round of chemotherapy plus radiation therapy. He recalls the extreme fatigue and numerous side effects but lauds Jefferson's team. ("Every time I had a symptom, they had an answer," he says.) Allowing six to eight weeks to recover from the second round of chemo and radiation therapy, Harbold was scheduled for an esophagectomy in April 2014 with Dr. Rosato and Nathaniel R. Evans, MD, FACS, FCCP.

*"I thank God every day for the people at Jefferson!"*

"An esophagectomy is a major procedure," explains Dr. Rosato. "Dr. Evans and I were able to perform a minimally invasive esophagectomy to remove the tumor with a segment of esophagus and stomach as well as surrounding lymph nodes. This was all performed thoroscopically and laparoscopically – by inserting scopes and instruments through small incisions into the chest and abdomen – without the need for any significant incisions."

## On the Job



Nurse Practitioners Lori Pellegrino, MSN, CRNP, (not pictured), Sung Whang, MSN, CRNP, CTTS, and Kate Thistle, CRNP, guide esophagectomy patients through every step of treatment and recovery.

The Jefferson Gastroesophageal Center is fortunate to have a trio of specialized nurses to help patients prepare for the esophagectomy procedure, coordinate all of the required tests and follow-up, and provide support through any chemotherapy/radiation and the recovery process.

During their hospital stay, patients and families lean on inpatient nurse practitioner Kate Thistle, CRNP. Kate's support during the initial postop days and explanations prior to discharge are critical to start a smooth recovery. Often the most challenging rehabilitation comes in the days and weeks following discharge.

Nurse practitioner Lori Pellegrino, MSN, CRNP, has spent the last seven years caring for esophagectomy patients in the practice of general surgeon Ernest L. Rosato, MD, FACS. She is familiar with the lengthy and challenging recovery – and is passionate about helping esophagectomy patients and their caregivers navigate the process. Lori notes that the recovery brings significant changes to quality of life. For many patients, one of the most challenging aspects is nutrition. The transition from five to seven days of a feeding tube to eating with a "new," smaller stomach can take many weeks and introduce a lot of frustration.

"The collaboration between general and thoracic surgeons allows us to tailor surgical therapy to the specific needs of each patient," Dr. Evans notes. "The vast majority of our patients have minimally invasive surgery like Mr. Harbold. Smaller incisions mean less pain, so patients can get out of bed and get on the road to recovery sooner."

Harbold spent almost two weeks recovering in the hospital before returning home to continue the process. "After surgery is a pretty difficult time," he recalls. "Your body has to learn how to eat all over again, and just walking a few yards is a major event." He relied on Dr. Rosato and nurse practitioner Lori Pellegrino, MSN, CRNP, for answers to the many challenges he encountered along the way (see "On the Job" above).

He also leaned heavily on his faith and his family, including his children and his ex-wife, all of whom have helped in providing his care.

"Appetite is often emotional," she says. "After this surgery, patients have to learn that there's only so much room down there to hold food." To help, Lori has developed a protocol that outlines clear recommendations for what to eat, when and in what quantities. She also spends a great deal of time providing one-to-one support on the phone.

Sung Whang, MSN, CRNP, CTTS, is Lori's counterpart in the practice of thoracic surgeon Nathaniel Evans, MD, FACS. In response to patient requests, Sung recently formed the Jefferson Esophagectomy Survivorship and Support Group that meets in person and online. This newly formed group offers patients and caregivers a forum to share experiences, gather new information and reunite with their Jefferson physicians and surgeons.

"This surgery is a game-changer," says Sung. "We try to address all the issues – diet and nutrition, speech and swallow therapy, help obtaining the necessary tube feeds and medical equipment and providing tools to help caregivers, who are often exhausted. We're there for them every step of the way."

*Patients and family members can join the online support group at [facebook.com/groups/EsophagectomyAtJeff](https://www.facebook.com/groups/EsophagectomyAtJeff)*

"The physical part is 50 percent – take the medication, take care of yourself, don't push yourself," he says. "But I think the biggest advice I would give to another patient is to prepare yourself emotionally and spiritually. Your faith either gets deeper or you find faith pretty quickly. You're facing a very long recovery."

These days, Harbold continues to be monitored by his team at Jefferson, but he is back to teaching and coaching, he's exercising several times a week, and he's even volunteering at the Jefferson Infusion Center – doing his best to give others hope and encouragement. He's also active in a number of in-person and telephone-based support groups, including the one recently launched by the Gastroesophageal Center.

"I can't fight this thing alone, and the people who have helped me are just marvelous," he says. "I thank God every day for the people at Jefferson!"

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