

Radiation Medicine

An Interview with Louis Potters, M.D.,
Deputy Physician-in-Chief, Radiation Medicine, Northwell Health Cancer Institute

EDITORS' NOTE Dr. Louis Potters is one of the leaders of the Northwell Health Cancer Institute and is responsible for radiation medicine services across the health system to provide patients with the most advanced cancer care available. He also serves as Chair of Radiation Medicine for Northwell Health, and as Chair and Professor of Radiation Medicine at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Board certified in internal medicine and radiation oncology, Dr. Potters joined Northwell from South Nassau Communities Hospital in Oceanside, where he was Associate Director of Radiation Oncology and Medical Director of the New York Prostate Institute. Before joining South Nassau, he was an associate professor of radiation oncology at Memorial Sloan-Kettering Cancer Center. Earlier, Dr. Potters was an attending physician in radiation oncology at North Shore University Hospital. Dr. Potters received his M.D. from the University of Medicine and Dentistry of New Jersey and a bachelor's degree from Emory University.



Louis Potters

What makes Northwell Health a leader in the treatment of cancer?

Northwell Health has a high-quality cancer program with a very unique and special offering to the patients that live within the catchment area of the health system, namely a health system that supports cancer care. The multidisciplinary team of cancer specialists are special people who provide the highest quality of cancer care anywhere. It's a pleasure working together. The overall mission of the health system – patient first, patient-focused care, and care to all patients, capitalizing “all,” allows practicing oncology here to be special and really makes the health system a unique place. That is a contradistinction to other institutions where that's not necessarily driven home to the same extent. Northwell really creates the opportunities to do what's right for every patient every time they need our services.

As an oncologist, this a very liberating way of practicing medicine. I'll give you one example, specifically, and that is the opportunity of offering active surveillance to men with prostate cancer. It's easy to say, let's just treat someone with prostate cancer. It's harder to say,

let's discuss why you don't need treatment today, and how we're going to manage you over the long term. By doing this, we gain the confidence of the patient and that creates a relationship of trust. We avoid complications of unnecessary treatment as well.

Will you highlight some of the advances taking place in radiation oncology?

When you think of radiation oncology, a lot of people think of the expensive technology. In fact, the linear accelerator is the most sophisticated piece of technology used in all of medicine. More important than the technology itself is how it is used and by whom. We are fortunate at Northwell to have many different technologies available to help us select what is best for each patient.

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But there is something different about how we offer radiation oncology services at Northwell. I think what is interesting and not well appreciated is that there's only about 35 percent of level one evidence for how patients should be treated for their cancers – what I mean by that is randomized controlled trials, or the type of research that definitively proves this is how a patient should be treated. This means, for the majority of cancer patients, whether it's surgical, medical, or radiation oncology, there's a certain amount of ad-hoc decision-making. One of the things that we have done in the Department of Radiation Medicine over the years is that we have created what we call a “Northwell Standard” of care that's the same everywhere, so it's not anecdotal care. It's not based on physician intuitive care. It represents the consensus of the faculty who have come together to develop this “Northwell Standard.” So a patient treated in any one of the facilities where we offer radiation oncology services will receive the exact same level of sophisticated care as any patient anywhere else within the system.

With the increasing prevalence of cancer, are you optimistic that the industry will be able to meet this challenge?

I'm optimistic in the context of how I've seen care evolve over the 30 years or so that I've been in practice. First off, the multidisciplinary nature in which cancer is managed as a team effort creates opportunities for sharing the best practices among specialties for each patient. When you look at overall survival data of cancer patients over the past 15 years, the mortality associated with cancer deaths has come down. Some of that is related to decreasing risk, like cigarette smoking and better screening, but at the same time what we're seeing is a pushing of the envelope for some cancers that traditionally had a poor prognosis. Even if the overall survival rate hasn't necessarily improved, we're seeing more patients living longer and with a better quality of life.

How critical is having a medical school to the health system?

It is a fundamentally important aspect of what we do every day. I came to the health system and practiced here for several years before the medical school existed, and I can feel the difference culturally in how we practice by having to teach and contribute back to the next generation of doctors, as well as nurses and allied professionals. It has made a real change to the organization. ●