COLORECTAL CANCER—
PREVENTABLE, TREATABLE, BEATABLE

MAIN STREETS
GO BLUE
For Colorectal Cancer

FREE BLUES PARTY
at the QUEENSBURY HOTEL
THURSDAY MARCH 20, 2014
from 5 to 8 PM

• Music by The Gary Brooks Band featuring Milayne Jackson
• Special guest speakers to be announced
• Staff will be on hand with screening information that can save your life
• No insurance? We’ve got you covered. Call 926.6570
March is Colorectal Awareness Month

By Andrew Morrison, RN and Ruth Whitney, RN, OCN

March is colorectal cancer awareness month. Colorectal cancer is the third most common cancer diagnosis among women and men in the US. According to the American Cancer Society, there were 96,830 new colon cancer diagnosis last year and 40,000 rectal cancer diagnosis. A person’s lifetime risk of getting colon cancer is 1 in 20 people, or 5%. Routine screening is an important aspect in the prevention and early detection of colorectal cancer.

Risk factors for being diagnosed with colon cancer are:

- Family history
- History of polyps
- History of inflammatory conditions of the bowel like ulcerative colitis and crohn's
- Known history of hereditary colorectal cancer syndrome such as (FAP) or hereditary non-polyposis colorectal cancer (HNPCC)

Screening is recommended beginning at age 50 for both men and women. Screening is not only for the detection of cancer, but for the removal of polyps that could possibly become a cancerous tumor. According to the American Cancer Society the following tests are recommended:

- Yearly fecal immunochemical test (FIT) every year, or
- Flexible sigmoidoscopy every 5 years, or
- Colonoscopy every 10 years, or
- Double contrast barium every 5 years, or
- CT colography (virtual colonoscopy) every 5 years.

Check with your doctor regarding screening. These are simply recommendations from the American Cancer Society. Certain determining factors may play a part in the type of test you will receive and the frequency. Be proactive, get screened and encourage your friends and family to do so as well.

Source: American Cancer Society

Colon Cancer Prevention Study

S0820: A Double Blind Placebo-Controlled Trial of Eflornithine and Sulindac to Prevent Recurrence of High Risk Adenomas and Second Primary Colorectal Cancers in Patients with Stage 0-III Colon Cancer, Phase III—Preventing Adenomas of the Colon with Eflornithine and Sulindac (PACES)

Glens Falls Hospital, in collaboration with the Southwest Oncology Group (SWOG), is now enrolling to this study which hopes to enroll close to 1,488 people nationwide in the upcoming years.

Colorectal adenomas are tiny growths in the colon that may eventually lead to cancer. The purpose of this study is to determine if Eflornithine and Sulindac, taken alone or in combination, can decrease the risk of adenomas or second primary colorectal cancers in patients who have been treated for Stage 0, I, II, or III colon cancer. (“Second primary colorectal cancer” means a new colorectal cancer developing within the colon or rectum.)

This study may be one to consider if you have had a history of Stage 0, I, II, or III colon cancer that has been treated with surgery alone or in combination with chemotherapy and you are one year out from your diagnosis. If you are indeed eligible and have consented to take part in the study, you would be randomized to one of four groups. The four groups are built to compare the active drug(s) to placebos.

Group 1 will be the be the control group and will receive only placebos.

Group 2 will be the be given Eflornithine active drug and a placebo form of Sulindac.

Group 3 will be the be given a placebo form of Eflornithine and Sulindac active drug.

Group 4 will be the be given both Eflornithine and Sulindac active drugs.

Neither the doctor nor the patient will know which group you have been randomized to.

This protocol is currently available at Glens Falls Hospital. If you think that you might qualify for this study, or are interested in obtaining more information, please ask your doctor or contact the Research Office at 518.926.6644.
WHAT IS LYNCH SYNDROME?

Lynch Syndrome (LS) was named after Dr. Henry Lynch, a physician who first recognized that certain families were at increased risk to develop colon and other cancers. LS is also known as Hereditary Non-polyposis Colorectal Cancer or HNPCC for short. Individuals who have LS are born with a gene mutation that makes them at greater risk to develop colon cancer (usually the tumors occur on the right side of the colon, i.e. the ascending colon, and less often occur in the rectum). Women who have LS are also at increased risk for endometrial (uterine) cancer and in some cases ovarian cancer. Both men and women can be affected with LS and both can pass the gene mutation on to their children. If a parent has a LS gene mutation they have a 50% chance to pass the mutation on to each of their children. LS is not associated with an increased risk for pediatric cancers. Colon cancers can occur as early as age 18 in individuals with LS. However this is rare. The average age of colon cancer onset in LS is 44–61 years.

IS THERE ANYTHING INDIVIDUALS CAN DO TO PROTECT THEMSELVES IF THEY HAVE LS?

Yes! If an individual knows that he or she has LS they can begin colorectal cancer screening with colonoscopy at the right age and at the right frequency to prevent the occurrence of colorectal cancer. Because most colorectal cancers begin as a pre-cancerous colon polyp that can be detected and removed by colonoscopy before it has the chance to develop into cancer. Most individuals with LS should start colonoscopy by age 25. In some cases colonoscopy may be recommended to begin earlier or later depending on family history or the gene mutation identified. In most cases the individual with LS will need colonoscopy every other year until age 40 and annually after age 40. Individuals with LS are at increased risk to develop more than one cancer over their lifetime so knowing in advance can help prevent future cancers or detect cancers at earlier stages.

It is recommended that women who have LS have a total abdominal hysterectomy (removal of uterus, fallopian tubes and ovaries) after childbearing is complete or by the age of 40 or so. There is no one exact age to recommend hysterectomy for women with LS. The age may depend on the gene mutation causing the LS or on family history. The best time to have a hysterectomy may also depend on the woman’s medical history. For example, if a woman with LS is at increased risk for heart disease or osteoporosis her physician may recommend that she keep her ovaries as long as possible. We do not recommend uterine and ovarian cancer screening as an alternative for women with LS. Screening for ovarian cancer, in particular, has not been shown to be effective at detecting ovarian cancer at an early stage. So at present, a full hysterectomy is recommended for women who test positive for LS.

HOW IS LS DETECTED?

At Glens Falls Hospital we are now offering LS screening on all individuals diagnosed with a colorectal cancer. During a colon biopsy or after colon cancer surgery a small amount of colon tumor is tested for markers that determine whether an individual is at high risk for LS. If the markers are normal then no further testing is recommended. If the markers indicate increased risk for LS then the individual is recommended to have a blood DNA test to confirm the diagnosis of LS. If a gene mutation is detected, then the individual is confirmed to have LS and increased cancer screening and possibly risk reducing surgery will be recommended. Once a mutation is detected in a family member, all at-risk family members can have a blood DNA test to determine whether or not they have the LS mutation. Some individuals come for genetic counseling and testing who have not had cancer but because they have a strong family history of colon, stomach and/or uterine cancers. Ideally, we do not test the unaffected family member first. It is best to begin DNA testing with a living family member who has had cancer to detect the gene mutation causing LS in the family. Once a mutation is detected in an affected family member it is very easy and informative to test unaffected family members.

DO I WANT TO KNOW IF I HAVE LS?

There are several clinical studies that show that testing for LS reduces the morbidity and mortality due to LS associated cancers. At Glens Falls Hospital, we have seen several families with LS and most of our patients who have tested positive are doing very well. Individuals with LS can lead long, healthy, productive lives. Knowing whether one has a gene mutation for LS can allow one to do the right screen-

(Continued on page 13)
I was diagnosed with rectal cancer in May, 2013. It was stage IV. I was having a hard time moving my bowels and I did notice some blood in my stool so I saw my family doctor. Then I saw Dr. Yarze and he did a colonoscopy. He really fast tracked the test because I was originally scheduled for about a month later and he got me right in. He called the very next morning and told me that I had cancer in the rectum.

I was really worried about my family. I didn’t feel devastated; I just wanted to get going with treatment to fix this thing. I was scheduled to have a port put in for chemotherapy. I was also getting a bunch of scans at that time and that is when they discovered that it was in my liver and lymph nodes. These were probably the busiest couple of weeks in my life—going through all these tests and seeing different doctors. This is when I first met Dr. Pillemer.

I started chemotherapy later that same month. Dr. Pillemer recommended a thing called FOLFOX. I had a couple of cycles of that and it wasn’t too bad. I had the treatment on a Friday and by around Sunday night or Monday morning I started to really feel its effects. I was feeling tired and I had diarrhea, which at this point wasn’t such a bad thing because I had been constipated more often than not. I just felt drained and tired. I did have a terrible pain in my big toe which they thought was gout. After a blood test, they said it wasn’t gout. The pain came and went with each cycle of treatment. I took Aleve for the pain which helped somewhat. It came on later in my treatment and stopped once my treatment was done.

I received a targeted therapy drug called cetuximab after my first couple of treatment cycles. That caused a severe rash on my face. Dr. Pillemer held that drug for the next cycle but gave it to me later on in my last cycle. After all of this, I had a PET/CT scan and everything in my rectum and liver was smaller. This made me feel pretty good and I was now a candidate for surgery.

I had a rectal and liver resection done in September, 2013. I also had a hepatic port placed at that time so that Dr. Reidy-Legunes from Sloan Kettering in New York City could oversee the treatment that would go directly to my liver. Once I recovered from the surgery I started chemotherapy again with Irinotecan and I also started getting chemo through the pump that sent another drug called FUDR directly to my liver.

I live in Ticonderoga so I have not taken advantage of the support programs in the Cancer Center. I have great support from my wife, Hilda, and my kids, Sierra and Taylor. My family has been great. My brother, Bob, and his wife, Sue, come up from Connecticut every couple of weeks and I see my mom all the time. I have great friends who visit regularly—Shawn, Kim, and Tom (who visits so much that I joke that I’m going to claim him on my taxes). I want to take a moment to thank Tracie and her family who got us an EZ-pass, Nicole and her family for giving us Jay the lap dog, my in-laws, Burt and Luella Bolton and my sister and brother-in-law, Sandy and Paul Smith for all their help too. I also want the thank Wendy Shaw for the charity event to help fund our trips to New York City. I can’t mention everyone because the list would go on forever. We have a French mastiff, Jay, a chocolate lab, Hershey, and a small dog, Halo, who rules the house. They also give me a lot of joy. My wife found a saying on a card that we have put into thank you notes. It says “the best and most beautiful things in the world cannot be seen or even touched; they must be felt with the heart.” We have felt with our hearts all the care, prayers and donations that everyone has shown, given or said to us. Some have gone over and beyond

(Continued on page 10)
The Story of Freedom and Jeff

Editor’s note: I received this from a friend and cancer survivor as an email that is being passed along like so many other things that seem to go “viral”. The story is true and there is a book available, “An Eagle Named Freedom: My True Story of a Remarkable Friendship”. It is a heartwarming tale that we hope you enjoy.

Freedom is a female American Bald Eagle that came to the Sarvey Wildlife Center in Arlington, Washington in 1998 as a baby. Jeff was working at the center when she arrived. She was unable to stand, with both wings broken, covered in lice, and emaciated.

Jeff took her to a vet in a converted dog carrier. She had surgery on one wing, that was broken in four places. She cannot extend that wing, and could not be released back into the wild. Jeff was always around her. He says:

I used to sit and talk to her, urging her to live, to fight; and she would lay there looking at me with those big brown eyes.

We also had to tube feed her for weeks.

After more than a month of tube feedings, Freedom still could not stand, and the center made a decision to euthanize her if she could not stand in a week. Jeff did not want to go to work on the Thursday before they would euthanize her on Friday, but he went anyway. The center was all grins. Jeff went immediately to Freedom’s cage, and she was standing. She had decided to fight.

The center director asked Jeff to glove train Freedom and to get her used to the jesses used in falconry. They began to do educational sessions and appeared on TV and radio shows.

In the Spring of 2000, Jeff was diagnosed with stage III Non-Hodgkin’s lymphoma. He went through eight months of chemo and lost his hair. During this time, he visited Sarvey, to take Freedom for walks. He says,

I missed a lot of work. When I felt good enough, I would go to Sarvey and take Freedom out for walks. Freedom would also come to me in my dreams and help me fight the cancer. This happened time and time again.

In November of that year, Jeff was told that if the blood cancer was not gone after eight rounds of chemo, the last resort would be stem cell transplant. They did the tests, and notified Jeff on a Monday that the cancer was gone. The first thing he did was to visit Freedom at Sarvey:

So the first thing I did was get up to Sarvey and take the big girl out for a walk. It was misty and cold. I went to her flight and jessed her up, and we went out front to the top of the hill. I hadn’t said a word to Freedom, but somehow she knew. She looked at me and wrapped both her wings around me to where I could feel them pressing in on my back (I was engulfed in eagle wings), and she touched my nose with her beak and stared into my eyes, and we just stood there like that for I don’t know how long. That was a magic moment. We have been soul mates ever since she came in. This is a very special bird.

Jeff explains that when he is out with Freedom they are sometimes approached by people who are sick, and she has a powerful healing “hold” on them. A man who was terminal held her and his knees nearly buckled. The man swore he could feel her power course through his body.

Jeff and Freedom have had many similar experiences.

Jeff says, “I never forget the honor I have of being so close to such a magnificent spirit as Freedom.”

Jeff and Freedom have been together all these years, and when you look at the beautiful photo of them, you can see that they are bonded together emotionally and spiritually.
Upcoming Events

5TH ANNUAL SPRING SURVIVORSHIP CELEBRATION BREAKFAST

April 19, 2014 at The Sagamore Resort on Lake George
“Moving Through and Beyond Your Cancer Diagnosis”

Featured Speaker, Sabrina Mosseau, BS, RN, OCN® Administrative Director of Medical Oncology and Women’s Health, Samaritan Hospital Cancer Center and Women’s Health Center, Troy, New York

Sabrina is well known as a dynamic speaker—engaging, informative and entertaining

Please join us for a wonderful morning with Sabrina, a warm breakfast buffet, door prizes and lots of fun

Invitations are in the mail. If you are interested in attending this popular program and have not received an invitation by the end of March, please contact Paul Miller at 926.6629 or pmiller@glensfallshosp.org

THE C.R. WOOD CANCER CENTER PRESENTS

QUIT FOR LIFE–STOP SMOKING PROGRAM

Join us for a free 4 week program led by Oncology Nurses Paul Miller, RN, OCN and Vickie Yattaw, RN, OCN, CBCN

MAY 6TH, 13TH, 20TH & 27TH, 2014
6:30 to 7:30 PM
CANCER CENTER LIBRARY

For more information or to register please call 926.6640. Space is limited, so register early!

Stop Smoking Quiz

Have you ever wanted to quit smoking?
Have your family and friends asked you to quit smoking?
Has your doctor advised you to quit smoking?
Are you unsure of how to take the first step to quit smoking?

If you answered yes to any of these questions, we can help you!
FREE SKIN CANCER SCREENING
PREVENT. DETECT. LIVE.

Skin cancer is the most common of all cancers. It accounts for nearly half of all cancers in the United States. Melanoma, the most serious type, has seen an incidence increase of more than 2000 percent since the 1930’s. Unfortunately, one person dies of melanoma every hour.

SATURDAY, MAY 17, 2014
9:00 AM TO 12:00 PM
C.R. WOOD CANCER CENTER, 1ST FLOOR PRUYN PAVILION, AT GLENS FALLS HOSPITAL
APPOINTMENTS NEEDED. CALL TO SCHEDULE: 926.6640

For more information or to register please call 926.6640. Space is limited, so register early!

The American Cancer Society recommends the following monitoring to help detect skin cancer early, when it is easier to treat:

- Be familiar with your skin and alert to changes that happen. The best way to do this is to conduct a monthly self-exam of your skin.

- For people 20 years and older, at average risk for skin cancer and without any specific symptoms, include a skin examination with your periodic exam.

Sponsored by:

American Academy of Dermatology
The C.R. Wood Cancer Center
At Glens Falls Hospital
Services for Individuals by Appointment

Care Management
For: Continuing care needs, transportation and financial concerns
Info: Karen Cook, LMSW, OSW-C (926.6619)

Chemotherapy Education Class
For: Individuals and family starting chemotherapy
Meets: Tuesdays at 4:00 pm ~ Cancer Center Library or by appointment at your convenience
Info: Vickie Yattaw, RN, OCN®, CBCN (926.6639)
Paul Miller, RN, OCN® (926.6629)

Clinical Research
For: Anyone interested in learning about clinical trials
Info: Beth Brundage, RN, OCN® (926.6644)

Genetics Counseling
For: Anyone concerned about their personal or family history of cancer
Info: Charlene Schulz, MS, CGC (926.6620)

Nutrition Counseling
For: Anyone interested in dietary counseling
Info: Kimberly Seelig, RD CD-N (926.2635)

Pastoral Care
For: Anyone interested in spiritual counsel
Info: 926.3531

Patient Financial/Insurance Assistance
For: Referrals, prior authorizations, billing, insurance questions
Info: Michele Walker (926.6637)

Psychosocial Oncology
For: Counseling for patients and/or their families
Info: Gerry Florio, Ph.D. (926.6529)
Karen Cook, LMSW, OSW-C (926.6619)

Resource Nurses
For: Individuals & family diagnosed with any cancer
Meets: By appointment or stop by
Info: Vickie Yattaw, RN, OCN®, CBCN (926.6639)
Paul Miller, RN, OCN® (926.6629)

Spa Services at Cindy’s Healing Place (Massage Therapy)
For: Cancer patients during and after treatment
Meets: By appointment in Cindy’s Healing Place
Info: Call 926.6640 for an appointment

Uniquely You® Boutique & Salon
For: Any cancer patient free wigs, hats & turbans, skin & hair care
Meets: By appointment on Tuesdays in the C. R. Wood Cancer Center
Info: Call 926.6640 for an appointment

Special Programs / Pre-Registration Required

CG Men’s Retreat
For: Men living with and beyond cancer
Meets: One weekend each year in the Fall November 14–16, 2014
Info: Paul Miller, RN, OCN® (926.6629)

Cindy’s Retreat
For: Women living with and beyond cancer
Meets: One weekend each Spring (April 25–27, 2014) and Fall (September 12–14, 2014) at Silver Bay on Lake George
Info: Karen Cook, LMSW (926.6619) www.cindysretreat.org

Cindy’s Comfort Camp
For: Children and teens ages 6-17 years who have experienced the death or serious illness of a parent or close relative
Meets: One weekend this Spring at the Double “H” Hole in the Woods Ranch in Lake Luzerne, NY
Info: 926.6515 or www.cindysretreat.org

Tobacco Cessation
Whether you’re thinking about quitting or ready to quit, call the NYS Smokers’ Quitline for help and support.
1.866.NY.QUITS (1.866.697.8487)
These groups are open-ended and you may come as you wish. You may want to call if you are new or you have not come for some time to make sure that the schedule or location has not changed.

**Discussion Groups**

**ABC Support Group (After Breast Cancer)**
For: Individuals with breast cancer  
Meets: 4th Monday each month  
6:00 pm ~ Cancer Center Waiting Room  
Info: Vickie Yattaw, RN, OCN®, CBCN (926.6639)

**Blood Cancer Support Group**  
(Leukemia & Lymphoma Society)  
For: Individuals & family diagnosed with lymphoma, leukemia or multiple myeloma  
Meets: 2nd Wednesday each month  
6:00 pm ~ Cancer Center Library  
Info: Paul Miller, RN, OCN® (926.6629)

**Prostate Cancer Awareness Group**  
For: Men with prostate cancer and their families  
Meets: 3rd Thursday each month  
7:00 pm ~ Cancer Center Library  
Info: Paul Miller, RN, OCN® (926.6629)

**Butt Kickers—Smoking Cessation Support Group**  
For: Anyone who has, or is thinking about quitting smoking  
Meets: 3rd Wednesday each month  
6:00 pm ~ Cancer Center Library  
Info: Paul Miller, RN, OCN® (926.6629)

**Rays of Hope**  
For: Women with ovarian cancer  
Meets: 3rd Wednesday each month  
4:00 pm ~ Cancer Center Library  
Info: Mary Davis (656.9321), Carol Smith (793.0565)

**Young Survivors Group**  
For: Young individuals diagnosed with any cancer  
Meets: Intermittently throughout the year at different locations  
Info: Vickie Yattaw, RN, OCN®, CBCN (926.6639)

**Activity Groups**

**Circle of Hope Knitting Group**  
For: Cancer Survivors who want to learn to knit and crochet. Teachers available for new knitters  
Meets: Wednesdays at 1:30 pm ~ Cancer Center Library  
Info: Vickie Yattaw, RN, OCN®, CBCN (926.6639)

**Healthy Steps®**  
For: Gentle exercise for individuals with a cancer diagnosis  
Meets: Tuesdays at 10:00 am ~ Community Learning Center (side B)  
Info: Vickie Yattaw, RN, OCN®, CBCN (926.6639)

**Motivations—Weight Management Group**  
For: Cancer survivors who would like support and education on healthy lifestyles  
Meets: 3rd Thursday each month  
12:00 noon - 1:00 pm ~ Cancer Center Library  
Info: Vickie Yattaw RN, OCN®, CBCN, (926.6639)

**Tai Chi and Relaxation / Meditation**  
For: Anyone interested  
Meets: Monday afternoon at 3:30 pm and 5:30 pm  
Community Learning Center (Side B)  
Info: Paul Miller, RN, OCN® (926.6629)

**Twisted Twirlers**  
For: Individuals diagnosed with any cancer who would like to join this Hall of Fame twirling group  
Meets: First and Third Tuesday each month at 11:30 am  
Info: Carol Newton (854.9860)

**Ways of Seeing—Art Workshop**  
For: Individuals & family diagnosed with any cancer who want to enjoy the life affirming pleasures of making art  
Meets: 2nd and 4th Tuesday each month at 11:30 am  
Info: Paul Miller, RN, OCN® (926.6629)

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**Annual Survivors Events**
- **Breast Cancer Survivor Luncheon**: October, call Vickie at 926.6639 for information
- **Spring Survivorship Celebration Breakfast**: April 19, 2014, call Paul at 926.6629 for information
Good nutrition and physical activity play a significant role in colon cancer prevention. In general terms, moving more toward a plant based diet (eating more fruits and vegetables) is the pathway to take for better health. A plant based diet will help reduce the likelihood and severity of a number of chronic illnesses and health problems including colon cancer.

Eating foods with high dietary fat is a common overindulgence in American culture. Bile acids are produced in the digestive tract (in the liver and gallbladder) to break down fat. In the colon, bile acids may promote tumor growth in the cells that line the colon. Reducing fat intake from red meat and other fatty meats reduces the amount of bile needed for digestion.

Antioxidants help reduce cell damage caused by free radicals. Free radicals may damage the body’s cell through a process called oxidation. Oxidation is what causes metal to rust. Antioxidants help your body’s cells defend against this “rust” by gathering up the free radicals. Antioxidants are found in a variety of fruits and vegetables, and certain types of tea. You have probably heard of some common antioxidants such as carotene, beta-carotene, vitamin C, vitamin E and many others. Antioxidants are best utilized by your body from food sources rather than from vitamin supplements. So leave the cheeseburger for special occasions and dive into a healthier plant based meal on a regular basis. Calcium and vitamin D are not only important for stronger bones, but may also help fight colon cancer. Sources of calcium include milk, cheese, yogurt, salmon, sardines and dark-green leafy vegetables such as kale, mustard, and collard greens. Sources of vitamin D include salmon, sardines, fortified cow’s milk, egg yolks and chicken livers—and don’t forget the sun. Twenty minutes of sun before 10 a.m. and after 3 p.m. is an excellent source of vitamin D.

Fiber is an important part of everyone’s diet. Although the evidence is not clear, it is thought to reduce the risk for colon cancer. It is clear that increased fiber intake is good for overall health. Fiber helps move waste through the colon faster giving less time for contact with the cells lining the colon. Fiber may help detoxify certain substances and may help to keep these substances from absorbing into the colon. Good sources of fiber include whole-grain cereals, whole-grain breads, prunes, berries, kidney beans, other legumes, fresh fruits, vegetables and brown rice. Phytochemicals are helpful in cancer prevention. These substances such as flavonoids, phenols and terpenes are found in many plant foods. Good sources include tomatoes, citrus fruits, berries, peppers, carrots, broccoli, cabbage and soy beans.

Choose most of the foods you eat from plant sources. Limit your intake of high-fat foods, particularly from animal sources. Be physically active; achieve and maintain a healthy weight. Limit consumption of alcoholic beverages.

Source: American Cancer Society

My Survivorship Story (continued from page 4)

what we ever felt we could expect. We have been blessed to have our family and friends in our lives. Faith is a big part of our lives.

This experience has humbled me because I have not been comfortable asking others for help, but now I have to. It has been a learning experience. It has shown me how many caring, good people there are out there. I don’t think it has changed who I am, but I am more aware of the goodness in others. Something like this happens and you start meeting so many nice nurses and doctors that you didn’t know were there. Hilda works in the Ticonderoga school and they have been wonderful about her need to be home more for me and to get me to various appointments and treatments. Many of her co-workers donated their vacation time so that Hilda can use it as she needs. As for me, I would like to return to a normal life and maybe get on my motorcycle. Getting back to work at the auto parts store would be nice, too.
Benefits of Eating Well

Eating well is vital for everyone at all ages. Whatever your age, your daily food choices can make an important difference in your health and in how you look and feel.

Eating Well Promotes Health

Eating a well-planned, balanced mix of foods every day has many health benefits. For instance, eating well may reduce the risk of heart disease, stroke, type 2 diabetes, bone loss, some kinds of cancer and anemia. If you already have one or more of these chronic diseases, eating well and being physically active may help you better manage them. Healthy eating may also help you reduce high blood pressure, lower high cholesterol and manage diabetes.

Eating well gives you the nutrients needed to keep your muscles, bones, organs and other parts of your body healthy throughout your life. These nutrients include vitamins, minerals, protein, carbohydrates, fats and water.

Eating Well Promotes Energy

Eating well helps keep up your energy level, too. By consuming enough calories—a way to measure the energy you get from food—you give your body the fuel it needs throughout the day. The number of calories needed depends on how old you are, whether you’re a man or woman, your height and weight, and how active you are.

Food Choices Can Affect Weight

Consuming the right number of calories for your level of physical activity helps you control your weight, too. Extra weight is a concern for older adults because it can increase the risk for diseases such as type 2 diabetes and heart disease and can increase joint problems. Eating more calories than your body needs for your activity level will lead to extra pounds.

If you become less physically active as you age, you will probably need fewer calories to stay at the same weight. Choosing mostly nutrient-dense foods—foods which have a lot of nutrients but relatively few calories—can give you the nutrients you need while keeping down calorie intake.

Food Choices Affect Digestion

Your food choices also affect your digestion. For instance, not getting enough fiber or fluids may cause constipation. Eating more whole-grain foods with fiber, fruits and vegetables, or drinking more water may help with constipation.

Make One Change at a Time

Eating well isn’t just a “diet” or “program” that’s here today and gone tomorrow. It is part of a healthy lifestyle that you can adopt now and stay with in the years to come.

To eat healthier, you can begin by taking small steps, making one change at a time. For instance, you might:

• Take the salt shaker off your table. Decreasing your salt intake slowly will allow you to adjust.
• Switch to whole-grain bread, seafood, or more vegetables and fruits when you shop.

These changes may be easier than you think. They’re possible even if you need help with shopping or cooking, or if you have a limited budget.

Checking With Your Doctor

If you have a specific medical condition, be sure to check with your doctor or registered dietitian about foods you should include or avoid.

You Can Start Today

Whatever your age, you can start making positive lifestyle changes today. Eating well can help you stay healthy and independent—and look and feel good—in the years to come.

http://nihseniorhealth.gov/eatingwellasyougetolder/benefitsofeatingwell/01.html
Many targeted cancer therapies have been approved by the U.S. Food and Drug Administration (FDA) for the treatment of specific types of cancer. Others are being studied in clinical trials (research studies with people). Targeted cancer therapies are being studied for use alone or in combination with other targeted therapies and in combination with other cancer treatments such as chemotherapy.

Some targeted therapies block specific enzymes and growth factor receptors involved in cancer cell proliferation. These drugs are sometimes called signal transduction inhibitors. Some examples below can be used to treat colon cancer.

- **Cetuximab (Erbitux®)** is a monoclonal antibody that is approved to treat some patients with squamous cell carcinoma of the head and neck or colorectal cancer. The drug binds to the external portion of the epidermal growth factor receptor (EGFR) — (EGFR is a cell surface receptor — thereby preventing the receptor from being activated by growth signals, which may inhibit signal transduction and lead to anti-proliferative (lack of growth) effects.

- **Panitumumab (Vectibix®)** is approved to treat some patients with metastatic colon cancer. This monoclonal antibody attaches to EGFR and prevents it from sending growth signals.

Angiogenesis is the formation of new blood vessels. Tumors need blood vessels to grow and spread. Angiogenesis inhibitors are designed to prevent the formation of new blood vessels, thereby stopping or slowing the growth or spread of tumors. The U.S. Food and Drug Administration has approved several angiogenesis inhibitors for the treatment of cancer. Angiogenesis inhibitors may have side effects that are different from those of other cancer treatments. In addition, they may only stop or slow the growth of a cancer, not completely eradicate it. Some examples are listed below.

- **Ziv-aflibercept (Zaltrap®)** is a recombinant fusion protein (a protein that has parts genetically engineered from different sources). It is approved for the treatment of some patients with metastatic colorectal cancer. Ziv-aflibercept consists of portions of two different vascular endothelial growth factor (VEGF) receptors fused to a portion of an immune protein. By binding to VEGF, ziv-aflibercept prevents it from interacting with receptors on endothelial cells, thereby blocking the growth and development of new blood vessels.

- **Bevacizumab (Avastin®)** is a monoclonal antibody that is approved for the treatment of glioblastoma. The therapy is also approved to treat some patients with non-small cell lung cancer, metastatic colorectal cancer, and metastatic kidney cancer. Bevacizumab binds to VEGF and prevents it from interacting with receptors on endothelial cells, blocking a step that is necessary for the initiation of new blood vessel growth.

Targeted cancer therapies give doctors a better way to tailor cancer treatment. That is why they must test an individual’s tumor to see if it has a specific target that can be used to interfere with tumor growth. Eventually, treatments may be individualized based on the unique set of molecular targets produced by the patient’s tumor. Targeted cancer therapies also hold the promise of being more selective for cancer cells than normal cells, thus harming fewer normal cells, reducing side effects, and improving quality of life.

For more information visit the National Cancer Institute website at www.cancer.gov or ask your provider.
Welcome to the Cancer Center Team

Margaret Tripp, Medical Secretary

Margaret Tripp has joined the Cancer Center as a Medical Secretary. Prior to joining the Cancer Center, Margaret worked in various roles at the Glens Falls Hospital for 32 years. She has worked in the Snuggery, the Sleep lab and on 1 South. She states that she feels privileged to have worked with so many wonderful, skilled and compassionate people and she has formed great friendships over the years. Margaret graduated from South Glens Falls High School and attended Adirondack Community College.

She has two stepchildren, two sons and three beautiful grandchildren. Margaret enjoys reading and drawing.

Electronic Medical Record Coming Soon

We will be implementing an electronic medical record (EMR) system in the Cancer Center starting April 23, 2014.

With this new EMR, our patients will be able to access their medical record electronically through My Chart. My Chart is available online at www.GlensFallsHospital.org. You will need to register before you can access My Chart.

Please pardon our growing pains during the transition as our providers may need to spend more time learning this new system during the initial implementation phase. Thank you in advance for your patience and understanding.

Lynch Syndrome Awareness Day (continued from page 3)

ing at the right time or elect to have risk reducing surgeries. There is no risk of medical insurance discrimination associated with genetic testing. The Genetic Information Non-Discrimination Act (GINA) is a federal law protecting all US citizens from discrimination in the workplace and from health insurance discrimination based on genetic test results.

WHERE CAN I GO FOR MORE INFORMATION?

C.R. Wood Cancer Center at Glens Falls Hospital
Charlene Schulz, MS, CGC, Genetic Counselor
518.926.6574

National Institute of Health (NIH)

KinTalk
http://kintalk.org/

KinTalk’s Mission: In an effort to reduce the burden of cancers in families with a hereditary cancer syndrome, our mission is to increase family communication and awareness of Lynch syndrome. KinTalk provides an innovative, user-friendly, online communication tool for people with Lynch Syndrome. KinTalk enables people diagnosed with a hereditary cancer syndrome to share critical genetic risk information with their at-risk relatives in a safe and secure online environment. KinTalk provides a forum where accurate and up to date information is shared, questions are answered, and family members learn if they are at risk for a hereditary cancer syndrome. KinTalk aims to simplify what can sometimes be a difficult task—telling family members about hereditary cancer.
We Have More Fun

Pink in the Rink Brings Fun for all Ages

The Adirondack Phantoms recently went pink for the C.R. Wood Cancer Center at the third annual “Pink in the Rink” event. Phantoms players wore pink jerseys, which were auctioned off at the end of the game. Cancer survivors joined the players on the ice during the auction. More than $10,000 was raised from this event—which benefits the C.R. Wood Cancer Center. “You would have thought Glens Falls Hospital owned the Civic Center,” said Claudia Higgins, Annual Fund Manager. “There was a lot of community involvement. The players even donated their pink warm up sticks which were used in a silent auction—a complete and very nice surprise to all of us. It was a great success.”

Phantoms Executive Vice President Chris Porreca presented the donation. Accepting were Jennifer Ruffing, a metastatic breast cancer survivor, and Vickie Yattaw.

Jackson Heights Students Support Cancer Center

Students from Jackson Heights Elementary School recently showed their support of the work C.R. Wood Cancer Center staff do in treating leukemia patients. Fourth graders from Jackson Heights began making rubber band bracelets, rings, and pencil grips to raise money after discovering one of the faculty members was diagnosed with leukemia. “They set up shop and sold the items every Friday for a month,” explains fourth grade teacher Jodi Ever. “Their goal was $50. I’m happy to report they beat their goal and we have $155 to donate. The kids knew someone that was recently diagnosed with Leukemia and wanted to do something to help.”

Jackson Heights students (l to r) Avery Hill, Brena Lewis, Olivia Moon and Sophie Allison and the items they developed to raise money for leukemia.
Clinical Research at the C.R. Wood Cancer Center at Glens Falls Hospital

If you have been diagnosed with cancer, you may want to talk to your physician about taking part in a clinical trial. Clinical trials may offer treatment options for patients with cancer that are not otherwise available.

- **If you have just found out that you have cancer**, the time to think about a clinical trial is before you make a treatment decision. Talk with your doctor about all your options including a clinical trial.

Other clinical trials are looking for people who have already been treated for their cancer.

- **If you have already had one or more forms of cancer treatment** and are looking for a new treatment option, there may still be a clinical trial for you to think about.

Please call our research office at 518.926.6644 or 926.6701 for more information about clinical trials available at Glens Falls Hospital or visit our website at www.glensfallshospital.org/CRWood-Cancer-Center/clinical-research/
clinical-research.cfm.

You may also want to visit the National Cancer Institute website for other clinical trials at www.cancer.gov/clinicaltrials.

Cancer Services Program (CSP)

Men and women who are uninsured, meet eligibility criteria and are in need of treatment for breast, cervical, colorectal or prostate cancer, may be eligible for full Medicaid coverage through the Medicaid Cancer Treatment Program. Coverage is arranged through the Cancer Services Program Case Manager and will last for the entire treatment period.

These eligibility guidelines are more generous than local counties’ departments of social services. So if you’ve been denied in the past please don’t let that stop you from applying again through the Cancer Services Program.

Glens Falls Hospital provides a New York State Department of Health Cancer Services Program grant that funds breast, cervical and colorectal cancer screenings and follow-up testing at no cost for uninsured women and men. If you or someone you love is without health insurance, call today at: 1.800.882.0121 or 518.926.6570.
7 Things You Need to Know about NY State of Health:
The Official Health Plan Marketplace

1. New affordable and comprehensive health insurance options are available for New Yorkers.
2. Open enrollment has begun
3. If you earn less than $45,960 as an individual or $94,200 for a family of 4, you may be eligible for financial assistance that will make coverage more affordable.
4. You will not be denied health insurance or charged more on the basis of a pre-existing condition.
5. All health insurance options will offer a comprehensive array of services. Preventive services will be offered at no cost to you.
6. You can get help enrolling in coverage: In-person, By phone, On-line via web chat
7. You pick the plan that is best for you. Compare your plan choices based on price, provider network, or quality score.

Please visit: https://nystateofhealth.ny.gov

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