

The C. R. Wood Cancer Center at Glens Falls Hospital

# CONNECTIONS

Quarterly

Issue # 41

See this and previous issues of *Connections* at [www.glensfallshospital.org](http://www.glensfallshospital.org)

## Spring Training: Fitness after Cancer Treatment

Making it through cancer treatment is a major accomplishment. Most people want to learn ways to reduce the risk of their cancer returning. The latest research suggests that exercise for cancer patients may help. If you've made it through the rough road of a cancer diagnosis and treatment, you're probably ready to do what you can to stay healthy. But just what is the best way to get fit, and maximize your long-term health?

The best way to reach your overall goal for healthy living should be through weight control and exercise. As a cancer survivor, exercising could help you live a longer life free from cancer.

The benefits of exercise are many. Some of these benefits include:

- Increased level of fitness
- Greater muscle strength
- Leaner body mass
- Less weight gain
- Improved mood
- Boost in self-confidence
- Reduced fatigue
- Lowered risk of cardiovascular disease and diabetes

When should you start exercising after cancer diagnosis and treatment? As soon as possible! Studies show that after a cancer diagnosis, people slow

down. Stress, depression, and feeling sick or fatigued from cancer and its treatment all tend to make people less active. If you've down-shifted your activity level since your cancer diagnosis, now is the time to rev back up.

Every person's situation is different. Before starting a light, moderate or vigorous exercise program you should see your doctor. There are several types of exercise that can help cancer patients, (and anyone else) get back in shape.



Flexibility exercises (stretching) are something that everyone can do. Stretching is important to increase or maintain mobility. A yoga class, or seated yoga is an excellent way to stretch. A Tai Chi class is also a good way to learn to do a light stretch, improve balance and learn some basic meditation skills as well. Tai Chi classes are available at Glens Falls Hospital at

3:30 and at 5:30 on Monday afternoons. A Healthy Steps Class is held at Glens Falls Hospital at 10:00 on Tuesday mornings.

Aerobic exercise, such as brisk walking, jogging, and swimming are excellent. This kind of exercise burns calories and helps you lose weight. Aerobic exercise also builds cardiovascular fitness, which lowers the

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# Survivorship: Don't Sweat the Small Stuff

By Jackie Tolman

It was a beautiful fall weekend and I was on Cape Cod celebrating my 52nd birthday with my family. We had gone out for dinner and drinks and the following morning I was fine, but in the afternoon, while shopping, I had extreme abdominal pain. It lasted just a short time and then disappeared just as fast as it came on.



I was a retail store manager and was getting ready for the holiday season in November so I had some long work days. I was also getting my home ready for the arrival of my family and grandchildren. The morning after Thanksgiving (Black Friday) I went to work early. Again, that afternoon I had severe abdominal pain and again I thought it was the food and a few drinks from the celebrations. This same pain returned in December but this time I had not been out to dinner or had any drinks. I was going to wait until after the holidays to call my primary physician, but this time the pain lasted a little longer. So I immediately called him and arranged to see him the following week.

I went to my primary physician and he asked a lot of questions and made some observations. He recommended I see a GI specialist, and referred me to Dr. Coombs. I went to see Dr. Coombs in January and he recommended I have a colonoscopy since I was 52 and had not had one yet. We scheduled the colonoscopy for Feb 9, 2009.

I went in that morning for my colonoscopy. I was awakened in recovery, and asked how I was feeling. A few minutes later they asked if I could get dressed so the doctor could talk to me. They went to the waiting room, got my husband and brought him into the office, then came and got me. The doctor explained that during the exam he came across a mass, and had to abort the procedure. He told me I had colon cancer, and that I had to have additional tests to determine if the disease had spread. At that time, I looked at my husband and I could tell he was shutting down, so I listened very closely to what was said. He explained everything to us. He had set me up with additional tests for the following day at the hospital. He made an appointment with the

oncologist and surgeon. He asked if we had any questions.

The following morning we went to the hospital for blood work and a CT scan to see if the disease had spread to other parts of the body. That afternoon I received a telephone call from Dr Coombs. He told me that the CT scan did show a tumor on my liver. This was now a stage IV colon cancer. The following week we met with the surgeon and oncologist. My oncologist sent me out for a PET scan. I met my surgeon and we scheduled surgery for a colon resection (removal of part of the colon) for March 2, 2009. I was in the hospital for 5 days. On March 9th I went back in for day surgery to have a port put in.

While in the hospital for the resection, they were trying to figure out how to move forward, and what treatment options I had. So they decided colon resection, six months of chemotherapy and then a liver resection. I decided to have the liver resection done at Brigham and Women's Hospital in Boston.

After four weeks of disability I decided to go back to work, and continued to work through the chemotherapy treatments. After that, on Oct 2, 2009, I had my liver resection and the lymph nodes around the aorta removed. I was in the hospital for a week. I was on disability for six weeks and then returned to work. I continued to have PET scans and follow-up appointments.

Then, on September 15, 2010 my cancer recurred and my tumor marker had increased. This time it was in three places in my lymph nodes so again I had chemotherapy for another six months. Again I continued to work through this. I think working kept my mind off the disease and I didn't have any side effects, maybe because I stayed busy. I completed my six months of chemotherapy and continued with my follow-up appointments.

Everything seemed fine until November, 2011 when my tumor marker was increasing again. Another PET scan showed the disease had returned, this time in five places in my lymph nodes. So once again another six months of chemotherapy.

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# Your Cancer Center Care Team



**Kim Spano, RN**  
**Inpatient Oncology**

Kim recently joined the oncology team as a part-time nurse working evenings. She received a Bachelor's degree in Nursing from the University of Maryland at Baltimore, and a Master's degree in Education at Troy State University. Kim is currently attending Sage Graduate School full-time, pursuing a Master's degree in Nursing Education. Although she calls herself a 'nursing jack-of-all-trades', she is excited about returning to her nursing passion, which is oncology.

Kim and her husband, Steve, recently retired from the Air Force, are enjoying their return to home in the Albany/Saratoga area. They have three grown daughters. She enjoys observing backyard birds, gardening, cooking, yoga and schnauzers.



**Trisha LaForge, RN**  
**Inpatient Oncology**

Trisha joins the oncology team as a full-time nurse. She graduated in January, 2011 from the SUNY Adirondack Nursing Program with plans to pursue a Bachelor's degree at SUNY Plattsburg. Trisha previously worked at Albany Medical Center on the Infectious Disease Floor.

Trisha and her husband, Jeffrey, have two children, Christian (9) and Maria (2). She enjoys shopping, music, dancing, reading and spending time with her family. She feels blessed to be working with such a supportive team on Tower Two.



**Gregory Head, RN**  
**Hematology Oncology Clinic**

Greg completed the Oneonta BOCES, LPN program, then transferred to the University of Delhi, obtaining an Associate's degree in Nursing. He received his Bachelor's degree in Nursing from the University of Rochester. Greg has been employed at Glens Falls



**Jessica Wescott, RN**  
**Inpatient Oncology**

Jessica joins the oncology team as a full-time nurse. She has a Bachelor's degree in Counseling from Prescott College, Arizona and completed an Associate's degree in Nursing at SUNY Adirondack.

She and her husband own a Guide Business in Alaska, where she has worked for the past fourteen years. They have one son age 9. Jessica enjoys hiking, fishing, hunting, cooking and spending time outdoors. She is very excited to be a part of the team that is committed to excellent care for our patients.



**Matt Brown, RN**  
**Hematology Oncology Clinic**

Matt graduated from the SUNY Adirondack Nursing Program and received a Bachelor's degree in Nursing from Plattsburgh State University. Matt worked at Washington County Public Health for the past eight years as an Infection Control Nurse. He was the Disaster Preparedness Coordinator and Epidemiologist. He also worked at Glens Falls Hospital in the Critical Care Unit.

Matt and his wife, Susan, live in Glens Falls and have three children, Abigail (6) and twins, Phoebe and Natalie (2 months). He enjoys music, playing guitar and outdoor activities with his family year-round.

Hospital for over four years, working in the Wound Healing Center and most recently in Infection Control.

Greg resides in Wilton, but grew up in Coopers-town, home of the Baseball Hall of Fame. When he is not working, Greg enjoys cooking, baking, reading, yoga, tennis, sailing and summer vacations with his family on Martha's Vineyard.

(See more of the Cancer Care Team on page 10)

# Food for Thought: Cancer Myths Exposed

You want to make the right lifestyle choices for better health and lower cancer risk. But media hype about "superfoods" and internet stories promoting cancer "cures" causes confusion about which choices are right. The following are some common myths exposed:

**The Claim:** Taking a daily dose of pureed asparagus will cure cancer. This internet and e-mail item offers a few testimonials and is supposedly based on a "doctor's" 1979 journal article.

**The Facts:** No such article has been published in peer-reviewed research journals and our internet searches uncovered no information on the origin of the article or the doctor. However, asparagus can be a valuable part of a diet that reduces cancer risk.

- Asparagus is an excellent source of folate,
- According to AICR's expert report, foods high in folate may lower risk of cancers of the colon, pancreas and esophagus.
- Asparagus also provides vitamin C and beta-carotene, and foods high in these nutrients may offer additional cancer protection.

**What to do:** The false hope of these "cancer cure" or "miracle food" claims may prevent some from pursuing more effective treatments. Ask your doctor or a registered dietitian about these claims before pursuing them. As with most whole foods, you can enjoy asparagus roasted, grilled or lightly steamed as one part of a cancer-protective diet.

**The Claim:** Sugar feeds cancer. Oncology dietitians report this as one of the most common claims they hear.

**The Facts:** All cells (including cancer cells) in our body use sugar (glucose) from the bloodstream for fuel. That blood sugar comes from all carbohydrate foods, including healthful vegetables, fruits, whole grains and low fat dairy sources; some glucose is even produced within our bodies from protein. While avoiding sugar completely will not slow cancer growth, eating a lot of high sugar foods may mean excess calories in your diet which leads to excess weight and body fat. Excess body fat is linked to greater risk of several types of cancers.

**What to do:** Focus on maintaining a healthy body

weight. Choose a diet high in vegetables, fruits, legumes, whole grains and low fat dairy with moderate amounts of animal protein; limit foods with a lot of added sugar and get plenty of exercise for healthy weight.

When it comes to nutrition in general, there is fact and there is fiction. Here are a few common myths explained.

**Myth:** Foods with added vitamins and minerals are always better.

**Fact:** It depends. Calcium-fortified orange juice and milk fortified with vitamin D, for instance, are great choices. But tucking some vitamins and minerals into a candy bar or a high sugar drink will not turn these snacks into nutritious foods.

**Myth:** Fat-free salad dressing is your best choice.

**Fact:** Salad veggies are filled with terrific nutrients like lycopene and beta-carotene. But your body can't absorb these without a little help from fat. This doesn't mean you should drown your greens in a rich ranch or blue cheese dressing: A small amount of olive oil will be sufficient. Or you can add low-fat cheese, nuts, seeds, or avocado.

**Myth:** Dry-roasted nuts have fewer calories than oil-roasted.

**Fact:** Technically, they do, but the difference is tiny (seven calories for a one-ounce serving). What does make a difference is eating too many nuts of any type. Limit your daily nibbles to one ounce and preferably to one of the heart-healthy choices like almonds or walnuts.

**Myth:** A rich, chocolate sundae before bedtime is more fattening than the same sundae eaten at lunchtime.

**Fact:** Timing has no direct effect on how your body uses calories. What you eat, not when, makes the difference. No matter when they're eaten, excess calories can add up to extra body fat.

References:

[http://preventcancer.aicr.org/site/News2?](http://preventcancer.aicr.org/site/News2?page=NewsArticle&id=19023)

[page=NewsArticle&id=19023](http://www.eatright.org/Public/content.aspx?id=3811)

<http://www.eatright.org/Public/content.aspx?id=3811>

<http://www.goodhousekeeping.com/health/nutrition/nutrition-food-myths>

# Pharmacy Corner: Zelboraf<sup>®</sup> for Metastatic Melanoma

By Steven F. Nerenberg  
PharmD Student  
Albany College of Pharmacy and Health Sciences

## What is Zelboraf<sup>®</sup>?

It is a prescription medication used to treat a type of skin cancer called melanoma that has spread to other parts of the body (metastases) or cannot be surgically removed and has a certain type of abnormal (mutant) gene called BRAF. This is a personalized targeted therapy, which means it can only be used in certain patients, in this case patients who have a change (mutation) in the BRAF gene.

## Who can use Zelboraf<sup>®</sup>?

Since Zelboraf<sup>®</sup> is targeted to impact some forms of mutated BRAF, only patients who test positive for the BRAF mutation may be eligible for this medication. A doctor can test for the BRAF mutation using a piece of tissue that contains melanoma and in most cases they can use the original tissue sample taken for diagnosis.

## How does Zelboraf<sup>®</sup> work?

It only works for melanoma tumors that have an abnormal BRAF gene. The BRAF gene plays an important role in both normal and cancer cells by making the BRAF protein. The BRAF protein tells cells how to grow and divide which is important for the

cells in the body to function properly. A change in the BRAF gene, called a mutation, can change the way that the BRAF protein works and cause cancer cells to grow out of control. Zelboraf<sup>®</sup> targets the changed BRAF proteins and may slow the growth of the cancer.

## How is Zelboraf<sup>®</sup> taken?

Zelboraf<sup>®</sup> is a medication taken orally. The recommended dose is 960 mg (four 240 mg tablets) to be taken twice a day, once in the morning and once in the evening about 12 hours apart, without regards to meals. However, the doctor will determine the appropriate dose based on the individual patient.

## What are the possible side effects of Zelboraf<sup>®</sup>?

The most common side effects include joint pain, rash, hair loss, tiredness, sunburn or sun sensitivity, nausea, itching, and warts.

Zelboraf<sup>®</sup> may cause serious side effects, including severe allergic reactions, severe skin reactions, and new melanoma lesions.

## Where can you find more information on Zelboraf<sup>®</sup>?

For more information, visit:  
<http://www.zelboraf.com>

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## Rash Decisions: Targeted Therapies and Associated Skin Problems

By Steven F. Nerenberg  
PharmD Student  
Albany College of Pharmacy and Health Sciences

In the past few decades, there have been new medications developed that are effective for treating certain types of cancer. Some of these newer drugs are known as targeted treatments because they are designed to target and “block” different mechanisms by which cancer cells grow, divide and spread. Although targeted therapies generally cause less severe side effects than chemotherapy, some of these drugs

lead to skin problems. For example, newer targeted drugs that block/inhibit the epidermal growth factor receptors (EGFRs) often cause rashes and other skin conditions. EGFRs are expressed in tumor cells, and by blocking them, the tumor’s growth is stopped and it causes the tumor to shrink. However, EGFRs are also expressed in healthy skin, which is also blocked by the drugs and can lead to skin changes. Some of these targeted treatments and what they are used for are listed below:

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# New Test Offers Greater Accuracy in Early Detection of Colorectal Cancer

The results of two studies suggest that a new, investigational colorectal cancer screening test developed in a collaboration between Mayo Clinic and Exact Sciences Inc. of Madison, Wisconsin is highly accurate and significantly more sensitive than other non-invasive tests at detecting precancerous tumors (adenoma) and early-stage cancer. These findings have important implications for clinicians and tens of thousands of Americans. Early detection is a key driver of better outcomes for colorectal cancer — a disease that affects 1 in every 17 persons and is the second-leading cause of U.S. cancer deaths.

The first study, to be published in the February issue of *Gastroenterology*, shows that a new multi-marker stool DNA test is highly accurate at detecting precancerous polyps and early-stage colorectal cancer. This is the first large-scale, blinded study to measure the new test's effectiveness.

The second study, to be published in the March issue of *Clinical Gastroenterology and Hepatology*, shows that the stool DNA test is significantly more accurate than a new plasma test for identifying patients with large precancerous polyps or colorectal cancer, while delivering fewer false-positive results.

Findings in these studies underscore the great potential of the stool DNA test as a colorectal cancer screening tool. Along with its high accuracy, this test approach could improve participation rates due to its patient-friendly features. The test is noninvasive; requires no bowel preparation, medication restriction, or diet change; and can be performed on mailed-in samples. The stool DNA test works by finding signature genetic markers in stool samples mailed in by patients. A positive test would be followed by a colonoscopy to remove the polyps and prevent a subsequent cancer from forming.

The results from the first large-scale study to measure the test's accuracy include:

- Across nearly 400 cases, the stool DNA test detected 87 percent of curable-stage colorectal cancer. Importantly, detection sensitivity was not affected by tumor location or stage.

- The test detected the majority of large precancerous polyps at high risk for cancer progression.
- Sensitivity was 64 percent for polyps larger than 1 centimeter (cm), 77 percent for those larger than 2 cm and 92 percent for those larger than 4 cm.

This data illustrates that this test appears to uniquely represent an accurate noninvasive approach to large polyp detection, which offers the promise of actually preventing cancers from developing.

The second study used the results of the first study to compare the sensitivities of the stool DNA test and a plasma test for methylated Septin 9 (SEPT9) in identifying patients with large adenomas or colorectal cancer. Highlights include:

- The stool DNA test detected 82 percent of precancerous polyps compared to only 14 percent detected by SEPT9.
- The stool DNA test identified 87 percent of cancers at any stage, compared to 60 percent with SEPT9.
- Stool DNA was even more effective at detecting curable-stage cancer (Stage I, II or III), detecting such cases 91 percent of the time, compared to just 50 percent with SEPT9.
- The SEPT9 had a rate of false-positives nearly four times that of stool DNA (27% vs. 7%).

Cancerous and pre-cancerous cells are shed into the stool and detected by the stool DNA test long before tumors progress to invade the bloodstream for later detection by the plasma SEPT9 screening test.

Screening for colorectal cancer is recommended for everyone beginning at age 50, yet 60 percent of patients are diagnosed with the disease in its late stages, primarily due to poor screening compliance. Testing is critical because survival rates increase dramatically if colorectal cancer is detected in early stages.

Reference:  
Mayo Clinic, January 18, 2012 ; retrieved online at <http://www.mayoclinic.org/news2012-rst/6670.html>

## Rash Decisions: Targeted Therapies and Associated Skin Problems

(Continued from page 4)

Targeted Treatments	What they are used for
Gefitinib (Iressa)	Non-small cell lung cancer
Cetuximab (Erbix)	Colorectal and head and neck cancers
Erlotinib (Tarceva)	Non-small cell lung cancer and pancreatic cancers
Lapatinib (Tykerb)	Breast Cancer
Panitumumab (Vectibix)	Colorectal Cancer
Sunitinib (Sutent)	Kidney cancer and gastrointestinal stromal tumors
Sorafenib (Nexavar)	Liver and kidney cancers

The most common skin side effects from these targeted therapies include:

### Dry Skin:

Dry skin is one of the most common side effects of targeted therapies. Some steps that can be done to help avoid dryness:

- Take quick, warm showers rather than long, hot baths.
- Use a moisturizing fragrance-free cleanser while bathing.
- Apply a fragrance-free hypoallergenic (skin friendly) body lotion at least twice a day and after bathing while the skin is still moist.
- Avoid using products on your skin that contain alcohol (perfume, cologne, after-shave).
- Protect the skin from cold and wind. Avoid hot water and heat, especially dry heat.
- Drink plenty of water to keep the skin hydrated if it's OK with your doctor.

You should call the doctor if you develop very rough, red, or painful skin or if signs of an infection, such as pus or tenderness occur near broken skin.

### Rash:

EGFR Inhibitors are commonly associated with an acne-like rash that appears on the face, head, and upper body including the upper chest and back. The rash most commonly occurs within the first 2 weeks of treatment, however it can occur as late as 6 weeks

after the first dose. The rash can disappear and reappear over time, and it may go away without treatment. The rash associated with these medications is mostly mild to moderate. It can be more severe in some cases which may lead to a reduction in the dose, withholding of a dose, or stopping the medication when it is considered intolerable by the patient or oncologist. For mild rashes, the doctor may prescribe a cream that can be directly applied to the skin, such as a corticosteroid. Steroids help reduce the inflammation, redness, pain and discomfort that can be associated with the rash. The steroid creams should be applied after cleaning the skin with a mild, soap-free cleanser, such as Cetaphil. Other medications that can be used are topical antibiotics or antibiotics that are taken by mouth. These medications (steroids and antibiotics) should only be used under the supervision of (and as directed by) a doctor.

Over the counter acne medications, such as benzoyl peroxide, should be avoided as these treatments can make the rash worse. Patients may cover the rash with makeup and this should not make it worse. A dermatologist-approved cover-up, such as Dermablend, can be used although any type of foundation may be useful. Makeup should be removed with a hypoallergenic liquid cleanser.

### Hand and Foot Rash:

Some targeted therapies cause side effects to the hands and feet such as redness and blistering which can turn into thick calluses. Unlike the other types of rashes, those that affect the hands and the feet are not related to EGFRs. These types of rashes are associated with the use of medications like sunitinib (Sutent) and sorafenib (Nexavar), which are different types of targeted therapies that block the blood supply that tumors need to grow. This type of rash usually occurs within the first 45 days of treatment if it is going to affect a patient at all. Whenever possible, avoidance of extremes in temperature, pressure, or friction on the hands or feet may help to prevent the hand and foot rash. The doctor may prescribe urea-based creams which can be used to moisturize the hands and the feet and may also reduce this rash. After application of the moisturizer at night, socks should be worn and thin cotton gloves may also be worn.

Besides the tips mentioned above, the following are

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## ***Offering Support Services in Concert with Medical Care***

For general questions about cancer or support services available, please call Oncology Resource Nurses: Vickie at 926-6639 or Paul at 926-6629.

### **Services for Individuals by Appointment**

#### ***Care Management***

For: Continuing care needs, transportation and financial concerns  
Info: Donna St. Hilaire, RN ~ 926-3322  
pager ~ 926-5038

#### ***Genetics Counseling***

For: Anyone concerned about their personal or family history of cancer  
Info: Jennifer Desrochers, MS CGC ~ 926-6574

#### ***Nutrition Counseling***

For: Nutrition advice for cancer prevention and during or after cancer treatment  
Info: Joan Butler, RD, CSO, CDN, CNSC, CDE ~ 926-2609

#### ***Patient Financial/Insurance Assistance***

For: Referrals, prior authorizations, billing, insurance questions  
Info: Michele Staunches ~ 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 (office is across the hall from the Cancer Center Library)  
Info: Vickie Yattaw, RN, OCN® CBCN ~ 926-6639  
Paul Miller, RN, OCN® ~ 926-6629

#### ***Spa Services at Cindy's Healing Place (Reiki and 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

#### ***Look Good ... Feel Better®***

##### ***American Cancer Society***

For: Women Cancer Survivors  
Meets: C. R. Wood Cancer Center Library  
Info: Call 1-800-395-LOOK for date and time

### **Special Programs Pre-Registration Required**

#### ***Annual Survivors Events***

**Breast Cancer Survivor Luncheon - October**  
Call Vickie at 926-6639 for information

**Spring Survivorship Celebration Breakfast**  
Call Paul at 926-6629 for information

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#### ***CG Men's Retreat***

For: Men living with and beyond cancer  
Meets: One weekend each year in the Fall  
Info: Paul Miller, RN, OCN® ~ 926-6629

#### ***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 each Spring and Fall at the Double "H" Hole in the Woods Ranch in Lake Luzerne, NY  
Info: 926-6515 or [www.cindysretreat.org](http://www.cindysretreat.org)

#### ***Cindy's Retreat***

For: Women living with and beyond cancer  
Meets: One weekend each Spring and Fall at Silver Bay on Lake George  
Info: Karen Cook, LMSW ~ 926-6619  
[www.cindysretreat.org](http://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)**

## ***Open Support Groups***

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 P.M. ~ Cancer Center Waiting Room  
Info: Vickie Yattaw, RN, BSN, OCN®  
~ 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 P.M. ~ Cancer Center Library  
Info: Paul Miller, RN, OCN® ~ 926-6629

#### ***Living with Hope***

For: Individuals with advanced or recurrent  
cancer  
Meets: 3rd Thursday each month  
1:00 P.M. ~ Cancer Center Library  
Info: Gerry Florio, Ph.D. ~ 926-6528

#### ***Prostate Cancer Awareness Group (American Cancer Society - Man to Man)***

For: Men with prostate cancer and their families  
Meets: 3rd Thursday each month  
7:00 P.M. ~ Cancer Center Waiting Room  
Info: Paul Miller, RN, OCN® ~ 926-6629

#### ***Rays of Hope***

For: Women with ovarian cancer  
Meets: 3rd Wednesday each month  
4:00 P.M. ~ Cancer Center Library  
Info: Mary Davis ~ 656-9321  
Carol Smith ~ 793-0565

### **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 ~ 1:00 P.M. ~ Cancer Center  
Library  
Info: Vickie Yattaw, RN, BSN, OCN®  
~ 926-6639

#### ***Healthy Steps®***

For: Gentle exercise for individuals with a cancer  
diagnosis  
Meets: Tuesdays at 10:00 am - Auditorium B/C  
Info: Vickie Yattaw, RN, BSN, OCN®  
~ 926-6639

#### ***Mindfulness Meditation Group***

For: Anyone interested  
Meets: Thursday evenings at 5:00 P.M. at  
The Chapel on 1 Central  
Info: Rev. Jeffrey Palmer ~ 926-3531

#### ***Tai Chi***

For: Anyone interested  
Meets: Monday afternoon at 3:30 P.M.  
and 5:30 P.M. - Auditorium B/C.  
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: 11:30 A.M. ~ First and Third Tuesday each  
month  
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  
11:30 A.M.  
Info: Paul Miller, RN, OCN® ~ 926-6629

## Spring Training: Fitness after Cancer Treatment

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risk of heart disease, stroke, and diabetes. There are many classes offered to help: Zumba, Zumba Gold, Step, and Cycling can all be done at the beginner level.

Resistance training such as lifting weights or isometric exercise builds muscle and may be appropriate for anyone. Many people lose muscle, but gain fat, during cancer treatment. For those with a high fat-to-lean mass ratio, resistance training can be especially helpful.

The YMCA has a Forever Strong Strength training class specific for cancer survivors. Both types of exercise, aerobic exercises and weight training are critical to the overall health and well-being of cancer survivors. For the general population, the American Cancer Society recommends "at least 30 to 60 minutes of moderate to vigorous physical activity at least 5 days a week". Unless you're already very active, you shouldn't expect yourself to achieve this right away. As with many things, the key is to set small, achievable goals and to build on your successes. Try to find an activity you enjoy. You may want to buddy up with someone at the same fitness level. Having a friend to work out with will increase your motivation.

Whatever you do, don't get discouraged. Doing anything is better than doing nothing. The key is to start

slowly and build your body's energy over time. Your body has been through a lot and it is necessary to challenge it gradually. You can increase your physical activity without joining a gym, or even leaving the house. Just building more activity into your daily routine can get you started. Here are a few suggestions:

- Take the stairs instead of riding the elevator.
- Buy a pedometer (step counter) and increase your number of steps daily.
- Take frequent breaks throughout the day to stand, stretch, and take short walks.
- Check the pantry. Lifting cans, detergent bottles, or anything heavy will build muscle. Do three sets of 10 lifts, or until you feel your muscles tiring.

Sometimes fatigue can be limiting, so it is good to rest temporarily. Rest for awhile, start again slowly and build from your baseline. Your energy level will increase over the long term. Musculoskeletal injuries such as soreness, strains and sprains are the most common issues after starting a new exercise program. It is always a good idea to have a complete physical exam and get approval from your oncologists before starting an exercise program. You didn't make it through chemotherapy just to end up on the couch. Get together with your doctor, start an exercise program, and get moving!

Reference:

Hoffman, MD, Mathew; 2/13/2012, Exercise for Cancer Patients: Fitness after Treatment. <http://www.webmd.com/cancer/features/exercise-for-cancer-patients>



**Jean Spring, Nurse Aide  
Inpatient Oncology**

Jean recently joined the oncology team as a part-time Nurse's Aide. She is currently enrolled in the SUNY Adirondack Nursing program and plans to graduate in December 2012. For the past five years, Jean has worked as a Home Health Aide and Nurse's Aide.

Jean and her husband, Barrett, reside in Lake Luzerne. When she is not working and not attending school, she enjoys spending time with her family, friends and her three dogs.



**Veronica Davidson, CNA  
Inpatient Oncology**

Veronica joins the oncology team as a full-time Nurse's Aide. She has been a Certified Nursing Assistant for over thirty-six years. She previously worked primarily at nursing homes, and is enjoying her first "hospital" job.

Veronica and her husband, Bill, have two adult children and six grandchildren. She enjoys gardening, bike riding, walking, bowling and shopping.

# 2012 Annual Fund Dedicated to C. R. Wood Cancer Center

The 2012 Annual Fund goal for the Glens Falls Hospital Foundation is \$2 million. It is a large sum until one realizes it is to cover half the cost of a new linear accelerator for the C.R. Wood Cancer Center. The machine offers the latest in technology for patients with cancer who receive radiation therapy as part of their treatment.

Unfortunately, many have and continue to be touched with a cancer diagnosis, and Glens Falls Hospital is committed to providing the best possible cancer care close to home.

Staff at the Glens Falls Hospital Foundation and

C.R. Wood Cancer Center are developing some exciting plans in an effort to meet this ambitious goal. Earlier this month, the Cancer Center was one of the beneficiaries of the South High Dance Marathon and funds raised will be directed to the Annual Fund campaign.

A formal campaign announcement will be made at a March 26, 11:00 a.m., press conference at Glens Falls Hospital. Patients and the public are encouraged to participate. For more information, contact the Glens Falls Hospital Foundation at 926-5960 or e-mail [sdinoto@glensfallshosp.org](mailto:sdinoto@glensfallshosp.org) to receive email updates.



Tournament Proceeds Benefit the **C.R. Wood Cancer Center and The 2012 Annual Fund**

Major Support Provided by: **Stuart Ginsburg & Glens Falls National Bank & Trust Co.**

For more information, please contact Claudia Higgins at (518) 926-1846 or [chiggins@glensfallshosp.org](mailto:chiggins@glensfallshosp.org)

## Free Skin Cancer Screening

Saturday, May 12, 2012 ~ 9:00 A.M. - 12:00 P.M.  
C. R. Wood Cancer Center - 1st Floor Pruyne Pavilion at Glens Falls Hospital

### Appointment Required

Please call **518-926-6640** to schedule:

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.

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, have a cancer-related checkup, including skin examination with your periodic exam.

This program is sponsored by:



*American Academy of Dermatology*  
Excellence in Dermatology®



The C. R. Wood Cancer Center  
At Glens Falls Hospital

# Dinner Program Offered: How to Make Informed Choices about Standard Care and Clinical Trials

Date: May 10, 2012

Time: 5:00- 7:30 (registration 5:00- 5:30)

Location: Queensbury Hotel, 88 Ridge Street,  
Glens Falls, New York

Topics to be covered:

- Steps to take to help you make treatment decisions
- Questions to ask about benefits and risks of standard treatments and treatments under study in clinical trials
- How new blood cancer treatments are developed and approved

- How to sort out the myths from the facts about clinical trials
- How to locate clinical trials
- How The Leukemia & Lymphoma Society can help

Pre-registration for this free program is required. Complimentary dinner will be served.

***For more information or to register for the program, please contact :***

Michael Grignon at  
The Leukemia & Lymphoma Society 5  
18-438-3583 or Michael.Grignon@lls.org

"For every minute you are angry, you lose 60 seconds of happiness."

**Anonymous**

## Save the Date: Spring Survivorship Celebration Breakfast April 21, 2012 - Fort William Henry

Featuring Brett Leake - At Least I've Still Got My Health: The 4 H's of Humor-Heart-Hope-Health: This laughter stimulating, thought-provoking, life-affirming presentation is just what the doctor ordered for all of us! It will be a perfect follow-up to the presentation last year by Dr. Joel Goodman from The HUMOR Project.

When Brett set out to become a comedian, a reporter wanted to know how long a man with muscular dystrophy could stand the rigors of a traveling stand-up comic. Brett supposed he had about 7 years. That was 29 years ago! Brett attributes his

laughing longevity to the healing power of humor. We know that you will absolutely love this session... as this sit-down, stand-up comic weaves his hilarious humor with a heartfelt message.

**Invitations will be mailed by the end of March. If you are currently receiving notices for support groups, this newsletter or other Cancer Center programs, you should receive one. Invitations will also be available at the C. R. Wood Cancer Center. Please call Paul at 926-6629 if you do not receive an invitation by April 1 and would like to join us for this program .**

# Relay for Life



AMERICAN CANCER SOCIETY RELAY FOR LIFE

Celebrate.

Remember.

Fight Back.

## SAVE THE DATE

2012 Relay for Life of Queensbury

June 1 - June 2, 2012

6:00 PM at the Queensbury High School

### What is the Relay for Life?

- Overnight relay-style event (you are not required to be there the entire time, but it's so fun, you'll probably have a hard time leaving)
- Teams of people camp out around a track
- Members of each team take turns walking around the track for the duration of the event
- Food, games and activities provide entertainment and fundraising opportunities
- Family-friendly environment for the entire community

### What Happens at a Relay Event?

**Survivors Lap** - Relay starts with a survivors lap - an inspirational time when survivors are invited to circle the track together and help everyone celebrate the victories we've achieved over cancer. We also recognize and celebrate caregivers at Relay For Life. These individuals give their time, love, and support to friends, family, neighbors, and coworkers who face cancer.

**Luminaria Ceremony** - After dark, we honor people who have been touched by cancer and remember loved ones lost to the disease during the Luminaria

Ceremony. Candles are lit inside bags filled with sand, each one bearing the name of a person touched by cancer, and participants often walk a lap in silence.

**Fight Back Ceremony** - Last, there is a Fight Back Ceremony, where we make a personal commitment to save lives by taking up the fight against cancer. That personal commitment may be to do something as simple as getting a screening test, quitting smoking, or talking to elected officials about cancer. By taking action, people are personally taking steps to save lives and fight back against a disease that takes too much.

### Other area Relays:

Schuylerville	6/2/12
Saratoga Springs	6/8/12
Greenwich	6/8/12

For more information or to join a team, please contact your American Cancer Society at 792-5377

If you are visiting the C. R. Wood Cancer Center and have any questions, please contact Nannette Oberhelman, 2<sup>nd</sup> Floor Pruyn Pavilion, Team Captain for Charley's Angels or call Nannette at 926-6701.

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## Rash Decisions: Targeted Therapies and Associated Skin Problems

(Continued from page 7)

also simple, practical ways to care for the skin:

- Protect the skin from the sun: It is recommended to use a sunscreen of SPF 15 or higher that preferably contains zinc oxide or titanium dioxide.
- Be gentle with the skin: As mentioned above, products made for sensitive skin (hypoallergenic, fragrance-free, alcohol-free) should be used. Be careful not to scratch or scrub the skin. Wearing loose clothing that is soft and non-irritating will

decrease friction of the skin and also help.

- Keep a close watch on the fingernails and toenails: with some of the targeted therapies mentioned above, problems with the nails may occur and the skin around them may become very dry and cracked. To help prevent nail problems, try not to bite your nails, avoid using fake nails or wraps, do not push back the cuticles and talk to a doctor before having a manicure. Also, gloves should be worn while washing dishes and handling chemical cleaning agents.

Again, a doctor should be notified if there is redness, pain, signs of infections such as pus, or any other skin change that might be worrisome.

## Think Pink



C.R. Wood Cancer Center breast cancer patient Kelly Pike (center), with Oncology Resource Nurse Vickie Yattaw, RN, OCN, CBCN, at her shoulder, gets ready to drop the ceremonial puck for Bridgeport Sound Tigers center Jeremy Colliton (left) and Adirondack Phantoms left wing Eric Wellwood (right), before the Pink in the Rink hockey game on January 21st at the Glens Falls Civic Center. Despite a loss by the Phantoms, the night was a great success with staff and patients promoting prevention and screening awareness. Proceeds from a portion of raffle, game tickets and team clothing sales will benefit the Cancer Center.



Dax, the popular and animated mascot for the Adirondack Phantoms, visited us recently to promote Pink in the Rink, a hockey game benefiting the C. R. Wood Cancer Center. Members of the Adirondack Phantoms also volunteered their time in February by visiting patients in Glens Falls Hospital.

## Like a Rock



Rebecca Smith, Program Coordinator, Tobacco Cessation Center (right), stands next to husband, Greg, who spent Saturday night, January 21, as guest bartender at The Rock Sports Bar in Hudson Falls. The bar's owners, Glens Falls Hospital Human Resource Information Systems/Compensation Coordinator Kevin Daley and his brother Sean "Woody" Daley, contributed a dollar from each drink Greg sold that evening, along with his tips and raffle prize money to the C. R. Wood Cancer Center. All told, the Daley brothers donated \$500 in support of the 2012 Annual Fund.

## Don't Sweat the Small Stuff

(Continued from page 2)

As I write this I am currently in treatment. We are running out of options to treat the disease. We are continuing with the regimen of 12 cycles of chemotherapy, every other week, for 3 days (I have a portable infusion 2 days and 1 day at the hospital). I have just completed cycle 3 of 12 cycles. I just found out I have a fractured port, so I am going to have two surgeries this week, one to remove the fractured port, and one to put in a new port. With all I have been through, I try to stay positive, and stay focused. I try to not let cancer define who I am. I continue to do the things that give me pleasure; I don't sweat the small stuff.

This disease has given me a reason to look at things differently. I am more content with my life. I appreciate the quality of life that I have now, not as much as the quantity. I would like to thank my doctors for getting me to where I am today. I thank my family and friends for all their support throughout this journey, because without them I don't know where I would be. Finally, thank you to the staff of Glens Falls Hospital for their compassion and support.

# Chemotherapy Education Classes

Chemotherapy education classes are open to all new treatment patients and their families. They are held each Tuesday at 4:00 pm in the Cancer Center Library. We strongly encourage new treatment patients to attend. The class is about one hour long. If the time is inconvenient, we are pleased to offer an individual education session at a time that better fits your schedule.

The class provides an overview of what to expect during treatment. We offer an introduction and general overview of medications, managing side effects, nutrition, support services and survivorship programs. Please call: Vickie at 926-6639 or Paul at 926-6629 to attend the regularly scheduled class or to schedule an individual time to meet.

Do not fear the winds of adversity.  
Remember: A kite rises against the wind rather than with it.

## Cancer Services Program (CSP)

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.



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The information in this newsletter is for educational purposes only and is not intended to be used as medical advice. Please consult your physician for questions regarding your treatment.

If you are unable to view us on the internet and would like to receive *Connections* at home please call, write, or e-mail:

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**DOWNTOWN GLENS FALLS  
MAIN STREETS GO  
BLUE**  
for colorectal cancer  
MARCH 19TH THROUGH THE 26TH, 2012



COLORECTAL CANCER IN NEW YORK: PREVENTABLE • TREATABLE • BEATABLE

**A FREE BLUES PARTY!**  
@ **Queensbury Hotel**  
Thursday, March 22, 2012, 5-8pm

- > Music by **The Gary Brooks Band** featuring **Milayne Jackson**.
- > "Colonary" delights from downtown restaurants.
- > **Special Guest Speakers** to be announced.
- > Staff will be on hand with screening information that **can save YOUR life**.



Don't take chances with your health. Learn about colorectal cancer screening and prevention.

No insurance? We've got you covered. Call 926-6570 for more info.

If you are 50 or older, talk to your doctor about colorectal cancer screening.

**The C. R. Wood Cancer Center**  
At Glens Falls Hospital

Warren, Washington and Rensselaer Counties  
Screening Particles by  
**Cancer Services Program**  
They're there for cancer screening, support and information

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