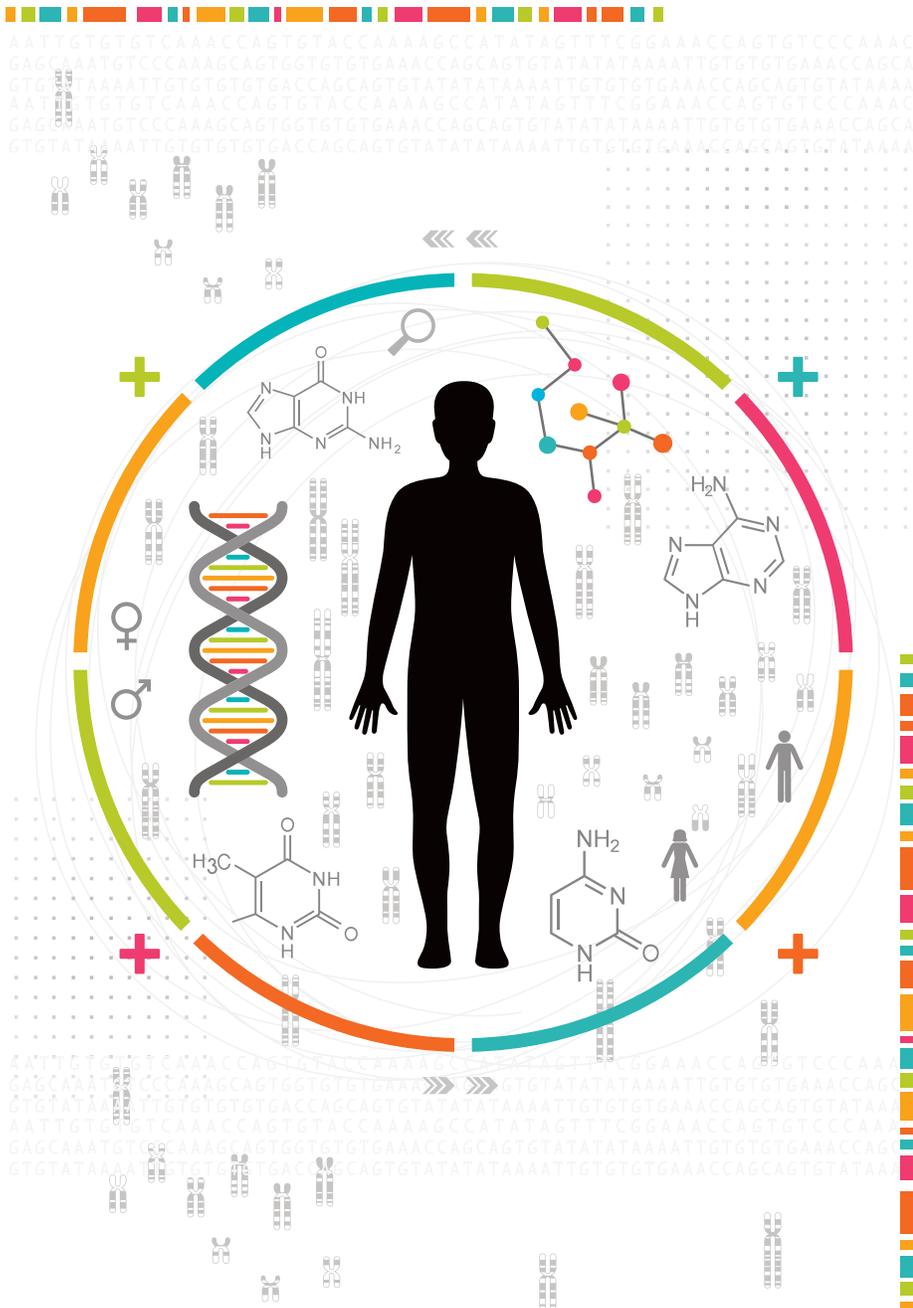


Connections Quarterly

WINTER 2018 – 2019 ISSUE 68



Tailoring Cancer Treatment



Quarterly Content

Featured Story: Tailoring Cancer Treatment to the Individual	2-3
Pharmacy Corner	4
Food for Thought	5-6
Survivor Story	7-8
Head and Neck Cancer Prehab	9
Support Services and Programs	10-11
Clinical Trial	12
Upcoming Events	13
Clinical Research, Cancer Services Programs, Connection Editorial Board	14
When To Call Us	15

For more information
about the Connections
Quarterly Newsletter or
the C.R. Wood Cancer
Center please call
518.926.6640

Tailoring Cancer Treatment to the Individual

Vickie Yattaw, RN, BSN, OCN®

I speak with patients with new and recurrent cancers on a daily basis. My favorite line to share with these patients and their families is “If you were going to have cancer, now is the best time due to all the new great therapies and treatments that are personalized to you and your individual cancer.” Cancer care has come a long way. The standards and guidelines have changed to include personalized medicine. Not all cancers are created equal, and we are very fortunate to live in a time where researchers are finding new and improved “Personalized” cancer treatments that help patients live with and beyond a diagnosis of cancer.

Personalized cancer medicine studies a person’s genetic makeup and tumor growth. With this information, doctors hope to find more effective strategies for prevention, screening, and treatment. Genetic testing of cancer cells and normal cells helps doctors customize treatment to individual patient needs. Personalized treatments may cause fewer side effects than standard options.

Creating a personalized cancer screening and treatment plan involves: identifying the chances of a person developing cancer and selecting screening strategies to lower the risk, matching people with treatments that may be more effective and cause fewer side effects, predicting the risk of recurrence, which is the return of cancer.

Before personalized medicine, most people with a specific type and stage of cancer received the same treatment. But certain treatments worked better for some people than for others. Researchers then began finding genetic differences in people and their tumors more often. This explains many of the varying responses to treatment. Now, a person may receive a standard treatment plan, modified with some personalized elements. Personalized cancer treatment is an active part of many treatment plans and can include a part of a clinical trial.

Examples of Personalized Medicine Strategies for Cancer

Targeted Treatments. A targeted treatment locates a cancer’s specific genes and proteins that allow the cancer cells to grow and survive. Researchers find new targets each year. And they create and test new drugs for these targets.

Cancers With Targeted Treatment Options

Breast cancer, Colorectal cancer, Gastrointestinal stromal tumor, Kidney cancer, Lung cancer, Melanoma, Multiple Myeloma, some types of Leukemia and Lymphoma have targeted treatment options. The option of targeted therapy depends on whether the tumor has the specific target. This requires testing a tumor sample.

Pharmacogenomics

Pharmacogenomics looks at how a person’s genes affect the way the body processes and responds to drugs. These changes influence how effective and safe a drug is for a person. For example, a person’s body may process a medicine more quickly than others. This means the person would require a higher dose for the drug to be effective. On the other hand, someone else’s body may not process a drug as quickly. The drug would then stay in the bloodstream longer. And this may cause more severe side effects.

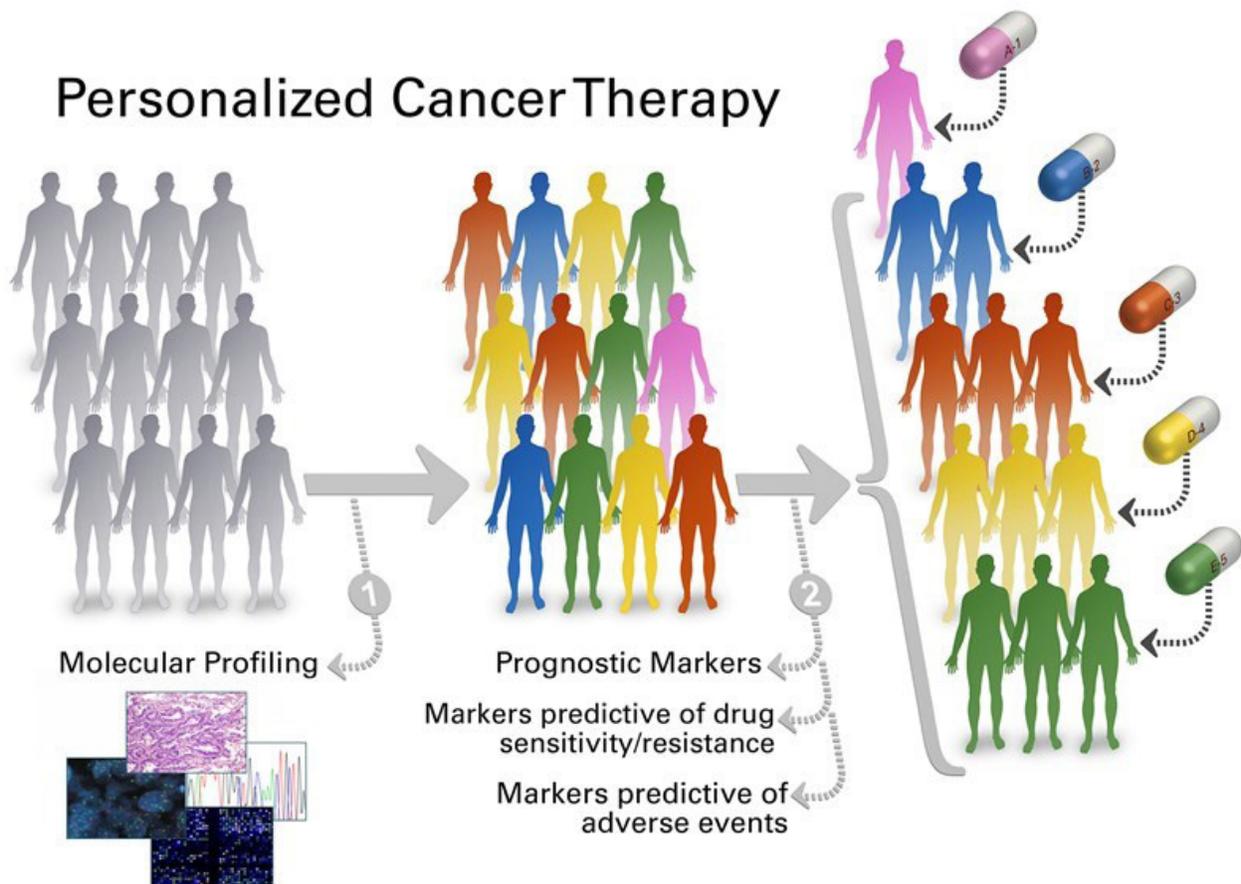
Example of Pharmacogenomics in Cancer Treatment Planning

People with colorectal cancer sometimes have a specific altered gene. These people may have serious side effects when treated with the drug irinotecan (Camptosar). The altered gene makes it harder for the body to break down the drug. Doctors prescribe lower doses of the medicine for these people to reduce side effects.

Despite the promises of personalized cancer treatments, some challenges remain. Personalized treatment options are not available for all types of cancer, YET! Some personalized treatments are only offered through a clinical trial, but these new therapies are becoming standard of care quickly. Genetic testing for people and tumor samples may be costly and time-consuming. Plus, many insurance plans may not cover these costs. As the national guidelines for cancer care updates the new therapies, insurance companies soon follow to include coverage for these important pre-treatment tests. Some personalized treatments, such as targeted treatments, can be expensive, but many national foundations and financial assistance programs have been developed to help obtain these medications at low or no cost to the individual.

Personalized medicine for cancer treatment is still under development. Researchers are working to learn more about the genetic changes that occur in a cancer cell, the way personalized cancer treatments work, and the reasons why some targeted therapies stop working.

Talk with your health care team to find out if your treatment plan will include personalized medicine.



Venclexta

John Adamchick, PharmD



Venclexta is an anti-cancer medication that is taken orally (by mouth) and works differently than other anti-cancer medications. It was approved by the FDA in 2016. Currently it is approved to be used for the following patients: Those with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) who have already received at least one type of treatment, and those with acute myeloid leukemia (AML) who are newly diagnosed, over 75 years old, and cannot be treated with intense chemotherapy. While these are the only approved indications for Venclexta right now, there are 59 clinical trials involving Venclexta on the National Cancer Institute website. Venclexta is being studied as a possible treatment option for patients with acute lymphoblastic leukemia (ALL), myelodysplastic syndromes (MDS), multiple myeloma, mantle cell lymphoma, follicular lymphoma, diffuse large B-cell lymphoma (DLBCL), Waldenstrom macroglobulinemia, breast cancer and chronic myelogenous leukemia (CML).

Venclexta is different from other anti-cancer medications because it targets a protein called Bcl-2 which can be over produced in some types of cancer. Bcl-2 is a protein that prevents cells in the body from self-destructing when they are old or damaged, like cancer cells. This process of natural self-destruction is called apoptosis. When there is too much Bcl-2 in the body, cancer cells have an environment where they can grow and divide uncontrollably. Venclexta works by binding to Bcl-2. When Venclexta binds to Bcl-2, the process of apoptosis is restored and cancer cells as well as normal cells can self-destruct naturally again.

Venclexta is taken once a day by mouth. It is started at a low dose which is gradually increased over a 5 week, "ramp-up" period. The 5 week dose "ramp-up" is designed to gradually destroy cancer cells and prevent side effects associated with destroying cancer cells rapidly. Venclexta is supplied as a starter pack so patients have all of the medication needed for the first 4 weeks of treatment.

As with any medication, there are side effects associated with Venclexta. Some of the most common side effects that patients may see while taking Venclexta include low white blood cell count, diarrhea, nausea, upper respiratory tract infection, low red blood cell count, tiredness, low platelet count, muscle or joint pain, and cough. Rarely, a serious side effect called tumor lysis syndrome (TLS) may occur in patients taking Venclexta. TLS can occur when cancer cells are destroyed rapidly. In order to minimize the risk for TLS it is important that patients remain well hydrated. Patients should drink at least 6 to 8 glasses of water per day, starting 2 days before initiating treatment with Venclexta. It will also be necessary for patients to have their blood work checked periodically during treatment to check for TLS and other side effects.

Venclexta is a new and very exciting treatment as it offers practitioners an innovative way to treat cancer. Hopefully in the future, patients with different types of cancer will be able to benefit from its use.

Antioxidant Supplementation During Chemotherapy

Andrea Chowske, RD CD-N

Antioxidant supplementation during conventional chemotherapy and radiation therapy is a controversial subject. Some studies suggest that taking antioxidant supplements during treatment may be beneficial; however, there are just as many studies that tell us this may be harmful. The scientific evidence on this topic is not strongly for or against taking antioxidant supplements during cancer treatment. It is possible that taking antioxidant supplements during treatment can protect normal tissues from the damaging side effects of treatments and may improve tumor response and patient survival.

On the other hand, some studies indicate that taking antioxidant supplements may interfere with chemotherapy and radiation therapy by reducing their effectiveness. It is possible that antioxidants may protect tumor cells, in addition to healthy cells, from the oxidative damage intentionally caused by conventional treatments. This, in turn, may reduce the effectiveness of the treatments. More research is needed to definitively settle the question of whether taking antioxidants during cancer treatment is harmful or helpful. It is very likely that antioxidants during cancer treatment may be beneficial for some people, yet harmful for others.

No two people, or cancers, are the same. A 2016 systematic review found that while the answer remains unclear as to whether or not antioxidants alter antitumor effects during radiotherapy and during some types of chemotherapy, they note that this is not the case for smokers. They found that individuals who smoked and consumed a strong antioxidant supplement during radiotherapy increased their chances of recurrence and mortality when compared to those who did not smoke. There is no evidence to support that antioxidant-rich, whole foods or drinks should be avoided during cancer therapy. It is believed that the level of any one particular antioxidant in a whole food is unlikely to interfere with treatment.



The same cannot be said about high-dose antioxidant supplements. Please inform all members of your oncology team if you do decide to take any vitamin, mineral, and/or herbal supplements during cancer treatment. Your doctor, dietitian, and pharmacist can help you evaluate the quality of the advice, articles, or information from books, from the Internet, or from other practitioners.

The most important thing is to engage your health care team to help you make the best choice for you. Supplements that have been independently tested and certified by a nonprofit program, such as NSF[®] International or USP[®], are likely to be of high quality. These programs test supplements for content, purity, and freedom from contaminants. An NSF or USP seal helps you know that products contain what their labels say they contain, disintegrate properly in the body, do not contain any contaminants, and have been manufactured in accordance with current Good Manufacturing Practices (GMP) in a GMP-certified facility.

Source

Oncology Nutrition DPG

Slow Cooker Curried Butternut Squash Soup

EatingWell Magazine

Ingredients

- 1 medium butternut squash (2-2½ pounds), peeled, seeded and cubed (about 5 cups)
- 3 cups unsalted vegetable broth
- 1 medium onion, chopped
- 4 teaspoons curry powder
- ½ teaspoon garlic powder
- ¾ teaspoon salt
- 1 (14 ounce) can coconut milk
- 1-2 tablespoons lime juice, plus wedges for serving
- Chopped fresh cilantro for garnish

Directions

1. Stir squash, broth, onion, curry powder, garlic powder and salt together in a 5-quart slow cooker.
2. Cover and cook until the vegetables are very tender, 7 hours on low or 3½ hours on high.
3. Turn off heat and stir in coconut milk and lime juice to taste.
4. Puree with an immersion blender until smooth.
5. Garnish with cilantro.



Shine Your True Self

Heather McKernon

Hi, my name is Heather McKernon. I am a 47 year old mother of 2 boys and a grandmother to 1 boy. In March of 2018, I went for an annual screening mammogram and received a report back that I have dense breasts. The letter stated that this was normal for my age. I didn't think twice, I felt sure knowing that next year I would have another comparable mammogram. At the beginning of 2018, I had started becoming fatigued and thought I had gotten burnt out from working 50 to 55 hours per week and driving an hour and a half round trip each day. I had some pain in my right arm going up into my armpit and shoulder. I had heard that generally you do not have pain with breast cancer, so I thought the pain was from over doing it at my job. I had become sick twice, which wasn't normal for me and I missed work due to the sickness. In June, I performed a breast self-exam where I felt a good-sized lump and could visibly see it with my eyes. At first, my thought was maybe it was a cyst, or I had too much caffeine intake. I thought, "I had just had a mammogram 3 months ago I am OK." I told myself I would give it a couple of weeks, and if it didn't change I would call my doctor. I told a close, personal friend and she agreed with me on how to handle it.

My Work Up

A couple of weeks went by and I called my doctor. I was in the next day to see her. She ordered a diagnostic mammogram and ultrasound, which I had the following week. The radiologist recommended a needle biopsy which was scheduled within a week's time. During my biopsy they also found something within my armpit. I knew at that moment I had breast cancer. I waited for the results. Anxiety was trying to set in, but I learned from my faith in God how to handle my anxiety. I leaned on my very supportive family who all knew I was going through this rough time. I got my results the following Monday. I had BREAST CANCER. Within the next two weeks I had seen a surgeon twice, a medical oncologist, and a radiation oncologist. I had a chemo port put in and started treatment

the next day. During the month of workup, they kept changing the stage of my cancer. First it was a stage II, then after my MRI showed cancer in my breast and my lymphnodes, it was recorded as a stage IIIa. The tumor was considered to be 10 cm in size. After the bone scan and CAT scan the final staging was complete. It was officially a stage IIIa. That is when I started to breath.



My Diagnosis and Treatment

I decided right from the beginning to put my faith in God. I was going to hit this head-on. The cancer was triple positive. Which means my cancer had high estrogen receptor positive, progesterone expression positive, and HER2 protein positive.

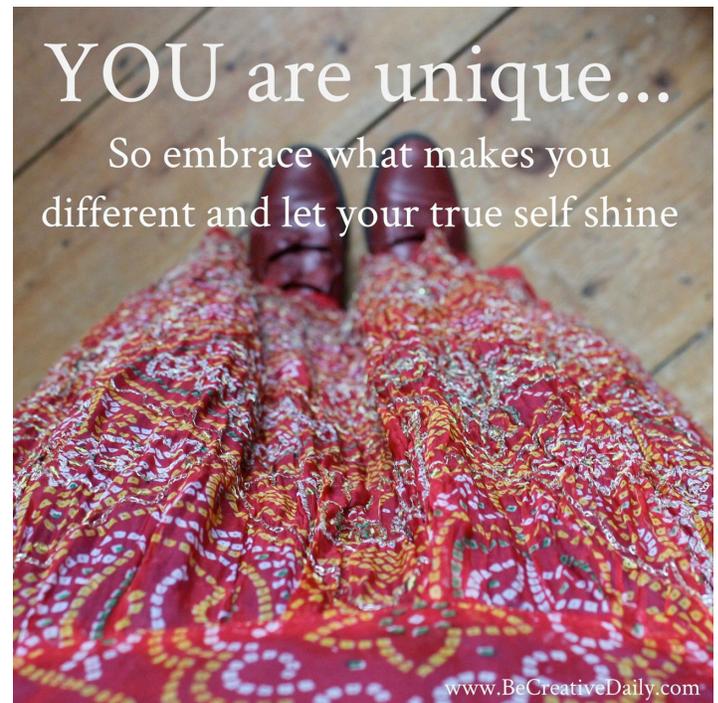
My chemotherapy consisted of Dose Dense AC (Adriamycin and Cytosan) at the beginning of treatment. This was given every 14 days, for 4 cycles. I had to learn my new normal. With these treatments I was nauseous and fatigued a good part of the time. Just when I was feeling better, it was time for my next treatment. I would dread the ride to the cancer center. The nausea was intense some days and the fatigue, to an otherwise very, active person, was hard on me. The second part of my treatment consisted of Taxol given weekly for 12 weeks along with Herceptin and Perjeta every 21 days. I am still fatigued. I have to pace myself daily and stay within my energy limits. If all goes well, I should finish the chemotherapy portion of my treatments on January 17th. Then I should get a month off before I head to surgery. While getting chemotherapy I have used the massage services available and next month I hope to feel well enough to join the ABC (After Breast Cancer) Support Group.

The way I get through most of my days is leaning on God. Scripture that I try to remember is "I can do all things through Christ who strengthens me" Philippians 4:13 and "Lean not on your own understanding, but in all your ways let God direct your path." Proverbs 3:5-6

The cancer has changed the way I look at things and people. I see the wonder and beauty in more things. I see love in family and friends. I make more time for others. I felt people were busy and didn't want to bother them. I bother them now and make plans with all the people I care about. I take time to pray with others and love on those in my path. I plan on continuing to pray for others with cancer, living life to its fullest, sharing how I have walked through this with laughter, love, and positivity.

My up days have been greater than my down days. If I can give you one piece of advice it is to surround yourself with people that love you and make you laugh, and to enjoy every day. Do not always be serious, you may miss out on sweet moments. My one final note to you ladies that lose your hair from chemo is to SHINE YOUR TRUE SELF!! Wear a wig, or don't. For me they looked unnatural, so I chose hats which I loved before and AZZI sport has them in many colors.

So ladies, embrace you, whichever way makes you comfortable and SHINE your brilliance. You deserve it. I want to give thanks to God and my treatment team at the C.R. Wood Cancer Center, Dr. Gillani, Elizabeth Reinhart, PA, Lisa Haase, RN, the wonderful nurses, and office staff upstairs. You make all my visits bearable.



Bald is _____

Beautiful

Prehabilitation for a Diagnosis of Head and Neck Cancer

Vickie Yattaw, RN, BSN, OCN®

Cancer prehabilitation has been defined as “a process on the cancer continuum of care that occurs between the time of cancer diagnosis and the beginning of acute treatment.” The evidence supports the notion that prehabilitation programs can improve physical and psychological health outcomes and decrease overall health care costs. The care model for cancer prehabilitation includes timely and efficient assessment throughout the care continuum with a focus on improving outcomes in cancer at every stage. During the cancer journey, three types of assessment with different aims are included: (1) prehabilitation assessment pretreatment, (2) rehabilitation assessment at early post treatment, and (3) health promotion assessment at the end of treatment.

The C.R. Wood Cancer Center has developed a multidisciplinary care team that includes a Medical Oncologist, Radiation Oncologist, ENT MD and PA, Dentist, Speech Therapist, Audiologist, Occupational Therapist, Physical Therapist, Dietician, Oncology Nurse, and Oncology Nurse Navigators. We have designed a program for patients with newly diagnosed Head and Neck Cancers to be evaluated by all the disciplines of care prior to starting treatment. The goal for this program was to increase access to services, develop plans of care to minimize side effects, and increase patient satisfaction before, during, and after treatment.

Patients who are enrolled in the prehabilitation services are given an appointment block of time so that they can see PT, OT, Speech and Audiology (hearing) in one visit. The role of each discipline is to develop baseline functioning and educate patient on exercises and interventions they can complete at home to minimize side effects.

Each patient is evaluated by the Oncology Dietician for calorie needs and nutritional support, before, during, and after treatments.

All patients are referred to a dentist to evaluate any potential issues that may arise during therapy and provide cleanings, fluoride trays and education on dental care during treatment.

The ENT providers, Medical Oncologists, and Radiation Oncologists collaborate as a multidisciplinary team to provide the best coordination of care.

The nursing team (Clinic Nurse, Radiation Nurse, and Nurse Navigators) communicate for coordination of care and removal of barriers to complete treatment.

Reviewing the statistics for the program, from initiation in April through December, we have seen 23 patients through the prehabilitation program, have decreased the time from referral to cancer treatment to an average of 14 days, down from 29 days in 2017. We will continue to work on this program and hope to provide similar services to all disease states.

For general questions about cancer or support services available, call Nurse Navigators **Vickie** at **518.926.6639**, **Lisa** at **518.926.6563**, or **Nicole** at **518.926.6629**.

SERVICES FOR INDIVIDUALS BY APPOINTMENT

Care Management

For: Continuing care needs, transportation, and financial concerns.
Info: Karen Cook, LMSW | 518.926.6619

Chemotherapy Education Class

For: Individuals & family starting chemotherapy.
Meets: Tuesdays at 4:00pm Cancer Center Library or by appointment at your convenience.
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639
Lisa Haase, RN, BSN, OCN® | 518.926.6563
Nicole Molinero, RN, OCN® | 518.926.6629

Clinical Research

For: Anyone interested in learning about clinical trials.
Info: Beth Brundage, RN, OCN® | 518.926.6644

Genetics Counseling

For: Anyone concerned about their personal or family history of cancer.
Info: Rebecca Kerr, MSc, CGC | 518.926.6574

Nutrition Counseling

For: Anyone interested in dietary counseling.
Info: Andrea Chowske, RD, CD-N | 518.926.2635

Pastoral Care

For: Anyone interested in spiritual counseling.
Info: 518.926.3531

Patient Financial Assistance

For: Referrals, prior authorizations, billing, insurance questions.
Info: Elizabeth McCauley | 518.926.6516

Psychosocial Oncology

For: Counseling for patients and/or their families.
Info: Gerry Florio, Ph.D. and Kate Lail, MHC
Call 518.926.6640 for an appointment

Nurse Navigators

For: Individuals & family diagnosed with any cancer.
Meets: By appointment or stop by.
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639
Lisa Haase, RN, BSN, OCN® | 518.926.6563
Nicole Molinero RN, OCN® | 518.926.6629

Spa Services at Cindy's Healing Place *Massage Therapy*

For: Cancer patients during and after treatment.
Meets: By appointment at Cindy's Healing Place.
Info: Please call 518.926.6640

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: Please call 518.926.6640

SPECIAL PROGRAMS

Couple's Retreat

For: Any person with a cancer diagnosis and their spouse or significant other living with and beyond cancer.
Meets: One weekend each year in the fall.
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639

Cindy's Comfort Camp

For: Families, 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 for families and fall for children whom experienced a loss in their immediate family at the Double H Ranch in Lake Luzerne.
Info: 518.926.6640

Cindy's Womens Retreat

For: Women living with and beyond cancer.
Meets: One weekend each spring and fall at Silver Bay YMCA on Lake George.
Info: Karen Cook, LMSW | 518.926.6619

Breast Cancer Survivors Luncheon

For: Breast Cancer Survivors and a guest.
Meets: One Saturday in October.
Info: Lisa Haase, RN, OCN® | 518.926.6563

Survivor Breakfast

For: Any cancer survivor and a guest.
Meets: One Saturday in June.
Info: Vickie Yattaw, RN, OCN® | 518.926.6639

Summer Picnic

For: Any cancer survivor and their family.
Meets: One Wednesday in August.
Info: Vickie Yattaw, RN, OCN® | 518.926.6639

Holiday Party

For: Any cancer survivor and their family.
Meets: One Wednesday in December.
Info: Lisa Haase, RN, OCN® | 518.926.6563

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.
 6:00pm | Cancer Center Waiting Room
 Info: Lisa Haase, RN, BSN, OCN® | 518.926.6563

Blood Cancer Support Group

For: Individuals & family diagnosed with lymphoma, leukemia, or multiple myeloma.
 Meets: 2nd Wednesday each month.
 6:00pm | Community Learning Center (Side A)
 Info: Karen Cook, LMSW 518.926.6619

Rays of Hope

For: Women with ovarian cancer.
 Meets: 3rd Wednesday each month.
 4:00pm | Cancer Center Library
 Info: Mary Davis | 518.656.9321
 Carol Smith | 518.793.0565

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

ACTIVITY GROUPS

Healthy Steps®

For: Gentle exercise for individuals with a cancer diagnosis.
 Meets: Tuesdays at 10:00am | Community Learning Center (Side B)
 Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639

Tai Chi and Relaxation/Meditation

For: Anyone interested.
 Meets: Monday afternoon at 3:30pm and 5:30pm.
 Community Learning Center (Side B)
 Info: 518.926.1000

Twisted Twirlers

For: Individuals diagnosed with any cancer and caregivers who would like to join this Hall of Fame twirling group. New twirlers always welcome!
 Meets: 1st and 3rd Tuesday each month.
 11:30am | Community Learning Center (Side B)
 Info: Barbara Ringer | 518.792.7437

QUIT FOR LIFE

Stop Smoking Program

Pre-Registration Required

A four week program for anyone who would like to quit smoking.

April 9th – 30th, 2019

Tuesday nights from 6:00pm – 7:00pm

In the C.R. Wood Cancer Center Library.

For information or to register, please call

Lisa Haase, RN, BSN, OCN® | 518.926.6563

VISITOR RECOMMENDATIONS

Your loved ones depend on us to take care of them. We need you to do your part. If you are experiencing flu-like symptoms or are suffering from a head cold, we ask you to please reconsider your visit. If you need to accompany a patient, then we ask that you please wear a face mask prior to entering the Cancer Center. These masks can be found on the main kiosk on the first floor of the cancer center.

*All visitors with communicable infectious diseases should refrain from coming to the cancer center. Please let friends and family know about this policy if they wish to accompany a patient.

*We ask that family members and caregivers not accompany patients to the cancer center if they have flu-like symptoms, which means a fever greater than 100 degrees F with cough and/or sore throat within the last 7 days.

Should you have any questions regarding the visitor recommendations please contact Vickie at 518-926-6639.

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 hoping to enroll about 1,488 people to this study nationwide.

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 high-risk 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 colorectum.)

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. If you are indeed eligible and have consented to take part in the study, you would be selected to be part of Group 1 or Group 2.

If you are in Group 1 (often called "Arm 1"), you will take two (light tan) eflornithine placebo tablets once a day and one (golden-yellow) sulindac placebo tablet once a day. Placebo tablets look identical to the eflornithine and sulindac tablets, but they do not contain any medication.

If you are in Group 2 (often called "Arm 2"), you will take two (light tan) eflornithine tablets once a day and one (golden-yellow) sulindac placebo tablet once a day. The placebo tablet looks identical to the sulindac tablet, but it does not contain any medication.

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**.



FAMILY CAMP

A weekend for the whole family filled with discussion, games, sports, hiking, and arts & crafts.

May 17th – 19th, 2019

Double H Ranch

For more information call
Suzy at 518.926.6640

STICK IT TO CANCER

Save the Date

March 8th & 9th, 2019

We've taken our annual Pink in the Rink game and turned it into a two day experience to raise funds for the C.R. Wood Cancer Center. After Friday's game, donate \$10 for your chance to paint the ice with words of kindness or the name of a loved one who has been affected by cancer. Then on Saturday, the Adirondack Thunder will play their game on the painted ice! After Saturday's game, there will be the infamous ADK Thunder jersey auction but this time it will feature a new purple jersey! More details to come!



SKIN SCREENING

Save the Date

April 6th, 2019

9am – 12pm

Pre-Registration is required

For more details call

Vickie at 518.926.6639



A three-day, two-night getaway for women living with and beyond a diagnosis of cancer.

April 26th – 28th, 2019

Silver Bay YMCA
Silver Bay, NY

For more information call

Karen Cook, LMSW at 518.926.6619

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 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 **518.926.6701** 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 screening, 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.

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**.

Connections Editorial Board

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

C.R. Wood Cancer Center, Glens Falls Hospital, Glens Falls, NY 12801

E-mail: **svirgil@glensfallshosp.org**

Please let us know if you would like to be removed from our mailing list.

Medical Oncology

When you call during clinic hours (8:30am – 4:30pm weekdays) you will reach the telephone triage nurse. Her phone is **518.926.6620**, the number you are given to call if you have any questions or problems.

If it is an emergency, please call 911.

When you call you will very likely need to leave a message as she is often busy with other patients who have called. Please try to speak clearly (without rushing) giving the following information in the message to help her assist you efficiently:

- Your name, or the name of the person you are calling about.
Please spell the last name.
- Date of birth.
- Your doctor's name.
Not the PA because they work with multiple doctors.
- Your phone number.
- The reason why you are calling.

If you are calling for a medication refill, please include:

- The name and location of the pharmacy you use.
- The medication and the dose.

You will need to allow 48 hours to have the medication refilled. Most prescriptions will be sent to your pharmacy by email (eScribed). If it is a medication that cannot be sent electronically, we will call you back with instructions.

If you are having a medical problem, we will try to call you back within two hours. Please be patient as sometimes many calls come in within a short period of time.

My Health Record

<https://glensfalls.iqhealth.com> Allow 48 hours for a response. If you are having a medical problem that needs prompt attention, it is better to call us and leave a message. My Health Record is designed to provide a brief summary of your most recent visit with your doctor. Unfortunately, it is not an efficient forum for a detailed discussion with your care team. It is better to call with questions or, if appropriate, wait to discuss them at your next visit.

Many doctors return their calls (especially test and lab results) at the end of their clinic or at lunch time, so it may be a few hours before they get back to you. When you call, you can let us know if it is okay for them to leave a message with the results on your answering machine.

If you call after hours and need a response, (evenings, nights, or weekends) please tell the answering service to page the oncall doctor. No one is available to check messages during off-hours so it will not be received until the next business day.

Radiation Oncology

Patients receiving radiation therapy who have questions during clinic hours (8:00am – 4:00pm weekdays) should call the Radiation Therapy Department at **518.926.6670** and ask to speak to a nurse. You will be directed to Kelle Engel RN, BSN, OCN® or Kit Howard, RN, OCN®. If they are not available to speak with you, please leave a brief message with a callback number. You should expect a call back within 20 to 30 minutes.

If it is an emergency, please call **911**. If you have questions or concerns after the department closes or on the weekend, please call the same number, **518.926.6670**. An answering service will take your information along with a phone number and a radiation oncologist will return your call. Please do not wait with a problem. The radiation oncologists are on call to address any of your concerns.