

# Connections Quarterly

FALL 2019 ISSUE 71



Glens Falls Hospital  
C.R. WOOD CANCER CENTER



**Pancreatic  
Cancer**

## Quarterly Content

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For more information  
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the C.R. Wood Cancer  
Center, please call  
**518.926.6640**

## What Is Pancreatic Cancer?

Pancreatic cancer begins when abnormal cells in the pancreas grow and divide out of control and form a tumor. The **pancreas** is a gland located deep in the abdomen, between the stomach and the spine. It makes enzymes that help digestion and hormones that control blood-sugar levels. Organs, like the pancreas, are made up of cells. Normally, cells divide to form new cells as the body needs them. When cells get old, they die, and new cells take their place.

Sometimes this process breaks. New cells form when the body does not need them, or old cells do not die. The extra cells may form a mass of tissue called a tumor. Some tumors are **benign**. This means they are abnormal but cannot invade other parts of the body. A **malignant** tumor is called cancer. The cells grow out of control and can spread to other tissues and organs.

Even when the cancer spreads to other areas of the body, it is still called pancreatic cancer if that is where it started. Pancreatic cancer often spreads to the liver, abdominal wall, lungs, bones, and/or lymph nodes.

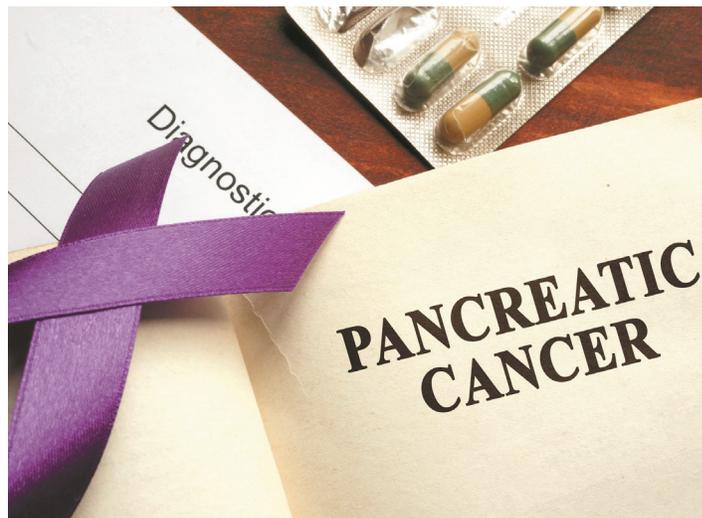
### How Many People Will Get Pancreatic Cancer?

More than 56,000 Americans are expected to be diagnosed with pancreatic cancer in 2019. That is more than 150 people diagnosed every day. Pancreatic cancer is the ninth most commonly diagnosed cancer in women and the 10<sup>th</sup> most commonly diagnosed in men, in the U.S.

### Types of Pancreatic Cancer

Pancreatic tumors are either **exocrine** or **neuroendocrine** (endocrine) tumors. This is based on the type of cell they start in. Knowing the type of tumor is important because each type acts differently and responds to different treatments.

About 93 percent of pancreatic cancers are exocrine tumors. The most common type of pancreatic cancer is **adenocarcinoma**. About 7 percent of pancreatic tumors are neuroendocrine tumors (pancreatic NETs or PNETs), also called islet cell tumors. They often grow slower than exocrine tumors.



### What Causes Pancreatic Cancer?

Changes in your DNA cause cancer. These can be inherited from your parents or can arise over time. The changes that arise over time can happen because you were exposed to something harmful. They can also happen randomly.

Pancreatic cancer's exact causes are not well understood. About 5 to 10 percent of pancreatic cancers are considered familial or hereditary. Most pancreatic cancer happens randomly or is caused by things such as smoking, obesity, and age.

You may have an increased risk of developing pancreatic cancer if you have:

- Two or more first-degree relatives who have had pancreatic cancer.
- A first-degree relative who developed pancreatic cancer before the age of 50.
- An inherited genetic syndrome associated with pancreatic cancer.

If you have any of these, the Pancreatic Cancer Action Network strongly recommends consulting with a genetic counselor to determine your risk and eligibility for a screening program.

A person may also be more likely to get pancreatic cancer because of:

- Long-standing diabetes
- Chronic and hereditary pancreatitis
- Smoking
- Race (ethnicity): African-American or Ashkenazi Jew
- Age: over the age of 60
- Gender: males slightly more likely
- Diets high in red and processed meats
- Obesity

This does not mean that everyone who has these risk factors will get pancreatic cancer or that everyone who gets pancreatic cancer has one or more of these.

### Signs and Symptoms of Pancreatic Cancer

Pancreatic cancer may cause only vague, unexplained symptoms, such as:

- Pain, usually in the abdomen or back
- Weight loss
- Jaundice (yellowing of the skin, eyes, or both) with or without itching
- Loss of appetite
- Nausea
- Changes in stool
- Pancreatitis (swelling of the pancreas)
- Recent-onset diabetes

If you are experiencing one or more of these symptoms, we urge you to speak to your doctor immediately and reference pancreatic cancer.

Fatigue, weakness, and depression are also symptoms. A person with advanced pancreatic cancer may also have fluid in the abdomen and blood clots.

### How Is Pancreatic Cancer Diagnosed?

A pancreatic tumor can only be seen on an imaging study such as a computed tomography (CT) scan, magnetic resonance imaging (MRI) or endoscopic ultrasound (EUS). Then, the doctor gets a sample of the tumor tissue (biopsy) to figure out the exact diagnosis.

### Why Is Pancreatic Cancer Hard to Find?

The pancreas is located deep in the abdomen, so doctors usually cannot see or feel the tumor during a physical exam. Also, pancreatic cancer symptoms are not always obvious and usually develop over time. Doctors may use several tests to make a diagnosis. But, there is no standard test to diagnose pancreatic cancer. This makes diagnosis even more complicated.

### What Treatments Exist for Pancreatic Cancer?

Pancreatic cancer treatment depends on the stage of the disease and the patient's general health. Patients may get standard (approved) treatments or take part in clinical trials. Standard treatments are surgery, chemotherapy, and radiation. Clinical trials study new treatments. The Pancreatic Cancer Action Network strongly recommends clinical trials at diagnosis and during every treatment decision.

### Why Is Pancreatic Cancer Hard to Treat?

Surgery offers the best chance of controlling pancreatic cancer for a long time. But, most patients are diagnosed at later stages and are not eligible for surgery. Tests to find pancreatic cancer in the earliest stages are urgently needed. As early detection study continues and as technology gets better, researchers predict that we will make progress toward finding the disease earlier.

Another challenge is that pancreatic tumors are surrounded by a dense tissue layer, called the stroma. This makes it difficult for treatment to reach the tumor. Researchers are studying ways to get treatment through the stroma to make it more effective. Also, some cancers have been successfully treated with targeted therapies which block specific mutations. But, these drugs have not been developed specifically for pancreatic cancer yet.

Molecular profiling tells you about the unique biology of your tumor. Results may align with targeted treatments that work well in other cancer types. As more studies are done, more targeted treatments will be developed and approved for pancreatic cancer patients whose tumors have specific molecular changes.

## Kadcyla (T-DM1 or ado-trastuzumab emtansine)

Kadcyla has been approved since 2013 for HER2-positive metastatic breast cancer that has previously been treated with Herceptin and taxane chemotherapy. Metastatic breast cancer is breast cancer that has spread to other parts of the body away from the breast, such as the bones or liver.

This year Kadcyla was also approved for treatment after surgery in people diagnosed with early-stage HER2-positive breast cancer that was treated with Herceptin and taxane chemotherapy before surgery and had residual disease found during surgery.

KADCYLA is the first HER2-targeted treatment of its kind. It is made up of two cancer-fighting agents in one drug:

- The monoclonal antibody trastuzumab (*the same antibody in Herceptin®*)
- A chemotherapy

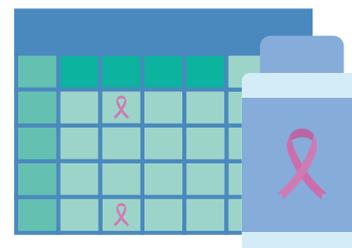
When you take KADCYLA, you are getting both an HER2-targeted treatment and a chemotherapy, at the same time.

Doctors call treatments given after surgery adjuvant treatments. Adjuvant treatment is given after surgery and aims to eliminate any remaining cancer cells in the body to help reduce the risk of the cancer returning. Treatments given before surgery are called neoadjuvant treatments. Neoadjuvant treatment

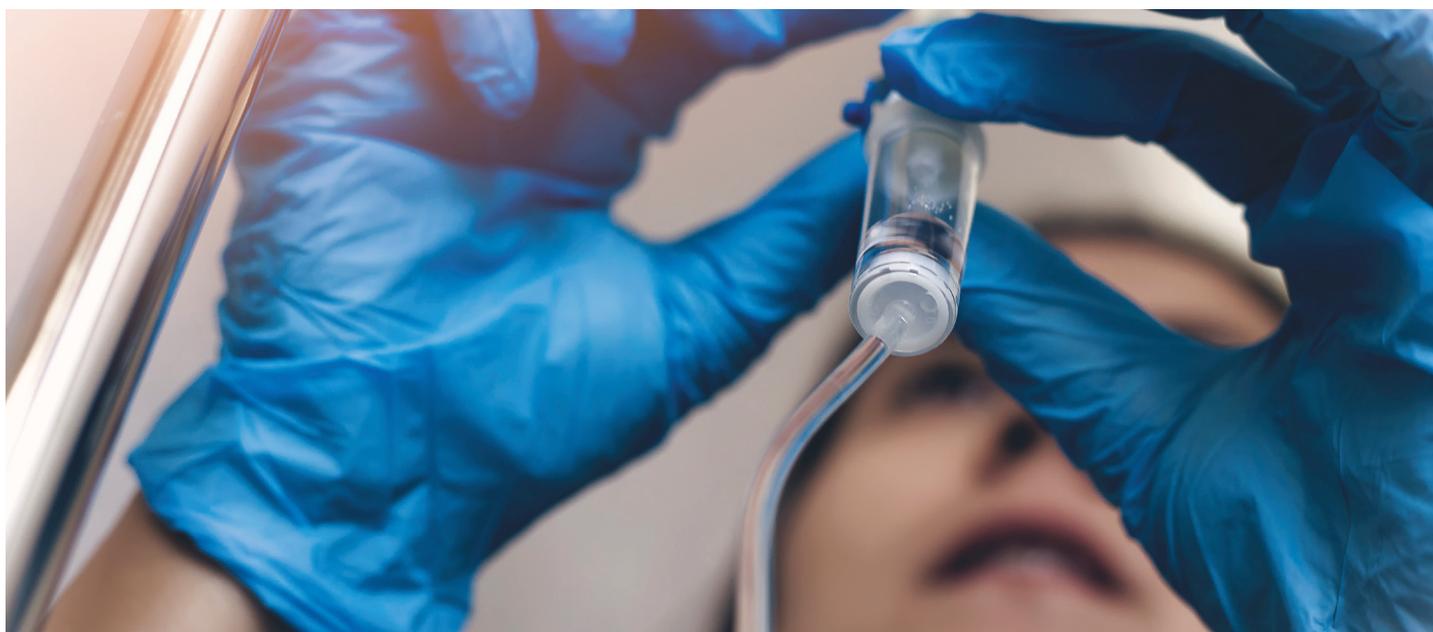
is given before surgery with the goal of shrinking tumors and helping to improve surgical outcomes.

One way doctors judge the effectiveness of neoadjuvant chemotherapy is to look at the tissue removed during surgery to see if any actively growing cancer cells are present. If no active cancer cells are present, doctors call it a “pathologic complete response”. If there are cancer cells present in the tissue removed, this cancer is called “residual disease.”

Kadcyla is given intravenously, which means the medicine is delivered directly into your bloodstream through an IV or port. Kadcyla usually is given every 3 weeks. People diagnosed with metastatic disease get Kadcyla every 3 weeks unless the cancer grows or unacceptable side effects develop. People diagnosed with early-stage disease get Kadcyla every 3 weeks for a total of 14 cycles.



The most common side effects (>25%) with Kadcyla were fatigue, nausea, increased blood levels of liver enzymes, musculoskeletal pain, bleeding, decreased platelet count, headache, numbness, tingling or pain in the hands or feet, and joint pain.



## Healthy Meal Prepping

Andrea Chowske, RD, CSO, CDN

Getting a healthy meal on the table with a busy schedule can seem like an insurmountable task. With a little planning and prepping each week, eating healthy can become an easier goal to reach.

Begin by starting a monthly calendar or spreadsheet to record your meal ideas, favorite recipe sites, and food shopping lists. Collect recipes by clipping them from magazines and keeping them in a binder or copying links from websites to an online spreadsheet. You can also consider weekly themes for different days of the week, such as meatless Monday or stir fry Friday. Start small and expand as it becomes more routine for you. Begin with planning 2-3 meals for dinner per week.

Choose specific days of the week to plan your menu and write a grocery list, shop for food, prep meals, and cook. Some days may overlap but having a plan to break up these tasks helps keep meal planning more manageable. On your meal prep day, focus first on foods that take the longest to cook such as proteins, whole grains, legumes, and roasted vegetables. You can also consider preparing staples for the week that can be added to meals or grabbed for a snack such as washed greens for salad, hard boiled eggs, chopped fruit or vegetables. When you cook a recipe, make extra portions for another day or for lunch the next day. Be sure to have containers on hand for packing up extra food. You can also freeze individual portions for a future meal. If you choose not to cook proteins ahead of time, consider marinating chicken or tofu ahead of time so that it is ready to grab and cook when needed.

Be sure to label all prepped items with a date so you can track when to use them by. Rotate stored items so the oldest foods/meals are kept up front. When freezing meals, some are better choices than others. Food with high moisture content such as salad greens, tomatoes or watermelon are not recommended as they will become mushy when thawed.

The following are recommended times for various cooked foods that offer the best flavors, maximum nutrients, and food safety.

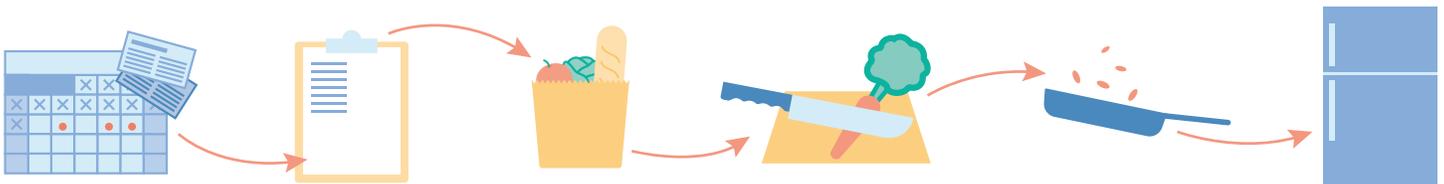
### Refrigeration at 40°F or lower

- 1-2 days: Cooked ground poultry, or ground beef
- 3-4 days: Cooked whole meats, fish and poultry; soups and stews
- 5 days: Cooked beans; hummus
- 1 week: Hard boiled eggs; chopped vegetables if stored in air-tight container
- 2 weeks: Soft cheese, opened
- 5-6 weeks: Hard cheese, opened

### Freezing at 0°F or lower

- 2-3 months: Soups and stews; cooked beans
- 3-6 months: Cooked or ground meat and poultry
- 6-8 months: Berries and chopped fruit (bananas, apples, pears, plums, mangoes) stored in a freezer bag
- 8-12 months: Vegetables, if blanched first for about 3-5 minutes (depending on the vegetable)

Modified from <https://www.hsph.harvard.edu/nutritionsource/2017/03/20/meal-prep-planning/>



## Cancer Makes You Really Appreciate Your Good Health, Family, Friends, And Your Faith

Marshall Gero

In 2015, while vacationing in Maine, I started having an upset stomach and some itching of my skin. When I came home I decided to go to the doctor and he gave me a cream for the itching and some Prilosec for the sour stomach, then I went home. A few days later I had some blood work for an upcoming doctor's appointment. I received a call the next day from my primary care doctor to go to the Emergency Room as my bilirubin was very high and my sodium was very low.

In the ER they did an ultrasound, admitted me to the hospital, then did a CAT scan, and tried to do an MRI, but the machine stopped working. I was sent home with an appointment to meet Dr. Chase as an outpatient to "go down my throat to see what was going on". When he did the procedure, he found a blockage of a bile duct at the head of my pancreas and put a stent in to drain it. He also saw two spots on the head of my pancreas, which turned out to be cancer.

When I found out that I had pancreatic cancer, I was shocked, surprised, and fearful of what was going to happen next. At the same time, I wanted to get it taken care of ASAP. I went to see Dr. Pillemer next and he recommended a chemotherapy called FOLFIRINOX, and then surgery after to remove my pancreas. Dr. Keim at St. Peters removed my pancreas and said that she had only ever seen one other case like mine when she was in medical school. When she went in to do the surgery, there was no cancer left. She removed the head of my pancreas and sent me back to Dr. Pillemer. He recommended treatment to kill any tiny cells of cancer that could be left in my body.



I decided to do chemo, but I would get tired and had no appetite. I lost about 35 pounds. But, it was worth it because when I was done. Dr. Pillemer called me and said that my PET scan was absolutely clean! During treatments I received great support from my family, friends, my church, and prayers from all. I usually had **Beth Sponzo**, RN, OCN as my treatment nurse, and she was a good support as well. During all of this, I learned that cancer makes you really appreciate your good health, family, friends, and your faith. My plans as a cancer survivor are to live every day to the fullest, enjoy life, and help others with this nasty disease.

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## Resources and Information on Pancreatic Cancer

### Disease Information

#### The Mayo Clinic

The Mayo Clinic website has a lot of great information on pancreatic cancer including; symptoms, causes, diagnosis, and treatment.

<https://www.mayoclinic.org>

#### American Cancer Society

Cancer.gov includes an overview of pancreatic cancer, patient education on causes & prevention, treatment, research, screening, and coping with a cancer diagnosis.

<https://www.cancer.gov>

#### PanCAN

Founded in 1999, the Pancreatic Cancer Action Network (PanCAN) is dedicated to fighting the world's toughest cancer. In our urgent mission to save lives, we attack pancreatic cancer on all fronts: research, clinical initiatives, patient services and advocacy.

<https://www.pancan.org/>

### Financial Assistance Available

#### CancerCare—Co-Payment

#### Assistance Foundation (CCAF)

Provides financial assistance for copayments for treatment medications.

<https://www.cancercare.org/copayfoundation#>

#### Hirshberg Foundation for Pancreatic Cancer Research

Provides financial assistance for home care, travel, child care, treatments for anyone diagnosed with Pancreatic Cancer.

<http://pancreatic.org/patients-caregivers/financial-aid/>

#### National Pancreatic Cancer Foundation

Provides Financial Assistance for non-medical expenses.

<https://www.npcf.us/programs/financial-resources/>



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

## 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

### Clinical Research

For: Anyone interested in learning about clinical trials.

Info: Beth Brundage, RN, OCN® | 518.926.6644

### Genetic 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.

Kate Lail, MHCH

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

### 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 *Pre-Registration Required*

### Couples Retreat

For: Anyone 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 living with loss, at the Double H Ranch in Lake Luzerne.

Info: 518.926.6640

### Cindy's Retreat

For: Women living with and beyond cancer.

Meets: One weekend each Spring and Fall at Silver Bay on Lake George.

Info: Lisa Haase, RN, OCN® | 518.926.6563

### 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: Lisa Haase, RN, OCN® | 518.926.6563

### Summer Picnic

For: Any cancer survivor and their family.

Meets: One Wednesday in August.

Info: Vickie Yattaw, RN, OCN® | 518.926.6639

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: 4<sup>th</sup> Monday each month at 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: 2<sup>nd</sup> Wednesday each month at 6:00pm  
 Community Learning Center, Side A  
 Info: Karen Cook, LMSW 518 | 518.926.6619

### Caregiver Support Program

For: Caregivers for patients diagnosed with cancer.  
 Meets: First Wednesday every Month at 10am–11:30am  
 Cancer Center Library  
 Info: Kate Lail, CMHC | 518.926.6640

### MBC—Living Together

For: Those with metastatic breast cancer diagnosis.  
 Meets: Third Friday each month at 10am–11:30am  
 Cancer Center Library  
 Info: Vickie Yattaw, RN | 518.926.6639

### Rays of Hope

For: Women with ovarian cancer  
 Meets: 3<sup>rd</sup> 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' Quit Line 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: 11:30am, 1<sup>st</sup> and 3<sup>rd</sup> Tuesday each month  
 Community Learning Center (Side B)  
 Info: Barbara Ringer | 518.792.7437



Healthy Steps® participants.

## QUIT FOR LIFE

### Stop Smoking Program *Pre-Registration Required*

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

January 7<sup>th</sup> – 28<sup>th</sup>, 2020

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**

## Advances Made Through Clinical Trials

Nannette Oberhelman, CCRP

The C. R. Wood Cancer Center at Glens Falls Hospital participates in national clinical trials for treatment and prevention of many cancers. These studies provide the opportunity for our patients to conveniently receive some of the most cutting edge therapies available, while remaining close to home. Participation may also allow patients to directly contribute to the ongoing progress being made in the field of Oncology. We have recently activated two new trials at the cancer center.

**S1815: Gemcitabine, Cisplatin, and Nab-Paclitaxel or Gemcitabine and Cisplatin in Newly Diagnosed Advanced Biliary Tract Cancers.** You may be eligible for this trial if you have cholangiocarcinoma or gallbladder cancer, not previously treated. There are several treatment options for newly diagnosed advanced biliary tract cancer. Patients who are not in a study are usually treated with chemotherapy that is already FDA approved. The standard treatment for patients with newly diagnosed advanced biliary tract cancer is currently a combination of two chemotherapies, gemcitabine and cisplatin. In this study we will compare the standard of care (as previously mentioned) to these same two drugs, plus the addition of nab-paclitaxel (Abraxane). There will be about 268 people taking part in this study of which 1/3 will be in the standard of care group and 2/3 will be in the study group.

Also new to our protocol menu is **A231601CD: Assessing Financial Difficulty in Patients with Blood Cancers**, a QOL Study. Studies have shown that cancer patients may be at high risk for financial problems because of the cost of treatment. These financial problems can be stressful and sometimes might cause patients to avoid or refuse treatment. The purpose of this study is to measure how often financial problems happen in patients with your type of cancer, using questionnaires that collect information about finances and quality of life.

In order to get a full picture of the financial impact of chronic lymphocytic leukemia and multiple myeloma, we also want to collect information from your medical records. You have been asked to participate in this study because you have chronic lymphocytic leukemia or multiple myeloma. This research **does not** involve medical treatment. Our findings will hopefully help us to better understand the financial impact of cancer and come up with ways to help patients avoid financial problems during treatment. There will be about 500 people taking part in this study.

If you are interested in finding out more about these trials or any other clinical trials offered at the cancer center, please contact our Research Nurse, **Beth Ann Brundage**, RN, OCN at **518.926.6644** or **Nannette Oberhelman**, CCRP at **518.926.6701**. You may also follow our website at **YourLifelsOurMission.org**

your life.  
our mission.



Aqeel Gillani, MD—Director of Clinical Research



## Get Your New Medicare Card

To help protect against identity theft, Medicare mailed new health insurance cards. Your new card has a new Medicare Number that’s unique to you, instead of your Social Security Number. To get your Medicare card:

- Call **1.800.MEDICARE** (1.800.633.4227). TTY users can call 1.877.486.2048. There might be a problem that needs to be corrected, like updating your mailing address.
- Sign in to your **MyMedicare.gov** account. If you don’t have an account yet, visit **MyMedicare.gov** to create one. You can sign in to see your Medicare Number or print an official copy of your card.

Guard your Medicare card like it’s a credit card. Be sure to carry your card with you when you’re away from home. Let your doctor, hospital, or other health care provider see your card when you need hospital, medical, or other health care.

## Do you have Marketplace Insurance Coverage? You Should Still Compare Plans Every Year

Marketplace plans can change each year—things like costs and coverage. Even if you’re happy with your plan changes for next year, and you don’t have any life changes to report (like moving to a new state or changes in your income or household), you should still take a look at the health plans being offered in your area. You might benefit from a change, and you never know until you compare.



If you have questions or need help, visit **Localhelp.HealthCare.gov** to find someone who can help you in person. Or, call the **Marketplace Call Center at 1.800.318.2596**. TTY users can call 1.855.889.4325.

## November is National Caregiver Awareness Month

Caring for a family member or friend with cancer is often very challenging. The experience can be exhausting both mentally and physically, but it actually becomes even more so when you don't take care of yourself. I use a metaphor of a watering can and a garden to drive home this point. If your loved one is a garden, it needs water. If you are the watering can, you will run out of water to nurture the garden. Filling the watering can from a larger reservoir will make sure that there is always enough water to help tend to the garden.

Finding out that a loved one has cancer can be overwhelming. Cancer affects not only the person diagnosed but all those who care about that person. You may be wondering, What should I do now? or How can I help?

The following 10 tips are intended to help you tackle the challenges of caring for someone diagnosed with cancer. Here you will find information and resources for caregivers—those who provide emotional, spiritual, financial, or logistical support to a cancer patient.

1. Find Your Support System
2. Gather Information
3. Recognize a “New Normal”
4. Relieve Your Mind, Recharge Your Body
5. Take Comfort in Others
6. Plan for the Future
7. Accept a Helping Hand
8. Be Mindful of Your Health
9. Consider Exploring Stress Management Techniques
10. Do What You Can, Admit What You Can't

**Today we celebrate  
those caring for loved  
ones with cancer**

Please Join the Cancer Caregiver Program held at the C.R. Wood Cancer Center the 1<sup>st</sup> Wednesday of each month. Program is 10am –11:30am in the Cancer Library. Open to all cancer caregivers and their loved one.

Please call Vickie for more information  
**518.926.6639**



## FINANCIAL CORNER

Open enrollment for all insurances starts soon. Please take this time to check your insurance coverages. Sit down with your insurance provider or health care professional to make sure you have the right coverage for your health care needs.

If you have questions or would like more information about financial assistance options, please call Elizabeth at **518.926.6516**.



# FINANCIAL

## NAVIGATORS CORNER

The Oncology Nurse Navigators assist patients and families with many issues that arise due to a diagnosis of cancer.

One of the biggest concerns for most people is rides to treatment. The Navigation team works with county drivers, Medicaid taxis, American Cancer Society's Road to Recovery program and many more.

If you or a loved one needs assistance with rides please call **518.926.6639** for more information



# NAVIGATOR

## CAREGIVER CORNER

Putting your life into balance is what gives you energy to do all that you need to accomplish for your loved one.

### Take Care of Your Mind

Caregivers say the following steps have helped them balance out mental stresses:

**Write it out:** Keeping a log or written journal can be a safe place to struggle with feelings and frustrations. Simply getting something on paper can help provide perspective.

For more resources call **518.926.6639**



# CAREGIVER

## SURVIVOR CORNER

### Be Physically Active

Studies show that exercise is generally safe during cancer treatment and can improve many aspects of health, including muscle strength, balance, fatigue and depression. Talk to your health care provider about what would work best for you.

Physical activity after diagnosis is linked to living longer, and a reduced risk of the cancer returning among people living with breast, colorectal, prostate, and ovarian cancer – among other forms of the disease.

# SURVIVOR

## New Look for the C.R. Wood Cancer Center

The Glens Falls Hospital would like to introduce the new webpage and tagline that embodies the C.R. Wood Cancer Center.



The C.R. Wood Cancer Center at Glens Falls Hospital offers a comprehensive program of cancer care services that are unsurpassed in the Glens Falls and Saratoga regions of New York—from advanced treatments and innovative education and support programs, to early detection and cancer prevention.

Utilizing the brightest minds and latest technology, we've earned national recognition, because for nearly thirty years, our focus has been on you.

We hope you have seen some of the wonderful images and videos that highlight the heart of the Cancer Program. Knowing that a quick video or still photograph cannot convey the teamwork and care of the CR Wood Cancer Center, we have decided to start a series of cancer testimonials.

We invite you to visit the newly designed webpage at [www.yourlifeisourmission.org](http://www.yourlifeisourmission.org) to see the first two testimonials for all the wonderful work that the CR Wood Cancer Center offers to patients in the community. The webpage also introduces the providers and support programs available to the community.

If you would like to share your story, please visit the webpage and submit through the "Talk to Us" link or contact **Vickie** at [vyattaw@glenfalls Hosp.org](mailto:vyattaw@glenfalls Hosp.org) or phone at **518.926.6639**.

**your life.**  
**our mission.**



## 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](http://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](http://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**.

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Email: [svirgil@glensfallshosp.org](mailto: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. The 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 the nurse 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 lunchtime, 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 on-call 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.