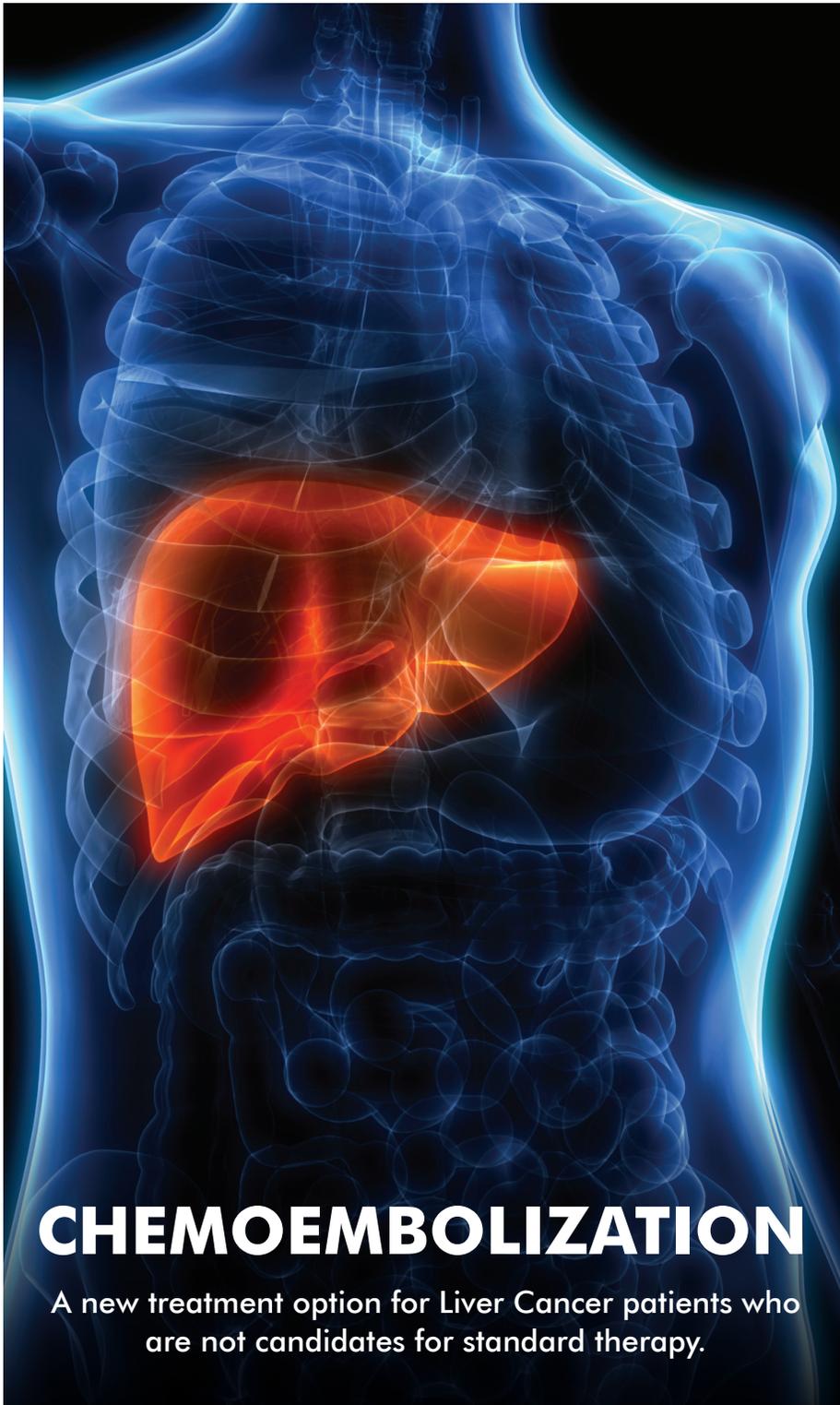


Connections Quarterly

Winter 2019–2020 ISSUE 72



Glens Falls Hospital
C.R. WOOD CANCER CENTER



CHEMOEMBOLIZATION

A new treatment option for Liver Cancer patients who are not candidates for standard therapy.

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

Chemoembolization

How is liver cancer treated?

Malignant tumors of the liver or gastrointestinal tract which have spread to the liver may be treated by standard intravenous chemotherapy, surgery, cryotherapy (using cold probes to freeze the tumor), percutaneous ablation (using a needle to place alcohol directly into the tumor to kill it) or a combination of therapeutic techniques. A method of delivering a relatively large dose of chemotherapy directly to the liver tumor (chemoembolization) has shown some good results in patients who are not candidates for standard therapy.

What is chemoembolization?

Chemoembolization is performed by placing a small catheter from the blood vessel in your groin into the artery that supplies blood to the liver. The liver is special in that it has 2 blood supplies. Most normal liver cells are fed by the **portal vein**, whereas a cancer in the liver is mainly fed by the **hepatic artery**. Blocking the part of the hepatic artery that feeds the tumor helps kill off the cancer cells, but it leaves most of the healthy liver cells unharmed because they get their blood supply from the portal vein. Embolization is a procedure that injects substances directly into an artery in the liver to block or reduce the blood flow to a tumor in the liver. This is analogous to the more familiar cardiac angiogram. The chemotherapeutic drug(s) are then delivered through the catheter along with a blood vessel-occluding agent right at the site of the tumor. The result is that a very highly concentrated dose of antitumoral drug is delivered (without the normal dilution that occurs with a standard intravenous infusion) and the blood vessels are partially blocked with the occluding agent to starve the tumor of its blood supply. This “double-punch” can slow or stop tumor growth, and in some cases can even result in significant shrinkage of the tumor. Embolization is an option for some patients with tumors that cannot be removed by surgery. It can be used for people with tumors that are too large to be treated with ablation (usually larger than 5 cm across) and who also have adequate liver function. It can also be used with ablation. Embolization can reduce some of the blood supply to the normal liver tissue, so it may not be a good option for some patients

whose liver has been damaged by diseases such as hepatitis or cirrhosis. It isn't yet clear which type of embolization has a better long-term outcome.

What kind of tumors can be treated?

Remember, chemoembolization only treats tumors in the liver and will have little or no effect on any other cancer in the body. For example, the following liver cancers may be treated by chemoembolization:

- Hepatoma (Primary Liver Cancer)
- Metastasis (Spread) To The Liver From:
- Colon Cancer
- Carcinoid
- Ocular Melanoma
- Sarcomas

How are patients evaluated?

Your physician may recommend that you have several tests, including liver function blood tests and a CAT scan or an MRI of your liver prior to the chemoembolization procedure. Your doctor needs to check these test results to make sure you do not have:

- Any Blockage of the Portal Vein
- Cirrhosis of the Liver
- A Blockage of the Bile Ducts

Sometimes, it can take 4–6 weeks to fully recover from the procedure. Because healthy liver tissue can be affected, there is a risk that liver function will get worse after embolization. This risk is higher if a large branch of the hepatic artery is embolized. Serious complications are not common, but they are possible.

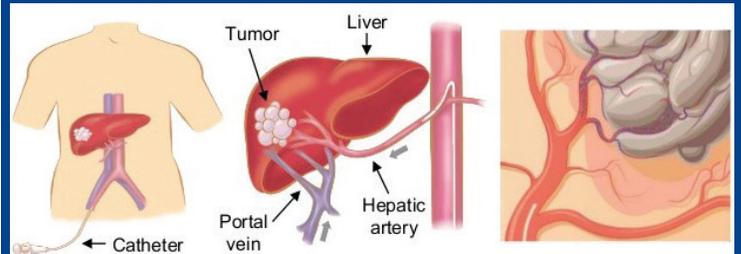
For more information about chemoembolization please contact **Vickie** at **518.926.6639**

Chemoembolization: As easy as 1,2,3

1) Gain Access

2) Select Tumor Feeding Artery

3) Administer Drug & Embolic



Objective: Deliver a high dose of chemotherapy to the tumor and shut off the blood supply

APRIL 24th – 26th, 2020

Cindy's Retreat

For Women with a diagnosis of Cancer.

Silver Bay YMCA

Call **Lisa Haase, RN**
518.926.6563



APRIL 4th, 2020

Annual Skin Cancer Screening

9:00am – 12:00pm

C.R. Wood Cancer Center

RSVP needed
518.926.6640



MAY 15th – 17th, 2020

Camp Comfort

For Families where one parent has a diagnosis of cancer.

Double H Ranch

For more information call
Suzy at 518.926.6640



MARCH 7th – 8th, 2020

Couples Retreat

For any couple where one partner is dealing with a diagnosis of cancer.

This one-night retreat will be held at the Silver Bay YMCA Conference Center.

For more information call
Vickie at 518.926.6639

Biosimilars

John Adamchick, PharmD

As the costs associated with healthcare continue to rise, biosimilar products may play a key role in allowing more patients to benefit from effective treatment options.

Before learning about what a biosimilar is, it is important to understand what a biological product, or biologic is. Biologics are used to diagnose, prevent and treat diseases and medical conditions. They are different from conventional medications that most people are familiar with. Conventional medications are made from pure chemical substances, are smaller in size and have a relatively “simple” recipe that can easily be reproduced. On the other hand, biologics are made from material that comes from living organisms (humans, animals, bacteria or yeast), are large complex molecules and have a much more complex recipe that cannot easily be reproduced. Because of their complex recipes, biologics take much longer to initially research and develop and are more expensive to manufacture. Examples of biologics are Neulasta, Avastin, Herceptin and Rituxan.

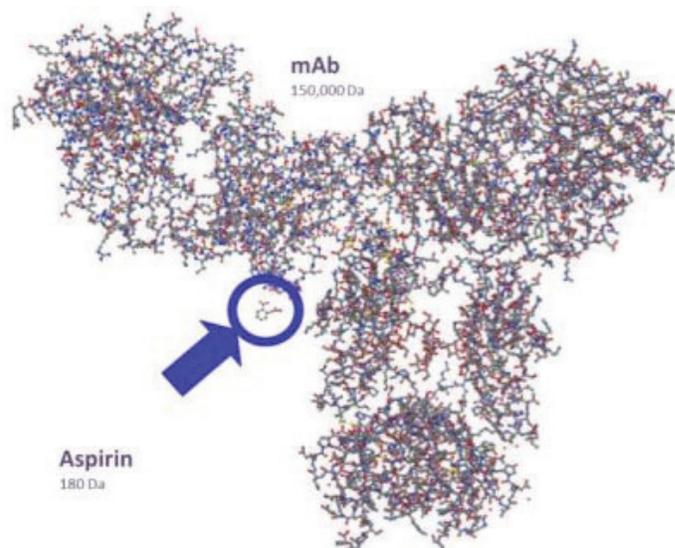
A biosimilar is a biologic that is developed to be similar to an already FDA approved biologic product which is referred to as a reference product. This may sound like a biosimilar is just a generic biologic product, but there are important differences between biosimilars and generic conventional drugs. Generic conventional drugs are exact copies of brand name conventional drugs. Due to natural variability that occurs during the manufacturing process of large, complex biologic molecules, biosimilars are not exact copies of their reference products.

Even though biosimilars do not have exactly the same structure as their reference product, the active ingredient must be the essentially the same. According to the FDA a biosimilar is a biological product that is highly similar to and has no clinically

meaningful difference from an existing FDA-approved reference product. The FDA requires biosimilars to undergo rigorous testing to determine their safety and efficacy prior to their approval.

Healthcare costs have been rising for quite some time with no end in sight. With new biologics entering the market at a high rate, drug costs will continue to rise. Biosimilars may provide cost savings and allow greater patient access to these types of medications. When there are competing treatment options, drug costs can be driven down and savings can be passed on to both the patient and health systems. In fact, some insurance companies are now requiring patients to be treated with biosimilars when they are available. Currently there are 25-FDA approved biosimilars used to treat various disease states and there are many more in the pipeline.

For more information on biosimilars visit www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars or www.biosimilarsresourcecenter.org



New Study at the C.R. Wood Cancer Center will focus on post-mastectomy breast cancer patients who will go on to receive radiation therapy with reconstruction

Nannette Oberhelman, CCRP

Why is this study being done?

This study is being conducted so that we can determine whether a short-course radiation therapy option (3 to 4 weeks) after mastectomy is as safe and effective in the setting of breast reconstruction as the usual 5 to 6 week treatment course. Short-course radiation therapy is also called hypofractionated radiation. This study will also examine whether a shorter course of radiation therapy will lower treatment costs and improve patient satisfaction. There will be about 880 people participating in the study.

What are the study groups?

All patients enrolled in this trial will receive radiation after mastectomy. All patients will also have breast reconstruction. The reconstruction can be done at the time of the mastectomy before you enroll in the study, or as a separate surgery later.

This study has two study groups:

Group 1 will get the usual 5 to 6 weeks radiation therapy used for this type of cancer.

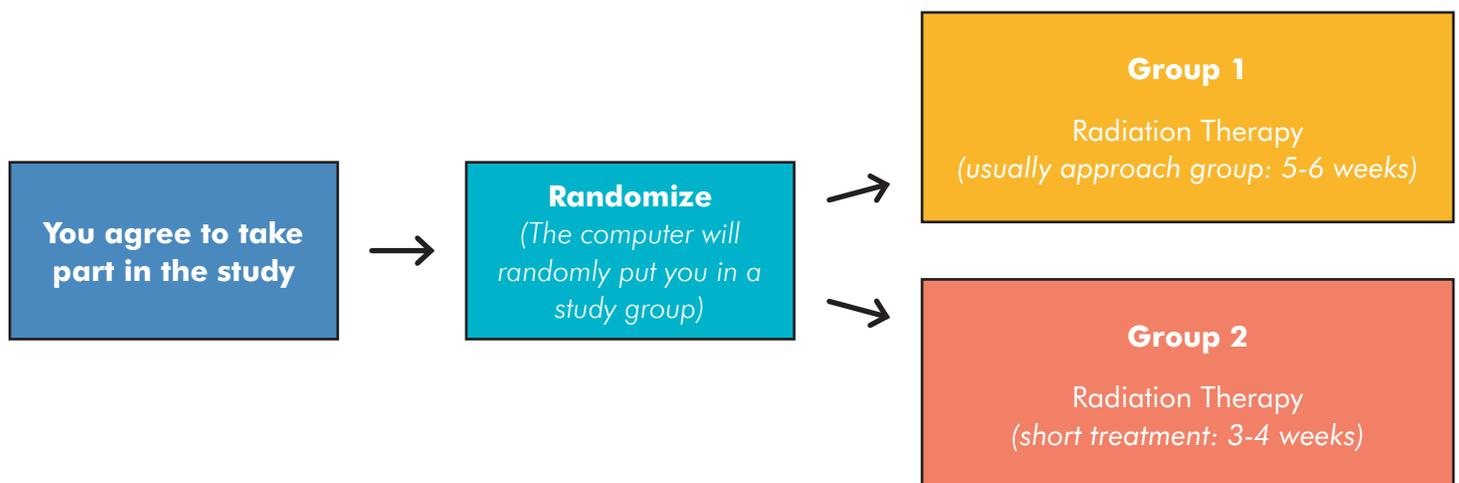
Group 2 will get a shortened course with 3 to 4 weeks radiation therapy for this type of cancer.

Radiation in the two-treatment groups will be slightly different, as a smaller total radiation dose is necessary when the radiation is given over a shorter period of time. However, the effective dose of radiation on the cancer and your body, is thought to be about the same in both treatment groups. A computer will by chance assign you to one of the two treatment groups being evaluated in the study. This is called randomization. This is done by chance because no one knows if one study group is better or worse than the others.

Another way to find out what will happen to you during this study is to read the chart below. Start reading at the left side and read across to the right, following the lines and arrows.

** Breast reconstruction may happen before or after radiation as predetermined by your surgeon.*

If you would like more information about this trial, please contact **Dr. Timothy Zagar** at **518.926.6670** or **Nannette Oberhelman, CCRP** at the C.R. Wood Cancer Center Clinical Research Office at **518.926.6701**.



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

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

Nicole Molinero, RN, BSN, 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 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: 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: 4th Monday each month at 6:00pm
 C.R. Wood 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 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: 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' 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, 1st and 3rd Tuesday each month
 Community Learning Center (Side B).
 Info: Barbara Ringer | 518.792.7437



Healthy Steps® participants.

QUIT FOR LIFE

Stop Smoking Program *Preregistration Required*

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

January 7th – 28th, 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

Root Vegetables

Root vegetables include tuberous roots and taproots, though not tubers, rhizomes, corms or bulbs. Yet this seemingly small category of vegetable offers a lot of variety. Low in fat and calories, many root vegetables serve as good sources of fiber, which promotes healthy digestion and may help prevent heart disease and certain types of cancer. Fiber also can help control blood sugar levels for people with diabetes and aid in weight management due to increased satiety.

Root vegetables like jicama, turnips and rutabaga are high in vitamin C, which aids in the absorption of iron and helps keep connective tissue and gums healthy. Beets and parsnips are particularly good sources of folate, which aids in producing DNA and RNA. Carrots are also excellent sources of vitamin A from beta carotene which helps maintain normal vision, regulate the immune system and protect against infections by keeping skin and tissues in the mouth, stomach, intestines and respiratory system healthy.

Many root vegetables (especially parsnips, celeriac and rutabagas) contain potassium, which can help maintain a healthy blood pressure and may reduce the risk of developing kidney stones and possibly bone loss. Radishes, rutabagas and turnips hail from the cruciferous family and contain phytonutrients such as sulphoraphane and dithiolethiones that bolster antioxidant defenses in cells and contribute to a healthy immune system.

Some root vegetables (carrots, radishes, daikon, beets, celery root and young turnips) can be eaten raw, thinly sliced and served with a low-fat dip or in a crunchy sandwich or shredded into a creative raw slaw. Other root vegetables are best when roasted, baked, steamed, pressure-cooked, sautéed or pureed. Add a splash of citrus or vinegar for a complementary flavor.

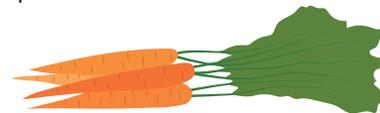
Beets

Beets are an excellent source of folate and a good source of potassium. While known for their garnet-red color, beets range in color from deep red to white. The smaller the beet, the more tender it will be. Wash gently just before use and peel skin after cooked.



Carrots

Carrots can be orange, white, yellow, purple or red. Avoid storing near apples, which emit ethylene gas that can give carrots a bitter taste. This versatile root vegetable can be eaten raw or cooked in almost any manner imaginable.



Parsnip

The first frost of the year converts this creamy, white root's starch to sugar and gives it a pleasantly sweet and nutty flavor. Most often boiled and mashed like potatoes, parsnips are a good source of folate and fiber.



Celeriac (Celery Root)

An excellent source of vitamin K, celeriac also provides calcium and potassium. This somewhat ugly, knobby, brown vegetable has a taste that is a cross between strong celery and parsley.



Daikon

Daikon, a large Asian radish with a sweet and tangy flavor, has a crisp texture and creamy white or black skin. Choose those with shiny (not dull) skin. It is commonly used in salads, shredded as a garnish or in stir-fry dishes.



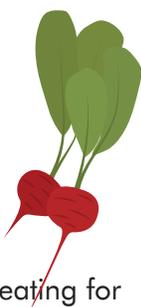
Jicama

The vines of the jicama plant can grow up to 20 feet in length, but the leaves and seeds are actually toxic. The root is the only edible portion of the entire plant—the tough brown skin that gives way to juicy, white flesh on the inside. The flavor is sweet and starchy—think of a cross between a water chestnut and an apple. It can be steamed, baked, broiled or fried for a good source of fiber and vitamin C. Always peel before using.



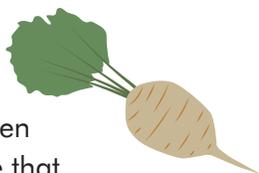
Radish

High in vitamin C, radishes also provide potassium and folate and range in color, shape and flavor (mild to peppery). Choose young, fresh roots that are firm, never withered or shriveled. Soak them in ice water for a couple of hours before eating for added crispness. Radishes can also be served cooked.



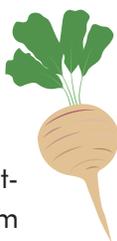
Rutabaga

A member of the cabbage family, rutabaga resembles a large turnip and may actually be a cross between turnip and cabbage. Choose those that are smooth, firm and heavy for their size. Always peel rutabaga then steam, sauté, boil or roast.



Turnips

Select small, firm turnips for a more delicate flavor and texture. As turnips age, their taste becomes stronger and woodier. If sold with greens attached, look for bright-colored, fresh-looking greens (remove them and store those separately). Turnips can be mashed, pureed, stir-fried or used raw in salads.



Adapted from <https://foodandnutrition.org/november-december-2014/get-back-roots/>

Root Vegetable and Bean Soup | Serves 4

Ingredients

- 1 Packed Cup Baby Spinach
- 1 T Olive Oil
- 1 Medium Onion, Chopped
- 1 Medium Carrot, Chopped
- 1 Celery Stalk, Chopped
- 1 Medium Parsnip, Chopped
- 1 Medium Turnip, Chopped
- 1 (15-oz) Can Low-Sodium Kidney Beans, Drained And Rinsed
- 6 Cups Low-Sodium Vegetable Broth
- 1 T Mirin
- 2 Bay Leaves
- 1/4 Tsp Freshly Ground Black Pepper

Directions

1. Stack the spinach leaves, roll them up, and then slice into ribbons. Work in batches if needed. Set aside.
2. In a large pot over medium heat, heat the olive oil and sauté the onions, carrots, celery, parsnips, and turnips for 4 minutes. Add the beans and stir to combine. Add the vegetable broth, mirin, and bay leaves, and stir to combine. Increase the heat to high and bring the liquid to a boil, then reduce the heat to low, cover the pot, and simmer until the vegetables are tender, about 20 minutes.
3. Remove and discard the bay leaves. Stir in the spinach ribbons and black pepper.

Nutrient Analysis Per Serving Calories: 220; Total Fat: 4 g; Sat Fat: 1 g; Cholesterol: 0 mg; Sodium: 477 mg; Total Carbohydrate: 38 g; Dietary Fiber: 10 g; Protein: 9 g

Source: Toby Amidor, MS, RD, CDN, *The Healthy Meal Prep Cookbook: Easy and Wholesome Meals to Cook, Prep, Grab, and Go*, Rockridge Press, 2017.

FINANCIAL CORNER

Happy New Year!

Most insurance companies restart the deductible and out-of-pocket expenses as of January 1st. Make sure you know what your responsibility is for these two-financial issues. You can call your insurance company, access their website or call **Elizabeth** to help you make sense of your costs.

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.

We work with patients to help understand key medical and radiation oncology visits. If you have questions regarding any of your doctors recommendations please call your nurse navigator.

If you do not have a nurse navigator and would like to be connected with one, please call **Vickie** at **518.926.6639**



NAVIGATOR

CAREGIVER CORNER

As a caregiver there are many roles, obligations, and self and other needs that you are trying to balance. It is very easy to lose sight of the fact that if you do not take care of yourself, at least a little bit, it will be impossible to maintain and caregiver burnout can happen .

Some things you can do to minimize burnout:

- Adjusting your expectations for things to not be done as completely or exactly the way that they were done before
- Enlisting help from others

For more resources call **518.926.6639**



CAREGIVER

SURVIVOR CORNER

Seek support of like-minded individuals.

Join support groups, attend retreats and other events where you can share your fears, concerns and questions with others who understand what you may be experiencing.

Connecting with others help you feel as if you are not alone.

If you would like more information on Survivorship programs please call **Vickie** at **518.926.6639**

SURVIVOR

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.com**.

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 email the editor:

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

Email: **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.