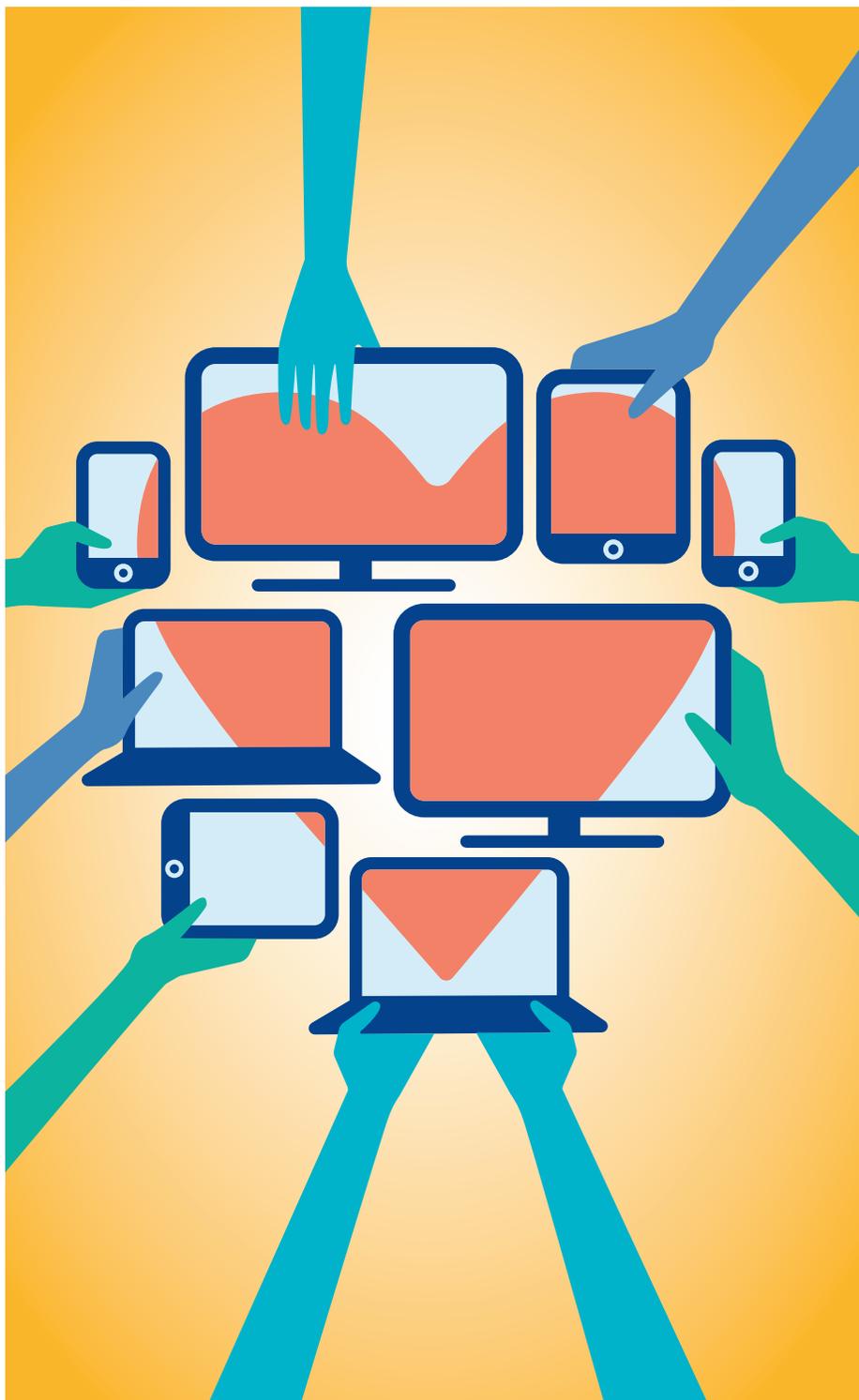


Connections Quarterly

Summer 2020 ISSUE 73



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

Cold Caps to Minimize Hair Loss During Chemotherapy

Research indicates 47% of female patients in the U.S. consider hair loss the most traumatic aspect of chemotherapy. Many women are willing to try something to help minimize chemotherapy-induced hair loss, even if there is no guarantee. Although the use of scalp cooling for the prevention of chemotherapy-induced hair loss is more common in Europe, chemo cold caps are becoming more prevalent in the U.S. Cold caps are placed on the hair-bearing areas of the scalp for 20 to 50 minutes before, during and after chemo. Scalp hypothermia (cold caps or scalp cooling) must be started right before the first chemotherapy session commences.

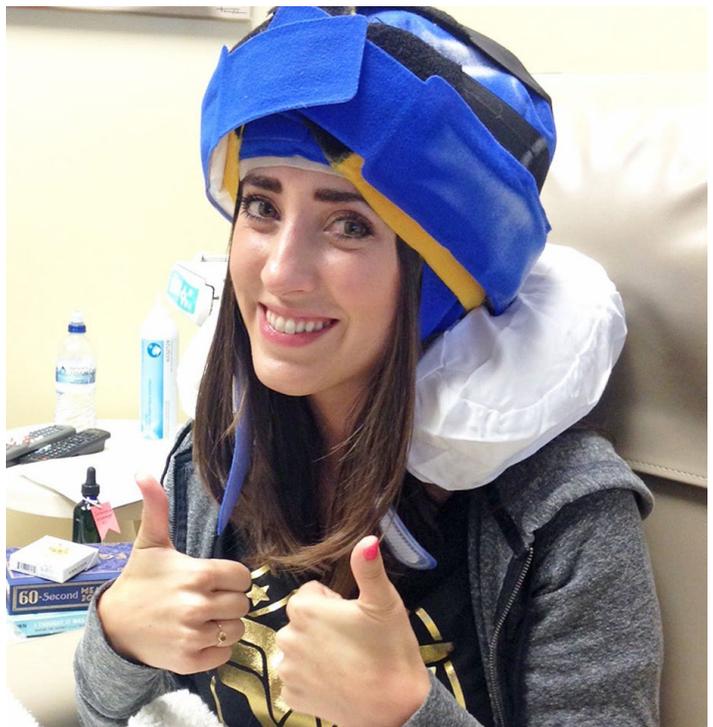
It is theorized the cooling action may help prevent extensive hair loss in people undergoing chemotherapy. Cold caps and scalp cooling systems work by narrowing the blood vessels beneath the skin of the scalp, thereby reducing the amount of chemotherapy medicine reaching hair follicles. The cold also decreases the activity of hair follicles, slowing down cell division and reducing the impact of chemotherapy on the follicles.

Cold Caps Versus Scalp Cooling Systems

Both cold caps and scalp cooling systems utilize tightly fitting, lightweight, helmet-type hats filled with a gel coolant chilled to -15 to -40 degrees Fahrenheit. Similar to ice packs, cold caps are kept in a special freezer or cooler before the patient wears it. Because cold caps thaw out during a chemotherapy infusion session, they need to be replaced about every 30 minutes. Women usually rent the caps, a special freezer, or a container with dry ice and a laser thermometer to ensure the correct temperature is maintained. Penguin, Chemo Cold Caps, DigniCap, Paxman and Elasto-Gel are a few of the more well-known cold cap brands. There are no side-by-side chemo cold caps reviews. With scalp cooling systems, the cap is attached to a small, refrigeration machine that circulates coolant. The cap only has to be fitted once and doesn't need to be replaced during chemotherapy. Cancer treatment centers purchase scalp cooling systems and patients are charged for their use.



Chemo Cold Cap | Credit: Rasy Ran



Penguin Cold Cap | Credit: Kelsey McLaughlin

The cost of cold caps varies depending on the manufacturer, the number of chemotherapy sessions, and the duration of treatment. Some insurance carriers may cover the cost of renting caps or using a scalp cooling system, most do not.

Two machine systems, DigniCap® and Paxman, have now received FDA clearance. These systems are leased by hospitals and clinics and are only available where installed.

Credit: Darryl Tookes



The DigniCap® system was cleared by the FDA in December 2015. The company, based in Sweden, has been installing systems in the U.S. since 2016. In July 2017, they received expanded FDA clearance—their system is now approved to treat both men and women with various solid tumor cancers (not just breast cancer). For more information go to <http://www.dignicap.com>

Credit: Freddy Rozen



The Paxman Scalp Cooling System was cleared by the FDA in April 2017. Paxman, based in the UK, reports saving the hair of over 100,000 patients worldwide, and is now installing their system at numerous U.S. locations. For more information go to <http://www.paxmanscalpcooling.com>

Cost—varies by center—can be up to \$100 per treatment. Insurance coverage for scalp cooling is not yet standard as there is no specific billing code.

Manual Cold Caps are not yet FDA-cleared, and generally can not be stocked by hospitals/clinics. They must be rented privately by patients and brought to chemotherapy as personal property at this time. While the machines are becoming more available, manual caps are still the method by which most American patients save their hair.

A set of manual Cold Caps can be used at any location with the dry ice method. Patients acquire and freeze a number of caps, which are changed at specified intervals to maintain the proper level of cold. Average length of time needed to use cool caps is 3 months.

The following manual cap providers have been vetted by The Rapunzel Project and to the best of their ability they can recommend them based on feedback from patients, doctors and nurses.

Please note that patients should always consult their physicians when considering Cold Cap Therapy and should request success data for their drug regimen as part of their inquiries with the cap suppliers.

Penguin Cold Caps were first used in the U.S. in 2005, and have been widely used here over the last decade. They have their own unique design and patented gel to hold temperature as long as possible. Penguin has over 20 years of data and experience and their caps are reported to work with almost all chemotherapy drugs. Of note, in addition to very high success rates with taxanes like TC, they report their success rate may be as high as 70 – 80 percent with patients using AC chemotherapy. AC is usually toughest on the hair, and this appears to be a better outcome than any other type of cap at this time, to our knowledge.

COSTS



Penguin Cold Caps: kits are available to rent for \$449 per month. With a security deposit of \$299 due prior to delivery of caps.

Chemo Cold Caps began in 2012 after the co-founder saved her hair using Cold Caps. CCC uses an Elasto-Gel cap with an outer-insulated cover and a special, four-point strap to ensure a snug fit. They provide caps, cooler and all needed supplies for each rental. Clients report their website and customer service are excellent. CCC data indicates a very high success rate with the taxanes. Inquire regarding other drugs.

COST: \$425 per month no deposit required

Arctic Cold Caps started in 2015, again inspired by a family member who saved her hair using Cold Caps. Arctic also uses an Elasto-Gel cap and provides caps, cooler and all needed supplies for each client. One-on-one training is available via Skype. Arctic has received a number of compliments from their users and the medical staff involved in their care regarding their successful outcomes and their customer service. They report excellent results with the taxanes and a number of other drugs. Please inquire for details.

COST: \$379 per month plus shipping

Wishcaps began in 2013 after the founder assisted a close friend who saved her hair with Cold Caps. Wishcaps also uses Elasto-Gel caps and provides renters with all needed supplies including cooler, digital timer and laser thermometer. Both patients and clinic staff confirm that Wishcaps offers outstanding customer service. Phone consultations are available to all clients. Wishcaps reports excellent results with the taxanes Inquire regarding other drugs.

COST: \$325 per month with a \$125 deposit

Warrior Caps was founded in July 2016 after founder Lisa completed 16 rounds of chemotherapy with the majority of her hair. The company uses Elasto-Gel caps and provides everything needed for patients to have a successful capping experience. Newest to our list of recommended providers, Warrior has been called a "boutique company" based on the very personal care each of their "Warriors" receives. Please inquire for results with various drug regimens. *Please Note, Warrior Caps only supports patients planning to use dry ice protocol. Patients planning to use a biomedical freezer with their caps should contact a different provider.*

COST: \$350 per month with \$50 shipping each way

HairToStay - National nonprofit

Patients with household incomes at or below 300% of the Federal Poverty Level (FPL) should go to www.hairtostay.org/apply-for-a-subsidy and fill out the form you will find there. (The FPL chart is available on their site to help you determine if you qualify to apply.) Note that HairToStay will not reimburse for expenses incurred before you are approved for assistance.

Treatment Tips

The extremely cold cap can make you chilled, so it's a good idea to dress warmly and bring warm blankets and/or electric heating pads to chemotherapy.

Adverse Side Effects

Headaches, neck and shoulder discomfort, chills and pain are common complaints. Others have said wearing a cold cap feels like the brain freeze one gets from eating ice cream too quickly or complained of a burning sensation followed by numbness. Some physicians are concerned the caps may prevent chemotherapy medicine from reaching stray cancer cells in the scalp.

Improper application procedures, although infrequent, can result in adverse side effects such as cold thermal injuries. At present, there are no evidence-based scalp cooling protocols and no regulatory oversight of their use. In a small study on four patients, cold thermal injuries were moderate and improved with topical interventions and interruption of cool cap use. Despite their use, three patients still experienced persistent hair alopecia (hair loss). Although these injuries are usually mild to moderate in severity, the potential occurrence of permanent alopecia and scarring or the need to discontinue cool cap use are unknown. Prospective studies are needed to further explain the risk, standardize delivery methods and improve patient, provider and caregiver education about their use.

For more information see:
rapunzelproject.org/ColdCaps.aspx



“What would you change about your life?” my husband asked, after I was diagnosed with stage 1B pancreatic cancer. I replied, “Nothing, I love my life the way it is. That is how I am getting through each day.”

Lisa Janssen

In July 2019, I had my annual physical and blood-work and was, as usual, told how lucky I am to be so healthy. At 48, I exercised daily, didn't have to take any medications and rarely was ever sick. A few days later, I started having pain in my abdomen and I decided to get an appt with a GI. When I walked in, the PA talked to me and remarked that I looked jaundiced. She sent me to the hospital to get tests, and I was told that I had a blockage and that the following day I would need to have a stent put in. **Dr. Ahmed** was unsure what was going on, but he and his staff were always one step ahead of me. When the first test was completed, they were already calling me with the date and time of the next procedure. They were not happy with what they saw and after two weeks of testing, never did I ever think I would hear the words, “you have cancer.” **Dr. Ahmed** advised me to seek oncology and surgical directions. Immediately, I thought how is this possible? I thought I was living such a healthy lifestyle, all things that would prevent me from getting this disease. That night, my husband and I shared the news with our three children; Ava 13, Ruby 10 and Vincent 7. Then, I slowly shared the news with my family and close friends. Somehow, three days later, we boarded the Disney Cruise, a trip my children had counted down to. So many thoughts going through my mind.

During my time away, my husband had made appointments with Sloan-Kettering, **Dr. Keim**, a pancreatic surgeon from St. Peter's, Saratoga Hospital Oncology and **Dr. Stoutenburg**, so that when I returned we would seek a treatment plan as soon as possible. Nevertheless, making the ultimate decision was still mine and very frightening. Everyone suggested the same 12 rounds of chemotherapy, Folfirinox and the Whipple procedure. We would do four rounds, one every other week, then surgery, then complete the chemotherapy. My great, long-term, primary care physician **Dr. Paul Fillion**, spoke very highly of the Glens Falls Hospital's C.R. Wood Cancer Center. That was enough for me!

A good friend of mine has **Dr. Stoutenburg** as her oncologist and has been a survivor for 12 years. Knowing her outcome and their relationship, I knew immediately I wanted him as my oncologist.

When I met **Dr. Stoutenburg**, I knew I was in good hands. We discussed my treatment and he said he would give me an excuse for work. I looked at him as tears came down my face. I am a 4th grade teacher and I love my job, my co-workers and I wanted to keep things as normal as possible. I could not see myself staying home feeling sorry for myself. He immediately made me a deal that as long as my blood counts were fine, I could work.

On my first day of chemotherapy, it was like walking into a world I never imagined. I was scared, but I knew I was strong and wanted to beat this thing. I always kept thinking my story is different; I am not the typical pancreatic patient. My tumor was small and found early and I was healthy prior.

The kindness of every single person in the center was amazing. I had my own room since I was there for four hours. The friendly, sincere staff treated me like a person, not a patient. Upon returning home, a home nurse came over and hooked me up to another infusion that I would keep on for 46 hours.

I was nauseous for a few days after treatment, had neuropathy and lack of energy, but they were minimal side effects and I was still able to work and take care of my family. After four rounds, **Dr. Stoutenburg** and Dr. Keim were so amazed at how well I was doing. A CT scan was done and the tumor was gone. They decided to do four more rounds and then on January 8, 2020 I had the 9-hour Whipple procedure, but was also blessed with the news that there was no evidence of cancer in any lymph nodes or surrounding organs. **Dr. Stoutenburg** called me and was just so excited for me. I am now in my final rounds of chemotherapy to make sure if any unseen cancer cells are there, they go away.

At the cancer center, I was able to meet Kathleen, the beautician who gave me some headwraps and helped me see what would work best when the time would come if I lost my hair. During my treatments, we met with **Dr. Florio**. I had so many different feelings and thoughts that I had never had before. I was also able to make sure I was doing all I could for my children.

My surgeon, **Dr. Keim**, had recommended something called the Arctic Cold Caps; a method of keeping your hair follicles cold while getting your infusions. This process may allow you to keep your hair or only have it thin out. The company sends you all of the materials in a cooler, the only thing you need to get each time is 60 lb of dry ice pellets. A cap is placed on my head and changed every 20 minutes while my infusions are going on and then four hours after. My husband, who has come to every infusion with me, is in charge of changing them.

Cancer has changed my life because now, I really do not sweat the little things. I treasure every second with my husband, children and friends. I am just grateful to have a success story!

I hope to donate some of my time to the cancer center. I enjoy crocheting and I know I will be making hats. I also hope to volunteer in the center. My friends all participated in the Lustgarten Pancreatic cancer walk, and I hope to do that yearly. I want to share my story because so many people don't have the support or positivity to get through cancer.

My motto, to keep my life as normal as usual, was what really got me through this as well as my doctors, friends, family, team and my Tanglewood family.



New Study Open at Glens Falls Hospital

Testing the addition of a new immunotherapy drug, Atezolizumab to the usual chemoradiation (CRT) therapy treatment for Limited Stage Small Cell Lung Cancer (LS-SCLC)

Why is this study being done?

This study is being done to answer the following question: Can we lower the chance of small cell lung cancer growing or spreading by adding an immunotherapy drug (atezolizumab) to the usual treatment for this type of cancer?

We are doing this study to find out if this approach is better or worse than the usual approach for your type of cancer. The usual approach is defined as care most people get for small cell lung cancer.

What are the study groups?

This study has two study groups. All participants will have received one cycle of chemotherapy before entering the study. On the study all participants will receive three cycles of chemotherapy (for a total of four cycles including the one cycle of chemotherapy received before entering the study), plus radiation.

Group 1

If you are in this group, you will get the usual chemotherapy used to treat this type of cancer (etoposide and either cisplatin or carboplatin) three days in a row through a vein (intravenously) every three weeks for three cycles; each cycle equals 21 days. The etoposide will be given on days one through three of each cycle,

the cisplatin or carboplatin on day one of each cycle. In addition, you will receive the usual radiation to your tumor. Radiation will be given either twice a day for approximately three weeks or once a day for approximately six to seven weeks.

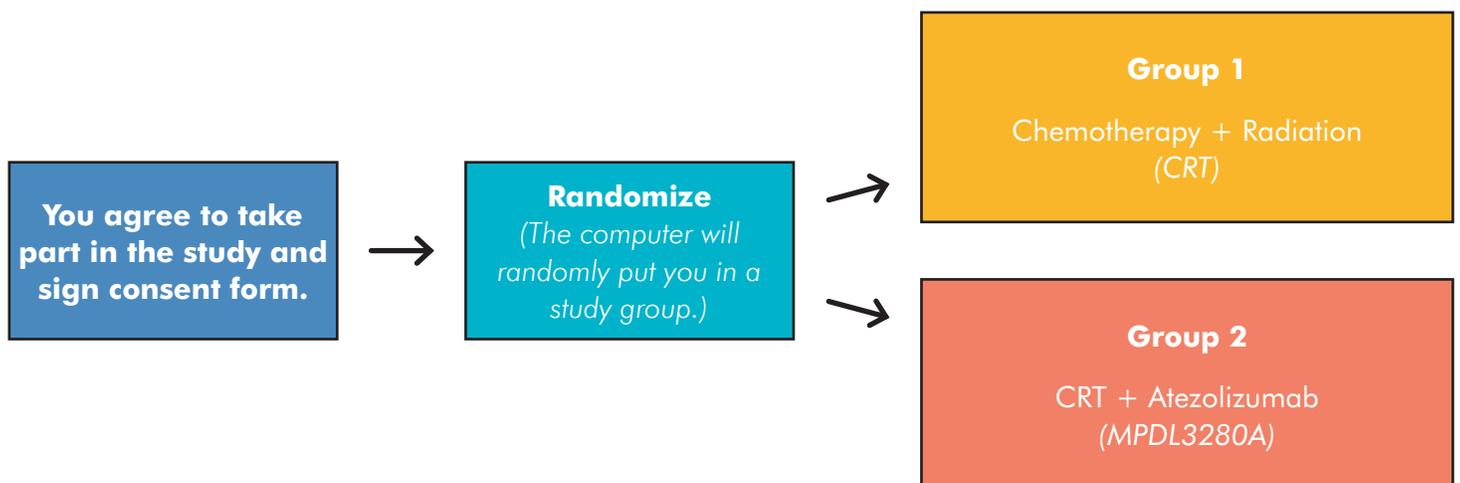
There will be about 253 people in this group.

Group 2

If you are in this group, you will get the same chemotherapy and radiation as noted above, plus the study drug called atezolizumab. The atezolizumab will be given through a vein in your arm on days one or two of each chemotherapy cycle and will continue every three weeks for up to one year or until your disease gets worse or the side effects become too severe.

There will be about 253 people in this group.

We will use a computer to assign you to one of the study groups. This process is called “randomization.” It means that your doctor will not choose, and you cannot choose which study group you are in. You will be put into a group by chance. You will have equal chance of being in Group 1 or Group 2. See chart below.



Support Groups Offered Virtually

Technologies such as electronic medical records software, patient portals and telemedicine tools have helped improve healthcare by facilitating more effective communication between patients and providers. An effective healthcare strategy, however, involves more than just patient and provider interactions. Smartphone apps, for example, have empowered patients to take greater control over their own health, by providing guidance in terms of preventative strategies.

Another way that patients have been able to use technology to play a more active role in their own healthcare is through online health resources. There is now a wealth of health information online, from symptom checkers to detailed fact sheets as well as support groups. The latter can be especially helpful for patients living with a chronic illness, who need information and emotional support, but may find travel difficult or impossible. This article will take a closer look at why online support groups can be so effective.

What is a support group? As detailed by Mental Health America, support groups are safe spaces designed to help individuals discuss any number of issues pertaining to an illness or life struggle that they may be experiencing, with individuals who are experiencing the same or similar issues. The objective of support groups, ultimately, is to help participants feel less alone and find additional strength to navigate the complexities of the problem they are facing. Support groups typically target specific issues or illnesses.

As mentioned, much like in other areas of healthcare, support groups have been affected by the technology boom. Individuals no longer need to travel to in-person meetings if they are unable or not inclined to do so, as there are now countless support groups online, and in various formats.

With the current state of the world, and out of abundance of caution, the C.R. Wood Cancer Center has cancelled all in-person support programs during the Covid-19 pandemic. During this time we saw that the need for support and connection with other individuals with similar issues was greater than before.

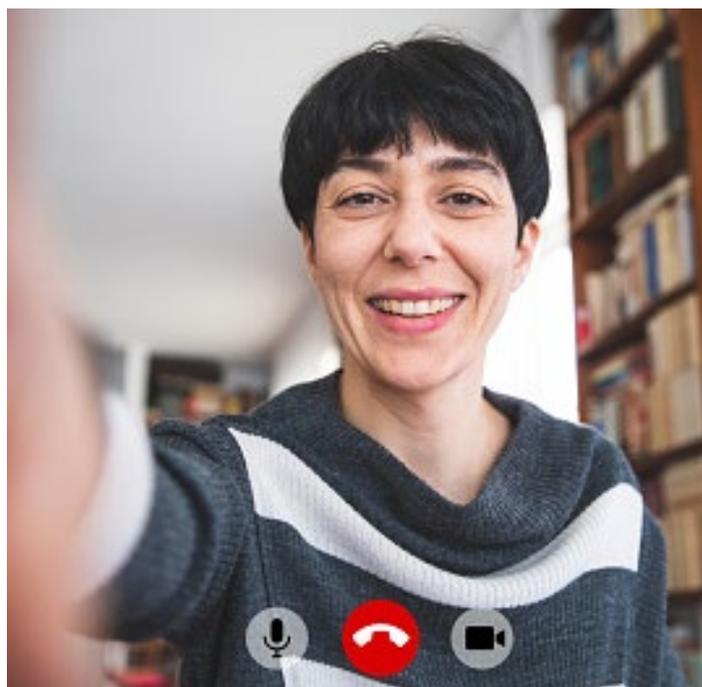
In researching other avenues to offer support, we found that other centers started offering online “Virtual support groups”. We then took the initiative and started with a smaller group and using the Zoom platform, we launched our first Virtual support group. All attendees were so thrilled to be able to “see” and connect with others during this time. This was a great way to share concerns, fears and worries. They all stated they would like to continue this avenue of discussion groups. What we found is that if people were not feeling well, they did not need to travel and come in for support. Patients were able to attend with both video and/or audio for their own comfort level.

Since starting with the Metastatic Breast Cancer Support Group we have expanded to the Breast Cancer Support Group and the Blood Cancer Support Group. We are working on adding in other groups as needed.

The over all response has been wonderful and we plan on offering these groups in person and virtually even after all the pandemic precautions have been lifted.

For more information on how to be added to one of these groups, or to inquire about another group, please contact:

Vickie Yattaw, RN, OCN at 518.926.6639
or email vyattaw@glensfallshosp.org



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

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: 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)

**Virtual option available*
 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 **Virtual option available*

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: Vickie Yattaw, RN | 518.926.6639

MBC—Living Together **Virtual option available*

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 **Virtual option available*

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)

QUIT FOR LIFE
Stop Smoking Program *Preregistration Required*
 A four-week program for anyone who would like to quit smoking.
 October 6th – 27th, 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

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.

PARP Inhibitors

by John Adamchick, PharmD, DCOP

PARP inhibitors are a class of drugs that are used to treat ovarian, breast and pancreatic cancer. The first PARP inhibitor Lynparza (olaparib) was approved by the FDA in 2014. Since then, three more PARP inhibitors, Rubraca (rucaparib), ZEJULA (niraparib) and TALZENNA (talazoparib), have gained FDA approval. These drugs have given breast, ovarian and pancreatic cancer patients another treatment option besides traditional chemotherapy. They are a promising class of drugs that are also being studied in the treatment of many types of cancer including prostate cancer, sarcomas, lung cancer and brain cancer.

PARP (Poly-ADP-ribose polymerase) is an enzyme in cells that helps to repair DNA that is damaged. DNA damage is often a result of environmental factors, exposure to UV light, smoking and even errors in the everyday process of cell growth. Luckily, our body has many mechanisms that help repair damaged DNA. PARP is one of those mechanisms. By inhibiting or blocking the activity of PARP, cells are less able to repair damaged DNA which leads to cell death. Although cell death is not the goal with healthy cells, inducing cell death is paramount to the treatment of cancer cells.

PARP inhibitors are particularly useful in patients who have a genetic mutation of BRCA1 or BRCA2. BRCA1 and BRCA2 are genes that everyone has, however a mutation in BRCA has been associated with many types of cancers, including ovarian, breast and pancreatic cancer. BRCA genes make proteins that repair damaged DNA. When BRCA1 or BRCA2 do not work properly (called a BRCA mutation) damaged DNA cannot be repaired by the BRCA created proteins. However, cancer cells are smart. When they cannot rely on BRCA proteins to repair damaged DNA, they will use PARP to repair DNA, so they can continue to divide and grow. When PARP is blocked, as is the case with the use of PARP inhibitors, the cancer cell's secondary repair mechanism is gone. When cancer cells lose both DNA repair mechanisms (PARP and BRCA1/2), DNA damage accumulates. When too much DNA damage accumulates, the cancer cells can no longer function, and the result is death of the cancer cells.

Lynparza (olaparib) was the first PARP inhibitor approved. It can be used to treat ovarian cancer with or without a BRCA mutation, breast cancer with a BRCA mutation and has been recently approved for pancreatic cancer with a BRCA mutation. It is taken by mouth twice a day. The most common side effects are nausea, vomiting, fatigue and low blood cell counts.

Rubraca (rucaparib) is only approved to treat ovarian cancer both with and without a BRCA mutation. It is also taken by mouth twice a day. The most common side effects are nausea, vomiting, fatigue and low blood cell counts.

ZEJULA (niraparib) is only approved to treat ovarian cancer both with and without a BRCA mutation. It is taken by mouth but only once daily. The most common side effects are nausea, vomiting, fatigue and low blood cell counts.



TALZENNA (talazoparib) is the only PARP inhibitor that is not approved for ovarian cancer. It is only approved for BRCA 1 or 2 mutated breast cancer. It is taken by mouth once a day and the most common side effects are nausea, vomiting, fatigue and low blood cell counts.

Although the mechanism for all PARP inhibitors is the same, there are some important differences between them. Healthcare providers will be able to choose which PARP inhibitor is best based on patient-specific factors including but not limited to previous chemotherapy treatment, drug interactions with concurrent medications, cardiac history, presence of liver or kidney disease and price.

The future of PARP inhibitors looks bright as many clinical trials are being conducted with the four-approved PARP inhibitors as well as new PARP inhibitors that have yet to be approved.

Tips for Combating Taste Changes

Taste changes may be caused by radiation, chemotherapy or an infection and can be characterized by having little or no taste to heightened sense of metallic, bitter, salty and sweet tastes. When taste changes are caused by radiation, the sense of taste may return partially or fully following treatment. In some cases it can take six months to a year to improve. Taste changes caused by chemotherapy are more transient and can change daily within the chemotherapy cycle. Often taste returns to normal just before the beginning of the next cycle. Taste changes can lead to decreased intake, nutrient insufficiencies and other deficiencies and weight loss.

Start with practicing good oral hygiene. Try gentle brushing and flossing throughout the day. Also try to brush your teeth prior to eating to improve taste of food. You can also try rinsing your mouth before eating and throughout the day with a mixture of 1 quart of water, $\frac{3}{4}$ teaspoon of salt and 1 teaspoon of baking soda.

Infections such as thrush can also lead to taste changes. If you have red or white patches lining your tongue or mouth be sure to inform your healthcare provider for evaluation.

Try to view eating as part of your treatment. Maintaining your nutrition is important to ensure you feel your best and tolerate your treatment as well as possible. Try to eat meals and snacks even if food doesn't taste as expected.

If food has little or no taste try choosing fruit marinades for meats or use lemon, herbs and spices to flavor foods or try adding pickles or hot sauce if these are food you enjoyed previously. Sour or tart and fruit flavors may be most appealing. If foods have an "off" taste you may tolerate fruit or salty flavors best. Consider using lemon drops, gum or mints to improve mouth taste. Moistening foods with sauces or gravy and extra spices may help if food tastes "cottony" or bland. Also consider trying new spices, marinades or cooking methods to see if this improves that taste of foods.

If food tastes metallic, try avoiding metal silverware or canned foods. Instead use plastic or bamboo silverware. Choose foods that are packed in cardboard or plastic containers over metal cans. If meat tastes bitter or strange try adding fruit based marinade, sweet and sour sauce or using wine or vinegar when cooking. You can also try other sources of protein such as eggs, tofu, dairy or beans or try adding meat to casseroles to help mask the taste. If food is too salty, bitter or has an acid taste, try choosing foods that are naturally sweet rather than salty or acidic. Use low sodium products and don't add salt when cooking.

If water does not taste good, try adding lemon or fruit to your water or adding flavoring packets.

Strawberry-Cucumber Infused Water

Place 1 cup of thinly sliced strawberries and $\frac{1}{2}$ of a thinly sliced English cucumber in a pitcher. For still infused water, add 2 quarts of water. For sparkling water, add 1 quart of seltzer during prep and a second quart just before serving. Refrigerate 2 to 4 hours to allow the ingredients to infuse. Stir well then strain, discarding the solids. For serving, you may add fresh strawberries and cucumber slices for garnish and ice as desired. The infused water will keep refrigerated for up to 2 days.



FREE SKIN CANCER SCREENING

SATURDAY

**SEPTEMBER 12th
9AM-12PM**

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



Screenings are open to the public, **no insurance needed!**

APPOINTMENTS ARE REQUIRED

Call **518.926.6640** to make an appointment today!

OCTOBER BREAST CANCER SURVIVORS LUNCHEON

Saturday, October 24th, 2020
Fort William Henry Hotel
and Conference Center

Invitations will be going
out early September.
RSVP required.

for more information contact **Lisa Haase, RN, BSN, OCN**
518.926.6563 or EHaase@glensfallshosp.org

FINANCIAL CORNER

Happy New Year!

Do you have medications that you take daily that have a high copay? There are many drug-specific savings cards, discount cards and foundation programs available to you.

One great website for you to check to see if there are any savings are www.needymeds.com

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



FINANCIAL

NAVIGATORS CORNER

Have you assigned someone to be your “Person”? If available, it is always helpful to make sure the cancer center knows who they contact on your behalf if we are not able to get in touch with you. It is also important to let us know where you will be staying during treatment in case we need to get in touch with you. Please keep the lines of communication open.

If you or a loved one needs assistance call **518.926.6639**



NAVIGATOR

CAREGIVER CORNER

Are you prepared in case your loved one needs an urgent trip to the Emergency Room or Doctor?

Emergency Bag

- Copies of necessary medical records
- Copies of insurance ID cards
- List of all current medications, supplements and drugs given as part of cancer treatment
- Date of your loved one’s last cancer treatment
- Name of any cancer medications
- Phone charger
- Toothbrush
- Change of clothes
- Jacket or small blanket for cold hospital rooms
- Snacks, such as protein or granola bars
- Water bottles



Don't forget your own medications and personal care items.

CAREGIVER

SURVIVOR CORNER

Did you know about some of the Wellness programs available to you?

ABC—After Breast Cancer Strength Training at the GFH Rehab and Wellness Center.

Livestrong Program at the Glens Falls YMCA

And Forever Strong Program at either GFH Rehab and Wellness Center or Glens Falls YMCA

For more information contact **Vickie** at **518.926.6639**

SURVIVOR

Vickie Yattaw



The Adirondack Thunder recently held the 2nd Annual Stick It To Cancer Hockey Fundraiser. This year the Adirondack Thunder wore special, purple jerseys during both games on February 7 and 8. This was an amazing event in many ways. After the game, people paid \$10 to “Paint the Ice” in honor/memory of someone who was diagnosed with cancer. The messages were then iced over and the Team played on those messages during Saturday’s game.



That evening reminded me how amazing our community is in supporting the Cancer Center. The evening was a fundraiser which benefited the Randy’s Patient Assistance Fund that supports patients of the C.R. Wood Cancer Center with copays for treatments, gas cards and other transportation and financial assistance. The 50/50 raffle sales had an amazing response and the Cancer Center raised \$701

At the end of the game, cancer survivors, along with the Adirondack Thunder players, auctioned off the purple jerseys, all to benefit the Randy’s Patient Assistance Fund. This was one of the best and most energetic auctions I have seen. Overall, the jersey auction brought in \$23,000.

I am beyond grateful for everyone who had a hand in making this event such a success. From the staff and players of the Adirondack Thunder, the volunteers who helped with 50/50 and jersey auctions and most importantly the community who came out to support the event. The patients and staff of the C.R. Wood Cancer Center are honored to be recipients of over \$26,000 for the Randy’s Patient Assistance Fund.

Sincerely, **Vickie Yattaw, RN, BSN, OCN**



There were 132 people who shared a message of love and support.

Saturday’s game started off with Trevor Strader, the son of Dave Strader “the Voice,” singing the national anthem. Saturday’s game was almost a sold-out crowd, with fans there to support the C.R. Wood Cancer Center. Puck drop for Saturday’s game honored Elise Stefanik, cancer survivor Danielle Volks and her son William an EHL Hockey player. Attendees were given signs to write a message for who they fight for. Those signs were then held up during a special pause during the second period. It was a sea of purple messages of remembrance and support across the arena.



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 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.