February is Cancer Prevention Month

Quality Care
No Tobacco Use
Physical Activity
Nutrition
Detection

Quarterly Content

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For more information about the Connections Quarterly newsletter or the C.R. Wood Cancer Center, please call 518.926.6640
January is Cervical Cancer Awareness Month and February is Cancer Prevention Month, so we thought it was a perfect time to share some news regarding Human Papillomavirus-associated cancers and the prevention program associated with minimizing these cancers.

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

Genital Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States. More than 40 HPV types can infect the genital areas of men and women, including the skin of the penis, vulva (area outside the vagina), anus and the linings of the vagina, cervix and rectum. These types can also infect the lining of the mouth and throat.

High-Risk and Low-Risk HPV Types
HPV types are often referred to as “non-oncogenic” (wart-causing) or “oncogenic” (cancer-causing), based on whether they put a person at risk for cancer. The International Agency for Research on Cancer found that 13 HPV types can cause cervical cancer, and at least one of these types can cause cancers of the vulva, vagina, penis, anus and certain head and neck cancers (specifically, the oropharynx, which includes the back of the throat, base of the tongue and tonsils). The types of HPV that can cause genital warts are not the same as the types that can cause cancer.

Most people who become infected with HPV do not know they have it. Usually, the body’s immune system gets rid of the HPV infection naturally within two years. This is true of both oncogenic and non-oncogenic HPV types.

By age 50, at least 4 out of every 5 women will have been infected with HPV at one point in their lives. HPV is also very common in men, and often has no symptoms.

How an HPV Infection Can Lead to Cancer
When the body’s immune system can’t get rid of an HPV infection with oncogenic HPV types, it can linger over time and turn normal cells into abnormal cells and then cancer. About 10% of women with HPV infection on their cervix will develop long-lasting HPV infections that put them at risk for cervical cancer. Similarly, when high-risk HPV lingers and infects the cells of the vulva, vagina, penis or anus; it can cause cell changes called precancers. These may eventually develop into cancer if they’re not found and removed in time. These cancers are much less common than cervical cancer. Much less is known about how many people with HPV will develop cancer in these areas.

Cancer Associated with HPV
Almost all cervical cancer is caused by HPV. Some cancers of the vulva, vagina, penis, anus and oropharynx (back of the throat, including the base of the tongue and tonsils) are also caused by HPV. Research is still being done to understand how and to what extent HPV causes these cancers.

FEATURED STORY

Cancer Prevention Through HPV Vaccine
by Vickie Yattaw, RN, BSN, OCN®
In general, HPV is thought to be responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers and 60% of penile cancers. Cancers in the back of the throat (oropharynx) traditionally have been caused by tobacco and alcohol, but recent studies show that about 60% to 70% of cancers of the oropharynx may be linked to HPV. Many of these may be caused by a combination of tobacco, alcohol and HPV.

Each year, about 45,300 new cases of cancer are found in parts of the body where human papillomavirus (HPV) is often found. HPV causes about 35,900 of these cancers.

Most of the time, HPV goes away by itself within two years and does not cause health problems. It is thought that the immune system fights off HPV naturally. It is only when HPV stays in the body for many years that it can cause these cancers. It is not known why HPV goes away in most, but not all cases.

Preventing HPV-Associated Cancers

Vaccines protect against the types of human papillomavirus (HPV) that most often cause cervical, vaginal, vulvar and anal precancers and cancers, as well as the types of HPV that cause most oropharyngeal cancers. The vaccine used in the United States also protects against the HPV types that cause most genital warts.

Three vaccines that prevent infection with disease-causing HPV types are licensed for use in the United States: Gardasil®, Gardasil® 9, and Cervarix®. All three vaccines prevent infection with HPV types 16 and 18, two high-risk HPVs that cause about 70% of cervical cancers and an even higher percentage of some of the other HPV-caused cancers. Gardasil also prevents infection with HPV types 6 and 11, which cause 90% of genital warts. Gardasil 9 prevents infection with the same four HPV types plus five additional cancer-causing types (31, 33, 45, 52 and 58) that together account for 10 to 20% of cervical cancers.

Gardasil 9 is now the only HPV vaccine available for use in the United States. Cervarix and Gardasil are still used in other countries.

Who should get HPV vaccination?
The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) develops recommendations regarding all vaccination in the United States, including HPV vaccination. The current ACIP (CDC) recommendations for HPV vaccination are as follows:

Children and adults ages 9 through 26 years. HPV vaccination is routinely recommended at age 11 or 12 years; vaccination can be started as early as age 9 years. HPV vaccination is recommended for all persons through age 26 years who were not adequately vaccinated earlier.

Adults ages 27 through 45 years. Although the HPV vaccine is Food and Drug Administration (FDA) approved to be given through age 45 years, HPV vaccination is not recommended for all adults ages 27 through 45 years. Instead, ACIP recommends that clinicians consider discussing with their patients in this age group who were not adequately vaccinated earlier, whether HPV vaccination is right for them. HPV vaccination in this age range provides less benefit because more people have already been exposed to the virus.

Cervical cancer also can be prevented or found early through regular screening and follow-up treatment. Cervical screening options are:

- The Pap test (or Pap smear) looks for precancers (cell changes on the cervix that might become cervical cancer if they are not treated appropriately).
- The HPV test looks for the virus that can cause these cell changes.

If your doctor finds any abnormal results from a cervical cancer screening test, make sure to follow up in case you need treatment or further tests.

Currently, screening tests for other types of HPV-associated cancers are not recommended.

More information about HPV related cancers can be found at:


https://www.cdc.gov/cancer/hpv/index.htm

Stay tuned for some HPV educational events coming to Glens Falls Hospital in 2021.
I am married and have two children. I am a registered nurse and work in a local health department in communicable/vaccine preventable disease and immunizations. I am athletic, active and enjoy time spent outdoors.

For as long as I can remember, I had episodes of painful intercourse but not consistently. I had no other symptoms. I had been a smoker for 12 years (quitting while pregnant and breastfeeding), but at the time of diagnosis, I hadn’t smoked for about two years.

I have no underlying health conditions and was and am a generally healthy woman. I had some abnormal Pap tests in my early 20s, and was treated with cryosurgery followed by a LEEP.

[Editor’s note: cryosurgery (also called cryotherapy) is the use of extreme cold to destroy abnormal tissue. LEEP—short for loop electrosurgical excision procedure—is a technique that uses electric current passed through a thin wire loop to remove abnormal tissue.]

After that, my annual Pap tests were normal. But I had to miss close to two years of getting a Pap test due to lack of insurance.

[Editor’s note: for women with a recent history of abnormal Pap test results, the recommended time between screening tests may be shorter than for women with normal Pap test results.]

Nevertheless, when I did have a Pap test in 2014, I was also tested for HPV for the first time. An HPV infection in your 20s is not a huge concern, so doctors don’t routinely screen women until their 30s.

[Editor’s note: Human papillomavirus (HPV) is the main cause of cervical cancer. It is a common virus that is passed from one person to another during sex. Most people will have HPV at some point in their lives, but few women will get cervical cancer.]

I received a call from my gynecologist reporting that my Pap was normal but that she had found HPV 16.

Being extremely well-informed with my new position in immunizations and public health, I was very concerned. I wondered why my immune system didn’t kill the HPV virus off in my 20s like most people’s do. I thought that maybe I didn’t sleep enough. Maybe I was stressed. Maybe I didn’t eat right. Somehow, this doesn’t seem like a unique lifestyle for a young adult—but it all affects the immune system.

My provider decided to do a colposcopy to confirm no further abnormalities were present. During the procedure, I remember my doctor saying, “Well, nothing is really lighting up here, but I’ll go ahead and take a sample while I’m here.”

I will never forget the phone call I received from my doctor with the results of the pathology/cytology. She told me, “I have to say, I was really surprised to see this come across my desk today but we did find cancer.”

My life came to a screeching halt. I was devastated.
I was referred to an oncologist to begin the process of what would eventually result in a modified radical hysterectomy due to stage 0 cervical cancer.

[Editor’s note: Stage 0 cervical cancer is also referred to as carcinoma in situ, and means that abnormal cells are found in the innermost lining of the cervix, but they have not spread. These cells may become cancer and spread into nearby normal tissue if they are not treated.]

The whole process involved agonizing periods of waiting for results from different pathology reports; during the period of preparation before and after the hysterectomy. The adjustment and toll it took on my marriage was significant. I am lucky to have a very supportive husband, but this was very difficult for him as well. For someone who is not in the medical field or having any specific knowledge of HPV and its prevalence, this was very concerning to him. Until he researched the virus himself, my husband didn’t realize how prevalent HPV was and that you can harbor the virus for years, without symptoms. I have become very comfortable discussing my story and I will never take the road of shame when it comes to HPV, considering how common it is.

As a registered nurse in the field of public health and immunizations, I now have a very personal source of experience when it comes to vaccine-preventable disease. I am a survivor of a vaccine-preventable cancer. I share my story daily with young women and parents who may not realize how HPV relates to them or their child. I remember driving in my car at age 25 when the HPV vaccine became available, and I heard something on the radio about it. I vividly recall thinking, “I’m not sleeping around. I’m a healthy girl. I don’t need this new vaccine. Besides when would I have time?”

My message is this: I had the chance to prevent my cancer. Please don’t miss your chance. Vaccinate yourself and your children.

"I had the chance to prevent my cancer. Please don’t miss your chance. Vaccinate yourself and your children."

- Kristina
Immunotherapy: Advances in Cancer Treatment
by Beth Sponzo, RN, BS, OCN®

Immunotherapy is a type of cancer treatment that helps your immune system fight cancer. The immune system can distinguish between normal, healthy cells and unhealthy cells by recognizing a variety of “danger” cues. Cancer cells disguise themselves from the immune system in various ways and immunotherapy opens the door for the immune system to recognize and fight some cancer cells. In the last few decades immunotherapy has become an important part of treating some types of cancer. New immunotherapy treatments are being tested and approved, and new ways of working with the immune system are being discovered at a very fast pace. Sometimes treatment regimens can combine immunotherapy with chemotherapy. There are also regimens that contain two different immunotherapies to be given together.

How does immunotherapy work for cancer?
• Suppressing the ability of cancer cells to hide themselves from immune cells.
• Helping immune cells better detect and “mark” cancer cells.
• Boosting immune cells to either get rid of or slow down cancerous activity.
• Cutting off the resources that cancer cells need to survive and grow.

Immunotherapy can cause side effects, many of which happen when the immune system that has been revved up to act against the cancer also acts against healthy cells and tissues in the body. This results in inflammation and side effects called immune-related adverse events. No matter where your cancer began, side effects from immunotherapy can affect your whole body. Most adverse events can be managed effectively if found and treated early, so it is important to report any side effects to your provider as soon as possible.

More information can be found at www.nccn.org or www.cancer.org.

Spotlight on Keytruda (pembrolizumab)

Approval Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Indication</th>
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<tbody>
<tr>
<td>Sept. 4, 2014</td>
<td>Advanced Melanoma</td>
</tr>
<tr>
<td>Oct. 2, 2015</td>
<td>Advanced Non-Small Cell Lung Cancer</td>
</tr>
<tr>
<td>Aug. 5, 2016</td>
<td>Recurrent or Metastatic Head and Neck Cancer</td>
</tr>
<tr>
<td>Mar. 15, 2017</td>
<td>Classical Hodgkin Lymphoma</td>
</tr>
<tr>
<td>May 18, 2017</td>
<td>Locally Advanced or Metastatic Urothelial Carcinoma</td>
</tr>
<tr>
<td>Sept. 22, 2017</td>
<td>Advanced or Metastatic Gastric or GE junction whose tumor expressed PDL-1</td>
</tr>
<tr>
<td>June 12, 2018</td>
<td>Recurrent or Metastatic Cervical Cancer with PDL-1</td>
</tr>
<tr>
<td>June 13, 2018</td>
<td>Treatment refractory for relapsed primary mediastinal Large B-cell Lymphoma</td>
</tr>
<tr>
<td>Nov. 9, 2018</td>
<td>Hepatocellular Cancer previously treated with Sorafenib</td>
</tr>
<tr>
<td>Dec. 19, 2018</td>
<td>Recurrent locally advanced or metastatic Merkel Cell</td>
</tr>
<tr>
<td>April 22, 2019</td>
<td>Renal Cell Carcinoma</td>
</tr>
<tr>
<td>June 18, 2019</td>
<td>Metastatic Small Cell Lung cancer</td>
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<tr>
<td>July 31, 2019</td>
<td>Locally advanced or metastatic Squamous Cell Carcinoma of the Esophagus</td>
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<tr>
<td>Sept. 17, 2019</td>
<td>Combo therapy for Endometrial cancer</td>
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<tr>
<td>Jan. 8, 2020</td>
<td>High-risk Invasive Bladder Cancer</td>
</tr>
<tr>
<td>June 29, 2020</td>
<td>Certain Colorectal cancers</td>
</tr>
<tr>
<td>Nov. 13, 2020</td>
<td>Approved for Triple Negative Breast Cancer that have PDL-1</td>
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To read the full study go to www.drugs.com/history/keytruda
Did you know you can help to reduce your risk of certain cancers by following a healthful lifestyle? Research shows that many cancers are linked to lifestyle behaviors including unhealthy eating patterns and a lack of physical activity.

Eating well can help you prevent and beat cancer in a variety of ways. While there is no guaranteed way to prevent cancer, a healthy lifestyle can help reduce your risk of developing it and positively support treatment and recovery if you are diagnosed with it.

To help reduce your cancer risk, follow these tips for eating right.

**#1 Maintain or Achieve a Healthy Weight**
Excess body weight is associated with an increased risk for several types of cancer. By maintaining a healthy body weight, or losing weight if you have a body mass index (BMI) in the overweight or obese range, you can help to reduce your risk.

**#2 Limit Added Sugars and Solid Fats**
Limit your intake of foods with added sugars and solid fats that provide a lot of calories but few nutrients. These foods include: sugar-sweetened beverages, highly processed snack foods and desserts. Calories add up fast with these sorts of calorie-dense foods, which may lead to weight gain and leave little room for more healthful, cancer-preventive foods.

**#3 Include Vegetables, Fruits and Whole Grains**
Non-starchy vegetables, whole fruits and whole grains are linked with a lower cancer risk. It’s not clear which components in vegetables and fruits are most protective against cancer. So enjoy a variety of these foods as they are often rich sources of a variety of nutrients. Fill half your plate with vegetables and fruits, and make at least half your grains whole grains.

**#4 Moderate Your Portions of Red and Processed Meats**
Some studies suggest a link between colon and other types of cancer and red meat intake. This is especially true for processed meats such as ham, bacon and hot dogs. If you eat these foods, choose them in moderation. Enjoy a small portion of meat and fill the rest of your plate with vegetables, fruits and whole grains.

**#5 Focus on Plant Proteins**
Beans and lentils are sources of protein, dietary fiber, iron, potassium and other necessary nutrients. Other nutrient-dense plant-based proteins include tofu and tempeh. Eating more plant protein than animal protein is associated with a lower risk of many types of cancers.

**#6 Avoid or Limit Alcohol**
Alcohol consumption is considered to be a major modifiable risk factor for cancer. Even a moderate amount of alcohol may increase your risk of some types of cancer. If you choose to drink, limit alcoholic beverages to no more than one drink per day for women and no more than two drinks per day for men. (A serving of alcohol is considered 1½ ounces of hard liquor, 5 ounces of wine or 12 ounces of beer.)

**#7 Choose Foods First**
Research suggests the nutrients found naturally in foods offers a protective effect. The same findings do not appear to be true for supplements. Choose nutrient-rich, whole foods and beverages as the best source of nutrients for cancer prevention.

Source: eatright.org
Research Study at Glens Falls Hospital—A021703

Testing the Addition of High-dose Vitamin D3 to Usual Chemotherapy Treatment and Bevacizumab for Untreated Advanced Colorectal Cancer (SOLARIS)

https://clinicaltrials.gov/ct2/show/NCT04094688?term=021703&draw=2&rank=1

The purpose of this study is to compare the usual treatment (chemotherapy plus bevacizumab) plus high-dose vitamin D3 to the usual treatment plus regular-dose vitamin D3. The addition of high-dose vitamin D3 to the usual chemotherapy plus bevacizumab could shrink your cancer or prevent it from returning.

This study will help the study doctors find out if this different approach is better, the same, or worse than the usual approach. To decide if it is better, the study doctors will be looking to see if the addition of high-dose vitamin D3 to usual approach can shrink or stabilize tumors for a longer period of time than regular-dose vitamin D3 and usual approach.

This study has two study groups. You and your doctor will not be told which group you are in (called a double-blind study).

Group 1

If you are in this group, you will get the usual drug regimen used to treat this type of cancer, either FOLFOX plus bevacizumab or FOLFIRI plus bevacizumab, plus a study drug called high-dose vitamin D3. You will get the usual drug regimen as an IV infusion through a vein in the arm on the first through third days of every cycle, and you will get the high-dose vitamin D3 as a capsule you take by mouth once a day on each day of every cycle. One cycle is defined as 14 days. You will be asked to keep a pill diary. Each time you visit the clinic, you must bring the pill diary, any remaining pills and the pill bottle.

For the first cycle of treatment only, you will take two vitamin D3 capsules by mouth once a day for each day of the cycle. Each of the capsules will contain
You agree to take part in the study and sign this consent.

Randomize
The computer will randomly put you in a study.

Group 1
High-dose vitamin D3 + usual approach.

Group 2
Regular-dose vitamin D3 + usual approach.

You may be eligible to take part in this trial if you meet certain criteria. You must have locally advanced, metastatic colorectal adenocarcinoma with no planned metastasectomy (the surgical removal of metastases). You must have measurable disease and have received no prior systemic treatment for metastatic disease. If you are interested in learning more about this trial, please call the Research Office and speak to Beth Ann Brundage, RN, OCN at 518.926.6644 or Nannette Oberhelman, CCRP 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: By Appointment at the Cancer Center Library
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

Clinical Research
For: Anyone interested in learning about clinical trials.
Info: Beth Ann 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.
Karen 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 Preregistration Required

Couples Retreat
For: Anyone living with and beyond cancer.
Meets: One weekend each year in the spring.
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, held 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: Karen Cook, LMSW | 518.926.6619

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

Survivor Breakfast
For: Any cancer survivor and a guest.
Meets: One Saturday in June.
Info: Lisa Haase, RN, BSN, OCN® | 518.926.6563

Summer Picnic
For: Any cancer survivor and their family.
Meets: One Wednesday in August.
Info: Vickie Yattaw, RN, BSN, 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,
  - Virtual option available
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
  - Cancer Center Library, Virtual option available
Info: Karen Cook, LMSW | 518.926.6619

**Caregiver Support Program**
For: Caregivers for patients diagnosed with cancer.
Meets: First Wednesday every Month at 10:00am – 11:30am
  - Cancer Center Library, Virtual option available
Info: Vickie Yattaw, RN | 518.926.6639

**MBC—Living Together**
For: Metastatic Breast Cancer Diagnosis
Meets: Third Friday each month at 10:00am – 11:30am
  - Cancer Center Library, Virtual option available
Info: Vickie Yattaw, RN, BSN, OCN | 518.926.6639

**Rays of Hope**
For: Women with ovarian cancer.
Meets: 3rd Wednesday each month 4:00pm
  - Cancer Center Library, Virtual option available
Info: Mary Davis | 518.656.9321
  - Carol Smith | 518.793.0565

**Tobacco Cessation**
Whether you’re thinking about quitting or ready to quit, call the NYS Smokers’ Quitline for help and support.
**1.866.NY.QUITS** (1.866.697.8487)

**ACTIVITY GROUPS**

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

**Tai Chi and Relaxation/Meditation**
For: Anyone interested.
Meets: Monday afternoon at 3:30pm and 5:30pm
  - Community Learning Center (Side B).
Info: 518.926.1000

**Twisted Twirlers**
For: Individuals diagnosed with any cancer and caregivers who would like to join this Hall of Fame twirling group. New twirlers always welcome!
Meets: 11:30am, 1st and 3rd Tuesday each month
  - Community Learning Center (Side B).
Info: Barbara Ringer | 518.792.7437
  - Vickie Yattaw, RN, BSN, OCN® | 518.926.6639

**QUIT FOR LIFE**

Stop Smoking Program Preregistration Required
A four-week program for anyone who would like to quit smoking.
Please call for next session.
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
NEW Colon Cancer Screening Guidelines

The United States Preventive Services Task Force (USPSTF) announced its intent to recommend that colorectal cancer (CRC) screenings begin at 45 years old for individuals at average risk. The majority of health insurance carriers in the United States will follow the USPSTF recommendation once finalized. This means that people age 45 and older will, in most cases, be eligible for insurance reimbursement for CRC screening. This recommendation lowers the USPSTF’s recommendation from 50 to 45, and aligns with the American Cancer Society’s 2018 recommendation that screening begin at age 45 based on an analysis published in the *Journal of the National Cancer Institute*. The recommendation is now in draft form and open for public comment.

The United States Preventive Services Task Force (USPSTF) assigns one of five-letter grades to each of their recommendations. The draft guidelines recommend CRC screening at age 45 at a B Grade, which means there is a high certainty of at least a moderate benefit for the service. The Task Force advises that clinical practices offer all services that have an A or B recommendation.

What does this mean for patients? It means it is required that private insurance plans subject to the Affordable Care Act (ACA) and Medicare plans provide coverage for the service without any copay or out-of-pocket costs to the patient. The CRC screening recommendations are still a draft. Insurance will not cover the change in guidelines until this is officially determined.

A group of leading CRC nonprofits, including the Colorectal Cancer Alliance, Fight Colorectal Cancer and the Colon Cancer Coalition, are celebrating this draft recommendation as a success for health advocacy, and see it as a necessary step forward to protect the well-being of Americans. This change reflects updated CRC evidence, particularly the upward trend in CRC diagnoses among people under age 50, known as young-onset or early-age-onset CRC. Alarming, the incidence of young-onset CRC has increased by 2% every year since 1990, with no end in sight.

Seventy-five percent of all young-onset cases are diagnosed between ages 40-49. Furthermore, a recent study demonstrated a steep increase in CRC incidence between ages 49 and 50, with most cases diagnosed at an invasive stage among patients 50 years old, specifically. This suggests that these cancers were developing undetected for several years prior to the diagnosis at age 50.
Did you know cervical cancer can be prevented AND that women should begin screening at the age of 21? These are just two of the facts that the Cancer Services Program (CSP) of Warren, Washington and Hamilton Counties wants to share to raise awareness during Cervical Cancer Awareness Month.

Regular screening is key to preventing cervical cancer or finding it early, when treatment may be most effective. Cervical cancer screening tests can find the cells that lead to cancer before it starts, or find cancer early when it may be most easily treated.

Older women have a higher risk for getting cervical cancer. Women who smoke, who have never been screened and who have the human papillomavirus (HPV) are also at higher risk for cervical cancer.

Talk to your healthcare provider about your risk factors and about cervical cancer screening. Cervical cancer screening is covered under most health plans, including Medicaid plans and plans participating in the New York State of Health.

If you don’t have insurance and are age 40 or older, the CSP of Warren, Washington and Hamilton Counties can help get you screened. Our program, which is supported with funds from New York State, also provides free breast and colon cancer screening to eligible New York State residents. Call **518.926.6570** today to find out if you qualify for free cancer screenings.
White Winter Minestrone Soup
Servings: 6  |  Prep time: 30 minutes

Ingredients:
- 3 tablespoons olive oil
- 1 clove garlic, chopped
- 1 medium onion, chopped
- 3 carrots, cut into large, ½ inch dice
- 1 stick celery, cut into ½ inch slices (optional)
- ½ teaspoon dried sage
- 1 sprig thyme or winter savory, chopped
- 1 bay leaf, broken
- ½ cups hulled pearl barley
- ½ small head of Savoy cabbage, cored and cubed (about 1 pound)
- 2 tablespoons flat-leaf parsley, chopped Parmesan rind, plus more for grating (optional)
- 6 to 8 cups of stock or water, or to taste
- 1 (14 ounce) can of water-cooked Cannellini, Borlotti or Great Northern beans, drained and rinsed or 2 cups home-cooked Cranberry, Northern or Cannellini beans in their broth
- Salt and pepper, to taste

Preparation:
- Heat the olive oil in a large saucepan or soup pot on medium-high heat. Add garlic. Fry until it turns to a light gold.
- Add the onions, carrots, celery, sage, thyme and bay leaf. Sauté for a minute. Cover and turn the heat to medium-low. Sweat the vegetables for about 10 minutes, until they soften. Stir from time to time. Do not let them stick and burn!
- Add the pearl barley and cabbage. Mix well with the other vegetables. Cover again and sweat for another 3-5 minutes or until the cabbage begins to soften. Add the parsley and cook for another minute or so. Add the stock and Parmesan rind and bring the soup to a boil over a high heat. Cover, turn the temperature to low and simmer gently for 25 minutes, or until the barley is nearly cooked.
- Add the beans. If home cooked, add their liquid, too. Bring back to a simmer. Cover and cook for another 10 minutes. Discard bay leaf. Dice the Parmesan rind and return it to the pot. Adjust seasoning and grind a little black pepper on top. Serve with freshly grated Parmesan cheese and a drizzle of good olive oil.
Our Favorite Flicks

The staff at the C.R. Wood Cancer Center would like to share some of the movies and TV Shows that bring us laughter and entertainment. We hope these bring you as much joy as they do us.

Britny McFadden, RN Cancer Treatment Center — The Queens Gambit, Forged in Fire and the Great British Baking Show.

Cathenia Kramer, Medical Records — PBS shows; Keeping up Appearances and Vera as well as movies like Godmothered, Mulan the movie and Spiderwick Chronicles.

Misty Lacross, RN Cancer Center Clinic — The Mandalorian on Disney+ (for you Star Wars fans), The Office, The Big Bang Theory and Young Sheldon as well as Parks and Recreation. Some of her other favorite’s are Supernatural and Grey’s Anatomy (not for its accuracy).

John Faherty, Medical Physicist and Manager of the Radiation Oncology department — The Office and Modern Family.

Vickie Yattaw, RN Manager of the Oncology education and Support team — Netflix series like Virgin River, Northern Rescue, Haven and Heart of Dixie.
"Many of the patients whom are diagnosed with a cancer of the head and neck region need multidisciplinary care. Coordinating appointments was another task that the patients had to do on their own. With the initiation of the Head and Neck Cancer multidisciplinary committee, we worked together to develop a workflow for coordination of appointments prior to and after treatment for a cancer of the head and neck. This workflow was presented to physician members of the committee and adopted into practice. Patients have told us that they feel they are part of a team and every aspect of their care and treatment seems to be managed well."

Vickie Yattaw, BSN, RN, OCN (at left, Vickie with Lisa Haase, BSN, RN, OCN & Barbara Moehringer, RN)

SE1EOb: PROVIDE ONE EXAMPLE OF AN IMPROVED PATIENT OUTCOME ASSOCIATED WITH THE PARTICIPATION OF CLINICAL NURSES SERVING AS MEMBERS OF AN ORGANIZATIONAL-LEVEL INTERPROFESSIONAL DECISION-MAKING GROUP.

Head and Neck Cancer Committee Improves Patient Satisfaction

NURSES
Lisa Haase, BSN, RN, OCN
Barbara Moehringer, RN
Vickie Yattaw, BSN, RN, OCN

WHERE
The C.R. Wood Cancer Center

**MAGNET IMPACT**

Patients diagnosed with cancer of the head and neck need to be seen by multiple providers and caregivers to develop a plan of care for treatment. Early treatment of the cancer itself, as well as side effects associated with treatment, is paramount. If the patient’s care is not coordinated in a systematic way, there may be a delay in the time from diagnosis to treatment. Delays in treatment can cause fear, anxiety and frustration in patients. If the time from when a patient makes the first contact with a cancer care provider to when they begin treatment is significantly delayed, the patient’s satisfaction and experience may be impacted.

Vickie Yattaw, BSN, RN, OCN, manager, Oncology Education and Support Services, C.R. Wood Cancer Center at Glens Falls Hospital (GFH) and Lisa Haase, BSN, RN, OCN, clinical nurse, nurse navigator, C.R. Wood Cancer Center at GFH are members of the organization’s Cancer Care Committee. In January 2018, Vickie evaluated the timeline of ambulatory care for head and neck cancer patients. She examined the time from referral to the Cancer Center for a consult with a medical oncologist, to the date of the first ambulatory treatment. Vickie’s retrospective data analysis revealed that in 2017, the average time from consult to ambulatory treatment was 24 days. Factors that led to increased time to treatment included the need for patients to have multiple consultations and the lack of a standard process to coordinate care, which leads to patient experience scores that are lower than desired.

The group worked closely to coordinate care for the patients and were able to create and schedule block visits for physical therapy, speech therapy, and audiology so patients could have all consults in one day and reduce the amount of pre-treatment appointments. Barriers related to dental and nutrition needs were also addressed.

The nurses’ care coordination plan resulted in a reduced time from consult to treatment from 24 days to 17 days and a 4.54% increase in patient satisfaction on the questions related to coordination of care between MD and other caregivers.
Good News Bell

The Cancer Treatment Center has a new edition to their space. Through the work of our oncology nurses on our Unit Based Council, we are delighted to share with you our new “Good News Bell” This bell features a plaque that reads

“Whether a great scan or result Has chased away your blues We know it’s hard to be in your shoes So, celebrate the moment However you choose And ring the bell To share your Good News!”

The patients and staff are excited to be able to share this wonderful addition to our center and hear all the “Good News” ringing throughout.

Susan Leonbrun was the first of many patients to RING THE BELL and share her good scan reports. We look forward to all the future bell ringing here at the C.R. Wood Cancer Center
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 https://www.glensfallshospital.org/services/hospital/cancer-center/clinical-research-and-trials/

You may also want to visit the National Cancer Institute website for other clinical trials at www.cancer.gov/clinicaltrials.

Cancer Services Program (CSP)

Free cancer screenings for:

• Cervical/Breast: Women ages 40 - 64
• Colorectal: Men and Women age 50 - 64

Men and women who are uninsured, meet eligibility criteria and are in need of screening, follow-up testing or treatment for breast, cervical, colorectal or prostate cancer screening, may be eligible for full Medicaid coverage through the Medicaid Cancer Treatment Program.

Glens Falls Hospital holds a New York State Department of Health Cancer Services Program grant 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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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. Or where she can best get back to you.
- 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 (e-scribed). 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.