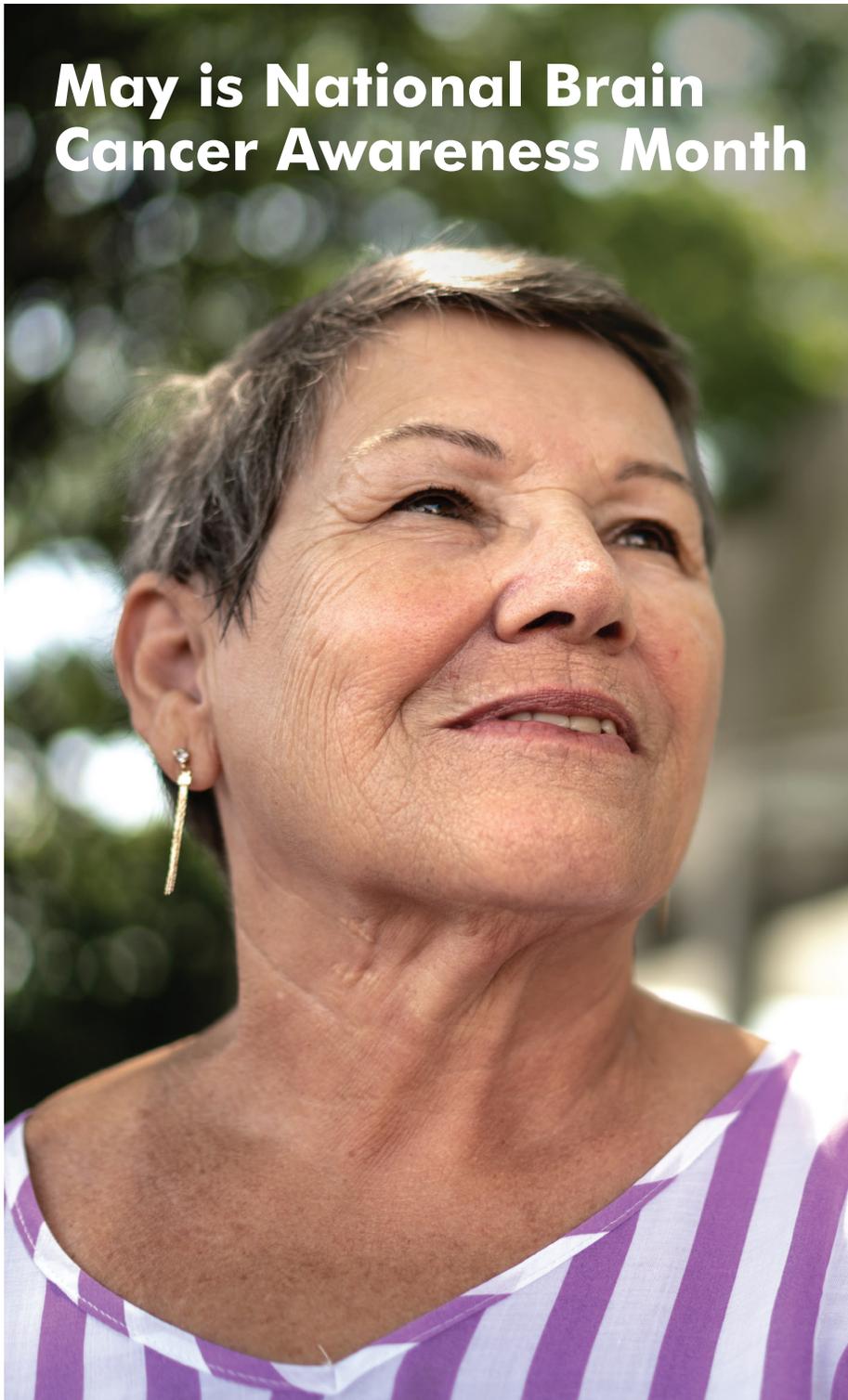


Connections Quarterly

Spring 2021 ISSUE 76



May is National Brain Cancer Awareness Month



Quarterly Content

Featured Story	2-3
Survivor Stories	4-5
Clinical Research	6-8
Word Find	9
Support Services and Programs	10
C.R. Wood Cancer Center COVID-19 Restrictions	12
Clinical Research	13
Pharmacy Corner	14-15
Food For Thought	16-17
Survivor Poem	18
New Lung Cancer Screening Guidelines	18
Clinical Research, Cancer Services Program, Connections Editorial Board	19
When to Call Us	20

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

Radiation Therapy to the Brain

Radiation therapy uses high-energy rays to treat cancer. It works by damaging the cancer cells and making it hard for them to reproduce. Your body then is naturally able to get rid of these damaged cancer cells. Radiation therapy also affects normal cells. However, your normal cells are able to repair themselves in a way that cancer cells cannot.

Radiation can be given to treat primary tumors in your brain or tumors that have spread to your brain from another part of your body (metastasized). Your doctor will decide whether you will receive partial- or whole-brain radiation. You will have either external beam radiation therapy or stereotactic radiosurgery depending on your treatment plan.

During external beam radiation, a treatment machine will aim beams of radiation directly to the tumor. The beam passes through your body and destroys cancer cells in its path. You will not see or feel the radiation.

Stereotactic radiosurgery can be used in some tumors and is even more precise. It targets a small area in your brain with high doses of radiation and delivers lower doses of radiation to the normal tissue around it. You are able to receive higher doses to the tumor at each treatment session, which shortens the overall course of treatment.

Radiation therapy takes time to work. It takes days or weeks of treatment before cancer cells start to die, and they keep dying for weeks or months after radiation therapy.



Before treatment can begin, a treatment planning procedure called a simulation, is done to make sure that:

- The treatment site is mapped.
- The right dose of radiation is administered.
- The amount of radiation that gets to nearby tissues is as small as possible.

During simulation the person will be lying on their back, as well as during each treatment. To help stay in the correct position, the patient will wear a mask that is made the day of simulation.

To make the mask, the therapist will place a warm, wet sheet of plastic mesh over the patients face while lying on the simulation table. He/she/they or the therapist will then shape it to fit around the persons head. There isn't any trouble hearing or seeing while the mask is on. Markings will be made on the mask. After the mask is made, the therapist will take several photographs of the person in this simulation position. The photographs and markings will be used as guides to position the person correctly for their treatments.

Some people may develop side effects from radiation therapy. Which side effects and how severe they are depend on many factors, such as the dose of radiation, the number of treatments and your overall health. Side effects may be worse if you are also getting chemotherapy. Below are the most common side effects of radiation therapy to the brain. You may have all, some or none of these.

Swelling in your brain

Radiation therapy to the brain may cause brain swelling. If you had neurological symptoms before you began radiation therapy, they could return, or you could have new symptoms.

Hair loss

Two to three weeks after your radiation therapy begins, you will probably lose some of the hair on your scalp. Ask your doctor or nurse what to expect. Your hair will usually grow back three to six months after your treatment is completed.

Skin reactions

During radiation therapy, your skin and hair in the area being treated may change. This may include your forehead, ears and back of your neck. This is normal. Ask your nurse to point out the areas of your skin and scalp that will be affected.

After two or three weeks, your skin may become pink or tanned. It may even become bright red or very dark later on. It may also feel dry and itchy, and look flaky. These symptoms will gradually decrease about three or four weeks after you finish your treatments.

You may also notice a rash, especially in any area where you have had previous sun exposure. Although this may be a side effect of treatment, a rash could also be a sign of infection. If you develop a rash at any time during your treatment, tell your doctor or nurse. Don't put tape on your treated skin.

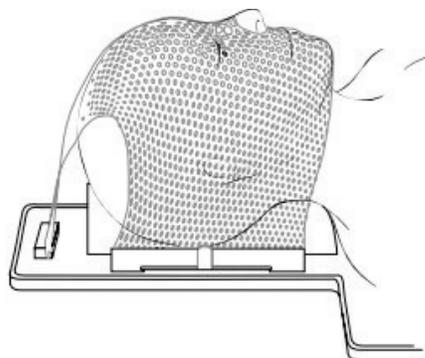
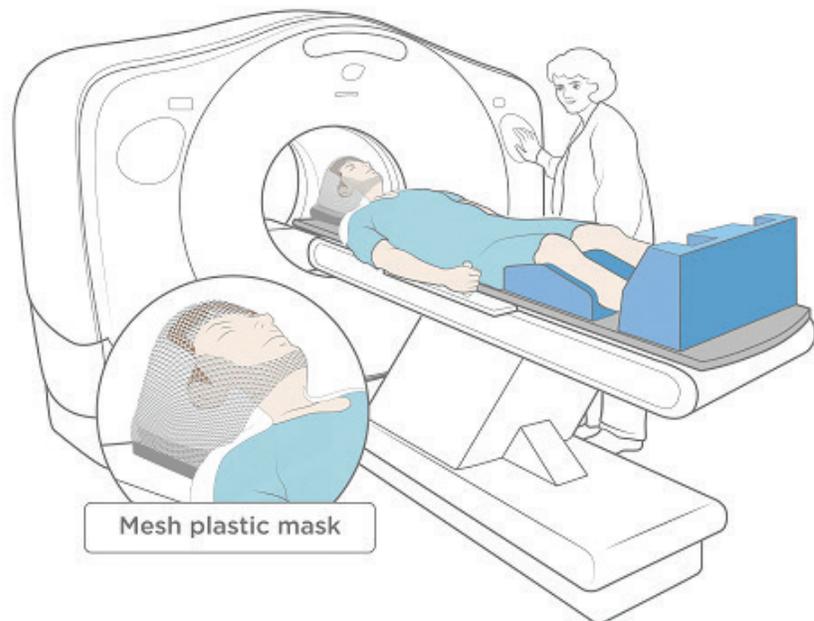
Fatigue

Fatigue is a feeling of being tired or weak, not wanting to do things, not being able to

concentrate or feeling slowed down. You may develop fatigue after two to three weeks of treatment, and it can range from mild to severe. Fatigue may last six weeks to twelve months after your treatment ends.

Other symptoms, such as pain, nausea, diarrhea, difficulty sleeping or feeling depressed or anxious, can increase your fatigue. Ask your doctor or nurse for help with any other symptoms you may have.

For more information on radiation therapy to the brain, please contact **Kelle Engel, RN** at **518.926.6675**



Susan Young



If you would have told me a year ago that I would have cancer, I would have said to you “no way”! My friends refer to me as the “energizer bunny”. I am a 68-year-old woman with no aches, or pains or really a history of illness of any kind. I am the one hiking Black Mountain with vigor, and riding my bicycle 10 miles every morning in Florida when we are there. I energetically maintain two businesses.

In August 2020, I was on my patio overlooking Lake George. It looked like a storm was coming, so I decided to remove the umbrella from my dining table out there. I had a “tingly” feeling on my left side, and then an overwhelming feeling came over my body. It made me want to sit down. I did not feel like I was going to pass out, but I just did not feel right. I did not think anything of this experience, since I am normally so healthy. This same “tingly” feeling happened two more times in the next few days. This got my attention. I called my GP, and he asked me to come into his office that day. My response: “I am too busy. How about tomorrow?” So I went to Irongate Physicians the following day.

They ran me through the usual test, an EKG, and found nothing. They made an appointment for me to go to the cardiologist the following day. The technician checked my carotid artery, and it was perfectly clear. I am glad that I have a persistent GP. An MRI was scheduled for me a few days later. I drove myself to the MRI appointment on a Monday morning, and drove home by myself. Later, I learned that I probably should not have been driving.

I had been home for a couple of hours. My GP called me at home and asked me if I was alone. He was wondering if my husband was home. He told me he had “bad news” for me. (Boy did he!) He wanted my husband to be there with me when I learned I had a brain tumor. He said, “When your husband gets home I want you to have him drive you to Albany Med.” and go in through Emergency. (We are in the middle of Covid, YIKES!) So that is what we did. My GP had called ahead to tell them we were on our way, but we still had to wait in Albany Med Emergency for a number of hours. Quite an eye-opening experience!

I was shocked when I was told I had a cancerous brain tumor. NOT ME! These things don’t happen to me! I am blessed to have a wonderful support team, my husband who is also undergoing cancer treatment for aggressive melanoma and my small community on Lake George who totally rallied around us with meals, and driving me to the hospital when needed, family and college friends who called regularly. I have to say Facebook was a great way to communicate with people who I have not seen in a really long time.

I had 30 days of radiation. That was exhausting. The Radiation team at the hospital was very uplifting, and kind. They made that awful experience as pleasant as possible.

I really have not participated in any of the support services offered. I loved the idea that I could go to the Boutique and pick out a wig of my choosing. So very kind! I have to say it has been a blessing to have all my blood work, tests etc. at Glens Falls Hospital. The staff have been compassionate, and tried to work around our schedules. I definitely think that cancer has changed my life. I look forward to the end of my cancer “journey”, but hopefully I have learned a little more compassion and tolerance for others who have to endure this awful path. We just never know when our lives are going to change so quickly. I hope it never happens to YOU.

I plan on resuming my normal activities as soon as I get the “green light.” I probably will pick and choose my activities a little more. I do not have to do everything for everyone. Maybe I will take life a little slower and easier. I would be happy to share my experience — maybe some public speaking on being a survivor!



Jennifer Lindsley

My name is **Jennifer Lindsley**, and I am a 40-year-old mother of a very adorable and active little 4-year-old girl named Delaney. She keeps her dad Mike and I on our toes! We are a very active family, and love the outdoors! As we all know, 2020 was quite a year! Mine had started off great — I began a new job that I love, then on March 1st, I turned 40. I had an amazing '80s themed birthday party with family and friends. The following week was supposed to be my yearly exam and first mammogram, those appointments ended up being canceled due to COVID-19.



Fast forward to Easter weekend. I went to bed Thursday night feeling totally fine, but woke up Friday morning feeling sore, swollen and hard, and I knew something wasn't right. I called my OBGYN and made an appointment for Monday morning. It took all of a two-minute exam for her to agree that something was wrong, and sent me right over to the hospital to have an ultrasound and mammogram. I laid there in disbelief when up on the screen there was a five centimeters mass found. I had a biopsy later that week, then met with the surgeon, **Dr. Scalia**, the following Monday. That was the first time I heard the words "You

have cancer". It started in the deep tissue and had finally pushed its way to the surface, as well as having seven lymph nodes involved. He left the room and I looked at Mike and broke into tears. After the initial shock wore off, we immediately went into fight mode. I have always played competitive sports, and have never liked to lose, so this wasn't going to be any different.

I found myself at 40 preparing for the biggest fight of my life. I was a woman who currently had nothing pink in my wardrobe, but between gifts from friends and a little online shopping therapy, I found myself now outfitted with a whole new wardrobe including a pink wig that got me dubbed "the Pink Warrior" by my nurses!

The following week I met with my amazing oncologist, **Dr. Darci Gaiotti-Grubbs** and my nurse navigator **Lisa Haase** (who is wonderful and has been by my side every step of the way), and came up with our game plan. I started chemo, and a week later when my hair started falling out, my daughter and Mike helped me shave it off. Mike even shaved his head with me in support and solidarity. I wanted it to happen on my terms, so cancer wouldn't have that power over me! Thankfully it was summertime and not winter!

To date, I have completed 20 weeks of chemo, a lumpectomy with lymph node dissection and 34 sessions of radiation with **Dr. Tim Zagar**. Because my tumor was HER2 positive, I have 15-targeted therapies every three weeks still to complete. In addition, I tested negative for the BRCA genes, but tested positive for Lynch Syndrome which puts me at an



80% increased risk for Colorectal, Uterine and Ovarian cancers, so when I am done with my treatments, I will be having a hysterectomy and an oophorectomy to eliminate my risk of either of those cancers as well as colonoscopies every year.

I have always been a super positive person, and my doctor and I truly believe that has helped me get through this, I also have the support from Mike and Delaney, my parents Nancy and Dan and countless other family and friends! Cancer during COVID-19 was certainly not easy, with not being able to bring anyone to treatments or appointments, so I made friends with all the nurses instead! This is certainly not the way I envisioned spending my 40th birthday year, but I will come out the other side stronger than before!

#FightLikeaGirl and #CancerPickedtheWrongGirl were my mottos through this whole thing, and it did! I cannot say enough good things about the whole team at the C.R. Wood Cancer Center. All of my chemo nurses, radiation techs, receptionists and doctors have been amazing!

Clinical Trials: Ten Myths and Realities

Aqeel A. Gillani, MD, FACP

May is National Cancer Research month, and I am going to take this opportunity to highlight the pros and cons of participating in experimental trials. We are going through an unprecedented era as the COVID-19 pandemic has cost us more than half a million lives. Yet, this catastrophe has taught several lessons and there happens to be a silver lining.

Vaccines typically take years, if not decades, to reach people; the previous record was four years for the mumps vaccine. Never before had prospective vaccines for a pathogen entered final-stage clinical trials as rapidly as candidates for COVID-19. It's a major victory for modern science to have several effective vaccines approved for this highly morbid disease in less than 12 months. None of this would have been possible without the commitment and resolve from major stakeholders including the government, the pharmaceutical industry, basic and clinical research scientists and above all the willingness of people to take part in clinical trials. Furthermore, quick-moving COVID-19 vaccine developments using messenger RNA technology has paved the way for potential cancer treatment breakthroughs.

Another great example of the merits of research is a recent decline in the number of people dying from lung cancer. According to a study published in the *New England Journal of Medicine* in August 2020, death rates from the most common type of lung cancer, non-small cell lung cancer (NSCLC) fell sharply in the country.



The researchers found that deaths from NSCLC decreased 3.2% annually from 2006 to 2013 and 6.3% annually from 2013 to 2016. Two-year survival improved over this time, from 26% for patients diagnosed in 2001 to 35% for those diagnosed in 2014.

The rapid decline in this mortality that began in 2013 corresponds with the time when clinicians began routinely testing patients for genetic alterations targeted by newly approved drugs. The effect of immune checkpoint inhibitors on NSCLC survival is significant, which suggests that this positive trend in survival should continue beyond 2016. There is absolutely

no doubt that improvement in our understanding of the biology of cancer coupled with enhanced research methods is responsible for these staggering results.

Despite these major advances, we have a significant number of our population that remains skeptical. So, let's review some of the common myths and dispel fears about clinical trial participation.

MYTHS VS REALITY



MYTH #1**The proverbial
“Guinea Pig” concern**

Reality: This is probably the most common misconception, and nothing can be further from the truth. Our top priority is to protect the health and safety of the study participants. Although it is certainly understandable that patients have hesitation about receiving drugs that are not approved by the FDA, each clinical trial has to go through comprehensive reviews with a Scientific Review Board and a Human Subjects Protection Board (also referred to as the IRB) to ensure that subjects are treated safely and ethically. In addition, we carefully review the informed consent, which patients read and sign before enrolling. It explains everything from treatment procedures to potential risks and benefits. This certainly adds an extra layer of protection. Patients feel more secure when a trained group of nurses and research staff is monitoring their care.

MYTH #2**The “Sugar Pill” or
Placebo concern**

Reality: When patients enroll in a trial, they either receive the best treatment currently known for their cancer, or a new, and possibly more effective, therapy. Placebos (often referred to as sugar pills) are inactive medications occasionally used in cancer clinical trials. However, they are never used in place of the best-known standard treatment. If a placebo is used, it is given along with an active drug or in situations where standard of care would be observation. Patients are always informed if the study includes use of a placebo.

MYTH #3**“Is the clinical trial a
last resort option?”**

Reality: Some patients may think that they will only be offered to take part in a clinical trial if their cancer is terminal and no other treatment options are available. This is a false assumption. There are studies available for every stage of cancer. In addition, studies are done to prevent cancer, achieve early diagnosis and estimate prognosis for certain tumor types. Studies often involve the standard treatment option plus an additional experimental medication to see if that strategy would be more successful. Hence, the trial may allow access to potential new and exciting treatments that are being developed and not currently available.

MYTH #4**A “Cost of Care” concern**

Reality: This is a major and real concern for many individuals. Will they have to pay out of pocket for treatment received in a trial? Would insurance cover the expenses associated with experimental therapy? The good news is that most state and federal laws mandate insurance companies to cover these costs. Experimental drugs are frequently provided free of charge by the sponsoring agency. Health insurance typically covers charges pertaining to tests and treatments that are considered standard of care as part of the trials. The informed consent document also includes any other associated costs.

MYTH #5**Safety and Efficacy concern**

Reality: A very obvious question that patients may ask: Is the clinical trial too risky and how does it help me? In most cases, the honest answer is we don't know for sure. This is the single-most-important reason to conduct the trial and find more definitive answers. There are risks involved, just as there are with any procedure that addresses a life-threatening illness. Extensive research is conducted on a new treatment before it's tested with trial participants to ensure safety. Similarly, we hope that the new treatment will be better than the standard of care available but there is no guarantee. What we do know is that all the major advances in cancer have resulted from patients participating in organized research. Some people also have an altruistic view of taking part as the results may benefit the future generations of patients with similar conditions.

MYTH #6**A “Discrimination” concern**

Reality: Some people fear that if they decline to participate in a trial, they may offend their care team and will be treated differently. Let me assure you that this is simply not true! The decision to participate in a study is entirely up to the individual and we will continue to provide them with the best-possible care regardless of their choice. Respecting patient autonomy is a basic guiding principal of how we choose to treat our patients.

MYTH #7**An “Ageism” concern**

Reality: There is a notion that a patient may be too old to be in a trial. It is true that some of them may be too frail and have other associated illnesses that make them less suitable for trial enrollment. As a consequence, our older population is grossly underrepresented in research trials. While greater than 60% of cancer patients are over 65, only about 25% of patients who participate in clinical trials are over 65 years of age. There is a paucity of data regarding effectiveness and side effects of cancer therapies in older cancer patients. As the U.S. population continues to grow and the incidence of cancer rises, it is imperative that we encourage and enroll our older patients in research studies.

MYTH #8**Getting “Locked-In” concern**

Reality: Patients may be worried that once they enroll, they are locked-in to the trial. The fact is that participants can withdraw from a trial at any time and for any reason to pursue a different course of therapy. This is true even if they have signed a consent form or have started treatment. However, we do encourage discussing the decision to go off-study with the provider. This will ensure treatment discontinuation in the safest way possible.

MYTH #9**Lack of Transparency concern**

Reality: Patients may worry that they won't have access to the experimental treatment once a clinical trial ends, even if the drug is shown to be successful. Furthermore, they will never find out the results. I think both these concerns are much easier to alleviate. Majority of the trials are set to continue treatment as long as patients are responding or having beneficial effect. If the drug becomes FDA approved, then it may be covered by their health insurance. After a clinical trial ends, the data is reviewed, analyzed and published in a peer-reviewed medical journal. Everyone, including the general public, has access to the study findings.

MYTH #10**“Trial Accessibility” concern**

Reality: Less than 15% of cancer patients are treated at an NCI-sponsored cancer program. Patients may sometimes think that they have to go to a major academic center to be in a trial. While many trials especially early phase or Phase 1 trials are only available at big university centers, we are frequently able to open these nationally available trials at community-based cancer centers where the majority of our population is treated. In certain instances, if a trial is only available at a big center, it may be more convenient to continue to see your local oncology team that collaborates care with the academic center. It's a win-win situation for the patients.

The medical oncology team at the C.R Wood Cancer Center is highly committed to bringing top quality research and clinical trials to our patients. We have a dedicated staff of seven board-certified hematologists/oncologists, three advanced practice providers, and two highly experienced research associates. A number of our patients have to travel to major tertiary care centers to participate in protocol studies and we see this area as a major unmet need for our community. Our team has taken several steps to fortify our research program. We have site-specific physician champions in all major areas of research including thoracic, head and neck cancers, breast oncology, gastrointestinal and genitourinary cancers, hematologic malignancies and non-malignant hematologic conditions. We have access to co-operative group trials including Alliance, NRG, SWOG and ECOG. We also have a number of pharmaceutical industry trials available. Our patients are able to participate in Phase 2 & 3 treatment studies, prevention trials, diagnostic and quality of life studies.

For further information,
you may go to
ClinicalTrials.gov
and also refer to our
website for all our
currently active protocols

Brain Health

ACTION
COPE
EFFECTIVE
PROGNOSIS
TUMOR

AGGRESSIVE
CREDENTIALS
FRANKNESS
RADIATION

ASPIRATION
DECIDE
MALIGNANT
RESEARCH

BELIEVE
DEGREE
ONCOLOGIST
SURGERY

BENIGN
DETERMINE
OPTIONS
SURVIVOR

CHEMOTHERAPY
DIAGNOSIS
PAIN
TREATMENT

U P R M G K Z H X D R R T K W B O A B Q J
M T R E A T M E N T V F S Y Y P E Q K Z N
P E S I S O N G O R P A I N T J D Q Z P H
U Y V L U E I U N T J F G I N R K F L G N
C J D O R P A O M T U M O R L A N F H U Q
O X Q A G D V R U R A N L W G D Y J Z J Z
I H Y D E K N J C Q S M O M N I L O M G I
C V P C R F O C B H Z T C J J A H W V G Q
C F N T Y S Z K T E P O N E W T V W F L Y
R C A G G R E S S I V E O U I I V F Z Y V
B H C J D A R D Q K P R B W N O E W F Z V
E E T N A S R E Q O M A L I G N A N T M Z
L M I V G P K C C R E D E N T I A L S K W
I O O Q P I P I B Y N E C C A L U R C Y U
E T N A L R N D L N N G A S Q F P V I G V
V H F A I A J E K X R R W H R D M E B Q Y
E E Z P M T U Y B A L E C Q S G E U L V Z
K R R O V I V R U S D E T E R M I N E Z L
O A S I S O N G A I D N C I S M V J H V V
H P B W W N E F F E C T I V E Q Y U Z K G
Q Y N L V F R A N K N E S S V U W Y W Z U

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
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639
Lisa Haase, RN, BSN, OCN® | 518.926.6563
Nicole Molinero, RN, OCN® | 518.926.6629

Clinical Research

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

Genetics Counseling

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

Nutrition Counseling

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

Pastoral Care

For: Anyone interested in spiritual counseling
Info: Please call 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, 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

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 with 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: Karen Cook, LMSW | 518.926.6619

Breast Cancer Survivors Luncheon

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

Survivor Breakfast

For: Any cancer survivor and a guest
Meets: One Saturday in June
Info: 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. Some of these groups can be attended virtually—for more information please contact the leader of each group.

DISCUSSION GROUPS

ABC Support Group

(After Breast Cancer)

For: Individuals with breast cancer

Meets: 4th Monday each month at 6:00pm

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 Group

For: Caregivers for patients diagnosed with cancer

Meets: First Wed of 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: 3rd Friday each month at 10:00am

Cancer Center Library

Virtual option available

Info: Vickie Yattaw, RN | 518.926.6639

Rays of Hope

For: Women with ovarian cancer

Meets: 3rd Wednesday each month at 4:00pm

Cancer Center Library

Virtual option available

Info: Mary Davis | 518.656.9321

Carol Smith | 518.793.0565

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

Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639

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.

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

C.R. Wood Cancer Center COVID-19 Restrictions

Updated COVID-19 Restrictions Effective 4/1/21:

- C.R. Wood Cancer Center patients will be allowed to have one adult companion accompany them to their doctor/provider appointments. No visitors will be allowed in the treatment center. Children are still restricted from the C.R. Wood Cancer Center unless they have a scheduled appointment.
- Per NYS Guidelines, quarantine is no longer required for domestic travel outside of NYS.

To help us keep you safe:

- Notify us prior to arriving for your appointment if you are ill, have been exposed to someone who has tested positive for COVID-19 in the past 14 days or have a COVID-19 test result pending.
- If you are able to come to your appointment alone, please continue to do so.
- Do not arrive more than 10 minutes early for your appointment.
- Wear your mask at all times during your visit in the C.R. Wood Cancer Center.



What's New in Clinical Research at Glens Falls Hospital?

The month of May is Brain Cancer Awareness Month. We would like to make you aware of a study we have open at the C.R. Wood Cancer Center, with **Dr. Timothy Zagar**, radiation oncologist and principle investigator.

A071801 – Is a trial of Post-Surgical, Single Fraction Stereotactic Radiosurgery (SRS) Compared with Fractionated SRS for Resected Metastatic Brain Disease (<https://clinicaltrials.gov/ct2/show/NCT04114981?term=A071801&draw=2&rank=1>)

To be considered for this study you must have a non-CNS primary cancer diagnosis and have metastatic disease to the brain. This study has a preregistration phase. Eligibility criteria includes the following: ≤3 unresected brain metastases at the time of screening and no more than one brain metastasis must be completely resected ≤30 days prior to registration; the resected brain metastasis must measure ≥2 cm; patient must be able to complete an MRI of the head with contrast and have had no prior whole-brain radiation therapy

(other criteria must also be met). This study has two groups. All study participants in each group will get radiosurgery.

Group 1:

If you are in this group, you will get the usual approach to treat the surgical cavity with single fraction radiosurgery delivered in a single treatment. There will be about 104 people in this group.

Group 2:

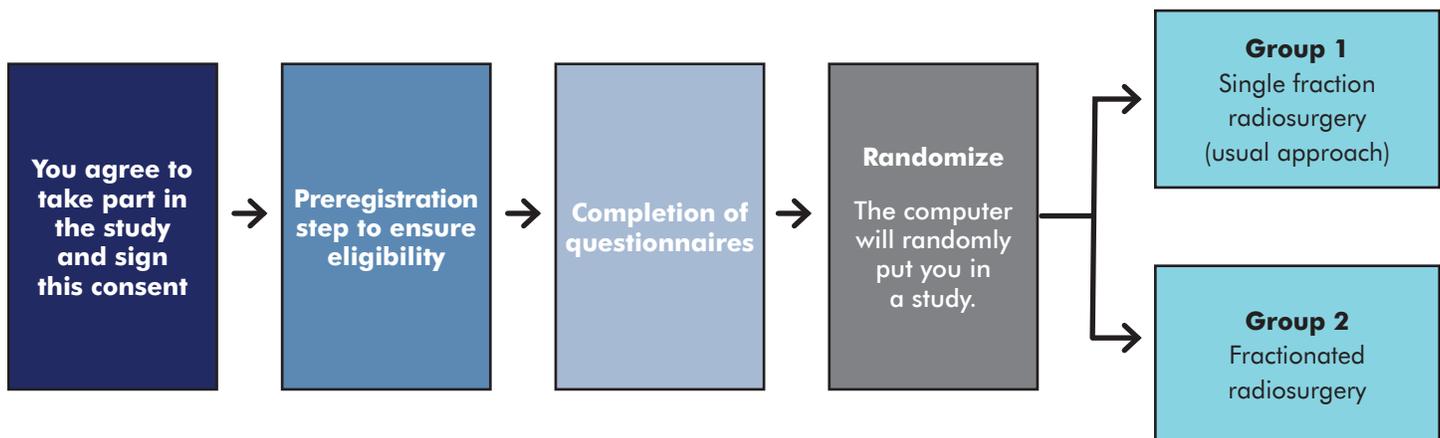
If you are in this group, you will get fractionated radiosurgery to the surgical cavity in three or five daily treatments, with smaller cavities treated with three daily fractions and larger cavities treated with five daily treatments. There will be about 104 people in this group.

A computer will be used 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 an equal chance of being in Group 1 or

Group 2. Both single fraction radiosurgery and fractionated radiosurgery are FDA approved.

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

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**



Optune Treatment for Patients with Glioblastoma Multiforme

Glioblastoma Multiforme (GBM) is a type of primary brain cancer. This type of cancer starts in the brain, and rarely spreads to other areas of the body. GBM tumors can grow quickly in the brain and can cause side effects such as headaches, nausea and vomiting, drowsiness, and changes in vision

The Optune® device works by creating Tumor Treating Fields (TT Fields), which are delivered right into the area of a tumor. When Optune is turned on, it creates low-intensity, wave-like electric fields called TT Fields. Using four adhesive patches called transducer arrays, TT Fields are delivered to the location of a glioblastoma tumor. Optune is a wearable, portable, FDA-approved device indicated to treat a type of brain cancer called glioblastoma multiforme (GBM) in adult patients 22 years of age or older.

If you have newly diagnosed GBM, Optune is used together with a chemotherapy called temozolomide (TMZ). If your cancer is confirmed by your healthcare professional AND you have had surgery to remove as much of the tumor as possible, long-term analysis of a phase 3 pivotal EF-14 trial of Optune in combination with temozolomide for the treatment of newly diagnosed glioblastoma (GBM), confirmed the superior survival results seen at interim analysis. The long-term analysis demonstrated superior two-, three- and four-year survival of patients treated with Optune together with temozolomide compared to temozolomide alone. The interim analysis results — published in the *Journal of the American Medical Association (JAMA)* 1 in December 2015 —

showed significant extension of both progression free and overall survival in newly diagnosed GBM patients receiving Optune with temozolomide compared to temozolomide alone. The long-term analysis of all patients (n=695) shows that:

- Patients treated with Optune together with temozolomide demonstrated a significant increase in median progression-free survival (PFS) compared to temozolomide alone (median PFS of 6.7 months versus 4.0 months, respectively, hazard ratio=0.63, p=0.00005).
- Patients treated with Optune together with temozolomide demonstrated a significant increase in median overall survival (OS) compared to temozolomide alone (median OS from randomization of 20.8 months versus 16.0 months, respectively, hazard ratio=0.65, p=0.0006)
- The percentage of patients alive at two years in the Optune together with temozolomide arm was 43% compared to 30% in the temozolomide alone arm, a 43% increase in the chance of living two years.
- The percentage of patients alive at four years in the Optune together with temozolomide arm was 17% compared to 10% in the temozolomide alone arm, a 70% increase in the chance of living four years.
- Consistent with the interim analysis, the OS and PFS benefit of Optune together with temozolomide compared to temozolomide alone was seen across all patient sub-

groups tracked in the EF-14 trial, including patient age, performance status and tumor genetics.

- The safety profile in the long-term analysis was consistent with the interim analysis of the EF-14 trial.

“The long-term analysis further supports our data showing that Optune together with temozolomide is a better treatment option for newly diagnosed GBM patients compared to temozolomide alone,” said **Asaf Danziger**, Novocure’s CEO. *“We believe these results will give healthcare providers further confidence in our therapy and transform the standard of care in newly diagnosed GBM. Our priority is to improve the lives of GBM patients, and we believe these results will help us to accomplish our mission.”*

If your tumor has come back, Optune can be used alone as an alternative to standard medical therapy if you have tried surgery and radiation and they did not work or are no longer working AND you have tried chemotherapy and your GBM has been confirmed by your healthcare professional.

The most common side effects of Optune when used together with chemotherapy for GBM (temozolomide or TMZ) were low blood platelet count, nausea, constipation, vomiting, tiredness, seizure and depression.

The most common side effects when using Optune alone for GBM were scalp irritation (redness and itchiness) and headache. Other side effects were malaise, muscle twitching, falls and skin ulcers.

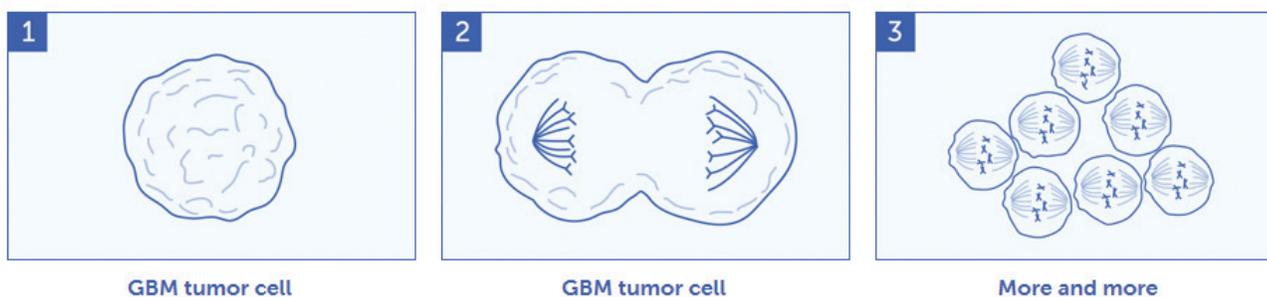
Other potential adverse effects associated with the use of Optune Lua™ include: treatment related skin irritation, allergic reaction to the plaster or to the gel, electrode overheating leading to pain and/or local skin burns, infections at sites of electrode contact with the skin, local warmth and tingling sensation beneath the electrodes, muscle twitching, medical device site reaction and skin breakdown/skin ulcer.

For more information
go to [Optune.com](https://www.optune.com)

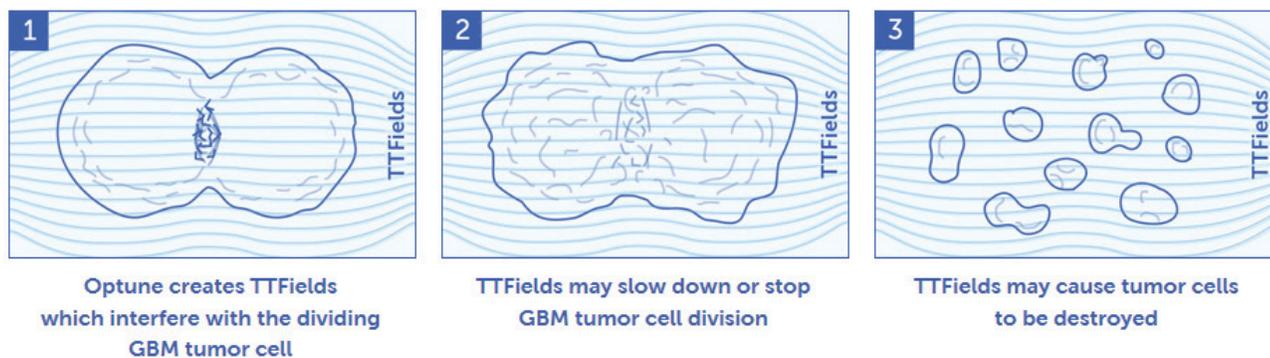


Craig is an
Optune user
and Patient
Ambassador.

HOW GBM TUMOR CELLS DIVIDE AND MULTIPLY



OPTUNE INTERFERES WITH GBM TUMOR CELL DIVISION



4 Types of Food to Support Memory

The best menu for supporting memory and brain function encourages good blood flow to the brain — much like what you'd eat to nourish and protect your heart. Research is finding the Mediterranean diet may help keep aging brains sharp, and a growing body of evidence links foods such as those in the Mediterranean diet with better cognitive function, memory and alertness.

Strengthen memory by adding these foods to the rotation:

Eat your veggies. Getting adequate vegetables, especially cruciferous ones including broccoli, cabbage and dark leafy greens, may help improve memory. Try a kale salad or substitute collard greens for a tortilla in your next sandwich wrap. Broccoli stir-fry also is an excellent option for lunch or dinner.

Be sweet on berries and cherries.

Berries — especially dark ones such as blackberries, blueberries and cherries — are a rich source of anthocyanins and other flavonoids that may support memory function. Enjoy a handful of berries for a snack, mixed into cereal or baked into an antioxidant-rich dessert. You can reap these benefits from fresh, frozen or dried berries and cherries.

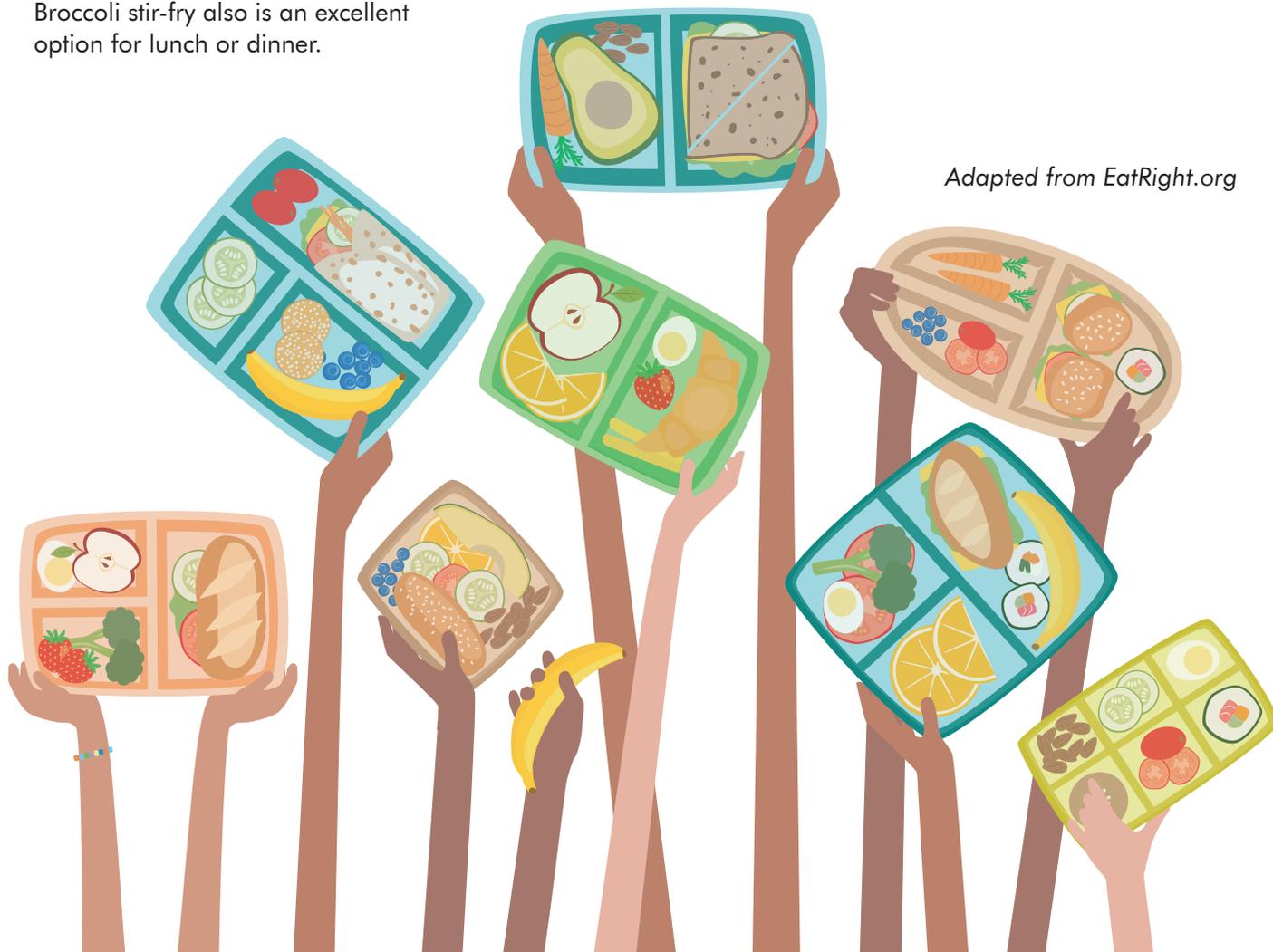
Get adequate omega-3 fatty acids.

Essential for good brain health, omega-3 fatty acids, docosahexaenoic acid, or DHA, in particular, may help improve memory. Seafood, algae and fatty fish — including salmon, bluefin tuna, sardines and herring — are

some of the best sources of the omega-3 fatty acid, DHA. Substitute fish for other meats once or twice a week to get a healthy dose. Grill, bake or broil fish for ultimate flavor and nutrition. Try salmon tacos with red cabbage slaw, snack on sardines or enjoy seared tuna on salad greens for dinner. If you don't eat fish, try flax seed, chia seed, hemp seeds, edamame or beans for a boost of vegetarian omega-3 fatty acids.

Work in walnuts. Well known for a positive impact on heart health, walnuts also may improve cognitive function. Snack on a handful of walnuts to satisfy midday hunger, add them to oatmeal or a salad for crunch or mix them into a vegetable stir-fry for extra protein.

Adapted from EatRight.org





Kale Salad with Berries and Toasted Almonds

Ingredients

- 1 large bunch kale leaves (9 cups bite-sized pieces kale leaves)
- Juice of 1 medium orange, divided
- ¼ cup plus 1 tablespoon extra-virgin olive oil, divided
- pinch of salt
- 1 tablespoon orange zest
- 2 teaspoons honey
- Freshly ground black pepper
- 1 cup sliced strawberries, blueberries, blackberries or raspberries
- ¼ cup dried cherries or raisins
- ¼ cup slivered almonds, toasted
- ¼ cup crumbled feta cheese, if desired

Directions

1 Remove and discard center ribs and stems from kale leaves. Tear kale leaves into bite-sized pieces.

2 Combine kale, half of orange juice, 1 tablespoon olive oil and salt in a large bowl. Massage kale by scrunching small amounts with

your clean hands, then releasing and repeating. With massaging, kale will soften, somewhat deepen in color and become more fragrant.

3 Make the dressing by whisking remaining orange juice, orange zest, honey and pepper in a small bowl. Gradually whisk remaining ¼ cup olive oil into the juice mixture to combine well. Set aside.

Pour the dressing over kale. Add strawberries, currants and toasted almonds. Toss gently. Let salad ingredients marinate for 15 to 20 minutes before serving. If desired, top with feta cheese.

Nutrition Information

Serves 6. Calories: 220; Calories from fat: 130; Total fat: 15g; Saturated fat: 2g; Trans fat: 0g; Cholesterol: 0mg; Sodium 120mg; Total carbohydrate: 21g; Dietary fiber: 4g; Sugars: 12g; Protein 5g

Recipes for EatRight.org

A Message to My Cancer

By Wanda Wells

You have taken so much from me, my health, my hair, my sense of well-being. You are a vicious predator that does not care who it devours. From the very young to the very old. You have no heart, no morals, no sense of enough is enough and yet you have restored my belief that there are truly wonderful people in this world. Doctors, nurses and everyone that volunteers in your office (C.R. Wood Cancer Center).

You have made me closer to my family than I've been in a long time. You have given me the knowledge that I have siblings that would do anything they could for me, that I have a husband and parents that you have put through the same pain as you have me. You have restored my belief in the Lord and the here after.

So, maybe cancer, you will win as you do so many times. You have taken so much from me, but you have also given me so much. You, cancer, are nothing more than the inevitable predator. I believe cancer will send me to meet my family and friends in heaven someday, and you, cancer, will not!

Lung Cancer Screening Guidelines Updated

On March 9th, 2021, the United States Preventive Services Task Force (USPSTF) published its final recommendation for low-dose CT lung cancer screening. This expands screening recommendations by lowering the minimum age of those who should be screened to 50 years old and lowering the smoking history to having smoked 20 packs of cigarettes per year. We commend the USPSTF for bringing life-saving screenings to more at-risk Americans. Previous guidelines were for those ages 55 to 80 who are current smokers or whom have quit within 15 years and were a 30 pack per year smoker.

In their prior recommendation, the USPSTF had a higher age threshold for screening eligibility and a higher smoking history. By lowering both criteria, screening will expand the reach to additional patients at risk for lung cancer, and could effectively save as many as 60,000 people annually, including more of the vulnerable and underserved populations within our region.

Lung cancer remains the highest among the cancer deaths annually worldwide and in the United States. Research shows that more than

131,880 Americans will die from lung cancer in 2021. However, low-dose CT screening is a life-saving benefit for early detection and treatment.

We are committed to saving lives through improved screening. Glens Falls Hospital has provided lung cancer screening services since 2015. These low-dose CT lung screenings help providers find cancers at a smaller size where they are easier to treat. Prior to these screenings, lung cancers were found at a more aggressive stage and with less opportunities for successful treatment. In 2020, Glens Falls Hospital provided lung cancer screenings to 1747 individuals and found 15 cancers. Thirteen of those cancers were found at stage 1 — the earliest stage and most likely to be curable.

To learn more about screening or to find out if you are at risk, please talk with your doctor about the 2021 USPSTF expanded preventive service and whether lung cancer screening is right for you.

Or you can call **Vickie Yattaw, RN**
OCN® at **518.926.6639**.

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 that 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)

Need screening for breast, cervical or colorectal cancer, but not insured, call the Cancer Services Program of Warren, Washington and Hamilton Counties. The CSP can cover the cost of screening and follow-up testing if you are eligible. The CSP can also help with treatment of breast, cervical, colorectal or prostate cancer through the Medicaid Cancer Treatment Program (MCTP) if you meet eligibility.

Call the CSP at **518.926.6570** to find out if you qualify. This is a NYS DOH grant-funded program held by the Glens Falls Hospital for over 27 years. Call **518.926.6570**, not insured, we can help.

Warren, Washington and Hamilton Counties

Cancer Services Program

Your partner for cancer screening, support and information



Connections Editorial Board

Andrea Chowske, RD, CD-N

Kelle Engel, RN, BSN, OCN®

Melissa Engwer, RN

MaryBeth Fitscher, Program Coordinator CSP

Nannette Oberhelman, CCRP

Beth Sponzo, RN, BS, OCN®

Suzannah Virgil, Secretary

Donna Winchell, RN, BSN, OCN®

Vickie Yattaw, RN, BSN, OCN®

Connections Quarterly is published quarterly by the Charles R. Wood Cancer Center at Glens Falls Hospital
102 Park Street
Glens Falls, NY 12801
Phone: **518.926.6640**
Fax: **518.926.6643**

If you are unable to view us on the internet and would like to receive *Connections Quarterly* at home, please call, write or email the editor:

C.R. Wood Cancer Center
Glens Falls Hospital
Glens Falls, NY 12801
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 triage number 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 also called. Please try to speak clearly (without rushing) giving the following information in the message to help the nurse 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
- Your phone number (or where the nurse can best get back to you)
- The reason why you are calling

If you are calling for a medication refill, please also 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 medications 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 lunch time, so it may be a few hours before they get back to you. When you call, you can let us know if it is okay for them to leave a message with the results on your answering machine.

If you call after hours and need a response, (evenings, nights or weekends) please tell the answering service to page the 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 with 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 call-back 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.