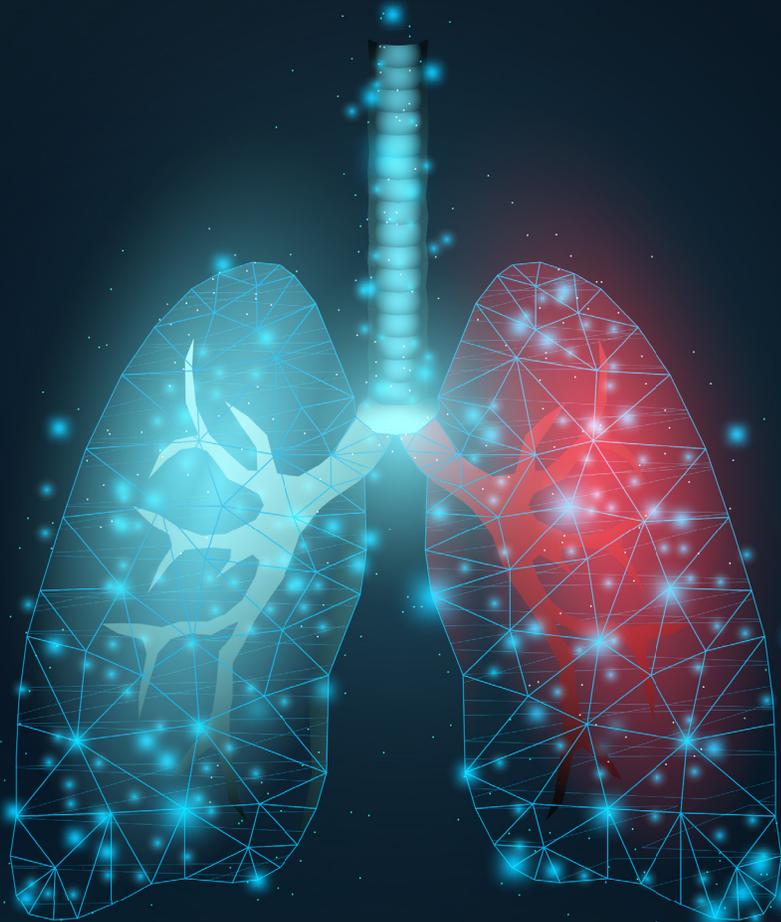


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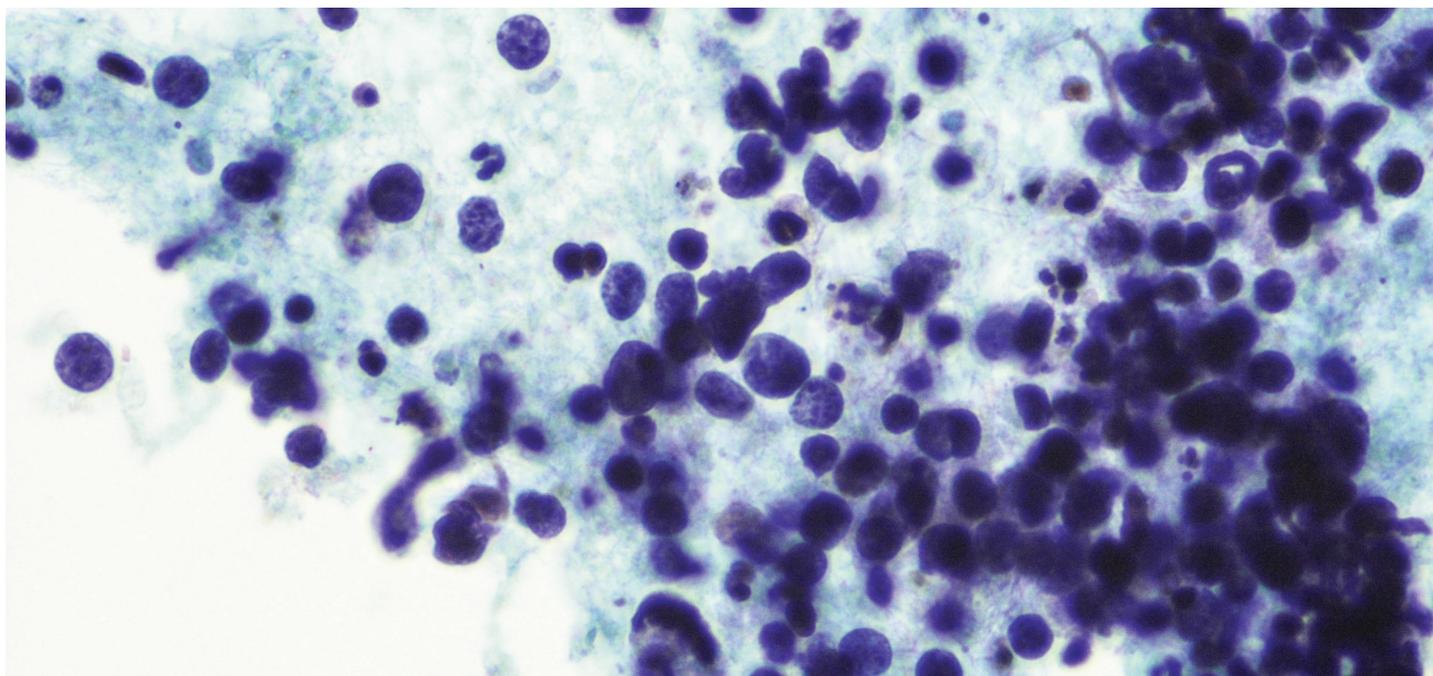
November is **LUNG CANCER AWARENESS MONTH**



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



NIH Study Illuminates Origins of Lung Cancer in Never Smokers

Released by the NIH on Monday, September 6th, 2021

A genomic analysis of lung cancer in people with no history of smoking has found that a majority of these tumors arise from the accumulation of mutations caused by natural processes in the body. This study was conducted by an international team led by researchers at the National Cancer Institute (NCI), part of the National Institutes of Health (NIH), and describes for the first time three molecular subtypes of lung cancer in people who have never smoked.

These insights will help unlock the mystery of how lung cancer arises in people who have no history of smoking and may guide the development of more precise clinical treatments. The findings were published September 6th, 2021, in *Nature Genetics*.

“What we’re seeing is that there are different subtypes of lung cancer in never smokers that have distinct molecular characteristics and evolutionary processes,” said epidemiologist **Maria Teresa Landi, MD, PhD**, of the Integrative Tumor Epidemiology Branch in NCI’s Division of Cancer Epidemiology and Genetics, who led the study, which was done in collaboration with researchers at the National Institute of Environmental Health Sciences, another part of NIH, and other institutions. “In the future we may be able to have different treatments based on these subtypes.”

Lung cancer is the leading cause of cancer-related deaths worldwide. Every year, more than two million people around the world are diagnosed with the disease. Most people who develop lung cancer have a history of tobacco smoking, but 10% to 20% of people who develop lung cancer have never smoked. Lung cancer in never smokers occurs more frequently in women and at an earlier age than lung cancer in smokers.

Environmental risk factors, such as exposure to secondhand tobacco smoke, radon, air pollution and asbestos, or having had previous lung diseases, may explain some lung cancers among never smokers, but scientists still don’t know what causes the majority of these cancers.

In this large epidemiologic study, the researchers used whole-genome sequencing (WGS) to characterize the genomic changes in tumor tissue and matched normal tissue from 232 never smokers, predominantly of European descent, who had been diagnosed with non-small cell lung cancer. The tumors included 189 adenocarcinomas (the most common type of lung cancer), 36 carcinoids and seven other tumors of various types. The patients had not yet undergone treatment for their cancer.

The researchers combed the tumor genomes for mutational signatures, which are patterns of mutations associated with specific mutational processes, such as damage from natural activities in the body (for example, faulty DNA repair or oxidative stress) or from exposure to carcinogens. Mutational signatures act like a tumor's archive of activities that led up to the accumulation of mutations, providing clues into what caused the cancer to develop. A catalogue of known mutational signatures now exists, although some signatures have no known cause. In this study, the researchers discovered that a majority of the tumor genomes of never smokers bore mutational signatures associated with damage from endogenous processes, that is, natural processes that happen inside the body.

As expected, because the study was limited to never smokers, the researchers did not find any mutational signatures that have previously been associated with direct exposure to tobacco smoking. Nor did they find those signatures among the 62 patients who had been exposed to secondhand tobacco smoke. However, Dr. Landi cautioned that the sample size was small and the level of exposure highly variable.

"We need a larger sample size with detailed information on exposure to really study the impact of secondhand tobacco smoking on the development of lung cancer in never smokers," Dr. Landi said.

The genomic analyses also revealed three novel subtypes of lung cancer in never smokers, to which the researchers assigned musical names based on the level of "noise," that is, the number of genomic changes in the tumors. The predominant "piano" subtype had the fewest mutations; it appeared to be associated with the activation of progenitor cells, which are involved in the creation of new cells. This subtype of tumor grows extremely slowly, over many years, and is difficult to treat because it can have many different driver mutations. The "mezzo-forte" subtype had specific chromosomal changes as well as mutations in the growth factor receptor gene EGFR, which is commonly altered in lung cancer, and exhibited faster tumor growth. The "forte" subtype exhibited whole-genome doubling (WGD), a genomic change that is often seen in lung cancers in smokers. This subtype of tumor also grows quickly.

"We're starting to distinguish subtypes that could potentially have different approaches for prevention



Illustration of lungs made up of DNA sequences. A magnifying glass hovers over a portion of a DNA sequence showing a mutational change. National Cancer Institute

and treatment," said Dr. Landi. For example, the slow-growing piano subtype could give clinicians a window of opportunity to detect these tumors earlier when they are less difficult to treat. In contrast, the mezzo-forte and forte subtypes have only a few major driver mutations, suggesting that these tumors could be identified by a single biopsy and could benefit from targeted treatments, she said.

A future direction of this research will be to study people of different ethnic backgrounds and geographic locations, and whose exposure history to lung cancer risk factors is well described.

"We're at the beginning of understanding how these tumors evolve," Dr. Landi said. This analysis shows that there is heterogeneity, or diversity, in lung cancers in never smokers."

Stephen J. Chanock, MD, Director of NCI's Division of Cancer Epidemiology and Genetics, noted, "We expect this detective-style investigation of genomic tumor characteristics to unlock new avenues of discovery for multiple cancer types."

The study was conducted by the Intramural Research Program of NCI and National Institute of Environmental Health Sciences.



Gas Card Donation

The CR Wood Cancer Center recently received a donation of \$300 in fuel-only gas cards from **Christopher Mason Jr.** Christopher is the son of **Dr. Christopher Mason**, medical oncologist at the C.R. Wood Cancer Center. Christopher recently turn five years old and for his birthday friends and family were asked to donate fuel-only cards instead of gifts this year. Christopher was more than happy to hand over the cards to us to help the patients going through treatment. Great Job Christopher—thanks from all of us here at the C.R. Wood Cancer Center!

Randy’s Patient Assistance Program is completely supported by community donations and 100% of the donations are utilized to help cover medication and physician copayments, gas cards and other cancer-related expenses as needed.

In 2020, the C.R. Wood Cancer Center received over \$55,758 in community donations.

Thank you to the many organizations and groups who have supported this fund!

2020	DOLLARS SPENT
Copayments	\$31,182
Gas Cards	\$23,750
Other Medical Expenses	\$826



Fighting Against Breast Cancer



In March 2019, I was getting ready to go on vacation with my family and I noticed a lump in my left breast. I decided to see if it would go away, and if it didn't I would go to the doctor when I returned from vacation. It didn't go away. I went to the doctor and explained my concern with the lump. They said they didn't feel like it was anything to be worried about but I could go have a mammogram and an ultrasound just to be sure. So I went to the Breast Center at Glens Falls Hospital, where Michelle took good care of me.

What was supposed to be a couple pictures turned into multiple pictures, and the ultrasound showed something in a lymph node. Fast forward a little less than a month and a breast MRI, an appointment with a surgeon and four breast biopsies later, I found myself in **Dr. Gaiotti-Grubbs'** office with my family and Nurse Navigator **Lisa Haase** hearing those dreaded words—breast cancer. On May 24th, 2019, I was diagnosed with Stage 3A breast cancer. This was not supposed to be happening. I was only 36 years old, my daughter was 18 months old and my husband and I were planning on having another child. I was in shock and

denial, and that quickly turned to grief. My life as I knew it was over.

On June 19th, 2019, I had a bilateral mastectomy. While recovering from surgery, I began to take fertility drugs in order to preserve some of my eggs in case I wanted to have another child in the future—but because of the kind of breast cancer I had, I would not be able to carry another baby safely. On July 27th, 2019, I had 17 eggs removed, and 8 became embryos. On July 29th, I began chemotherapy. After chemo, I then went on to have radiation treatment in January 2020. Luckily, I was finished with radiation right before COVID-19. I continued with chemo every three weeks until September, 2020. My last two scans have been cancer-free!



My treatment experience at the C.R. Wood Cancer Center has been incredible. From top to bottom, I have not encountered one person who wasn't nice or supportive. From **Alex** and **Beth** in the chemo clinic, to **Jeff** in radiation, to **Ariel** in the lab and **Heather** at reception, everyone is wonderful. I had an allergic reaction to one of the chemo treatments the first time it was administered, and at one point I think all the nurses in the clinic were in my room. I felt so cared for and safe in a scary moment. After I finished with treatment, I came

back to the center for some much needed counseling with **Kate Lail**. She was able to meet me where I was at, and provided a lot of insight into the last two years of my life. What some people don't realize is that cancer not only takes a toll on your body, but also on your mind.

I also have huge respect for the nurse navigators that work in the C.R. Wood Cancer Center. **Lisa Haase** has been with me since I was diagnosed. She came to my first treatments, answered hundreds of questions both by email and phone, helped me with all the paperwork I needed completed for work and other things and has been a huge support to me throughout. I know all the nurse navigators do that for their patients at the Center, and all cancer patients at the C.R. Wood Cancer Center are lucky to have them on board.

As a cancer survivor, I plan on still taking part in a number of things provided by the Cancer Center. I am going on a retreat in September for survivors, and I will continue to engage in counseling as needed. I plan to live everyday to the fullest with my family, and be as happy and healthy as possible. But I wouldn't be where I am today without the amazing support and expertise of those at the C.R. Wood Cancer Center.

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My treatment experience at the C.R. Wood Cancer Center has been incredible.



Right Place, at the Right Time

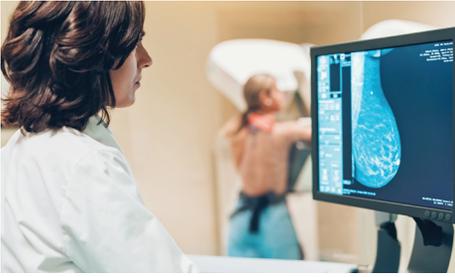
My name is Lorraine, and I am a 53-year-old cancer survivor.

When I was a child, I was diagnosed with a neuroblastoma. My tumor was located near my spine under my shoulder blade. My parents had just moved from Albuquerque, New Mexico to Dallas-Fort Worth Texas area. My Dad's job had just promoted him so off we went. At the time, it was me, my older brother and another brother on the way! Not long after we had gotten there my mother said that I had developed a cough, slight temperature and I was not sleeping well. So, it was time to meet the new pediatrician.

My Mom said he was great and was listening to my lungs when he did not like how it sounded so he felt it was necessary to get an x-ray and run some blood work. He wanted to ensure that I had not had the start of pneumonia. They found a large mass growing on the left side in my back. I was 2 ½ years old.

I said right place, at the right time for a big reason. MD Anderson Children's Cancer Hospital happened to be in the town next to where we had just moved. They were one

of the few hospitals researching and treating childhood cancers. Yup, they performed the surgery to remove the tumor which had started to grow fingers around my spine. I recovered quickly from the surgery and began a regiment of radiation to my back area. In the 70s they knew that radiation had good results, but they also knew it had long-term side effects. I also began a regiment of chemotherapy. It saved my life. I was a survivor!



Flash Forward 30+ Years

I was 36 years old when I discovered a lump in my left breast. At this point in my life, I had already had two different scares with possible cancer in my thyroid. Both times it was all negative. But throughout my life I have always been advised to be vigilant with making sure I was getting annual checkups. The lump was something I had felt and discussed with my gynecologist. I had really thought that it wasn't anything because I had started to do a regular workout regiment and was starting to increase muscle mass. So, it was decided to be something that I needed to watch and was to go back should I felt anything different or if it seemed like it was getting larger.

Over the next few months, I had started to become very fatigued. It was becoming problematic and so I decided to get it checked out. My insurance coverage had changed to a different company and my current doctors were no longer in network. So, I set out to get a new primary doctor. She was wonderful. She listened to my concerns and began the diagnostic process. It was during that time that she believed that I had high blood pressure and that it could be the reason for my fatigue. So, I started on blood pressure medication. Then my blood work revealed that my white count was high. I was having sinus issues, so she had believed that maybe I had a sinus infection, so I was on a regiment of antibiotics.

After another few months I was still not feeling good. I went back and she repeated my blood work. My white count was still high. She was not sure why I was fatigued and wanted me to see a hematologist. So, her office made an appointment on my behalf. It was not going to be for another month or so before I was able to be seen. During my wait I started to really think about the lump in my breast. Could my body be telling me something? I just wasn't sure. I did think it had gotten a little larger, but you know how your mind can get the best of you, so I wasn't sure. I was in a situation that I could not go back to my current doctor because my insurance would not cover it. I needed to find another doctor. So, I made an appointment. I took the first appointment that I could get and had explained that I felt that I may have a malignant lump in my breast. I needed a doctor to give me a referral for a mammogram.

When I met with the doctor, we had discussed why I was there before my examination. He pretty much told me that I should not be concerned and that he did not think I needed to get a mammogram because I was too young. He said that it was most likely a cyst. I told him that he didn't even know my history, and that it was his opinion. I told him that if he wasn't going to take my concerns seriously then I would find a doctor that would. I explained that the only reason I was seeing him was because my insurance had changed and that I would not have been covered for anything I needed done if I went out of network. Finally, he listened to my history and did an exam. After we met back in his office. He apologized and said that he did think that under the circumstance that I should have a mammogram. Problem was that he knows that

appointments were not quickly available. He said he was going to see if he could get me in sooner. He made a few phone calls. Asked what my availability was, and I said whenever he could get me an appointment, I would be there. I got in the next morning at 7:00am. It was by 8:00am that morning I knew that my fear was realized. The radiology team was all in a huddle and then more images were done and then they called me in. They did not know how to say it, so I said if for them—"I know it's a tumor".

They confirmed and immediately started getting me set up with the next step in the diagnostic process. I met a surgeon that had been around for years! He was a nice guy, but his assistant was the one who ran the process! She was wonderful! My husband was going to go with me, but I told him there was no reason. We already knew what he was going to say. But after my exam and after he reviewed my films and I sat in his office, he said "Yup! Its cancer," I burst into tears. He and his assistant said that they thought I already knew and immediately comforted me. I then told them I knew but no one had used the "C" word. I then laughed and we began to talk some more. It was at that point I realized I didn't hear anything else we had discussed. Marcy picked up on this and immediately said to the doctor that I should make a follow-up appointment to discuss details the following week. She knew that

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This is when I knew I had the start of a good team.

I needed my husband to be with me. This is when I knew I had the start of a good team. A team that took me through all their concerns because of my past radiation and chemo history. A team that included a hematologist who I had an appointment with the following day for something that wasn't the reason for seeing him but became the focus. I felt truly fortunate because he was a hematologist/oncologist and became the next member of my team in my battle to beat this.

Surgery time was here. It was just about one month from my diagnosis to the operating room. I had an experienced surgeon and the top TRAM flap reconstruction plastic surgeon in the region. All did not know what to expect because of the issue of radiated muscle and skin. It would be a surgery that would be adjusted as needed based on what they saw as they took the tumor and the lit up lymph nodes. I would not know what the outcome would be until I woke up. It was a HER2-Negative tumor Stage 2. I knew that I would only have chemo as my treatment since my team felt radiation would be a big no. They wanted to go aggressive so my treatments would be dose dense. Every other week I would have my infusion. It was then determined that I would need a port because now I would only have one arm for access. The port became infected after one use. This created a very painful opening in my chest where the port had to be taken out. They could not close it up for fear of further infection and issues with healing. This meant another thing to tend to and one arm to get me through my chemo treatments. I made it. I am a cancer survivor!

Team—that's how the battle is won.

My journey is not any different from so many others before me and even now. I have known many wonderful people that I loved very much who fought as hard as they could with all their strength until they could not anymore. I carry them in my heart and think of them every day. They are my warriors, my angels. I have had people say that it's not fair or don't I feel angry that I got cancer twice. I can say that I truly never felt that way. I may have been sad because I did not know how things would turn out or upset because I had this and my husband had to take care of me and do more, but in the end I learned I had wonderful friends, a caring family and a loving husband who did everything he could to help me heal.

My team—the doctors and nurses that I have met throughout the years are such special people. My team. There are just no words! Your battles are their battles. The treatments and side effect fixes are all because of that warrior patient who came before you. Survivors are ones that help to teach the doctors and nurses about what works and what doesn't. Lucky for me it all worked! It takes a team, and I am so thankful for every day that my team cheered me on!

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The doctors and nurses that I have met throughout the years are such special people.



What is a Biosimilar?

Beth Sponzo, RN, OCN

A biosimilar drug is a one that is alike in structure and function of a biologic drug. A biologic drug, or biologic, is a drug made from proteins or pieces of proteins (either natural or artificial). Unlike other drugs, biologic drugs must be made in a living system, such as yeast, bacteria or animal cells. Immunotherapy and targeted therapy drugs are examples of biologic drugs used in treatment of cancer, chronic kidney disease, diabetes, cystic fibrosis and autoimmune disorders.

You've probably heard about generic drugs. A generic drug is a copy of a brand name drug. Generic drugs work the same way and can be used in the same ways as their brand name drugs. A generic drug is an equal substitute for its brand name drug.

A biosimilar drug is a little like a generic version of a biologic drug, but there are important differences. For example, unlike a generic drug, a biosimilar is not an exact copy of its brand name drug.

The FDA often needs more information from studies comparing a biosimilar to its original biologic than it needs from studies done on a generic drug. This is because a biosimilar comes from a natural source and cannot be made as an exact copy of its brand name drug.

Once approved, a biosimilar must have special approval to be considered interchangeable with its brand name biologic drug, while a generic drug can be automatically substituted for its brand name drug.

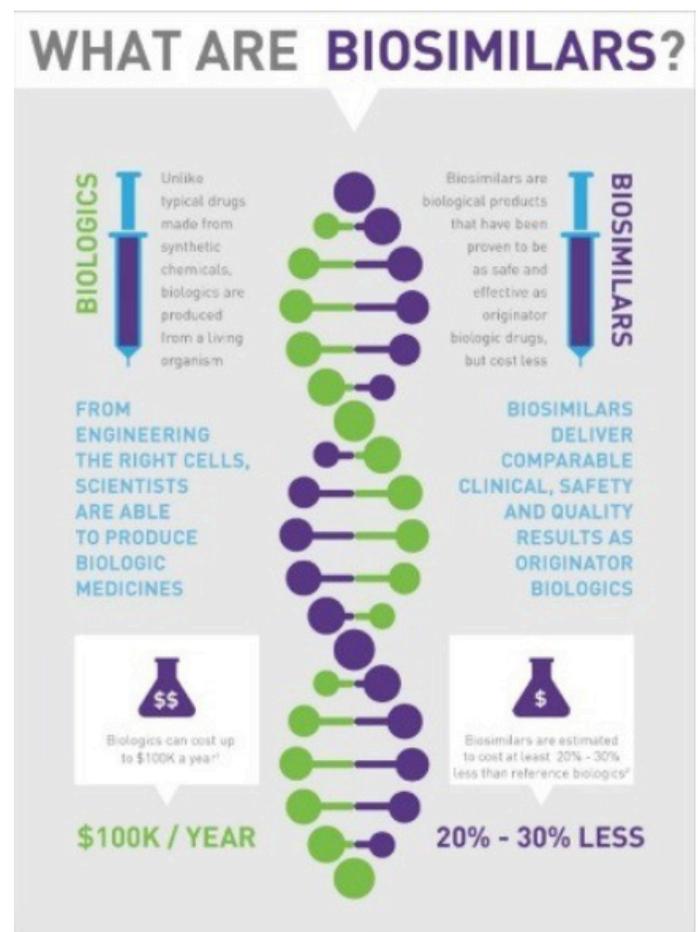
A biosimilar drug is tested in clinical trials to make sure it is safe to use in people. If a biosimilar drug is approved by the FDA, this means it has met strict standards for being safe.

Why are we using these biosimilars here in the Cancer Center? The reason is because the cost of biologics are

high and the biosimilar drugs offer the same benefits at a lower cost, much like a generic drug. As with generics, biosimilar cost savings for healthcare systems and the consumer are expected to be significant.

If you have any questions feel free to ask your oncologist or nurse.

For more information: <https://www.fda.gov/drugs/biosimilars/biosimilar-product-information>



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 *Preregistration Required*

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 *Preregistration Required*

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 *Preregistration Required*

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 Survivor Luncheon

Preregistration Required

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

Survivor Breakfast *Preregistration Required*

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

Summer Picnic *Preregistration Required*

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 of 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 of 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: 1st Wednesday of each 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 of 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 of 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 of 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

Prevention and Screening Programs

Early detection and prevention programs are essential to finding cancers early when they are still very curable. Many screening services were placed on hold during the pandemic, but once restrictions were lifted the Glens Falls Hospital was able to schedule much needed screenings and other programs. Below are the outcomes from the various screening services and programs that took place at Glens Falls Hospital in 2020.

CANCER SERVICES PROGRAM

Breast Cancer Screening (Total 110)

Screening Mammography Results	2020	Normal	Follow-up needed
CBE Performed	50	43	7
Mammogram	90	71	19
Diagnostic Mammogram	9	5	4
Cancers Diagnosed	5	3 <i>invasive</i>	2 <i>non-invasive</i>

Cervical Cancer Screening (Total 31)

Pap Smear results

Normal/Negative	23
Follow-up needed	8

Colorectal Screening (Total 64)

FIT/FOBT kit	53
Colonoscopies	14
Results colonoscopy	
Negative	7
Diverticula	0
Polyps	7
Cancer	0

LUNG CANCER SCREENING 2020

High Risk Population Age 50-80

In March of 2021 the USPTF expanded the criteria for lung cancer screening. Increasing the age range to 50-80 years of age and a 20+ pack year smoking history.

Lung Cancer Screening

	2019	2020
Low Dose CT Scans	1707	1747
Abnormal findings	86	90
Cancers found	17	15

SKIN CANCER SCREENING SEPTEMBER 2020

Skin cancer is the most common form of cancer. In September of 2020, Glens Falls area dermatologists, along with medical and radiation oncologists, PAs, general practitioners and nurses volunteered their time to screen adults and children in the C.R. Wood Cancer Center. We limited the number of participants to meet pandemic restriction guidelines.

Skin Cancer Screening

	2019	2020
# People Screened	151	79
Presumed basal or squamous cell cancers	16	6
Presumed melanoma	5	2

CANCER PREVENTION IN ACTION

One in five Americans will be diagnosed with skin cancer at some point within their lifetime, making it the most commonly diagnosed cancer in the United States. Nearly 500 New Yorkers die every year from melanoma, which is the deadliest form of skin cancer. The treatment of skin cancer is estimated to cost the United States \$8.1 billion dollars each year. The burden of skin cancer has been increasing over the last several decades and the Health Promotion Center is seeking your help to address this issue.

The Health Promotion Center at Glens Falls Hospital was recently awarded a grant named Cancer Prevention in Action that seeks partnerships with local community-based organizations in Warren, Washington and Saratoga Counties. These organizations can vary, such as childcare centers, schools, outdoor recreation sites and outdoor worksites looking to take action against cancer by increasing awareness of skin cancer.

Through this grant, the Health Promotion Center is looking to promote policy, system and environmental changes within these organizations to promote sunscreen usage, education and communication about the effects of UV exposure, the promotion and provision of shade and wearing protective clothing such as wide-brimmed hats, sunglasses, long sleeved shirts and pants.

Through policies and provision of resources to these sites, Cancer Prevention in Action seeks to make the healthy choice the default choice. Signage about the burden of skin cancer, sunscreen



Leave the
color changing
to the trees.

*Sun
Safely*

GET THE FACTS. REDUCE THE RISK. SPREAD THE WORD.
visit: TakeActionAgainstCancer.com

CANCER PREVENTION IN ACTION | NEW YORK

dispensers and shade structures are just a few of the resources that may be provided to promote sun safety in key areas within the community.

Cancer Prevention in Action is looking to take action against cancer through educating its communities about methods they can use to lower their risk of future preventable cancers, such as skin cancer. This project is supported with funds from Health Research, Inc. and New York State.

If you know of an organization that would be interested in partnering with the Health Promotion Center on Cancer Prevention in Action, or would like to learn more, contact **Rachel Yattaw** at ryattaw@glensfallshosp.org or at **518.926.5905**.



Glens Falls Hospital Receives Magnet Designation—We Are Magnet!

The nurses of Glens Falls Hospital have been on the journey to Magnet® Recognition since 2013. During that time, our nurses have been committed to shared governance, evidence-based practice, nursing research and patient-centered care. Our Magnet Program Director and her team wrote a 700+ page document that chronicled countless examples of exemplary patient outcomes and elevated nursing practice.

On July 15th, 2020, **Laura Pfeifer, MS, RN, CGRN, NEA-BC**, Director of Nursing Excellence and Magnet, with **Dianne Shugrue, President and CEO** and **Donna Kirker, MS, RN, NEA-BC**, Vice President of Patient Services and Chief Nursing Officer looking on, hit the send button and submitted our document to the American Nurses Credentialing Center (ANCC) for review. After four months in review, the ANCC notified Laura and Donna in December that our document was scored at the level of ‘excellence’ and our organization was progressing directly to site visit without the need for additional documentation or data to be sent. This is a huge achievement and a high honor for a first-time applicant organization.

The nurses have since completed the three-day virtual site visit that took place in February 2021. The site visit was an in-depth visit to verify, clarify and amplify the examples of excellence in our document.

On April 27th, 2021 in a live video call, the Commission on Magnet Recognition notified Glens Falls Hospital that they were officially designated a Magnet organization and that seven of our document’s sources of evidence were identified as industry exemplars. The nurses of the C.R. Wood Cancer Center shared their expertise and excellent patient-focused care by providing many articles for inclusion in the 700+ page magnet document.

Those included:



“Head & Neck Committee Improves Patient Satisfaction” by **Vickie Yattaw, BSN, RN, OCN**; **Lisa Haase, BSN, RN, OCN** and **Barbara Moehring, RN, OCN**



“Clinical Nurses Revise Outpatient Chemotherapy Protocols” by **Julia Leonard, BSN, RN, OCN** and **Beth Sponzo, BSN, RN, OCN**

To view our Welcome Magnet video please go to
GlensFallsHospital.org/General/Welcome-Magnet/





Cindy & Skeets Cancer Day Golf Tournament raises \$114,000 for the C.R. Wood Cancer Center

Since 2009, the Glens Falls Hospital Foundation has been organizing the annual Cindy & Skeets Cancer Day Golf Tournament. This tournament's focus is to provide financial support of programs that are offered to patients of the C.R. Wood Cancer Center. Some of these programs include the Spa services (massage and Reiki at the center, Uniquely You Boutique offering free wigs and head coverings to patients. As well as biannual Women's retreat held at Silver Bay YMCA Resort and Conference Center, annual Women's Breast Cancer Survivor Luncheon, annual Cancer Survivor Breakfast and annual Cancer Survivor Picnic. The golf tournament also helps support the Randy's Patient Assistance Fund that offers financial assistance to patients with a diagnosis of cancer cover some copayments for treatment, medication and other medical appointments. This fund also help supply gas cards and transportation assistance.



If you would like more information about any of the above services, please contact **Vickie Yattaw, RN, OCN** at **518.926.6639**.

WHAT'S NEW IN CLINICAL RESEARCH AT GLENS FALLS HOSPITAL?

The month of October is Breast 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. Darci Gaiotti-Grubbs**, medical oncologist and principal investigator. By the time you read this article, this treatment opportunity may not apply to you, but perhaps you will know someone who can benefit from this information in the future.

SCREENING FOR THIS STUDY

For patients with small tumors this study has a central testing step. The purpose of this step is to test your tumor to find out if it has a group of cancer related genes which result in an Oncotype DX Breast Recurrence score. If you meet all the study requirements, you may join the study and your tumor will be sent for central testing. If we find that your tumor does not have an Oncotype DX Breast Recurrence Score equal to or less than 18, that is needed for this study, then your doctor will discuss other options for your care.

This study has 2 study groups.

GROUP 1

If you are in this group, you will get the usual treatment used to treat this type of cancer after lumpectomy, breast radiation therapy and hormonal therapy. Radiation therapy treats only the breast that had lumpectomy. Radiation therapy treatments may be given daily, twice daily or every other day, for one to five weeks, depending on the type of radiation therapy that your study doctor chooses. You will take a hormonal drug by mouth every day starting before, during, or after completing radiation therapy as determined by your study doctor. You will continue to receive the hormonal therapy daily for at least 5 years unless you develop an allergy or severe side effects to the drug, or your breast cancer returns.

There will be about 835 people in this group.

BR007/The DEBRA Trial—A Phase III Clinical Trial Evaluating DE-escalation of Breast Radiation (DEBRA) for Conservative Treatment of Stage I, Hormone Sensitive, HER2-Negative, Oncotype Recurrence Score \leq 18 Breast Cancer (or simply put, testing the usual treatment of radiation therapy and hormonal therapy to hormonal therapy alone for low-risk, early stage breast cancer).

GROUP 2

If you are in this group, you will receive only hormonal therapy after lumpectomy. You will take a hormonal drug by mouth every day as determined by your study doctor. You will continue to receive the hormonal therapy daily for at least five years unless you develop an allergy or severe side effects to the drug, or your breast cancer returns.

There will be about 835 people in this group.



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

Another way to find out what will happen to you during this study is to read the chart below. Start reading from the top and read to the bottom, following the lines and arrows.

**YOU ARE ELIGIBLE & AGREE TO TAKE PART IN THIS
STUDY AND SIGN AN INFORMED CONSENT**



STUDY ENTRY:

You do not have an Oncotype DX Breast Recurrence Score test. Your tissue sample will be sent to Genomic Health for testing. If your tumor has an Oncotype DX Breast Recurrence Score equal to or less than 18, you will proceed to randomization. If your Oncotype DX Breast Recurrence Score is greater than 18, you will not continue on the study. Your doctor will discuss other choices with you.



GROUP 1:

Hormonal therapy + Radiation therapy



GROUP 2:

Hormonal therapy only

Cancer Services Program of Warren, Washington & Hamilton Counties

The Cancer Services Program (CSP) is a grant-funded program held by Glens Falls Hospital for over 29 years. The program provides free colorectal, breast and cervical screenings to individuals that have no insurance or are underinsured. The process is simple, all an individual would have to do to enroll in the program is call us at **518.926.6570**.

One of the main questions we receive is what happens if they “find something” or a test is positive. The CSP can follow through with an individual if they need further testing/diagnostics with no cost to the individual. We have a Case Manager that helps anyone in the program that needs further testing. Below is more information about our Case Manager.

Case Management:

If a screening test finds anything abnormal the CSP will cover additional testing, called diagnostic tests. These tests can tell if something is, or is not, cancer. When diagnostic tests are required, our Case Manager will help with scheduling the additional testing. Case Managers also make sure that each patient has support that is needed to overcome any barriers to making it to these appointments.

If breast, cervical or colon cancer is found, the CSP helps men and women who meet the program guidelines enroll in the New York State Medicaid Cancer Treatment Program (MCTP). The MCTP provides full Medicaid insurance for the entire time a person is treated for cancer.

Education is also critical to the prevention and early detection of many forms of cancer. CSP is focused on spreading awareness and educating on the importance of these lifesaving screenings through our Outreach Program. This includes information on how cervical and colorectal cancer can be prevented. This fall you can find us at events including local area farmer’s markets.

Another area that CSP helps with is Patient Navigation. Below is a brief description of our Patient Navigation program.

Patient Navigation:

A Patient Navigator for the Cancer Services Program at Glens Falls Hospital works directly with Glens Falls medical group providers, Centralized Support and patients to increase critical cancer screening in Hamilton, Warren and Washington Counties.

Patients who are established with primary care providers of Glens Falls Hospital are screened for any overdue health maintenance services like breast and colorectal screenings. If someone is overdue they will receive a letter from their provider, then have a follow-up phone call by the Patient Navigator to assess the need and desire for screening, educate the patient on the benefits of regular breast, cervical and colorectal cancer screening; as well as help patients overcome common barriers like lack of transportation, housing and childcare.

Helping patients overcome these barriers is vital, not only in ensuring that they access their cancer screening appointments but also in improving patients’ overall health and quality of life.

If you would like more information regarding the Cancer Services Program, or would like to have them come speak to your group or organization, please call them at **518.926.6570**



BREAST	NO INSURANCE?
CERVICAL	NO PROBLEM!
COLORECTAL	518-926-6570

**FREE
CANCER
SCREENINGS**

Warren, Washington and Hamilton Counties
Cancer Services Program
Your partner for cancer screening, support and information

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

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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:

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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.