

Connections Quarterly

FALL 2018 ISSUE 67



Glens Falls Hospital
C.R. WOOD CANCER CENTER



SEPTEMBER 2018



Quarterly Content

Featured Story:	
The Breast Imaging Center of Excellence	2-3
Pharmacy Corner	4
Food for Thought	5
Survivor Stories	6-8
Support Services and Programs	9-10
Visitor Management Policy	11
ABC Clinical Trial	12
Upcoming Events	13
Clinical Research, Cancer Services Programs, Connection Editorial Board	14
When To Call Us	15

For more information
about the Connections
Newsletter or the C.R. Wood
Cancer Center please call
518.926.6640

Breast Imaging Center of Excellence

The Breast Center at Glens Falls Hospital has been designated a Breast Imaging Center of Excellence by the American College of Radiology. The Imaging Center of Excellence designation affirms that The Breast Center has earned ACR accreditation in mammography, stereotactic breast biopsy, breast ultrasound, ultrasound guided breast biopsy, and breast MRI. We voluntarily participated in this rigorous review process to assure that we meet nationally accepted standards. We are committed to providing patient-centered care that includes a focus on individual needs. The Breast Center offers state-of-the-art technology such as 3D mammography with 3D biopsy capabilities. Our radiologists and technologists specialize in high-quality breast imaging that leads to excellent patient care. We are also staffed with breast care nurses that are here to provide support, education, and coordination of future care for all patients.

This designation as a Breast Imaging Center of Excellence is a tribute to our outstanding staff, who continue to maintain high standards, combined with a caring, personal and compassionate approach towards your patients' needs.

The Breast Center at Glens Falls Hospital has been the leader in breast cancer screening since the first mammography machine in 1972. The Breast Center has prided itself on employing Certified Mammography technicians, nurses and radiologists since its inception.

To schedule an appointment for the Breast Center call **518.926.5333**



Research Team Identifies Genes That Increase Risk for Triple-Negative Breast Cancer

A research team led by Fergus Couch, Ph.D., a geneticist at the Mayo Clinic, has identified specific genes associated with an increased risk for developing triple-negative breast cancer. Their research was published in the *Journal of the National Cancer Institute*.

"Triple-negative breast cancer is an aggressive type of cancer that cannot be treated using targeted therapies," says Couch. "It accounts for 15 percent of breast cancer in the Caucasian population and 35 percent in the African-American population. It is also associated with a high risk of recurrence and a poor five-year survival rate. Our findings provide the basis for better risk management."

Couch says germline genetic testing, which evaluates inherited genetic changes that increase the risk of certain cancers in an individual, has helped identify women at increased risk of breast cancer. However, he says it has been more difficult to identify women at elevated risk of triple-negative breast cancer because only inherited mutations in BRCA1 have been linked to this subtype of breast cancer.

Couch and his colleagues performed genetic testing on 10,901 patients with triple-negative breast cancer from two studies. They tested 21 cancer predisposition genes in 8,753 patients and 17 genes in the remaining 2,148 patients. They found that alterations in BARD1, BRCA1, BRCA2, PALB2 and RAD51D genes were associated with a high risk for triple-negative breast cancer and a greater than 20 percent lifetime risk for overall breast cancer among Caucasians. They observed a similar trend among African Americans. In addition, mutations in the BRIP1 and RAD51C genes were linked to a more moderate risk of triple-negative breast cancer.



The Online Magazine of



Issue: September 2018

"This study is the first to establish which genes are associated with high lifetime risks of triple-negative breast cancer," says Couch. "While previous studies have found genetic variants in BARD1, BRIP1, PALB2 and RAD51C triple-negative breast cancer patients, the current study shows this in more detail, and identifies new specific and strong associations between the susceptibility genes RAD51D and BARD1 and triple-negative breast cancer risk."

Couch says these findings will enable expanded genetic testing to identify women at risk for triple-negative breast cancer and may potentially lead to better prevention strategies.

Couch says the new findings may also lead to revisions to the National Comprehensive Cancer Network screening guidelines, which currently recommend only BRCA testing when a patient has a family history of breast cancer or is diagnosed at age 60 or younger.

Sources

Journal of the National Cancer Institute, August 7, 2018
Mayo Clinic (<http://www.mayoclinic.org>)

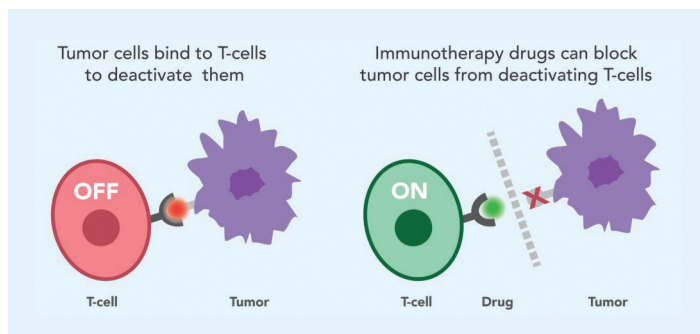
Imfinzi

John Adamchick, PharmD

Imfinzi (durvalumab) is a recently approved medication that can be used to treat a certain type of bladder and urinary tract cancer called urothelial carcinoma, or a certain type of lung cancer called non-small cell lung cancer (NSCLC). Imfinzi can be used in urothelial carcinoma if it has spread to other parts of the body or cannot be removed by surgery AND chemotherapy has been tried and has not worked or has stopped working. Imfinzi can be used for NSCLC if the lung cancer has spread outside the chest, cannot be removed by surgery AND it has responded to initial treatment with chemotherapy that has been given along with radiation therapy. It is administered into a vein by an intravenous (IV) line as an infusion over 60 minutes, usually given every 2 weeks.

Imfinzi is a member of a class of drugs called immune checkpoint inhibitors. These drugs work to help the immune system fight and destroy cancer cells. Specifically, Imfinzi works by binding to and blocking a protein called PD-L1. PD-L1 is a protein on normal cells. It interacts with another protein called PD-1. PD-1 is located on cells of the immune system called T-cells.

PD-1 acts like an on-off switch for the immune system. When PD-L1 on normal cells binds to PD-1 on T-cells, the switch is turned off. This is so the immune system does not attack the healthy cells in the body. However, cancer cells are smart and sneaky. They can disguise themselves as normal cells by having PD-L1 on their surface. The immune system then does not recognize them as “bad” cells and the cancer cells can continue to survive and multiply. Imfinzi works by keeping the PD-1 switch ON so the immune system recognizes cancer cells and kills them. Instead of working like conventional chemotherapy that kills cancer cells itself, Imfinzi helps the body use the power of its own immune system to kill the cancer cells.



Because Imfinzi does not work like conventional chemotherapy, the potential side effects are very different. Typical side effects of conventional chemotherapy such as hair loss, mouth sores, and increased risk of infection are not associated with Imfinzi. Instead, a different set of potential side effects called immune related adverse events (irAEs) may arise due to treatment with Imfinzi. These irAEs can occur because the immune system’s on-off switch is in the ON position for too long. When the immune system is on too long it can attack healthy cells in the body. This can cause side effects such as rash, diarrhea, liver problems, lung problems, and hormone problems. Many times these side effects will subside with a break from treatment with Imfinzi or a course of steroids such as Prednisone. It is very important for patients to tell their health care provider about any health changes that may be occurring during treatment even if they aren’t thought to be from Imfinzi.

Imfinzi and other immune checkpoint inhibitors are very promising therapies. Hopefully they are just the beginning of many breakthroughs to come in the future.

Fall Produce Picks to Try This Year

Andrea Chowske, RD CD-N

Beets

All parts of beets are edible from the greens to the roots. The leaves are similar to spinach and delicious sautéed. Beets come in a variety of colors from red to golden and even pink and white candy striped! Beets are rich in naturally occurring nitrates and may help support a healthy blood pressure. They are rich in folate, potassium, vitamin C and fiber. Roasting or steaming beets makes peeling them a breeze. The outer skin will slide off easily after cooking them. They are also delicious raw, shredded and tossed in salads. You can also try them thinly sliced and baked into chips.



Spaghetti Squash

Spaghetti squash is a great alternative to traditional pasta. It has only 40 calories per cup compared to 180 calories per cup of pasta. To prepare, cut the squash in half and scoop out the seeds. Lightly coat the halves with olive oil and roast halves side down in a 400 degree oven for 30-40 minutes or until tender. Scrape a fork into the flesh and spaghetti like strands appears. You can toss with pesto or marinara sauce for a quick, veggie side dish.



Pears

Pears are a unique fruit as they do not ripen on the tree, they will ripen at room temperature after they have been picked. You will know they are ready to eat if the fruit near the stem gives to a little pressure. There is a wide variety of pears, some are best eaten raw while others are best when cooked or canned. Pears are a great source of fiber with 6 gm per fruit. Try grilled pears, pears poached in red wine, added to a panini or salad or even blended into a smoothie.



I Am Determined to Not Let Cancer Break My Spirit!

Tammy Whitty

I was diagnosed with Ovarian Cancer Stage 1C in February of 2015. I was 52 years old at the time. I had just moved back to the area from Virginia in September to be closer to family. I was busy getting settled and had started a new job in October. I was being established with a new PCP on 2/9/15. I had always been religious about my well-check ups and screenings. Never missed even one. During my first appointment with that provider, she noted that I had abdominal swelling. She was quick to set up an ultrasound and add a tumor marker to my routine physical labs. At the time, I had been feeling some abdominal bloating and urinary frequency, occasional constipation, and intermittent pain but nothing that really overly affected me so I was not concerned. I attributed it all to being post-menopausal and out of shape. Thank goodness my new provider, Carley Adams, PA was right on top of recognizing that there was something abnormal, consulted with Dr. Cunningham and worked fast on running necessary tests and sending me for an ultrasound.

I received a call from Carley that the ultrasound showed a mass which was then confirmed by a CT to be concerning for cancer. I was quickly referred to a Gynecological Oncologist in Albany at St. Peter's, Joyce Barlin, and saw her on 2/19/15. By the time I left her office, I was scheduled for surgery on 2/26/15. She explained to my husband and I that it was definitely Ovarian cancer and explained that it would not be until she opened me up and had the final pathology that she would know how extensive it was or what had to be done and that I may end up with a colostomy. At the very least, I would have a total abdominal hysterectomy, omentectomy and multiple abdominal and pelvic lymph node removal for biopsys. I would not see her for approximately 2 weeks after surgery for the results and treatment plan. I was to anticipate being out of work for at least 2 months.



I was in shock, terrified, and had no idea what to expect. I had never had surgery before. Never been sick or hospitalized other than giving birth to my children and one day surgery procedures. There was concern at the time of my surgery that my cancer was likely stage 3 or higher so an intra-abdominal chemo infusion port was placed in between my ribs with the anticipation that it would be used to infuse chemotherapy into my abdomen while I also simultaneously received chemo infused into my blood via central IV. The plan was for aggressive treatment.

Waiting for the post-op appointment was sheer agony. The longest two weeks of my life as that was when the final pathology report would be shared with me and my family. To our surprise, Dr. Barlin smiled and said, "I was wrong and am happy to say it", you are only Stage 1C but, some of the cells were left behind in your pelvic cavity so we still have to do chemotherapy at dense dosing but no chemo into the abdomen. I was relieved but also, as I am a Registered Nurse, I knew that free-floating cancer cells was not good. Turns out I was right.

My form of cancer is high-grade serous. The most aggressive type. There are no words to truly capture how you feel when you are told you have cancer. It's like an out of body experience or something. This is not happening you tell yourself. But it is. You're in an

oncology office surrounded by cancer patients and one of them is you. As a nurse, I felt as though I should have caught the symptoms somehow and was very hard on myself for a long time for that. I have learned to let go of that now that I have come to realize that this cancer really does only whisper, making it next to impossible to realize the symptoms until it's usually late stage.

I received 6 months of weekly chemotherapy with two different agents (meds). It was brutal. I was not as prepared as I thought for the side effects or the hair loss. I had an allergic reaction to the first dose of med which was terrifying... chest pain, flushing, so I received steroids and antihistamines, then a lower dose of the chemo to be sure I did not react again. I did not. I continued to work full-time throughout it all, returning to work 7 weeks post op. I think it helped to get me through it, as I struggled many days to get out of bed and get myself out the door.

Four months into my chemo, I suffered a small bowel obstruction caused by an adhesion/scar tissue that had wrapped around my small bowel restricting it completely. I spent 11 days in the hospital with a feeding tube, had laparoscopic surgery to remove the adhesion, and received total parenteral nutrition due to not being able to take in oral nutrition. This was by far the sickest I have ever been in my life and the most pain I had experienced thus far. I did not think I would recover from it. I was weak from the chemo to begin with, so this was very difficult to cope with. But, I did and I returned to work full-time after a brief recovery period and completed my chemotherapy course in July/August 2015. Follow up scans in September as well as tumor marker labs showed I was in remission. No evidence of disease!

About 7 1/2 months later, I began to feel a lump in my groin. It grew larger, quickly. I knew what it meant. The cancer was back and it was in my lymph node which means I am now Stage 3. Tumor markers were rising quickly and scans confirmed it was metastases of the cancer. It was also in an axillary lymph node and on

my liver. I was not expecting to hear about the liver or axillary node. I am now absolutely terrified. More chemo, a new one, along with one I had the first time around. I now seek a second opinion at Dana Farber. They agree with the treatment course but suggest a biopsy of the axillary node to confirm it's not another type of cancer since it's not the typical presentation for my cancer type. The biopsy was inconclusive, thought likely to be a false negative/not the right tissue sample. This chemo course was also for approximately 6 months, after which I was once again deemed in remission based on tumor marker labs and scans.

Eight months later, my tumor markers started to rise and the lumps came back, same areas. Repeat scans showed the cancer was back but not in my liver. I underwent another surgery to remove the two cancerous lymph nodes, then more chemo- another new one, with an old one and a new drug that added to the mix. This ended in January of this year and follow-up scans show I am in remission once again but now I am to take an IV infusion of a maintenance medication called Avastin. Now that I am tolerating it well, we watch my tumor markers and have repeat scans to keep a close watch for any recurrence. This medication is intended to keep the tumor cells from creating their own blood supply. I will receive this every 21 days for as long as I tolerate it, or the cancer recurs.

I am aware that the recurrences will possibly be closer and closer together, with remissions shorter and shorter and that this is a chronic, terminal illness that I need to learn to live with, which is a constant daily struggle. I would not have been able to make it through this journey were it not for the support that I have in my family, Dr. Barlin, C.R. Wood Cancer Center, and the support groups I have been involved with both in person and online. I have attended retreats for Women with Cancer twice through the gracious generosity of C.R. Wood Cancer center as well as a weekend getaway with my daughters through C.R. Wood.

These have meant the world to me both emotionally and psychologically. Having cancer is hard but knowing you are not alone makes it bearable. I have made so many new friends as a result of this for which I am eternally grateful. I truly treasure these relationships and they bring me strength, inspiration, and encouragement.

Cancer has changed me forever. I often speak of my 'new normal' of chronic fatigue and low endurance and various aches and pains, but I can deal with that for the most part. Some days are harder than others. Mornings are always a struggle. Ovarian cancer has also changed the lives of those closest to me. I had genetic testing to determine the risk for my two daughters towards getting Ovarian cancer or for me to get Breast cancer. My family have come to chemo treatments with me and have seen me at my worst

from the effects of the chemo. Coping with cancer requires active participation in not only your treatment plan but support groups, networking with others who are going through similar diagnoses, and giving back to the community in some way to make an effort to make a difference. For me, this is how I cope and plan to continue to live as a survivor and fighter. It has awakened a desire to educate other women in any way I can through the Turn the Town Teal Campaign, sitting at an Ovarian Cancer Awareness table at the Washington County Fair, speaking at an upcoming Silent Auction Fund Raiser and any other opportunity that may present itself. I will continue to take charge of my chronic illness rather than let it take charge of me. I want to make a difference in some way if that helps others and will continue to try to do that for as long as I am able. I am determined to not let cancer break my spirit!



For general questions about cancer or support services available, call Nurse Navigators **Vickie** at **518.926.6639**, **Lisa** at **518.926.6563**, or **Nicole** at **518.926.6629**.

Services for Individuals by Appointment

Care Management

For: Continuing care needs, transportation, and financial concerns.
Info: Karen Cook, LMSW | 518.926.6619

Chemotherapy Education Class

For: Individuals & family starting chemotherapy.
Meets: Tuesdays at 4:00pm Cancer Center Library or by appointment at your convenience.
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639
Lisa Haase, RN, BSN, OCN® | 518.926.6563
Nicole Molinero, RN, OCN® | 518.926.6629

Clinical Research

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

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: 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.
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

Special Programs

CG Men's Retreat

For: Men living with and beyond cancer.
Meets: One weekend each year in the fall.
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639

Cindy's Comfort Camp

For: 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 and fall at the Double H Hole in the Woods 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: Vickie Yattaw, RN, OCN® | 518.926.6639

Summer Picnic

For: Any cancer survivor and their family.
Meets: One Wednesday in August.
Info: Vickie Yattaw, RN, OCN® | 518.926.6639

Holiday Party

For: Any cancer survivor and their family.
Meets: One Wednesday in December.
Info: Lisa Haase, RN, OCN® | 518.926.6563

These groups are open-ended and you may come as you wish. You may want to call if you are new or you have not come for some time to make sure that the schedule or location has not changed.

Discussion Groups

ABC Support Group After Breast Cancer

For: Individuals with breast cancer.
Meets: 4th Monday each month.
6:00pm | Cancer Center Waiting Room
Info: Lisa Haase, RN, BSN, OCN® | 518.926.6563

Blood Cancer Support Group

For: Individuals & family diagnosed with lymphoma, leukemia, or multiple myeloma.
Meets: 2nd Wednesday each month.
6:00pm | Community Learning Center, Side A
Info: Karen Cook, LMSW 518.926.6619

Prostate Cancer Awareness Group

For: Men with prostate cancer and their families.
Meets: 3rd Thursday each month.
7:00pm | Cancer Center Library
Info: Vickie Yattaw, RN, BSN, OCN® | 518.926.6639

Rays of Hope

For: Women with ovarian cancer.
Meets: 3rd Wednesday each month.
4:00pm | Cancer Center Library
Info: Mary Davis | 518.656.9321
Carol Smith | 518.793.0565

Round Table Support Group

For: Individuals with any cancer and their families.
Meets: 1st Wednesday each month.
4:00pm | Cancer Center Library
Info: Karen Cook, LMSW | 518.926.6619

Tobacco Cessation

Whether you're thinking about quitting or ready to quit, call the NYS Smokers' Quitline for help and support.

1-866-NY-QUITS 1.866.697.8487

Activity Groups

Healthy Steps®

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

Tai Chi and Relaxation/Meditation

For: Anyone interested.
Meets: Monday afternoon at 3:30pm and 5:30pm
Community Learning Center (Side B).
Info: 518.926.1000

Twisted Twirlers

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

Ways of Seeing — Arts and Crafts Workshop

For: Individuals & family diagnosed with any cancer who want to enjoy the life affirming pleasures of creating art.
Meets: 2nd and 4th Tuesday each month at 11:30am in the Cancer Center Library.
Info: Vickie Yattaw, RN, BSN, OC® | 518.926.6639

QUIT FOR LIFE

Stop Smoking Program

Pre-Registration Required

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

October 9th – 30th, 2018

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

Glens Falls Hospital is in the process of introducing a Visitor Management Program to help improve the safety and security of our campus.

Beginning on September 12, 2018, access to the Pruyn Pavillion will be shifted to the first doorway to the right of the current entrance (in front of the community learning center, bathrooms and near the gift shop and Au Bon Pain Café). This will now be called the **Pruyn Pavillion Entrance**. This entrance will be open and staffed Monday through Friday 5am – 6pm.

Patients and visitors will be greeted by security at all Glens Falls Hospital entrances. Visitors will be required to show ID and inform security what departments they are accompanying a patient to for an appointment. Patients will not be required to show ID — they will simply inform security they have an appointment in the cancer center.

Our goal is to implement this process as efficiently as possible and we do not anticipate any delays.

Thank you for your cooperation during this transition.



ABC TRIAL (A011502):**Could Aspirin Prevent Breast Cancer From Coming Back?**

Nanette Oberhelman, BA, CCRP



DANA-FARBER
CANCER INSTITUTE



Glens Falls Hospital
C.R. WOOD CANCER CENTER

We are studying whether aspirin can prevent breast cancer from coming back or prevent the spread of breast cancer. Studies have linked aspirin with a lower risk of death from cancer.

You May Be Eligible For This Research Study If:

- You were diagnosed with breast cancer that is not HER2 Positive in the last 10 Months
- You have completed or are completing your chemotherapy and/or radiation within the last/next 30 days
- You have not regularly taken NSAID's/Aspirin for 5 or more days a week in the past year, including low-dose (baby) aspirin
- You are willing to stop taking aspirin and any form of NSAIDs for 30 days prior to enrolling. Tylenol/acetaminophen may be used.
- You are between 18 and 70 years old
- Your breast cancer has not recurred
- You are not currently taking any oral or injectable blood thinners

Participation Involves:

- You will be randomly (at chance) assigned to either a 300mg aspirin pill or a placebo once a day over 5 years
- Blood and urine samples at the beginning of the study and at 2 years
- Access to your tumor samples if available
- A few survey questions on your general health and lifestyle at the beginning of the study and at 2 years **<http://abctrial.org>**

If you are interested in this study, please speak to your doctor and the members of your health care team. This study is sponsored by the Dana-Farber Cancer Institute and is open to accrual at Glens Falls Hospital. Please call our research office at **518.926.6644** and speak to Beth Brundage, RN, OCN or **518.926.6701** for Nanette Oberhelman, BA, CCRP for more information.



A special weekend for children and teens touched by the loss of a parent or sibling. This is a free, weekend overnight camp, located at the Double H Hole in the Woods Ranch in Lake Luzerne for children and teens ages 6 - 17.

October 12th – 14th, 2018

For more information
contact us at **518.926.6640**

C.R. Wood Cancer Center Support Group Holiday Party

FOR ALL CANCER CENTER PATIENTS
AND THEIR GUESTS

Friday, December 7th, 2018

5:00pm – 7:30pm

Community Learning Center

Please bring a dish to share (potluck).
Bring a gift (under \$10) for our Secret Santa
(if you wish to participate in the gift exchange).

We will provide beverages and tableware.

Please call Vickie at **518.926.6639**
or Lisa at **518.926.6563** for more information



UNIQUELY YOU
Breast Cancer
Survivors Luncheon

Saturday, October 13th, 2018

Fort William Henry
Lake George, NY

RSVP required

For more information contact
Lisa Haase, RN, BSN, OCN®
518.926.6563

Cindy & Skeets Golf Tournament

Under beautiful, blue skies, the 10th annual Cindy & Skeets Cancer Day Golf Tournament teed off on Friday, July 13th at the Glens Falls Country Club. Just over 190 golfers enjoyed beautiful weather and helped raise \$111,734 to support the C.R. Wood Cancer Center and the patient support programs.

Over the last 10 years, this tournament has raised \$1,067,000 to support our friends, family, and community members battling cancer. Thank you to everyone who made this event a success!



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)

Men and women who are uninsured, meet eligibility criteria and are in need of treatment for breast, cervical, colorectal or prostate cancer screening, may be eligible for full Medicaid coverage through the Medicaid Cancer Treatment Program. Coverage is arranged through the Cancer Services Program Case Manager and will last for the entire treatment period.

Glens Falls Hospital provides a New York State Department of Health Cancer Services Program grant that funds breast, cervical and colorectal cancer screenings and follow-up testing at no cost for uninsured women and men. If you or someone you love is without health insurance, call today at **1.800.882.0121** or **518.926.6570**.

Connections Editorial Board

Andrea Chowske, RD, CD-N

Kelle Engel, RN, BSN, OCN®

Melissa Engwer, RN

Nannette Oberhelman, CCRP

Beth Sponzo, RN, BS, OCN®

Suzannah Virgil, Secretary

Donna Winchell, RN, BSN, OCN®

Vickie Yattaw, RN, BSN, OCN®

Connections 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 this on the internet and would like to receive Connections at home, please call, write or e-mail the editor:

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

E-mail: **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. Her phone is **518.926.6620**, the number you are given to call if you have any questions or problems.

If it is an emergency, please call 911.

When you call you will very likely need to leave a message as she is often busy with other patients who have called. Please try to speak clearly (without rushing) giving the following information in the message to help her assist you efficiently:

- Your name, or the name of the person you are calling about.
Please spell the last name.
- Date of birth.
- Your doctor's name.
Not the PA because they work with multiple doctors.
- Your phone number.
- The reason why you are calling.

If you are calling for a medication refill, please include:

- The name and location of the pharmacy you use.
- The medication and the dose.

You will need to allow 48 hours to have the medication refilled. Most prescriptions will be sent to your pharmacy by E-mail (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 to a nurse. You will be directed to Kelle Engel RN, BSN, OCN or Kit Howard, RN, OCN. If they are not available to speak with you, please leave a brief message with a 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.