

C o n n e c t i o n s

Quarterly

See this and previous issues of *Connections* at www.glensfallshospital.org

Financial Resources for Patients

By Karen Cook LMSW-C, Patty Godnick, RN and Amy Yole

Finding your way through the cancer journey can feel overwhelming. It can become much more difficult for someone who has no insurance or who is underinsured. There are several resources available to patients who are struggling financially while undergoing cancer treatment. The first thing a patient can do is ask to speak with a care manager. Patty Godnick, RN, is the Care Manager who works with patients as part of our Oncology Services at Glens Falls Hospital. This includes those undergoing treatment at the C. R. Wood Cancer Center as well as other oncology patients on Tower 2. The following is a list of resources Patty frequently considers to help ease a patient's financial burdens.

- Hospital Patient Assistance Program: This program offers financial assistance for hospital bills in the form of a sliding scale based on income.
- CARDON is an agency the hospital contracts with to assist patients applying for Medicaid and disability benefits. Eligibility for Medicaid is based on an individual's income and resources. If eligible, Medicaid will pay for transportation for any medical appointments and medical treatments (chemotherapy and radiotherapy).
- Patient Assistance Programs are available through most pharmaceutical companies to assist in obtaining medications for individuals with limited or no prescription drug coverage. These pro-

grams are income based.

- The American Cancer Society provides limited financial reimbursement for mileage to and from treatments. The Road to Recovery provides volunteers who transport patients to and from treatments and doctor appointments.
- The Leukemia and Lymphoma Society provides limited financial assistance for individuals diagnosed with a blood cancer. Applications for their Patient Financial Aid Program can be obtained online or from Patty Godnick. This organization also has a co-pay assistance program that is income based.
- The Salvation Army can help obtain medications and provide financial assistance for some living expenses such as heating bills.
- Glens Falls Family Services can provide some financial assistance for living expenses.
- The Department of Social Services can provide assistance for temporary housing expenses, heating bills and food stamps. These services are income based.
- Healthy New York Insurance plans: These health insurance policies target individuals and families who do not meet the financial requirements to be eligible for Medicaid. Look at HealthyNY.com on the internet for information.

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Survivorship

A Brush Encounter

Editors' Note: We respectfully honor the author's wish to remain anonymous.

November has never been one of my favorite months of the year since, other than feasting for the Thanksgiving Holiday, the month usually only offers the prospect of another long northeast winter. Trout season for the most part ended a month earlier and it would be several more weeks before snow would bring opportunities for skiing. This past November, however, was certainly different and it brought something much less expected than grey skies and a stiff breeze although the effects were quite the same.

At 46 years old, past my prime but still feeling ahead of the game, I felt I was benefiting from a healthy lifestyle that put faith in a good diet along with strenuous doses of outdoor activities. My overall health up until then had never been marred by any serious ailments or maladies other than a sore back or aching knees after a weekend adventure. Health concerns were generally reserved for my aging parents who had moved back to the area after better years in a warmer climate.

Unmarried and having no children, life was relatively uncomplicated which I would come to truly appreciate as my life took a sudden sharp turn. The most worrisome issue at the time was a looming possibility of being laid-off from work as a result of the tough economy.

As I look back, I can recognize the messages my body was sending to warn me that something was wrong although at the time I never imagined it could be very serious. Some of the symptoms I experienced were typical warning signs for colon cancer but I did not know these at the time and only learned about them after my diagnosis. The clues started about eight months prior to being diagnosed this past November. Some of the symptoms began as indigestion or perhaps the start of an ulcer since the pain was near the top of my stomach. The pain was not severe but it was

chronic and would flare up especially after a meal and then ease off to where I learned to live with it most other times.

I visited my primary care physician a few times over the summer focusing attention on my stomach and combating the symptoms with prescription antacids to no avail. This was followed by an upper GI x-ray which showed nothing abnormal in my stomach region. The summer sailed by and in mid-October I had an annual physical scheduled at which I took a simple fecal occult blood test (FOBT) to look for traces of blood. The FOBT was positive for hidden blood which resulted in a referral to see a gastroenterologist, who in turn strongly recommended that I have a colonoscopy. As with most people I wasn't overly excited by the thought of being "probed" but by that time I was more concerned about fixing the problem than preserving my modesty.

As for the procedure itself, I found that it wasn't humiliating or outrageously uncomfortable as I had been led to believe by the usual comments this subject invokes. After it was done I waited to speak with the doctor to learn the results. I anticipated hearing words such as ulcer, intestinal virus, or gastric this-or-that but when I heard him say he found colon cancer my initial response was... are you sure? Unfortunately he was sure and had glossy color photos to prove it. In addition to the diagnosis, the doctor provided important information I needed to understand even though I was reeling from the news I'd just received.

The conversation that morning quickly moved beyond diagnosis to treatment options and by the next day I was at the hospital getting things rolling with blood tests, CT scans and x-rays to gather additional information about my condition. I was also scheduled to meet with my prospective surgeon a week later. My surgery was scheduled for two weeks after. Although feeling overwhelmed

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Your Cancer Center Care Team



**Darrow "Darr" Hanks, RN
Inpatient Oncology**

Darr joins the Inpatient Unit on Tower 2. He received an Associates Degree in Agricultural Engineering at SUNY in Cobleskill and an Associates Degree in Nursing at Adirondack Community College this past December. While completing his studies, Darr worked at his family's dairy farm, Big Green Farms, Inc.

Darr lives in Salem with his wife, Kara and children, Chloe (10), Hannah (7) and Dillon (3). He is a volunteer with Salem EMS and enjoys camping with his family.



**Tamara Emery, CNA
Inpatient Oncology**

Tamara joins the Inpatient Unit on Tower 2 as a part-time Nurse Aide. She received her CNA certification from Washington County BOCES. Tamara previously worked at the Stanton Nursing Home as a Certified Nurse Aide.

Tamara lives in Fort Edward with her daughter, Natavia (3), who is her inspiration to succeed. She enjoys going for walks, arranging play-dates for her daughter and recently took up knitting.



**Bernice Cotes,
Patient Scheduling Specialist**

Bernice recently joined the Medical Oncology Scheduling Department. She previously worked as an Insurance Coder, in both commercial and personal lines, for over 22 years.

Bernice and her husband, John, live in Glens Falls and have three children, Jessica (21), Kaleigh (20) and John (13). She enjoys walking, reading a good book and spending time with family.



Lisa Amorosi, Medical Secretary

Lisa recently joined the Cancer Center Reception Department. She received an Associates Degree in Travel and Tourism from Paul Smith's College and is a licensed Cosmetologist. Lisa has been employed at Glens Falls Hospital almost 17 years, in various positions in Patient Access, most recently working in the West Lobby.

Lisa met her husband, Peter while working here in the Emergency Room. They have two sons, Anthony (11) and Brandon (7). Lisa enjoys the beach and also enjoys the winter months now that her boys have starting skiing and snowboarding. As a cancer survivor herself, Lisa is excited to be a part of a team that has played such an important role in her own life.



**Lisa Orsini, RN
Inpatient Oncology**

Lisa joins the Inpatient Unit on Tower 2 as a part-time RN. Lisa earned her Associates Degree in Nursing in May 2009. She has been a waitress for 16 years and currently works at the Log Jam. Lisa's grandmother was a nurse at Glens Falls Hospital 20 years ago and her mother works in the Inpatient Pharmacy.

Lisa lives in Glens Falls and says she has a great close family living in the area. She loves being outdoors and enjoys alpine skiing in the winter, camping, kayaking and hiking in the summer. She enjoys reading, cooking and loves being a nurse!

Food for Thought

Food Safety During Cancer Treatment

By Joan Butler, RD, CSO, CDN, CNSC, CDE
C. R. Wood Cancer Center Dietician

Important Note: Please ask your doctor or nurse if there are any specific food safety guidelines that you need to follow during your cancer treatment.

Food safety is an important part of cancer care. To prevent getting an infection from food, it is important to follow food safety guidelines. These same guidelines should be followed by all people at all times, regardless of whether or not they are being treated for cancer. However, when undergoing cancer treatment, immune system function can be diminished temporarily. This means that people in cancer treatment may be more susceptible to infections from food. For this reason, it is important to focus some extra attention on good food safety during cancer treatment.

Infections from food are sometimes referred to as "food poisoning" or "food borne illness." They can be caused by a variety of microorganisms, such as bacteria and viruses. Fortunately, nearly all infections caused by improper food storage and handling can be prevented by following proper food safety. As well, new and excellent medications are available to help bolster the immune system during cancer treatment. Through a combination of better medications for the immune system and good food safety practices, the risk of food related infections can be greatly minimized.

For most people undergoing treatment for cancer, including those who are receiving chemotherapy and radiation therapy, general food safety guidelines are important to follow. However, extensively limiting certain foods generally is not necessary.

For people undergoing more intensive treatments, such as a stem cell transplant, more extensive food safety guidelines will need to be followed. In these cases, your clinic or hospital will provide these written guidelines to you.

To minimize the risk of food-related infections, use the following guidelines:

Food Handling

- When you grocery shop, keep raw meat, poultry, and seafood separate from all other foods. Wrap a plastic bag around each of these items to prevent them from dripping onto other foods.
- Use a plastic bag to store raw meat, poultry, and seafood so they don't drip onto other foods.
- Store raw meat, poultry, and seafood at the bottom of the fridge to minimize the likelihood of dripping onto other foods.
- Wash your hands carefully before and after handling any food. Be sure to wash especially after handling raw meat, poultry, eggs and seafood. Ask others who are preparing your food to wash their hands often and carefully, too.
- When washing your hands, wash for a minimum of 20 seconds using plenty of soap and warm water. Rub hands together to make a lather and scrub all surfaces. Wash the backs of your hands and under and around your fingernails, too.
- You do not need an antibacterial soap, but you may use one if you wish.
- Rinse hands thoroughly, and dry with a clean, dry towel. You may want to use disposable paper towels during cancer treatment to further reduce the risk of food related infection.
- Separate all cooked and raw foods. Never reuse cutting boards, utensils, or plates that have touched raw meat, poultry, seafood, or eggs.
- Always use a clean cutting board. Wash cutting boards, dishes, and counter tops with hot, soapy water after preparing each food item and before you go on to the next item.
- Wash raw fruits and vegetables well before eating or cooking.
- If possible, use one cutting board for fruit, vegetables, or other ready-to-eat foods and a

Pharmacy Corner

Proper Disposal of Prescription Drugs

Beth Sponzo, RN, BS, OCN®

There has been increased awareness and sometimes confusion about proper disposal of prescription medications. Some drugs that are flushed down the toilet or poured down the drain may end up in our water supplies. It is not known if these trace amounts are harmful to humans. However, research has shown that there can be an effect on animals that live in the water such as frogs and fish. It is important to note that flushing is not recommended for the vast majority of medications. Additionally, throwing medications away in the garbage may be dangerous since children, pets or wildlife can find them.



The FDA and the White House Office of National Drug Control Policy issued the following guidelines in 2009 for the proper disposal of prescription medications:

- Follow specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush medication unless this information specifically instructs you to do so.
- If no instructions are given, throw the drugs in the garbage, but first: Remove drugs from their original containers and mix them with an undesirable substance, such as used coffee grounds

or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may go through your trash.

- Put this mixture in a sealable bag, empty can, or other container to prevent leakage in the garbage bag.
- Take advantage of community drug take-back programs that allow unused drugs to be brought to a central location for proper disposal. Call your local city or governments household trash and recycling service to determine if a take-back program is available in your community.

As part of this policy, the government recommends that some drugs be flushed down the toilet to reduce the danger of unintentional use or overdose and illegal abuse. Some of these are:

- Morphine sulfate
- Methylphenadate
- Fentanyl
- Meperadine
- Oxycodone
- Percocet

For a complete list of drugs that should be flushed go to www.fda.gov.

If the medication that you need to dispose of is oral chemotherapy, return it to your doctor or nurse for disposal.

For more information, contact your pharmacist or go to:
www.fda.gov
www.whitehousedrugpolicy.gov

The courage of life is often a less dramatic spectacle than the courage of a final moment; but it is no less a magnificent mixture of triumph and tragedy. ~ John F. Kennedy

Courage is... the knowledge of how to fear what ought to be feared and how not to fear what ought not to be feared. ~ David Ben-Gurion

Belly Dancing Classes at Glens Falls Hospital

By Vickie Yattaw, RN, OCN®, CBCN

The C. R. Wood Cancer Center along with Glens Falls Hospital brings many forms of exercise to its patients. One of the newest classes being held is belly dancing. This class is taught by wonderful instructors that some people may recognize from the warm-up routines at the Relay for Life. The instructors, Lisa and Jill, work with a varied age group weekly on Sundays from 2pm – 3:30pm. The class is free, but donations are accepted to benefit Charlie's Angel's team at the Relay for Life. You will see this group perform at the upcoming Relay for Life on June 4th.

Belly dancing is a great form of low impact exercise that has many health benefits:

Relieve back and joint pain

During the dance, the movements of hip drops, circles, figure eights, and shimmies put the joints and ligaments in the lower back and hip through a full range of gentle repetitive motion. This movement helps increase the flow of synovial fluid (your body's own lubricant) in these joints. When movements are done properly, these motions can help prevent lower back problems. It helps relieve stress to the back, counteracting the almost constant compression of the disks that occurs from sitting and a sedentary lifestyle. These toned muscles improve posture and help prevent back pain that can be caused by the unnatural curving forward of the spine that occurs when muscle groups are weak.

Increases bone density

The class is performed mostly on your feet, mov-

ing during the dance; it is considered a weight-bearing exercise. Weight bearing exercises help strengthen bones and prevent osteoporosis.

Great addition to any weight loss regimen

Belly dancing can burn up to 300 calories per hour. This estimate will vary, of course, depending on the intensity of your dancing. Combined with a healthy diet that involves sensible eating, belly dancing can be part of a sound weight loss program.

Lowers Stress levels

Repetitious swaying, circular and flowing movements are likened to a state of dance-meditation. The dancer often finds that a session of slow, graceful dancing will clear the mind and induce a state of mental relaxation. The faster forms of belly dance are stimulating and fun. Slow or fast belly dancing can be helpful for reducing anxiety or mild depression.

Boosts self esteem

The movements are artistic and feminine, creating a positive feeling of sensual expression and freedom. With sensuality being a desirable quality of belly dancing, the dancer feels safe to explore the soft, beautiful ways the body can move. In the act of dancing with sensuality, the dancer frees herself in physical and emotional ways. The body awareness that comes from belly dancing often triggers an emotional response. Women begin to honor their bodies.

For more information you can contact Lisa at: SunDancers09@yahoo.com

Free Skin Cancer Screening: Saturday May 8, 2010

The C. R. Wood Cancer Center will be hosting a free skin cancer screening on Saturday May 8, 2010. The event is co-sponsored by C. R. Wood Cancer Center, Gateway Dermatology, American Cancer Society and the American Academy of Dermatology.

Skin screening examinations will be scheduled from 9:00 am through 12:00 noon.

For more information, or to schedule an appointment, please call the American Cancer Society at (518) 454-4076.

Relay for Life 2010: Survivors Celebrating Life

Survivors are the reason we Relay. A survivor is anyone who has ever heard the words “You have cancer” and we invite all cancer survivors in the community to attend Relay For Life.

Our goal is to create a world where more people survive cancer so they can celebrate another birthday. This year more than 11 million people will be able to do that thanks to the support of millions of dedicated Relay participants.

Survivors are the guests of honor at Relay. Relay For Life events offer survivors special T-shirts or sashes and hold a special reception for survivors and caregivers. Our Relay opens with the Survivors Lap where survivors lead the way around the track while being honored and applauded by all participants. Being a part of the Survivors Lap allows survivors to celebrate what they’ve overcome while inspiring and motivating their community to fight. Survivors are proof that cancer can be defeated.

Relay For Life is also a great way for people to meet other survivors in their own community. In many communities, survivors form their own teams, join the Relay committee, or volunteer for the American Cancer Society in other ways.

Come join the Glens Falls Hospital Cancer Center team “Charley’s Angel’s” on Friday, June 4th, 2010 at the Queensbury High School Track.



Think about joining a team or participating as a cancer survivor. Please call the local American Cancer Society Office at 792-5377 or stop by the ACS office in the Mount Royal Plaza, Route 9, Queensbury, for additional information, to register as a walker, participate in the Survivors Lap or purchase lumiarial!

Event Highlights:

- 7:00 p.m. Torch Lighting and Opening Ceremonies
- 7:15 p.m. Cancer Survivors 1st Lap Celebration at Center Field before and after 1st Lap
- 10:00 p.m. Luminary Ceremony
- 8:00 a.m. Final Lap and Closing Ceremony

Other Area Relays:

- Saratoga Springs - June 4, 2010
East Side Recreation Field *
- Scotia-Glenville - June 11, 2010
Scotia-Glenville High School

Please feel free to check out each of the websites:
www.relayforlife.org/queensburyNY
www.relayforlife.org/saratogaspringsNY
www.relayforlife.org/scotiaglenvilleNY

* If you missed being part of the Cancer Prevention Study-3 trial last year, it’s coming to Saratoga Relay for Life in 2010! Go to:
www.cancer.org/docroot/RES/RES_6_6.asp
for more information.

Cancer Services Program (CSP)

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.

Metabolic Syndrome - A Growing Problem?

By Paul Miller, RN, OCN®

Metabolic syndrome is a cluster of conditions which include: excess body fat around the waist, a higher than normal triglyceride level, a lower than normal HDL cholesterol level, increased blood pressure or elevated insulin levels. These often occur together, increasing your risk of heart disease, stroke, diabetes and some cancers. Unfortunately, after cancer treatment, survivors may be more likely to struggle with some of these concerns than others who have never had cancer. Therefore, it is an especially important for cancer survivors to be aware of metabolic syndrome. Fortunately, lifestyle choices such as diet and physical activity can reduce the likelihood that an individual will develop these risk factors.

Metabolic syndrome is linked to your body's metabolism, possibly to a condition called insulin resistance. Insulin is a hormone made by your pancreas that helps control the amount of sugar in your bloodstream. Not all experts agree on the definition of metabolic syndrome or whether it even exists as a distinct medical condition. Doctors have talked about this cluster of risk factors for years and have called it many names, including syndrome X and insulin resistance syndrome.

Having just one of these conditions would not be diagnosed as metabolic syndrome, but it does contribute to your risk of disease. If more than one of these conditions occur in combination, your risk is even greater.

If you have metabolic syndrome or any of the components of metabolic syndrome, aggressive lifestyle changes can delay or even prevent the development of serious health problems. Having metabolic syndrome means you have three or more disorders related to your metabolism at the same time, including:

- A large waistline. This is also called abdominal obesity or “having an apple shape.” Excess fat in the abdominal area is a greater risk factor for heart disease than excess fat in other parts of the body, such as on the hips. A waist circumference, greater than 35 inches (89 centimeters, or cm) for women and 40 inches (102 cm) for men puts you at risk
- A higher than normal triglyceride level in the blood (or you're on medicine to treat high triglycerides). Triglycerides are a type of fat found in the blood. A triglyceride level higher than 150 milligrams per deciliter (mg/dL), means you are at risk.
- A lower than normal level of HDL cholesterol (high-density lipoprotein cholesterol) in the blood (or you're on medicine to treat low HDL). HDL is considered “good” cholesterol because it lowers your chances of heart disease. Low levels of HDL increase your chances of heart disease. HDL less than 40 mg/dL in men or less than 50 mg/dL in women means that you are at risk.
- Higher than normal blood pressure (hypertension), or you're on medicine to treat high blood pressure. Blood pressure is recorded as two numbers, usually written one on top of or before the other, such as 120/80 which is a normal blood pressure. A blood pressure that is consistently over 140/90 is considered high blood pressure and numbers consistently in-between these is considered pre-hypertensive. The top or first number, called the systolic blood pressure, measures the pressure in the bloodstream when your heart beats. The bottom or second number, called the diastolic blood pressure, measures the pressure in your bloodstream between heartbeats when the heart is relaxed.



- Higher than normal fasting blood sugar (glucose) (or you're on medicine to treat high blood sugar). Mildly high blood sugar can be an early warning sign of diabetes. A fasting blood sugar of 100 mg/dL to 125 mg/dL is considered pre-diabetes which puts you at risk for diabetes.

The more of these risk factors you have, the greater your chance of developing heart disease, diabetes, or a stroke. In general, a person with metabolic syndrome is twice as likely to develop heart disease and five times as likely to develop diabetes as someone without metabolic syndrome.

About 47 million adults in the United States (almost 25 percent) have metabolic syndrome, and the numbers continue to grow. The increasing number of people with this condition is connected to the rise in obesity rates among adults. In the future, metabolic syndrome may overtake smoking

as the leading risk factor for heart disease.

The most important thing you can do to reduce your risk factors for metabolic syndrome is:

1. Be aware of metabolic syndrome and its potential consequences.
2. Talk to your primary care physician about your health as it relates to metabolic syndrome (know your numbers).
3. Talk to your primary care physician about getting a referral to a registered dietitian and physical activity that makes sense for you.

Ultimately, these recommendations hold true for general well-being. The considerations above relate to cardiac health, cancer prevention and numerous other health conditions.

Resources:
Mayo Clinic
National Institute of Health

Financial Resources for Patients

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- The Retired Senior Volunteer Program (RSVP) can provide a limited amount of transportation to medical appointments with advanced notice. Patients need to be at least 55 years of age or disabled.
- The Glens Falls Center for Independent Living has durable medical equipment that they loan out to patients in need.
- The Cancer Services Program of Warren, Hamilton and Washington Counties serves uninsured or underinsured patients in need of mammograms, pap smears, colonoscopies and follow-up testing.
- Disability: Short term disability is usually sponsored by a patient's employer and is generally for 3 months although it is sometimes longer depending on the employer. There is a New York state short term disability program if an individual does not have this benefit through an employer.

Long term disability is applied for through the Social Security Administration and if approved, benefits are based on how long an individual has worked and paid into the social security system.

- Home care service agencies generally have a sliding scale fee. Individuals without insurance may be eligible for 100% discount.
- EPIC is a program that offers seniors a discount on medications and is income based.
- The Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR) provides direct financial support to insured patients, including Medicare Part D beneficiaries, who must financially and medically qualify to access pharmaceutical co-payment assistance. Look at Copays.org on the internet for information.

While there are additional resources in the community that can provide assistance for the uninsured and underinsured patient, these are the primary resources Patty Godnick utilizes when helping patients with financial needs.

Offering Support Services in Concert with Medical Care

For general questions about cancer or support services available, please call Oncology Resource Nurses:
Vickie at 926-6639 or Paul at 926-6629

Open Support Groups

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 or that a special event has been scheduled.

ABC Support Group (After Breast Cancer)

For: Individuals with breast cancer
Meets: 4th Monday each month
6:00 P.M. ~ Cancer Center Waiting Room
Info: Vickie Yattaw, RN, BSN, OCN® ~ 926-6639

Adirondack Mountains New Voice Club (Laryngectomy Support Group)

For: Individuals & family after, or considering surgery
Meets: 1st Friday each month
2:30 - 3:30 P.M. ~ Rehabilitation Center on Bay Road
Info: Maggie Dochak, MSCCC-SLP ~ 926-2025

Blood Cancer Support Group

For: Individuals & family diagnosed with lymphoma, leukemia or multiple myeloma
Meets: 2nd Wednesday each month
6:00 P.M. ~ Cancer Center Library
Info: Karen Cook, LMSW, OSW-C ~ 926-6619

Daytime Cancer Support Group

For: Individuals & family with any cancer
Meets: 3rd Thursday each month
1:00 P.M. ~ Cancer Center Library
Info: Karen Cook, LMSW, OSW-C ~ 926-6619

Evening Cancer Support Group

For: Individuals & family with any cancer
Meets: 2nd Monday each month
7:00 P.M. ~ Cancer Center Library
Info: Paul Miller, RN, OCN® ~ 926-6629

Circle of Hope Knitting Group

For: Cancer Survivors who want to learn to knit and crochet. Teachers available for new knitters
Meets: Wednesdays ~ 1:00 P.M.
Cancer Center Library
Info: Vickie Yattaw, RN, BSN, OCN® ~ 926-6639



Living with Hope

For: Individuals with advanced or recurrent cancer
Meets: 1st Thursday each month
1:00 P.M. ~ Cancer Center Library
Info: Gerry Florio, Ph.D. ~ 926-6528

Prostate Cancer Awareness Group (American Cancer Society - Man to Man)

For: Men with prostate cancer and their families
Meets: 3rd Thursday each month
7:00 P.M. ~ Community Learning Center
Info: Paul Miller, RN, OCN® ~ 926-6629

Rays of Hope

For: Women with ovarian cancer
Meets: 3rd Wednesday each month
4:00 P.M. ~ Cancer Center Library
Info: Mary Davis ~ 656-9321
Carol Smith ~ 793-0565

Sisterhood Social

For: Women with any gynecological cancer
Meets: 2nd Thursday each month
1:00 P.M. ~ Cancer Center Library
Info: Vickie Yattaw, RN, BSN, OCN® ~ 926-6639

Tai Chi

For: Anyone interested
Meets: Monday afternoon at 3:30 P.M. and 5:30 P.M.
Community Learning Center
Info: Paul Miller, RN, OCN® ~ 926-6629

Ways of Seeing - Art Workshop

For: Individuals & family diagnosed with any cancer who want to enjoy the life affirming pleasures of making art
Meets: 2nd and 4th Tuesday each month
11:30 A.M. ~ Cancer Center Library
Info: Paul Miller, RN, OCN® ~ 926-6629

Young Survivors Group

For: Young adults with cancer
Meets: 1st Monday each month
6:00 P.M. ~ Cancer Center Library
Info: Vickie Yattaw, RN, BSN, OCN® ~ 926-6639

Services for Individuals by Appointment

Care Management

For: Continuing care needs, transportation and financial concerns
Meets: By appointment
Info: Patty Godnick, RN ~ **926-3316** pager ~ **969-1211**

Nutrition Counseling

For: Nutrition advice for cancer prevention and during or after cancer treatment
Meets: By appointment
Info: Joan Butler, RD, CSO, CDN, CNSC, CDE
926-2609

Patient Financial / Insurance Assistance

For: Referrals, prior authorizations, billing, insurance questions
Meets: By appointment
Info: Amy Yole ~ **926-6637**

Psychosocial Oncology

For: Counseling for patients and/or their families
Meets: By appointment
Info: Gerry Florio, Ph.D.
Karen Cook, LMSW, OSW-C ~ **926-6619**

Resource Nurses

For: Individuals & their family diagnosed with any cancer
Meets: By appointment or stop by (office is across the hall from the Cancer Center Library)
Info: Vickie Yattaw, RN, BSN, OCN® ~ **926-6639**
Paul Miller, RN, OCN® ~ **926-6629**

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: Call **926-6640** for an appointment

Look Good ... Feel Better® American Cancer Society

For: Women Cancer Survivors
Meets: C. R. Wood Cancer Center Library
Info: Call **1-800-395-LOOK** for date and time

Maratelle

For: Breast care and lymphedema products
Meets: By appointment on Thursdays in the Uniquely You® Boutique & Salon
Info: Vickie Yattaw, RN, BSN, OCN® ~ **926-6639**

Spa Services at Cindy's Healing Place (Reiki and Massage Therapy)

For: Cancer patients during and after treatment
Meets: By appointment in Cindy's Healing Place
Info: Call **926-6640** for an appointment

Special Programs Pre-Registration Required

Annual Survivors Events

Breast Cancer Survivor Luncheon - October
Call Vickie at **926-6639** for information

Spring Survivors Symposium - May
Call Paul at **926-6629** for information

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, NY
Info: **926-6515** www.cindysretreat.org

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 ~ **926-6619**
www.cindysretreat.org

Family Connections

For: Children, teens and parents facing life after illness or loss of a loved one
Meets: 3rd Thursday each month during the school year
Info: Carmen Della Bella ~ **926-6515**

Healthy Steps®

For: Gentle exercise for individuals with a cancer diagnosis
Meets: Weekly for six weeks on Tuesdays at 10:00 am Community Learning Center
Info: Vickie Yattaw, RN, BSN, OCN® ~ **926-6639**

CG Men's Retreat

For: Men living with and beyond cancer
Meets: One weekend each year in late Summer
Info: Paul Miller, RN, OCN® ~ **926-6629**

Tobacco Cessation & Education Services

For: Anyone who wants to quit smoking
Meets: A variety of days and times - please call
Info: **926-5905** or toll free **1-866-765-1565**

Support Services Program Dates

Open Support Group Dates

ABC Support Group

Mondays - April 26, May 24, June 28

Adirondack Mountains New Voice Club

Fridays - April 2, May 7, June 4

Blood Cancer Support Group

Wednesdays - April 14, May 12, June 9

Daytime Support Group

Thursdays - April 15, May 20, June 17

Evening Support Group

Mondays - April 12, May 10, June 14

Family Connections

Thursdays - April 22, May 20, June 24

Living With Hope

Thursdays - April 1, May 6, June 3

Prostate Cancer Awareness Group

Thursdays - April 15, May 20, June 17

Rays of Hope

Wednesdays - April 21, May 19, June 16

Sisterhood Social

Thursdays - April 8, May 13, June 10

Ways of Seeing Art Workshop

Tuesdays - April 13 & 27,
May 11 & 25, June 8 & 22

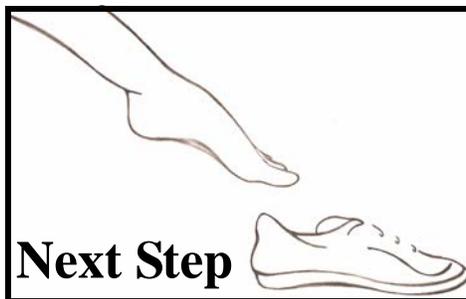
Young Survivors Group

Mondays - April 5, May 3, June 7

The C. R. Wood Cancer Center at Glens Falls Hospital is proud to introduce **Next Step**, a 12-week, group-training program for people with little or no running experience who want to get fit, have fun and feel healthy. If you've recently completed medical treatment, if you're living with a chronic illness, or if you're merely interested in starting a healthier lifestyle, this program is for you. **Next Step** is designed to help all levels of walkers and runners develop their fitness level and habits in just 12 weeks so that they are able to cross the finish line of a 5K event (3.1 miles) at their own pace. It includes:

1. A detailed training schedule and informational handouts
2. At least 1 group run each week for 12 weeks
3. Advice and guidance from an experienced coach and enthusiastic mentors
4. Three clinics (Clothing and Footwear, Nutrition, and Injury Prevention)

Next Step is not about speed!! It is for people who want to experience (or re-experience) the life-long (12)



fitness and health benefits of running and/or walking. Don't worry that you'll be too slow or that you'll be the last to finish. Our goal is to help you reach the finish line happy, healthy and injury free.

When does the program begin?

Training begins on Saturday March 20th. Our target race is the Betar Byway 5K in South Glens Falls that will be run on Sunday June 13th.

What is the cost?

The only cost for the program is the \$15 fee to register for the race.

How do I learn more about Next Step?

To learn more about **Next Step**, or to register, you can contact Gerry Florio at 926-6528.

We hope you will take the Next Step.

**Join us to have fun,
get fit and feel healthy!**

Motivations

The Coffee

A group of alumni, highly established in their careers, got together to visit their old university professor. Conversation soon turned into complaints about stress in work and life. Offering his guests coffee, the professor went to the kitchen and returned with a large pot of coffee and an assortment of cups - porcelain, plastic, glass, crystal, some plain looking, some expensive, some exquisite - telling them to help themselves to the coffee.

When all the students had a cup of coffee in hand, the professor said: "If you noticed, all the nice looking expensive cups were taken up, leaving behind the plain and cheap ones. While it is normal for you to want only the best for yourselves, that is the source of your problems and stress. Be assured that the cup itself adds no quality to the coffee: in most cases, it's just more expensive and in some cases even hides what we drink.

What all of you really wanted was coffee, not the cup, but you consciously went for the best cups... and then began eyeing each other's cups.

Now consider this: Life is the coffee, and the jobs, money and position in society are the cups. They are just tools to hold and contain Life, and the type of cup we have does not define, nor change the quality of Life we live. Sometimes, by concentrating only on the cup, we fail to enjoy the coffee."

~author unknown

Starfish

A small boy was walking along a beach at low tide, where countless starfish, having been washed up on the beach, were stranded and doomed to perish. A man watched as the boy picked up individual starfish and took them back into the water.

"I can see you're being very kind," said the watching man, "But there must be thousands of them; it can't possibly make any difference."

Returning from the water's edge, the boy said, "It will for that one."

~author unknown



Courage is tiny pieces of fear all glued together.
~Irisa Hail

Courage is what it takes to stand up and speak;
courage is also what it takes to sit down and listen.
~ Winston Churchill

A Brush Encounter

(Continued from page 2)

by the quick pace, I was also pleased to be moving forward with both a sense of direction and a positive attitude thanks to the attention I was receiving.

The days leading up to surgery were spent reading as much as I could about colon cancer. I wanted to be knowledgeable about my condition so I could make sound decisions and also explain clearly to others including family and friends about what was going on. I did feel sort of isolated in not having someone other than doctors from whom to seek advice or to get another point of view. Thankfully I was able to rely on a good friend whose daughter dealt successfully with kidney cancer only 3 years ago at the age of four. Their experience gave me great insight into my experiences and it didn't take long before his little girl wrote asking me to be her walking partner at the next Relay for Life event. It was also during this period, before surgery, that I strangely found myself occupied with thoughts of health care proxies, insurance beneficiaries, and similar concerns that I had not really thought about until now.

One of the tougher decisions I faced was whether to inform my employer about my diagnosis especially considering pink slips were going to be handed out in a few weeks. Would having cancer suddenly make me a liability or less valuable to my employer, and therefore catapult me to the top of the hit list? And even more unsettling was knowing now was not the time to risk losing my health insurance. Besides these anxieties I also wanted to avoid having my private life subjected to the typical workplace gossip mill. After careful consideration, I decided to protect my privacy and limit my exposure by keeping my condition known to only family and close friends until more was known following surgery.

Interestingly enough, I was not especially nervous about having an operation even though I stood to lose a fairly large section of my colon. The surgery seemed to me to be relatively straight forward and the procedure was made less stressful by the confidence instilled by my surgeon. Furthermore, I was told I could function normally and live quite well without this part of my colon so in essence - good

riddance. I actually suffered with a great deal more anxiety over what remained unknown about whether the cancer had spread to areas beyond my colon.

The surgery went well and I got accustomed to the hospital environment while I recovered. The toughest part was not eating anything other than a liquid diet for several days. Normally I eat what I consider to be a large amount of food for someone who is lightweight and small in stature. I was practically becoming nauseous at the mere whiff of beef broth so I begged for some solid food and was served a bowl of cream of wheat... heavenly. I was even lucky enough to have a fourth floor room with a clear view of West Mountain. With fresh snow on the ground I looked out the window hoping I'd be lucky enough to get back on the slopes soon.

Late one afternoon my surgeon came in for a routine check and he had news of the pathology results which I knew weighed heavily on my prognosis. The report was very encouraging as the cancer had not spread to any lymph nodes or elsewhere. It appeared for the moment at least that I had dodged a few bullets. The smile on my doctor's face was matched only by my own. The news left me silent for quite some time after he left the room. I knew an important hurdle had been cleared.

I left the hospital shortly thereafter and two weeks later met with my oncologist who would take charge of my case and determine if chemotherapy was in my future. Despite all the positive indicators there remained a marginal chance that chemotherapy would be necessary. My oncologist was concerned over the tumor's size and precisely how deep it had penetrated the colon wall. Basically I was in a grey area teetering between stage I and stage II, something I thought would have been too much to hope for a month earlier. A final decision was put on hold for the moment and we arranged to meet again in a few weeks.

I flip-flopped from day to day trying to decide if undergoing chemotherapy was the best thing to do should it depend on me to cast the deciding vote. As it turned out I did a lot of unnecessary hand wringing as my oncologist recommended no che-

motherapy after carefully scrutinizing my pathology report. The cancer stayed far enough away from the outer colon wall that it was classified a Stage I and chemotherapy was not standard treatment for my condition.

Upon getting this news I was relieved not to have to undergo chemotherapy. However, I later felt perhaps I wasn't doing everything possible to stop the cancer from returning. Medical approaches to cancer treatment seem largely based on statistical data and my odds for survival are quite favorable even without the chemotherapy. But sometimes playing the odds doesn't always result in a desirable outcome as I've discovered on numerous August days in Saratoga wagering on the ponies. In the end though, as with many other things in life, it boils down to playing the percentages and putting trust in the process. Thankfully my outlook is promising and I'm feeling more comfortable with foregoing chemotherapy but I still struggle with second thoughts sometimes. I'm still not able to go through most days without wondering whether the cancer lingers somewhere in me. Given more time I'm sure this will fade.

I'm certain the things I have learned or gained

through this experience will ultimately outshine that which has been lost or taken away. This revelation helped me to overcome much of the despair and fear I initially experienced after being diagnosed. My priorities have been reshuffled a bit and a few plans have been put on a fast track with the realization that there are no sure bets when it comes to cancer. Strangely, even with these uncertainties I actually feel more content with my life now than I did before all this occurred. I smile at the things that used to rile me and take pleasure in things that I often sped by. I can better appreciate the quality of my life more so than the quantity in my life.

There are many people to thank and for whose support I'll always feel indebted, particularly my family, friends and doctors. Having gotten to this point, I consider myself extremely fortunate although I'm not exactly sure why I deserved a brush encounter while others must wage much greater battles against cancer. Perhaps it was pure luck or maybe there's something more to it than that. Whatever the case may be, I hope to make the most of what I've been given and more importantly give some back, particularly to those facing similar situations.

Spring Survivorship Symposium

The C. R. Wood Cancer Center at Glens Falls Hospital
is sponsoring a

Spring Survivorship Symposium

Saturday, May 15, 2010

at Roaring Brook Resort and Conference Center

All cancer survivors and their guest are invited to attend

Cost is \$10.00 per person which includes lunch

Please call for more information or to request a registration form

Vickie Yattaw, RN, BSN, OCN - 926-6639

Paul Miller, RN, OCN - 926-6629

Registration forms can be accessed online at www.glensfallshospital.org

Food Safety During Cancer Treatment

(Continued from page 4)

separate cutting board for meat, poultry or seafood.

- Never place cooked food back on the same plate or cutting board that previously held raw food.
- Always marinate food in the refrigerator, not on the counter. Sauce that is used to marinate raw meat, poultry, or seafood should not be used on cooked foods.
- Refrigerate or freeze leftover foods within 1 hour. Store in shallow, covered containers. Do not cool at room temperature as this is an ideal temperature for rapid bacterial growth.
- Thaw frozen foods in the refrigerator. This may take longer so plan ahead.
- Discard leftover food after 2 days.

Cooking

- Be sure to cook meat, poultry, eggs and seafood thoroughly.
- *Never* eat raw foods, such as sushi or undercooked eggs.
- Use a meat thermometer to be sure your food is cooked through. You cannot "eyeball" food to determine if it is thoroughly cooked. For example, according to the USDA food safety and inspection service, one out of four hamburgers turns brown in the middle before the meat has reached a safe internal temperature.
- Ground beef, turkey, or chicken should be cooked to a minimum temperature of 165° F.
- Fresh beef (e.g. steak) should be cooked to a minimum temperature of 160° F.
- Whole chicken, turkey, duck, and goose should cook to a minimum temperature of 180° F.
- Fresh pork should be cooked to a minimum temperature of 170° F.
- Eggs should be cooked until both yolk and white are firm.
- Egg dishes should be cooked to a minimum temperature of 160° F.
- Leftovers and casseroles should be cooked to a minimum temperature of 165° F.
- Use a food test thermometer to check your cooked and reheated food. They can be purchased in your grocery store. Use a food test thermometer to make sure your food is cooked to a safe temperature without over cooking.

Use the thermometer to test the food but do not cook food with the thermometer in place. Be sure to keep your thermometer clean. Wash or clean with alcohol before each use. There are several thermometers on the market. You can also purchase a digital version.

Foods To Avoid

To reduce the risk of food-related infection, avoid the following foods while you are in cancer treatment:

- Unpasteurized raw milk, cheese, or other dairy products
- Cheeses, meats, cold cuts, and other food items from a deli counter
- Cheeses containing uncooked vegetables and spices, such as chili peppers
- "Moldy" and soft cheeses such as blue cheese, Roquefort, Stilton, brie, feta, or farmer's cheese
- Raw or undercooked meat, poultry, fish, eggs, or egg substitutes
- Cold, smoked or pickled fish
- Raw tofu or tempeh
- Unwashed vegetables and fruit
- Unpasteurized fruit and vegetable juices
- Raw, unpasteurized apple cider
- Raw, uncooked sprouts (alfalfa, mung bean, others) or raw grains
- Unroasted or uncooked raw nuts and seeds
- Salads from salad bar or deli
- Sun-tea or other "cold brewed" teas and drinks
- Fresh, cream-filled pastries, cookies, cakes, and cream puffs
- Raw honey or honey comb
- Fresh, prepared salsas, dressings, and salad dressings that are stored in the refrigerated section of your grocery
- Uncooked brewers yeast

Bottom Line

Keep yourself safe and healthy during cancer treatment by taking extra precautions with your food preparations. Keep things clean, wash your hands often, and avoid unpasteurized dairy and juice, raw and undercooked foods, such as meat, poultry, eggs and seafood. Finally, please ask your doctor or nurse if there are any special food safety guidelines that you need to follow during your cancer treatment.

Reference: www.caring4cancer.com

Chicky's Tips

By Chicky Barilli, RN, OCN®



As an oncology nurse I have found patients to be one of my best resources when it comes to managing side effects from treatments. I'd like to share these with you. I cannot guarantee they will work for you but many are certainly worth trying. We will be sending these to you through a regular series in the *Connections* newsletter.

The severity of side effects varies greatly from person to person, so be sure to talk to your doctor and nurse about *your* side effects.

Please talk with your doctor before trying any of the following

Appetite:

Many patients complain of feeling bloated while undergoing treatment. After eating they have that "overflow" feeling, often after having just a few bites of food.

Here are a few suggestions to help:

- Fatty, fried foods tend to remain in the stomach longer and may cause you to feel full. Try to minimize the amount of this type of food.
- Avoid carbonated beverages, gas producing foods and milk as these may also cause bloating
- Eat slowly
- Try to eat frequent small meals; increase sweet or starchy foods
- Take a walk after meals; try not to lie down right after eating
- Peppermint tea after meals may help with gas and bloating

Decreased appetite:

You may develop taste changes during treatment, losing the desire to eat. Your decreased appetite is usually temporary; however, it may take time once treatment is complete for your appetite to return.

Here are some suggestions to help you get the right amount of nutritional requirements:

- Eat small frequent snacks/meals that include foods that you best tolerate
- Try different types of spices, seasonings, marinades, sweet fruit juices and cooked fruits.
- Suck on hard candy – sour lemon drops work best for many who complain about a metallic taste.
- Some patients feel that using plastic utensils instead of metal reduces the bitter taste.
- Add nonfat dry milk and egg substitutes in your cooking and baking, as these are great sources of adding protein to your diet.
- Add ice cream to milk beverages or a few tablespoons of nonfat milk powder to each glass of milk.
- Try adding more peanut butter, bananas, cream cheese and nuts to your diet
- If you are using a supplement like Ensure or Boost – try putting it into the blender (cold) and adding some instant carnation breakfast, crushed ice, ice cream and frozen fruit. You can get some great recipes on www.ensure.com. Use milk instead of water when making condensed cream soups and sprinkle on some grated cheese
- Acidic beverages, such as lemonade, can increase one's appetite
- When undergoing treatment, many patients state that breakfast is their best meal – take advantage of this and eat high protein, high calorie foods at this meal.
- Eat when you are hungry – keep easy to prepare nutritional snacks on hand (Cheese, crackers, peanut butter).
- If your doctor allows – a small glass of wine or beer during a meal may stimulate your appetite.

For more great recipes check out the National Cancer Institute website at:

www.cancer.gov/cancertopics/eatinghints/page6

Courage is being afraid but going on anyhow.
~Dan Rather

(17)

Sometimes the biggest act of courage is a small one. ~ Lauren Raffo

March is Colorectal Cancer Awareness Month

In recognition of National Colorectal Cancer Awareness Month, *Connections* Newsletter readers are urged to discuss with their friends and family members the advantages of screening for colorectal cancer for men and women over age 50. Colorectal cancer is the third most common cancer diagnosed in men and women in the United States, excluding skin cancers, and the third leading cause of cancer-related death in New York State. Approximately, 11,000 new cases of colorectal cancer are diagnosed each year in New York, and 4,000 men and women die from the disease annually.

Colorectal cancer is the term used for cancers that start in the colon or the rectum. Colorectal cancer often starts as a small growth called a polyp, long before symptoms appear. A polyp is a non-cancerous growth of tissue or tumor that grows before cancer develops. A polyp grows on the lining of the colon or rectum and may change into cancer. "Screening tests can prevent cancer by finding it early when the chance of being cured is very good," said Melissa Engwer, RN, Cancer Services Program at Glens Falls Hospital.

All men and women age 50 and older should be screened for colorectal cancer. Colorectal cancer can affect anyone, men and women alike, and the risk only increases with age. According to the American Cancer Society, more than 90 percent of colon cancer cases occur in people aged 50 and older.

Some people are at greater risk for the disease than others, though, such as those with a personal or family history of colorectal cancer, history of intestinal polyps or inflammatory bowel disease, and people with a history of certain inherited diseases such as familial adenomatous polyposis and hereditary nonpolyposis colon cancer.

Colorectal cancer can be prevented or detected early through regular screening. We urge you to

advocate ways to lower your risk of developing colorectal cancer by talking to others about:

- Getting screened: Begin regular screening at age 50. If you have a personal or family history of colorectal cancer or colorectal polyps, or a personal history of another cancer or inflammatory bowel disease, talk to your health care provider about getting screened before age 50.
- Eating healthy: Enjoy a low-fat diet that is rich in fruits, vegetables, and whole grains from breads, cereals, nuts, and beans. Eat foods with folate such as green, leafy vegetables. A daily multivitamin containing 0.4mg of folic acid may also be helpful.
- Kicking the habit: If you use tobacco, quit. If you don't use tobacco, don't start.
- Skipping the alcohol: If you use alcohol, drink only in moderation. Alcohol and tobacco in combination are linked to colorectal cancer and other gastrointestinal cancers.
- Getting moving: Exercise for at least 20 minutes three to four days each week. Moderate exercise such as walking, gardening, or climbing may help reduce your risk.

"Talking with your healthcare provider is vital when it comes to preventing colorectal cancer," stressed Melissa. "Colorectal cancer is easily treated and often curable when detected early. The tests are often covered by Medicare and many health insurers."

No Insurance - No Problem

If you know someone who is uninsured or underinsured, the Cancer Services Program provides free colorectal cancer screening to men and women age 50 - 64. Call 926-6570 for more information.

Fear and courage are brothers. ~ Proverb

I'm not funny. What I am is brave. ~ Lucille Ball

The Book Connection

By Lynn Adams, RN, BSN, OCN®

There are so many books out there, how do you decide what to read? In the pages of The Connection, we try to offer you information and stories that pertain to your diagnosis, your survival, your well being and decision making. In this occasional feature we hope to also share some of our favorite books. Books that are not necessarily about diseases or cures, but about spirit and joy and travels and silly antics. Please let us know if you have titles to share that might fit.

The Guernsey Literary and Potato Peel Pie Society

By Mary Ann Shaffer and Annie Barrows

A remarkable tale about the occupation of one of the Channel Islands of England during the second World War. A wholly different view of that conflict and the strength of the people living through it. Funny, clever, and touching.

Sundays at Tiffany's

By James Patterson and Gabrielle Charbonnet

What if your imaginary friend from childhood was

your one true love? A wonderful twist of angels and unseen friends living in the real world. Believing in the impossible can sometimes be the right path.

Outlander

By Diana Gabaldon

In the year 1945 a former army nurse walks through a split stone in one of Britton's "stone circles". She comes awake in 1743. The adventures go from there. What a delightful descriptive story of the 18th century, and what a fine line she learns to walk between knowing too much and not knowing enough. And the series continues if you are captured!

Winter Solstice

By Rosamunde Pilcher

How do people end up together? This novel brings the lives of several people who have ever so loose connections into the same house over the Christmas holidays. The descriptions and language are lovely. And if you like the coincident gathering tale, try the video of "Strangers in Good Company".

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Phone: 518-926-6640 Fax: 518-926-6643

www.glensfallshospital.org

Connections is available on this web site

Contact the Editor: Paul Miller, RN, OCN®

926-6629

pmiller@glensfallshosp.org

The information in this newsletter is for educational purposes only and is not intended to be used as medical advice. Please consult your physician for questions regarding your treatment.

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

Paul Miller, RN, OCN®

926-6629

C.R. Wood Cancer Center

Glens Falls Hospital

Glens Falls, NY 12801

pmiller@glensfallshosp.org

Please let us know if you wish to be removed from our mailing list.

Breast Center Services Available Queensbury and Greenwich

The Breast Center is pleased to announce that the following services are available at Advanced Imaging at Baybrook on Willowbrook Road (off Bay Road) in Queensbury and the Greenwich Regional Medical Center on 1134 State Route 29 in Greenwich.

- Bone Densitometry (DXA) studies
- Full-field digital screening mammography
- Clinical breast exams (by appointment)

Services available at Advanced Imaging at Baybrook also include: Glens Falls Hospital CT

scanning, PET/CT and MRI.

Services at Greenwich Regional Medical Center also include: CT scan, Ultrasound, x-ray and lab (blood work).

Appointments can be made through the Glens Falls Hospital Centralized Scheduling Department at 926-5333.

If these options would be more convenient for you please inquire with the Cancer Center Scheduler when scheduling your appointments.

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