

The Shepard Lantern

Cancer Center News

Winter 2010

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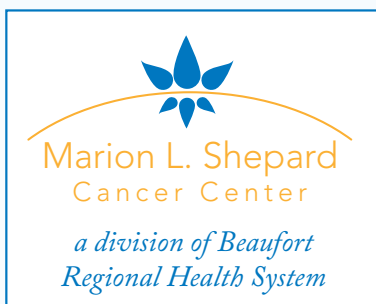
Announcements

Closings.....Monday, April 5th

• Enclosed you will find our patient survey. We encourage you to complete this survey and return it in the prepaid envelope. Your thoughts and comments will help improve the quality of services we provide.

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Expanding More Than Just Space



Can you believe it has been four years since we opened the doors of the Marion L. Shepard Cancer Center? And what a great day it was to move into the Center! If you were a patient of ours back then you know first-hand how desperately we needed more space.

However, the opening of the Center did so much more than just provide more exam rooms and a larger area to give chemo in treatments. It has given us an environment to put feet to our vision not only in treating cancer, but also improving the everyday lives of our patients and their caregivers.

Not long after opening the Center we broke ground on our radiation oncology wing and opened that addition in November of 2007. Our patients no longer have to travel long distances to get radiation therapy, which is a huge advantage in battling cancer.

It has given us the capacity to have our own Clinical Trial Center. In April of 2007 we were selected by the Cancer Trials Support Unit of the National Cancer Institute, for inclusion in a cancer drug trials program. Although we had already been offering clinical trials in partnership with others, inclusion in this program gave us the opportunity to be in the driver's seat over what trials we opted to make available to our patients.

The opening of the Center has also afforded us the opportunity to offer complementary therapies which address both patients' and caregivers' physical, emotional and spiritual needs. These programs include massage therapy, yoga, an art cart, and a Pet Partners program. We also provide dietary counseling and educational sessions that help our patients better understand and manage their cancer diagnosis. These programs, as well as our patient assistance program, are supported by the Shepard Cancer Foundation which was formed in 2008 to help raise funds to support our Cancer Center.

Food For Thought

Supplement use in Cancer Treatment

Laurel McKenzie, RD, LDN

Individuals undergoing treatment for cancer often want to know if taking dietary supplements will help them fight their cancer or if taking them will help prevent future cancers. Whole foods are your best bet for reducing your risk of cancer, not supplements. Research suggests that naturally occurring nutrients in foods act together, or in synergy, to offer the best protective effect against cancer.



If you are thinking of using dietary supplements such as vitamins, herbs, or any product made from plants (botanicals) as part of your cancer treatment, you'll want to consult with your oncologist before doing so. There is a common, false belief

that "if it is natural, it must be safe." However, herbs and other supplements are biologically active compounds and they could have negative interactions with your medicines.

Your doctor may advise you not to use herbs, antioxidants or dietary supplements, especially if you participate in clinical trials. This is particularly true for herbals because they can interact with and decrease the level of chemotherapy or any medication that enters your body. The biologically active compounds in herbs can change the way a chemotherapy drug is absorbed, distributed, processed or eliminated from the body. This can either dilute the effect of the chemotherapy medicines leading to treatment failure or make the medication reach toxic levels or a type of overdose of medication action.

Keep in mind that a great deal of what you hear or read about dietary supplements is based on people's (even doctors') personal experiences or opinions rather than objective, controlled scientific studies.

Be skeptical of grand claims based on a few people's testimonials or vague reference to "scientific proof." The rule, "if it sounds too good to be true, it probably is" usually applies to such claims. Makers and sellers of supplements have a financial interest in promoting their products. Look for evidence or research on the supplement from objective third-party sources. Look for the resource list at the end of this article for some good sources of information.

Since herbs like garlic, ginger, ginkgo biloba, echinacea, and others are made of plant material, they are often sold as "natural" products. The Food and Drug Administration does not oversee the processing, content or labeling of vitamins, minerals or herbs since they are not considered drugs. You may be getting the leaves of the plant instead of the flower, for example, or you may be getting a greater or lesser concentration than the label says.

Antioxidants like beta-carotene, lycopene and vitamins A, E, and C are substances that have been thought to protect cells from damaging free radicals. Free radicals are unstable cellular parts that are thought to lead to the development of disease, including cancer. However, recent research has brought mixed results. The mixed results are dependent on the type of cancer, the antioxidants used, the dosages used and other factors. More research is necessary before conclusions can be made about their effects on cancer treatment or prevention.

Since antioxidants in foods have been shown to have a cell-protective benefit, there is a theory that taking large amounts of antioxidants in pill-form may prevent a person's chemotherapy from having the tumor damaging effect that is desired. To neutralize damaging free radicals and help prevent cancer, choose whole foods that are rich in antioxidants such as deep colored fruits and vegetables, nuts, plant oils, grains and some meats, poultry and fish.

There is no evidence that nutritional supplements can reproduce the benefits of a healthy, balanced eating style containing plenty of fruits and vegetables. However, if you are unable to eat an adequate diet due to symptoms of your treatment, a multi-vitamin and mineral supplement that contains no more than 100% of the daily requirements, along with calcium and vitamin D supplements are sufficient for most people.

Here are some helpful resources for nutrition and supplement information: The American Cancer Society at www.cancer.org; The National Cancer Institute at www.cancer.gov; The National Center for Complementary and Alternative Medicine at www.nccam.nih.gov.

Growth from page 1

Although the opening of the Shepard Cancer Center has given us the capability to do all of these things and more, our vision is not complete and our needs continue to grow. We need to add a third oncologist so we can provide care to everyone who needs our help. We want to expand our radiation therapy services so that our patients can have all aspects of their radiation therapy provided locally. It is our goal to expand our support groups, educational seminars, workshops and complementary therapies to continue to address the physical, emotional and spiritual needs of those we serve.

Demand for oncology treatment is growing locally as it is nationally. We will see a greater need for long term and support services for cancer survivors as improvements in treatment help more people survive this disease.

For over 20 years, members of our community stricken with cancer have sought treatment and care from our Cancer Center. Person by person, family by family, we have cared for the medical and emotional needs of our patients and their families. Our goal is to help more families who are facing a cancer diagnosis and to offer comprehensive care for patients who are at a very vulnerable and stressed point in their lives.

From the Clinical Trials Department

By Nicole Manning, IRB/Regulatory Coordinator

For the last several years our Clinical Trials Department has been thriving and growing. We have been brimming with trial opportunities since becoming a part of the CICRS (CTSU Independent Clinical Research Sites) program in June of 2008. This program allows us to open studies with large cooperative groups all around the world. In addition to these cooperative group studies, we also participate in several pharmaceutical studies. At present we have 16 different clinical trials open at the Cancer Center in breast, lung, GI and prostate cancers. One of our newest trials looks at treating chemotherapy-induced anemia (CIA). CIA is a common problem because chemotherapy drugs can lower blood counts and cause anemia. This study involves a subcutaneous injection that hopes to increase hemoglobin.

I am sure a lot of people still wonder, "What is a clinical trial?" Clinical trials are the way new treatments are developed to improve cancer care or help us better an existing treatment. Clinical trials test new drugs that fight cancer. The trials look at ways to make cancer treatments more tolerable, like testing new anti-nausea medications or finding ways to stabilize and support blood counts during treatment. In the early stages of clinical trials (phase I and II), a new medication is tested to see what side effects it can cause and what dose is appropriate to use. In later clinical trials (phase III), a new drug or drug combination is compared to the current standard of care. This is the way standard of care cancer treatment began and has advanced over the years. We offer a variety of clinical trials to benefit the majority of the cancer population that we see, most at phase III. There are specific eligibility requirements for each study, which will tell us if you qualify.

We are very excited to be part of the research future with the cancer care/treatment that we offer and are always looking to add studies that will benefit our patient population. Please ask your doctor or our study staff for more information about clinical trials that may benefit YOU.

Ask the Chemotherapy Nurse

Important Information for All Patients and Caregivers

Kristy Alligood, RN, OCN

At the Marion L. Shepard Cancer Center, we strive to serve our patients in a timely and effective manner. We would like to review a few suggestions to help us meet this goal.

If you are having a problem and need to be seen by the nurse and/or doctor, please call the clinic and talk to the Triage Nurse instead of walking into the clinic. Unlike an urgent care clinic, we do not operate on a “walk-in” basis. The Triage Nurse will then help you with your problem via phone or give you an appointment time to come to the clinic. This should prevent patients with an appointment from having to wait too long and ensure that sick patients are seen in a timely manner. If you are scheduled to have labs drawn and you are having a problem, please also call ahead and talk with the Triage Nurse.

If you are having problems that are not directly related to receiving chemotherapy or as a result of your cancer diagnosis, then you may seek medical attention from your primary care physician or an urgent care. If your doctor feels we need to see you, then arrangements can be made.

If you are having lab work only, we will notify you by the end of the business day if any labs are abnormal and what actions you will need to take. There is no need to wait for your lab results. If you choose to wait for your lab results, please tell the front desk when you check-in that you are waiting, so we will know that you are expecting results.

Remember that all chemo patients should have a patient packet that was given to them during their education meeting. This is an excellent resource during times that you may have problems. It includes information about how to deal with chemotherapy side effects, specific information on your individual chemotherapy, and when you need to call the nurse. If



you have misplaced your handouts, they are available on our web site at www.marionlshepardcancercenter.org.

We remind everyone to take advantage of our Triage voicemail. Whether it is a prescription refill or a more serious problem, please leave us a detailed message. The nurse will then have a chance to pull your chart and have it available when she returns your call. Most often we are able to take care of things easily and other times we may need to call you back to get more information. The nursing staff understands the seriousness of each patient’s problems and strives to help you find an answer to your problem by the end of the business day.

Our answering service is available after-hours or on weekends. It is for emergencies only. Please call during business hours for non-emergent problems. There is a list of “When To Call the Nurse” in all new patient packets and also on our web site. Also as a reminder, we only refill medications during clinic hours. Please plan ahead for weekends and vacations.

We thank you in advance for your assistance in following these guidelines and we hope these changes will benefit all patients and the staff at the Marion L. Shepard Cancer Center.

Doctor’s Corner

Who Really Needs a Mammogram?

Jennie Crews, MD

The recently released report from the US Preventive Services Task Force (USPSTF) on screening mammograms has caused a lot of controversy and confusion that has played out in the popular press and on television. Some people have misconstrued the recommendations as saying that women aged 40-49 do not need mammograms or do not benefit from mammogram screening. I would like to clarify some of the confusion for our readers.

The USPSTF is an independent panel of primary care and prevention experts that is sponsored by the Agency of Healthcare Research and Quality (a division of the US Department of Health and Human Services). Its job is to review and recommend clinical preventive services such as cancer screenings. However, there are other agencies and patient advocacy groups, such as the American Cancer Society, which also make screening recommendations. The recommendations from these groups may or may not agree with those of the USPSTF.

The previous recommendation from USPSTF was for women to undergo screening mammograms every 1-2 years starting at age 40. The current recommendations are for women age 50-75 to undergo a mammogram every 2 years and for women under the age of 50 to discuss the benefits and risks of mammogram screening with their physician. So why have the recommendations changed?

To understand the change, it is important to understand what defines a good screening test. The usefulness of a screening test is based on several factors including the ability of the test to decrease mortality from the condition being screened, the ability to detect a condition with minimal harm to the person being screened, and the ability to screen populations in a cost-effective manner.

There is no question that mammograms reduce mortality from breast cancer. In fact, the mortality rate from breast cancer in the US has steadily declined by 2% per year since 1990, in part due to more women being screened with mammograms. The relative reduction in risk is about the same for women aged 40-49 as it is for women

aged 50 or older (15 % and 14%). So, mammograms meet the first requirement for a good screening test: to reduce mortality from the condition being screened.



However, for women over age 50, we see about 1 cancer in every 1,339 mammograms done whereas in women age 40-49 we see 1 cancer in every 1,904 mammograms done. So the sensitivity of mammograms is greater in women over age 50.

There are 2 reasons for this:

1. Breast cancer is more common in women aged 50 and older.
2. Mammograms can more easily detect cancer in older women because their breast tissue is not as dense.

This leads to the second condition of a good screening test: the ability to detect a condition with minimal harm to the person being screened. Because breast tissue is denser in women aged 40-49, mammograms have a harder time distinguishing benign tissue changes from worrisome changes that may indicate a cancer. This can lead to callback mammograms, ultrasounds, and more biopsies for younger women. While biopsies are generally not a high-risk procedure, they are invasive and additional tests and procedures can increase anxiety. Therefore, the USPSTF is questioning the benefit versus risk of mammograms in women aged 40-49.

I believe the real driving force for the new recommendations from the USPSTF is the third requirement of a good screening test: the ability to screen a population in a cost effective manner. Cost effectiveness balances the cost of the procedure against

Radiation Oncology

Skin Reactions

Carolina I. P. Moreno, R.T. (R)(T)



Your skin is your body's natural defense against infection so we want to monitor any damage to this important barrier. While receiving radiation therapy treatments you may incur skin changes in the specific area being exposed to the radiation. The type of skin reaction will vary due to the location and sensitivity of the skin, the dose received, the technique used and whether you are receiving chemotherapy at the same time. These changes may occur 2-3 weeks after starting your radiation treatments and may last

4-6 weeks after you finish treatments. Skin pigmentation can change from darker (tan) to redness, depending on your skin type. You may also experience pruritus or itchy skin and possible peeling, similar to the effect of a sunburn. Moist desquamation is a more severe reaction to your radiation treatment. This occurs when the cells cannot regenerate fast enough to form new skin, therefore it begins to break down the layers. The area becomes moist and sore similar to an open blister. This usually happens where there are skin folds such as behind your ears, under your breast, around your neck or your buttocks. Swelling may also occur in the area being treated by radiation.

Your radiation team, which includes the Radiation Therapist, Oncology Nurse and Radiation Oncologist will discuss proper hygiene and wound care to help you monitor and manage these reactions. They will provide you with the correct type of lotions, antibiotics or other

medicines to aid with itching, skin break down, pain and swelling. There are things you can do to help your skin as you are undergoing radiation therapy. First, please keep marks placed on your skin for setup; do not wash them off! Be extra gentle to your skin in the area being exposed to radiation by not scrubbing, rubbing or scratching. Avoid adhesives, such as band-aids or tape, and hot or cold packs. Keep the area well cleaned using mild soap and warm water. Do not apply hydrogen peroxide, alcohol, betadine or any other harsh wound cleaners. If you are using any type of prescription skin products for acne or other skin conditions, let your radiation team know. Also check with them before you shave or use bubble bath, cornstarch, cream, deodorant, hair removers, makeup, oil, ointment, perfume, talcum powder, soap or sunscreen. These products may have chemicals that can react adversely with the radiation and possibly cause more skin damage. Wear soft fabrics and avoid tight clothing such as bras, panty hose or girdles. Protect your skin from any sun exposure even on cloudy days. Do not use tanning beds!

Remember, when receiving radiation therapy there are many changes that your body may go through. Your radiation team is there for you to help ease any discomfort to you while you are undergoing your treatments so keep the communication open. We are there to help you in your journey to a healthier you!



Mammograms

Continued from page 5

the cost of the outcome being prevented, in this case breast cancer. Because breast cancer is less frequent in women aged 40-49, we need to screen more women with mammograms to prevent just 1 breast cancer than we need to do in women 50 years old and older. Moreover, it takes a longer time to see the benefits of screening in younger women. Also, if mammograms lead to "unnecessary" biopsies, the cost of these additional tests can decrease the cost effectiveness of mammograms. Therefore, even though mammogram screening has been shown to reduce breast cancer mortality in women aged 40 and over, the USPSTF has decided that breast cancer screening is more cost effective in women age 50-75 and that screening every 2 years instead of annually is more cost effective across all age groups. They do not recommend against mammograms in women age 40-49, but instead suggest that a woman discuss with her physician the risks and benefits.

The majority of other agencies and patient advocacy groups including the American Cancer Society, the National Comprehensive Cancer Network, and the American Medical Association continue to recommend routine annual mammograms for women beginning at age 40. It is also my current recommendation that yearly mammograms be done starting at age 40 and continued annually as long as a woman is healthy enough to benefit from intervention if a cancer is found.

A very important point to clarify is the distinction between a screening mammogram and a surveillance mammogram. Screening mammograms are intended for women who have never had a history of breast cancer and are not at increased risk of breast cancer due to family history. Women who have been diagnosed with breast cancer or who are determined to be at increased risk of breast cancer should undergo a diagnostic surveillance mammogram annually. This recommendation has not changed and applies to many patients at the Marion L. Shepard Cancer Center. If you are not sure what your risk of breast cancer is or what type of breast cancer screening is most appropriate for you, please discuss this with your healthcare provider.



'The Benefits of Yoga'

Part of the Knowledge is Power Series

Tuesday, January 26th 6:00 pm

Please join us as Dr. John Inzerillo presents an informative presentation on the benefits of yoga. This educational program is open to the public and will be held in the Education Dept. at Beaufort County Medical Center. Taking up yoga might just be the best New Year's resolution you've ever made! We will be serving light refreshments.

Caregiver Support Group

Held on the 1st and 3rd Thursday of every month at 4:00 pm

If you are taking care of someone you love who is fighting cancer, we invite you to join others who are facing the same questions and challenges that you are experiencing. This group is open to any adult caregiver, man or woman. Pre-registration is not required. The group meets at the Cancer Center.

Conversations

Held on the 2nd and 4th Thursday of every month at 4:00 pm

A time and place for people to gather who have any type of cancer. Please join others who just might share some of your own experiences. Pre-registration is not required. Group will meet at the Cancer Center.

Breast Cancer Support Group

Held on the 3rd Tuesday of every month at 11:00 am

Ladies, join a support system for breast cancer survivors and those who have been recently diagnosed and undergoing treatment. This group meets in the Education Department at Beaufort County Medical Center. Pre-registration is not required.

Look Good...Feel Better

brought to you by the American Cancer Society

Held on the 2nd Monday of every month at 2:00 pm

A hands-on group session for adult female cancer patients currently in treatment who are coping with the side effects of chemotherapy and/or radiation treatment. Pre-registration is required. Held at the Cancer Center.

Therapeutic Massage

One free therapeutic foot, hand or chair massage is available every week to all cancer patients, survivors, and primary caregivers. Please call to make an appointment.

Restorative Yoga and Meditation

A yoga class that emphasizes relaxation for the body, mind and spirit. Registration is not required. Held every Monday at 6:00 p.m. at Lifestyles Medical Fitness Center. Classes are open to all cancer patients, survivors, and primary caregivers.

All Cancer Center programs are FREE thanks to the support of the Shepard Cancer Foundation

For more information, to make an appointment or to register, please call the Cancer Center at 975-4308.

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“We live for today, everyday”

-Cancer Survivor



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