

A Message from the President & CEO

Paul P. Hinchey



Welcome to this edition of Transformations, a St. Joseph's/Candler publication that brings you the latest news from the Nancy N. and J.C. Lewis Cancer & Research Pavilion (LCRP).

November is National Lung Cancer Awareness month so this issue we're focusing on cigarette smoking. Did you know that smoking is the major cause of lung cancer and is the leading preventable cause of death in the United States? Smoking is attributed to about one out of every five deaths annually. Cigarette smoking also significantly increases your risk for other chronic lung and cardiovascular diseases.

In the last issue of Transformations, we described a type of high-tech radiation treatment called image-guided radiation therapy. This time our radiation specialist Dr. Pablo describes another: stereotactic body radiation therapy. It's a big name but it describes a very precise type of radiation that works well on small tumors, such as those found in patients with lung cancer.

Anyone who has tried to quit smoking knows how difficult it is. Health educator Michelle Heyman coordinates our Smoke Stopper's smoking cessation program and she'll tell you a bit about how it works. The success rate for people who go through Smoke Stoppers is about three times greater than when people try to quit on their own.

If you were formerly a smoker and have since quit, congratulations. You've drastically reduced your future risk of developing lung cancer. And, if you are a parent who smokes, give your children a very special gift this holiday season: quit—for your sake and theirs. Many children develop serious diseases from exposure to secondhand smoke.

For more information about lung cancer and the LCRP, please visit us online at www.cancerpavilion.com.

Have a safe and happy holiday season and remember to include cancer-prevention foods in your celebrations (we've provided a couple recipes to get you started). We look forward to seeing you in 2010.

Paul P. Hinchey, President & CEO



Successfully Treating Lung Cancer Patients

profile of John Pablo, Radiation Oncologist

Radiation has been a treatment option for cancer patients for a long time. Oncologists use radiation alone or in conjunction with other types of treatment, depending on each patient's individual case. Over the years, radiation has evolved considerably, and today's technology allows physicians to deliver more powerful, yet precise, doses of radiation while minimizing harm to the rest of the body.

At the Nancy N. and J.C. Lewis Cancer & Research Pavilion (LCRP), radiation oncologist John Pablo, MD, performs stereotactic body radiotherapy (SBRT). This is a long name for a procedure in which physicians deliver minimal doses of radiation, over just a few treatment sessions, for maximum tumor destruction. While stereotactic radiosurgery has long been used to treat brain lesions, SBRT refers to radiation delivered to any other place in the body.

"Stereotactic body radiotherapy allows the radiation oncologist to use very precise and targeted radiation beams to treat small or medium-sized tumors while sparing nearby health tissue," explains Dr. Pablo. "We are currently treating small lung tumors. Usually patients complete 5 treatments over two and a

half weeks instead of receiving daily radiation for several weeks, so they are exposed to less radiation overall. This procedure is particularly helpful if the patient cannot tolerate surgical removal or for whom surgery is not an option."

Radiation works by harming the DNA in fast-growing cells such as tumor cells so they lose their ability to grow and divide. Then the tumor begins to shrink over time. Dr. Pablo uses radiation therapy to shrink tumors before a patient undergoes surgery, or to prevent cancer from recurring. SBRT is particularly helpful for treating small tumors in the chest, abdomen or pelvis, which physicians often cannot remove through surgery. (right now only treating lung)

"We can also use SBRT to treat cancers that start in another part of the body and spread to the lungs," Dr. Pablo says. "Fortunately, because these treatments don't damage healthy tissue, patients experience few side effects. They're generally very pleased with the procedure."

Dr. Pablo's treated patient George Allen, who we've profiled in this issue, with SBRT for his lung cancer. Allen needed only five doses to treat his latest recurrence of lung cancer. Physicians

performed surgery when Allen developed lung cancer the first two times, and this time, he was not a candidate for surgery.

"Although SBRT works well, lung cancer is very serious," says Dr. Pablo. "If people didn't smoke, or stopped smoking, it would eliminate many cases of lung cancer. Preventing lung cancer in the first place is so much better than treating it after the fact."



Sharing an Important Message: Don't Smoke

profile of George Allen

George Allen, deputy sheriff for Effingham County, is no stranger to lung cancer. Earlier this year, physicians at the Nancy N. and J.C. Lewis Cancer & Research Pavilion (LCRP) treated him for lung cancer—his third incidence of this disease.

"In 1996, I had cancer in my upper left lung," he explains. "They took it out. In 2005, they found cancer in my upper right lobe. They took it out. In 2009, I had lung cancer again in my lower right lobe. This time they gave me radiation treatment. My doctors originally said it could show up again, but they didn't know when or where. Fortunately, it never spread from my lungs."

"I used to be a smoker," he says. "I quit in 1990, but I started smoking in 1945. I was just a kid, and now I'm paying the price. I was surprised

when I first learned I had cancer. I never figured it could happen to me. I had quit smoking four or five years before the doctors found cancer the first time."

John Pablo, MD, Allen's radiation oncologist, administered stereotactic body radiation therapy (see related article for more information). Surgery was not an option this time. Allen received five radiation treatments, which lasted about 30 minutes each.

Despite diagnosis and treatment, he continues to work every day. He says he sometimes has trouble breathing and needs to stop and catch his breath. Every four to five hours he also uses a machine to help keep his bronchials open. Allen doesn't let it slow him down, however. In addition to working full time, he cares for two young boys and continues to maintain his three-acre yard.

Cancer runs in Allen's family. His sister died of stomach cancer and his mother, who worked in an establishment where smoking was allowed, succumbed to lung cancer after persistent exposure to secondhand smoke. This is not unusual; about 38,000 people die annually from exposure to secondhand smoke. Allen's wife also struggled with cervical cancer for 37 years. Like his lung cancer, her cancer recurred several times.

"Please don't smoke," Allen says. "I'm a good example. I actually thought cancer couldn't happen to me, but it did. It was because of smoking. I wished I hadn't smoked when I was growing up. We didn't know anything about cancer and smoking. It was just the cool thing to do." Now, we know better.

Lung Cancer Screening Program Underway at the LCRP

This fall, the Nancy N. and J.C. Lewis Cancer & Research Pavilion (LCRP) at St. Joseph's/Candler will launch a lung cancer screening program for high-risk individuals using low-dose, non-contrast Computed Tomography (CT). According to the National Cancer Institute (NCI), lung cancer is the leading cause of cancer-related deaths of both men and women in the United States. Symptoms are usually not present with early stage lung cancer but appear when the disease is advanced, therefore secondary prevention and early detection methods are being studied. "Early stage lung cancer is often detected incidentally," says LCRP nurse practitioner, Deborah Kemp. "For example, a patient has a routine chest x-ray before surgery and an abnormality is detected."

Early detection and screening have been shown to be very helpful in some cancers such as breast and colon cancers, however there is not a generally accepted screening test for lung cancer. Screening involves testing people for a specific disease before it causes symptoms. CT screening for lung cancer remains under investigation. Ongoing clinical trials are being conducted to evaluate the risks and benefits of lung cancer screening for high risk individuals. The National Lung Screening Trial (NLST), sponsored by

the NCI was launched in 2002. The NLST is comparing low-dose, non-contrast CT and standard chest x-ray (CXR) to determine if one test is better than the other in early detection and reduction in deaths from lung cancer. The results of this trial are expected by 2010. Low-dose, non-contrast CT is a promising modality for early detection of lung cancer. Currently, the National Comprehensive Cancer Network (NCCN) recommends that high-risk individuals participate in a clinical trial evaluating CT screening.

The LCRP will evaluate the Lung Cancer Screening Program along with their Patient Navigation Program. Navigators begin working with patients through cancer screening programs and ensure continuity of care from initial screening, diagnosis, treatment and into survivorship. This facilitation of care may reduce delays in diagnosis and treatment. "Once we receive a physician referral for the lung cancer screening, a nurse navigator will verify the participant's eligibility and review the screening process" Kemp says. "If an abnormality is detected on the screening CT, further diagnostic tests may be necessary. A pathway for follow-up based on the NCCN guidelines as well as the International Early Lung Cancer Action Project (I-ELCAP) protocol has been



developed. Regardless of eligibility, all current smokers or anyone who has quit smoking within the last 12 months will be referred to a smoking cessation program."

Kemp has worked closely with the LCRP's Thoracic Multidisciplinary team in developing this lung cancer screening program and is excited that this program will be launched soon. As an oncology certified nurse and an Adult Nurse Practitioner, she was uniquely qualified to collaborate with physicians and others to establish this program. Once the lung cancer screening program is underway, Kemp hopes to shift her attention to expanding survivorship programs.



Program Proven to Help Smokers Quit

profile of co-worker Michelle Heyman

meal? We focus on what you do in place of smoking a cigarette.”

“There are seven classes over two weeks and we break the program into three phases. Phase one is Countdown to Quit. We ask participants to get a handle on their personal smoking habits: to identify the times of day or triggers that prompt their smoking. We also ask them to calculate their personal cost of smoking. This includes the financial cost of cigarettes, but there are also hidden costs, such as time out of work because of respiratory infections, dry cleaning bills and frequent dental visits.”

Phase two is Learning to Stop. Everyone stops smoking on the same Monday, which provides a built in support group. Some participants also use smoking cessation aids, such as a nicotine patch. The second phase is the hardest part of the program. During phase three, Staying Smoke-Free, participants learn to live without cigarettes.

“The success rate of Smoke Stoppers is about 44 percent,” says Heyman. The unassisted quit rate is only 13 percent. It takes an average of five to

seven tries to make quitting stick. Most people have already tried to quit before enrolling in Smoke Stoppers.”

Within 72 hours, a smoker’s bronchial tubes expand and they begin to breathe more easily. After just a few weeks, his or her body is free of nicotine—the addictive substance in cigarettes. Then, Heyman says, smoking remains only a psychological and behavioral addiction. Once you quit, your risk of lung cancer after 10 years is equal to a non-smoker’s risk.

Heyman likes keeping up with former participants. She’s tracked the Smoke Stoppers graduates—all 111 of them—since St. Joseph’s/Candler started offering the program in 2006.

“I enjoy seeing how pleased they are and how much better they feel. They have more confidence to handle difficult situations.”

St. Joseph’s/Candler offers Smoke Stoppers monthly. Call the CareCall line at 912-819-3368 to register.

As any smoker knows, giving up cigarettes is not easy. However, quitting significantly reduces your risk for lung cancer, even if you’ve smoked for a long time. A recent study published in the Journal of the American Medical Association found that cigarette smoking caused nearly two-thirds of deaths among current smokers, compared to 28 percent among former smokers.

Health educator Michelle Heyman coordinates Smoke Stoppers, a smoking cessation program, at St. Joseph’s/Candler.

“Smoke Stoppers is a behavior modification program,” Heyman explains. “We talk about distraction mechanisms and identify personal triggers. For example, do you smoke first thing in the morning, with a cup of coffee, after a

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Reducing Your Cancer Risk: It’s Easier Than You Think

The phrase, “you are what you eat,” really is true when it comes to cancer. According to the American Institute for Cancer Research (AICR), taking three simple steps can go a long way towards reducing your risk of developing cancer.

Add cancer preventive foods, such as whole grains, which still have the healthy outer layer intact, high-fiber foods and those rich in phytochemicals (naturally occurring plant chemicals), which encompasses most fruits and vegetables.

Reduce foods that increase risk, such as red meat and alcohol.

Replace most calorie-dense foods with healthier choice, such as swapping olive or canola oil for butter.

Here is a cancer prevention recipes from the AICR.

BARLEY, TURKEY AND BUTTERNUT SQUASH CASSEROLE

Barley’s nutty flavor goes well with onions, mushrooms, or peas. Butternut squash also is a good complement. This large, pear-shaped winter squash has sweet, orange flesh. With onion, green pepper and sage, you’ll be glad you had turkey leftovers.

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| <i>Cooking spray</i> | <i>Freshly ground black pepper, to taste</i> |
| <i>2 small butternut squash</i> | <i>2 cups fat-free, reduced sodium chicken broth</i> |
| <i>2 tsp. olive oil</i> | <i>3/4 cup quick-cooking barley*</i> |
| <i>1 green bell pepper, seeded and diced</i> | <i>1/2 lb. cooked turkey breast, cubed or diced</i> |
| <i>1/2 cup minced onion</i> | <i>1/2 cup crumbled feta cheese</i> |
| <i>1 tsp. dried sage</i> | |

Preheat oven to 350 degrees. Coat a 4-quart baking dish with cooking spray.

In a large pot of rapidly boiling water, boil squash halves 5 minutes or until not quite tender. Drain. When cool enough to handle, scoop flesh from each half and dice. Set aside.

In a large saucepan, heat oil over medium heat. Add green pepper, onion and diced squash. Sauté 3 minutes. Add sage and pepper and stir to coat. Add broth and bring to a boil. Add barley and return to boil.

Reduce heat to low, cover and cook 10 minutes, until barley is tender and liquid is absorbed. Mix in diced turkey. Transfer mixture to prepared baking dish and top with feta cheese. Bake, uncovered, 30 minutes, or until cheese is golden.

*Most supermarkets and health food stores carry quick-cooking barley. Makes 6 servings. Per serving: 275 calories, 5 g. total fat (2 g. saturated fat), 42 g. carbohydrate, 18 g. protein, 10 g. dietary fiber, 368 mg. sodium.

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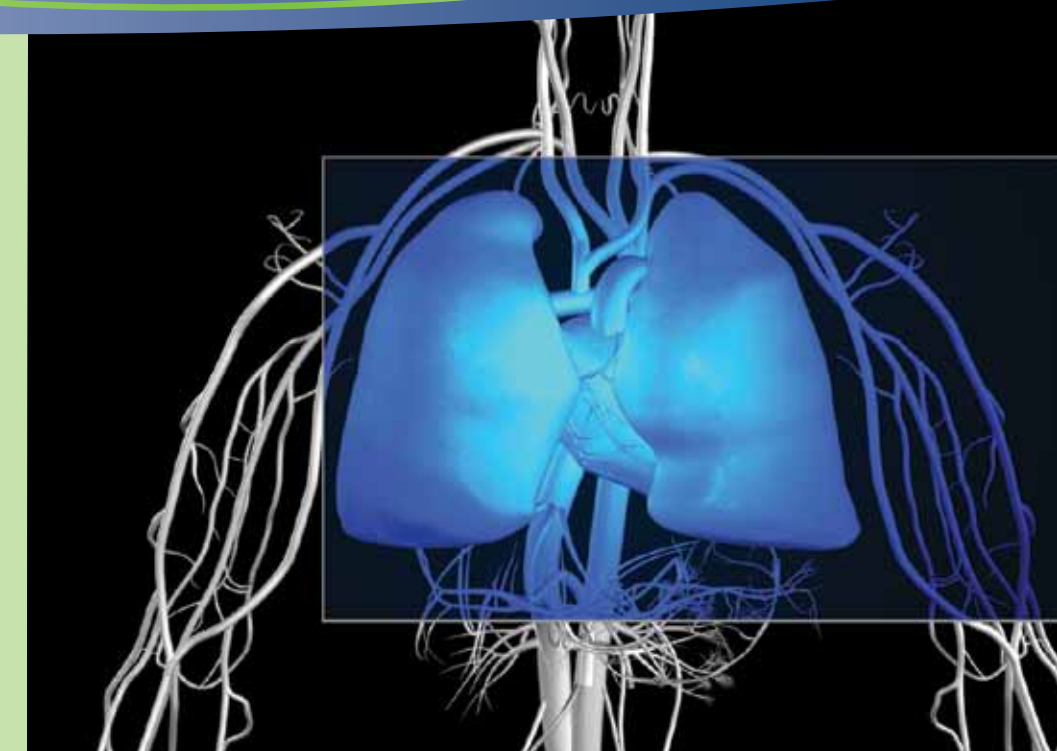


transformations

the newsletter of the Nancy N. and J. C. Lewis Cancer & Research Pavilion at St. Joseph’s/Candler

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Lung Cancer by the Numbers

Did you know that cigarette smoking is the leading preventable cause of death in the United States? An estimated 438,000 people, or one out of five, die annually from smoking, and lung cancer is the leading cause of cancer death in the United States. Closer to home, Georgia has one of the highest overall cancer rates in the country. Lung cancer is the second leading cause of death in our state.

Smoking is the leading risk factor for lung cancer. Fifty of the 4,000 chemicals found in cigarettes are directly linked to cancer (another 250 are known to be harmful). Radon, asbestos, air pollution, age and family history can also increase your risk of developing lung cancer.

SECONDHAND SMOKE

You don’t have to smoke directly to suffer the consequences of cigarette smoke. Secondhand smoke is also deadly. In fact, living with a smoker increases your risk for lung cancer by 20 to 30 percent. Sadly, about 21 million children live in homes where a resident or frequent visitor smokes regularly. Cigarette smoke slows the growth of children’s lungs and increases their risk for lymphoma (cancer of the blood), brain tumors and other diseases. In Georgia, 35 infants die annually because their mother smoked during pregnancy.

LUNG CANCER CONTROL IN GEORGIA

Lung cancer accounts for more deaths in Georgia than colon, breast, and prostate cancers combined. Over the last two decades, lung cancer has surpassed breast cancer as the leading cause of cancer death in women. That’s the bad news.

The good news is that Georgians have a powerful anti-cancer advocate on their side: the Georgia Cancer Coalition (GCC), which concentrates on reducing cancer deaths in the state by accelerating prevention, early detection, treatment and research. The GCC is a statewide, public-private network of people and organizations, such as the Nancy N. and J.C. Lewis Cancer & Research Pavilion (LCRP), and the only program of its type in the nation. Part of the GCC’s funding comes from the state’s Tobacco Master Settlement Agreement.

The GCC developed its first Cancer Control Plan in 2001. Since then, it has launched a Tobacco Quit Line, whose trained counselors have fielded more than 50,000 calls. The organization has also developed a Tobacco Use Prevention Program to promote smoke-free indoor air, prevent youth access to tobacco products, increase the tax on tobacco and reduce tobacco advertising and promotion. The GCC implements its strategies through its coalition with local Public Health districts. For example, they have held 200 community anti-tobacco programs for middle and high school teens, and developed a prevention education and awareness

campaign to teach Georgia residents about the dangers of secondhand smoke.

Nancy Johnson, Administrator at the LCRP, served on the steering committee that reviewed the 2008-2012 Cancer Control Plan.

“Everything we do at the LCRP focuses on helping the state realize its goals on cancer control,” she says. “We take the plan seriously. By 2012 we want to have saved more lives.”

Visit the Georgia Cancer Coalition online to learn more: www.georgiacancer.org.

Symptoms of Lung Cancer

Persistent coughing is the hallmark characteristic of a smoker and one of the primary symptoms of lung cancer. Other symptoms include:

- Trouble breathing
- Constant chest pains
- Coughing up blood
- Frequent lung infections
- Chronic fatigue
- Unexplained weight loss



SELECTED A NATIONAL
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CANCER CENTER PILOT PROGRAM.