

HOW TO REACH US

If you have any suggestions for topics, articles or just need to talk to us, please feel free to contact us. You can reach **LET'S TALK..... NEWSLETTER** at Forum Health's Cancer CareCenters by calling (330) 884-4152 or (800) 222-4603.



WHAT IS CURESEARCH?

Submitted by Shari Harmon, RN, CPON, Nurse Manager and Research Coordinator Pediatric Hematology/Oncology

CureSearch represents the combined efforts of the National Childhood Cancer Foundation and the Children's Oncology Group.

CureSearch COG is an international, cooperative research organization that performs research and clinical trials to identify the causes of childhood cancer and pioneer improved treatments and cures. The COG mission is to cure and prevent childhood and adolescent cancer through scientific discovery and compassionate care.

What is cooperative research? The reason for the remarkable success in treating children with cancer over the past 40 years is the cooperative research conducted by pediatric oncologists. Working collaboratively, these research physicians have placed a great majority of children with cancer on clinical trials and on treatment protocols that represent the highest possible current standard of care. Then, through nationwide statistical analysis and publication of the results in prestigious professional journals, CureSearch continuously is able to keep raising the success rate of that standard of care.

What is CureSearch National Childhood Cancer Foundation (NCCF)? CureSearch NCCF is dedicated to raising public awareness and funds for conquering childhood cancer, which directly contribute to increasing cancer survival rates. These funds support lifesaving, collaborative research conducted at more than 200 CureSearch member institutions, representing every pediatric cancer program and treating over 90% of children with cancer in North America.

The shared vision of the CureSearch National Childhood Cancer Foundation and the Children's Oncology Group is to reach the day when every child with cancer can be guaranteed a cure.

Tod Children's Hospital is affiliated with the Children's Oncology Group (CureSearch) for clinical trials, and every child with cancer treated at Tod Children's Hospital participates in one or more clinical trials. This allows our program to offer state-of-the-art therapy to children with all forms of childhood cancer.

CureSearch Web Site: <http://www.curesearch.org>

RISK ASSESSMENT AND GENETIC TESTING: ANOTHER AVENUE FOR CANCER PREVENTION

Submitted by Heather Mikesell, M.S., GCG Genetic Consultant

The role of genetic susceptibility in cancer development is well known and is constantly being refined as new information becomes available. We know that changes in specific genes can significantly increase a person's risk to develop one or more cancers in his/her lifetime. But most importantly, knowing that an individual is at an increased risk allows us to make proactive changes in his/her medical management to reduce the risk for a future cancer and/or prevent a future cancer from occurring.

Risk assessment is an important first-step in reducing cancer risk; you must know your level of risk before you can determine what steps are most appropriate to reduce it. Actually, risk assessment is something we perform daily. How many of us would travel 65 m.p.h. on an interstate that is covered with snow and ice? Most of us would slow down, apply the breaks earlier and more cautiously, and/or keep more distance between our own vehicle and the vehicles in front of us. But is it necessary to take those same precautions if it is only flurrying and the interstate is barely wet? Probably not. Why do we do this? Because we are assessing the risk of an accident and modifying the way we travel to address that risk. A genetic evaluation is similar. It allows you to determine what type of road you are on, and provides you with information to navigate that road safely.

A genetics evaluation begins by simply having a conversation about level of risk. A medical and family history is obtained and is used for risk assessment and to determine whether genetic testing might be appropriate to further define that risk. Once the level of risk has been determined to the best of our ability, specific changes in medical management and/or cancer screening are discussed. For some patients, increased cancer surveillance may be most appropriate. For others, chemoprevention or prophylactic surgery may be more appropriate. For yet others, it may be some combination of the above options.

Although cancer genetics services have been available at Forum Health since 1998, I feel that there are still many myths and misconceptions about our services and genetic testing:

1. A genetics evaluation does not mean that genetic testing must be, or even will be, performed. It is a conversation to help you evaluate your risk level. If you are reading this article and feel an evaluation is not useful because you have assumed that it is inevitable you will develop cancer, please reconsider. The cancer risk associated with gene mutations is rarely 100%. This is why these genes are called “cancer *susceptibility* genes”. In addition, in families who have a mutation in these types of genes, there are individuals who do *not* inherit the mutation. The risk to develop cancer for these individuals is no longer based on their family history, but is based on their normal genetic test results. Their risk to develop cancer is often reduced to the general population risk. Therefore, they do not have to go through extra screening, or consider chemoprevention or surgery. Genetic testing is very helpful for relatives of a known mutation carrier because it clearly defines risk level.
2. If you have already been diagnosed with cancer, you may wonder how our services can help you. We know that gene mutation carriers are at risk to develop more than one new cancer in their lifetime and changes in management can address this risk. We would like to prevent you from hearing this diagnosis twice in your lifetime.
3. Cancer susceptibility testing is also most informative when performed on an individual who has cancer. The results of this testing not only have implications for that individual’s future medical management (as discussed in number 2), but for the management of his/her relatives, including and especially, siblings and children because they *may* also be mutation carriers. We would also like to prevent you from hearing that your sister, brother, or child has been diagnosed with cancer.
4. Having a genetic test that reveals you have a mutation in a cancer susceptibility gene does not mean you must undergo prophylactic surgery. As described previously, you have other management options. We feel it is important to incorporate your new level of cancer risk into your life, not have it disrupt your life.
5. Many insurance companies cover the evaluation and testing. Testing is not performed until insurance approval and patient consent has been obtained.
6. Federal (HIPAA) and Ohio state law prevent group insurance companies from using genetic test results for discrimination. This means that an insurance company cannot use the test result as a pre-existing condition, or to raise or change your rates. Copies of these laws are available through our office.
7. Most cancers are sporadic and are not associated with inherited cancer susceptibility. We consider an inherited susceptibility when the following is present in a person’s family or medical history:
 - a. Cancer diagnosis under the age of 50.
 - b. Two or more relatives diagnosed with the same type of cancer.
 - c. Clustering of certain cancer types such as breast and ovarian, or colon and endometrial.
 - d. Occurrence of an unusual cancer (breast cancer in a male).

If you think that any of the above points apply to you, please do not hesitate to speak with your doctor or contact the Genetics Center at 330-884-3106. Please remember that an evaluation begins with just a conversation.



KEEPING NURSES UP TO DATE: A GLIMPSE BEHIND THE SCENES

*Submitted by Pam Stephenson, RN, MSN, AOCNS, CS, CHPN
Clinical Nurse Specialist, Oncology*

There is a great deal of work that goes on behind the scenes to insure that our patients receive exceptional care. Nursing education is one activity that is very important for maintaining quality within our nursing program. The following highlights some activities at Forum Health that help make sure that the nurses' knowledge remains up to date:

- In order to give chemotherapy or biotherapy, each nurse must successfully pass the Oncology Nursing Society (ONS) Chemotherapy/Biotherapy Class as well as receive mentoring on their assigned nursing unit. ONS is the national professional organization for Oncology (cancer) nurses and has written guidelines so that we can be certain that chemotherapy is given safely. Forum Health follows the ONS recommendations very closely. As a result, each oncology nurse within all of our adult and pediatric campuses must successfully complete a two-day class on chemotherapy and biotherapy safety and administration. In addition, nurses receive regular updates about new medicines and may periodically be asked to answer questions about hypothetical cases to prove that they have the knowledge and skills to administer chemotherapy.
- One of the hardest things about getting updated information to the nursing staff is having the time. We are all busy both at the job and at home. But cancer-related information is changing very quickly and

nurses must be able to keep up with new information. To help make this easier for the nurses we have created the Intranet Education Modules. These are informative presentations that nurses can watch and listen to on the hospital computer system. With this system, nurses can take advantage of the few moments of quiet time they may have while at work and brush up on important information.

- We have also created a monthly newsletter for RN's and LPN's that focus on topics of Palliative care. Palliative care is receiving a lot of attention lately and is emerging as a specialty of medicine all its own. Palliative Care is the specialty of symptom management. Patients who are no longer striving towards a cure, but still suffer with uncomfortable symptoms are said to need palliative care. Providing palliative care is not unique to oncology, but is also important to other specialties of medicine that work to provide patient comfort such as respiratory, heart, etc. Palliative care acknowledges that physical symptoms, such as pain and nausea, are not the only things that can make patients suffer. Emotional, spiritual, and social problems can add to the patients suffering as well. Our newsletters are designed to help nurses understand all the different things that our patients might be suffering from and how to help.
- Registered Nurses and LPN's are not the only members of the nursing staff. We also employ medical assistants, nurses' aides, and orderlies to care for our patients. These important staff members must also understand how to care for the person with cancer. To keep them informed we have developed a monthly newsletter presenting a different topic each month. Past newsletter topics have included Radiation Skin Care, Chemotherapy Safety, and Providing Spiritual Care. These newsletters have been very well received by staff. Even RN's, pharmacists and others have commented on their benefits.
- Many of our patients will have to be admitted to the hospital at some point

during their illness. Because our patients can be located throughout the hospital, and because we want our patients to receive the best care no matter where they are, we often provide education to nurses in non-cancer related units. For example, we have provided both group and individual instruction to nurses in the Recovery Room, Same Day Care, Intensive Care Units, Emergency Room, as well as the General Medical Floors.

Hopefully, this information illustrates how much effort is involved with making sure that the nurses at Forum Health remain knowledgeable, competent, and compassionate. We hope you will find comfort in knowing that the staff and administration of Forum Health – Cancer CareCenters remain committed to providing the best care in the Valley.



LAUGHTER IS GOOD MEDISINCE

Submitted by Chaplain Jim Melick, Th.d, BCC

People of many faiths seem to have a desire to be in heaven when life is over. Some folks expect to see their pets in heaven when they arrive. Now this reflection is not about a theological issue, but one that might help decrease your stress level.

A cat dies and goes to Heaven. God meets him at the gate and says, "you have been a good cat all of these years. Anything you desire is yours, all you have to do is ask."

The cats says, "Well, I lived all my life with a poor family on a farm and had to sleep on hardwood floors." God says, "Say no more." And instantly, a fluffy pillow appears.

A few days later, 6 mice are killed in a tragic accident and they go to Heaven. God meets them at the gate with the same offer that He made the cat.

The mice said, "All our lives we've had to run. Cats, dogs and even women with brooms have chased us. If we could only have a pair of roller skates, we wouldn't have to run anymore." God says, "Say no more." And instantly, each mouse is fitted with a beautiful pair of tiny roller skates.

About a week later, God decides to check and see how the cat is doing. The cat is sound asleep on his new pillow. God gently wakes him and asks, "How are you doing? Are you happy here?"

The cat yawns and stretches and says, "Oh, I've never been happier in my life. And those Meas on Wheels you've been sending over are the best!"

Well! I hope you were able to enjoy a good laugh. The Bible says, "Laughter is good medicine" Take time to experience healing from laughter that can help reduce stress in your life.

END OF SUMMER

*Submitted by Host Author Brenda M. Rider
There's Hope in What We Do
A Way With Words Foundation, Inc.*

Here it is, that time in early September.
The end of summer, do you remember?
When time would stop for school to start,
The world was new, discovering the art.

The adventures perhaps of riding a bus
No one could have more fun than us!
From recess to lunch, the songs we sang
The homework we did till the last bell rang.

The years have past, with a child of your own.
Ready them for school, they can't stay home.
They're leaving you now with lessons to learn.
How to read, write and wait your turn.

For some the journey has begun
Reaching beyond the boundaries so young.
Then one day it happens in primary colors.
The lessons we learn from the story tellers.

Put your feelings aside and say a prayer
That all is well when you're not there.
Then smile with pride and wipe your tear
For this will happen every school year.