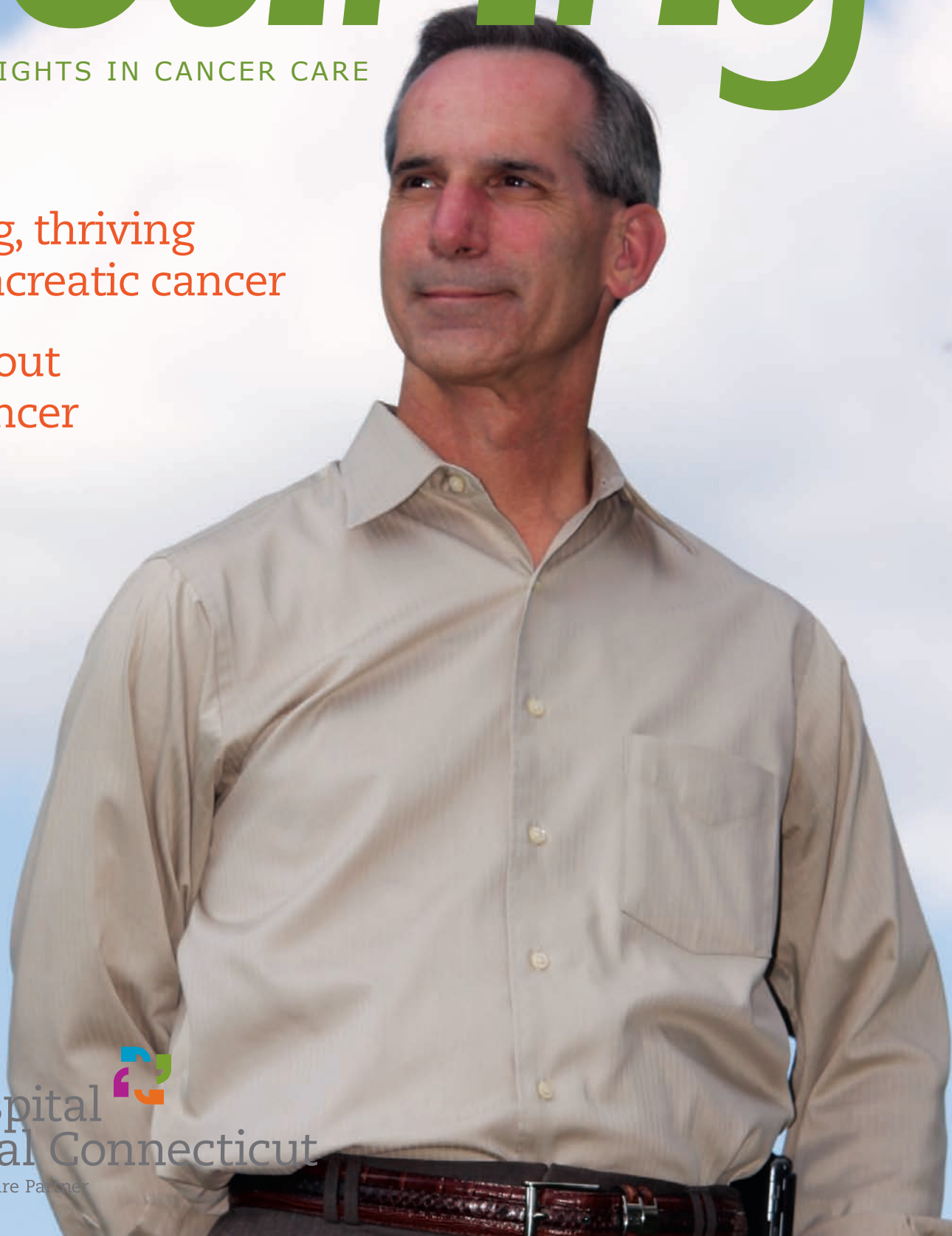


Soaring

TO NEW HEIGHTS IN CANCER CARE

Surviving, thriving
after pancreatic cancer

Scoping out
colon cancer



Hospital accredited by Commission On Cancer

The Commission on Cancer of the American College of Surgeons recently granted Three-Year Accreditation with Commendation to The Hospital of Central Connecticut (HOCC) Cancer Center.

A facility receives this recognition following an on-site evaluation by a physician surveyor, during which the facility demonstrates a Commendation level of compliance with one or more standards representing the scope of the cancer program. Standards include cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement.

“This Accreditation with Commendation demonstrates the continuing excellence of the hospital’s cancer program,” says Peter D. Byeff, M.D., medical director, HOCC George Bray Cancer Center. “It is also reflective of the strong commitment and compassion of hospital staff who work as a team to care for cancer patients in our community.”

“Accreditation with commendation is another step in our continued development of world-class cancer services right here in our own community,” adds Steven D. Hanks, M.D., HOCC’s executive vice president and chief medical officer.

HOCC provides comprehensive care for a variety of cancers and offers: Advanced diagnostic procedures, including MRI, CT, PET and PET-CT scanning; chemotherapy; radiation therapy, including intensity modulated radiation therapy (IMRT), brachytherapy and Novalis radiosurgery; surgical oncology for esophageal, colorectal, thoracic, breast and neurological cancers; hematology and gynecologic oncology; clinical trials to test new treatments; and support services for patients and their loved ones/caregivers. For information, visit www.thocc.org/services/cancer.



A SELECTION OF A PAINTING BY ONCOLOGY NURSE MELANIE STODDARD.

After cancer, Bristol resident is learning to fly

Joe Niedermayer cruised through the first 58 years of his life without a major health issue — not even a broken bone.

When he did develop a problem, “I really went top-shelf,” he jokes.

Just after Christmas 2009, the Bristol resident experienced terrible indigestion, which he blamed on the rich holiday food. But soon after, the whites of his eyes yellowed, his urine turned orange and his skin became intensely itchy. A urine test revealed elevated bilirubin, a chemical the liver uses to make bile.

Niedermayer was referred to Gastroenterologist Mark Versland, M.D., who found a mass at the head of the pancreas, blocking a bile duct. Bile backing up into Niedermayer’s blood-stream caused the jaundice and itchy skin. A biopsy showed the mass was cancer.

“When I learned I had cancer, everything stopped,” Niedermayer says. “I was a ‘type A’ person, but I couldn’t worry about anything else at that point.”

Versland referred Niedermayer to Surgical Oncologist James Flaherty, M.D., FACS. Though deeply shaken, Niedermayer realized he was in good hands when Flaherty drew a picture to show him the cancer’s location and how he could treat it.

Flaherty first performed minimally invasive exploratory surgery, and finding the cancer hadn’t spread, continued with a Whipple procedure to remove it.

“When the cancer is in the head of the pancreas and hasn’t spread, this surgery offers the best chance of survival,” Flaherty says.

Formally called a pancreaticoduodenectomy, the procedure is named for Allan Whipple, M.D., who perfected it in the 1930s. The traditional procedure involves removing the head of the pancreas, first part of the small intestine, gallbladder, part of the bile duct, and a

small portion of stomach. Niedermayer had a pylorus-preserving Whipple, which leaves the stomach intact. In both procedures, the surgeon reconstructs the gastrointestinal tract to allow for normal digestion.

Flaherty has performed about 150 Whipple operations and is specially trained in the procedure.

“Having that training, and an anesthesiologist and operating room staff with Whipple experience, has meant better patient outcomes,” he says.

Niedermayer had six and a half weeks of chemo- and radiation therapy to eradicate any remaining cancer and help prevent recurrence. It wasn’t easy; he couldn’t

do his job as a data processing operations support specialist for the Department of Public Safety, Division of State Police. But Niedermayer had learned to handle challenging situations in the Navy, serving aboard the Aircraft Carrier USS Enterprise during the Vietnam War.

“During the whole cancer experience I never said, ‘I’m not going to live. I’m not going to survive,’” he says.

Niedermayer will continue having periodic CT scans and checkups. In the meantime, he’s getting on with life, and doing things he’s always wanted to do — like learning to fly a plane and planning a drive across the country.

Niedermayer is grateful to the people who cared for him, including

the physicians and their staffs: Flaherty, Versland, his primary care physician, Phil Watsky, M.D., radiation oncologist Anwar Kahn, M.D., and hematologists/oncologists Kenneth Smith, M.D., and Wylie Hosmer, M.D.

“The doctors, technical staff, nurses and other hospital personnel are the reason I am here today,” he says. “All of them together working as a team saved my life. There are no amount of words that could ever express my gratitude.”



Joe Niedermayer

Scoping out colon cancer

You'd know if you had colon cancer, right? There'd be pain, some bleeding, maybe constipation or diarrhea....

Not necessarily.

"Although symptoms should prompt people to see their doctor, most patients with colorectal cancer experience no symptoms in the early stages of disease," says Hospital of Central Connecticut Colorectal Surgeon Christine Bartus, M.D. "If symptoms do occur, they can vary based on the size of the tumor and its location in the intestine."

Don Kierol, 74, of Seymour, felt fine when he visited his primary care physician for a regular checkup and routine blood test about a year ago. But the test showed a low red blood cell count, which can indicate internal bleeding.

Kierol had an endoscopy, in which a long, flexible tube with a camera is inserted via the mouth into the first portion of the upper gastrointestinal tract. He also had a colonoscopy (see box) and biopsy, which showed colon cancer. His daughter, Laura Kierol-Andrews, an advanced-practice registered nurse at The Hospital of

Central Connecticut, immediately scheduled an appointment with Bartus.

Bartus told Kierol she would perform a minimally invasive laparoscopic colectomy to remove the cancer, some surrounding tissue and lymph nodes which drain the area surrounding the cancer.

"When I left Dr. Bartus' office, it seemed like the weight of the world was off my shoulders," Kierol says. "She had such a calm demeanor. She told me she would take care of everything."

Surgery confirmed he had stage 2 cancer that hadn't spread, and Bartus

removed it. Kierol completed a cycle of XELODA, a chemotherapy pill, to ensure any remaining cancer was eliminated and help prevent recurrence.

A year later, Kierol is cancer-free and doing well. Though he'd never had a colonoscopy before, he will from now on. He's grateful to Bartus and the hospital staff who cared for him, and he's thankful his daughters, Kierol-Andrews and Patricia Kierol, and his girlfriend, Fran Zielinski, were with him through the ordeal.

"They were right by my side," he says. "I had a fantastic support system."

Screening for colon cancer

Experts recommend screening colonoscopies every 10 years starting at age 50 (people with a family history or other risk factors should ask about earlier and/or more frequent screening).

Patients are sedated during the procedure, in which the physician inserts a colonoscope to look for cancer and polyps — growths that can turn into cancer. The colonoscopy itself takes only about 20 minutes; add in recovery time, and most patients are in the hospital only about two hours total.

"Colonoscopies are painless, and they're the best way to screen for cancer," Bartus says. "They can also help prevent colorectal cancer because we can remove polyps before they turn into cancer."

Another valuable tool for people with a family history of colon and other types of cancers (including endometrial, ovarian and kidney) is genetic counseling and testing (see p. 6). The Katherine Ann King Rudolph Hereditary Cancer Genetics Program at The Hospital of Central Connecticut can help people determine if they're at higher risk for colon and certain other cancers. For information, call (860) 224-5900 X6630.



Colorectal Surgeon
Christine Bartus, M.D.

Hospital participates in breast health care quality initiative

The Hospital of Central Connecticut has been recognized by the National Consortium of Breast Centers as a certified participant of the National Quality Measures for Breast Centers™ (NQMBC) Program.

This recognition is indicative of the hospital's commitment to providing the highest level of quality breast health care to patients in its community and signifies its aim to become a Certified Quality Breast Center of Excellence.

As a participant, the hospital is part of a national quality documentation program and will, among other objectives, aim to perform above the 25th percentile for more than 30 National Quality Indicators™.

Gynecologic cancer research program completes successful audit

The Hospital of Central Connecticut's Oncology Clinical Research program this summer completed a successful audit by the Gynecologic Oncology Group (GOG), a national organization that works to promote excellence in gynecologic cancer clinical research.

As part of the triennial audit, GOG auditors scrutinized various aspects of the hospital's gynecologic research program, including regulatory and pharmaceutical components and patient cases. Auditors complimented the program, which is headed by Gynecologic Oncologist James Hoffman, M.D.

Hoffman praised The Hospital of Central Connecticut's (HOCC's) clinical research staff and thanked Joel Sorosky, M.D., the hospital's chief of obstetrics and gynecology, for his support of the gynecologic research program.

HOCC serves as a GOG parent institution overseeing four affiliate institutions: Baystate Health Center, Springfield, Mass.; Hartford Hospital; Sinai Medical Center, Baltimore, Md.; and UConn Health Center.

Gynecologic clinical research is just one part of the hospital's Oncology Clinical Research Program, which is also involved in other National Cancer Institute-sponsored studies for different types of cancer. Visit www.thocc.org/clinical to learn more.

Hospital offers unique program for breast cancer survivors

The hospital is offering a free and unique interactive educational program that stresses nutrition and fitness for breast cancer survivors.

Survive & Thrive: A Nutrition and Fitness Educational Series for Breast Cancer Survivors is a multi-faceted initiative funded in part by a \$25,000 grant from the Connecticut Breast Health Initiative, Inc. (CT BHI, Inc.).

The program includes fall and winter sessions on nutrition, yoga and fitness, along with patient education materials. For information, contact Donna Boehm, (860) 224-5900, X6307.

Cancer Survivors Day event draws 750

Nearly 750 cancer survivors and their loved ones gathered at the Aqua Turf Club in Southington June 5 for The Hospital of Central Connecticut's 19th annual Cancer Survivors Day breakfast, "Celebrate Life: Joy is a Choice!" The event was sponsored by HOCC's George Bray Cancer Center.

Denise Peterson, R.N., M.S., HOCC's vice president of Patient Care Services and chief nursing officer, welcomed the group.

The breakfast featured a talk by Brian Byrne, M.D., hematologist oncologist, and a keynote talk by 20-year cancer survivor Wendy Harpham, M.D., F.A.C.P., a physician and author. Harpham, of Dallas, Tex., offered her insights on coping with multiple cancer recurrences and shared a few laughs with the crowd.

Cancer center staff recognized cancer survivors and caregivers during the event, and a drawing was held for 34 gift baskets and other prizes

donated by HOCC employees, local physician practices, patients and area businesses.



Wendy Harpham, M.D., F.A.C.P.,

Early detection program receives \$15,000 grant

The hospital's early detection program for breast and cervical cancer this spring received a \$15,000 grant from the Charlotte Johnson Hollfelder Foundation. This grant, the foundation's 11th for this program, targets a population of uninsured or underinsured women in Greater New Britain who are in need of a routine mammogram and:

- are at least 35 years old but are uninsured or have a \$1,000 or more deductible and would otherwise waive breast cancer screenings; or
- whose insurance will only cover a mammogram every other year.

For more program information, please call Laura Karas at (860) 224-5900 X6321.

Delving into DNA to determine cancer risk

When you go to the doctor, you can pretty much guarantee you'll be asked about your family's medical history. Doctors have been gathering this information for many, many years.

What's changed is how doctors — and patients — can use the information.

With advances in our knowledge about our genetic makeup, researchers are identifying mutations in specific genes that can increase a person's risk of getting certain diseases and conditions, including some cancers. Some of those mutations are hereditary — passed down from parents, grandparents, great-grandparents and beyond.

Adults who had cancer at a young age or have had two or more cancers such as breast, ovarian or colon, or those with a family history of certain cancers, are eligible for genetic counseling and testing through The Katherine Ann King Rudolph Hereditary Cancer Genetics Program at The Hospital of Central Connecticut.

The hospital offers genetic testing for changes in genes involved in hereditary breast and ovarian cancer, hereditary nonpolyposis colorectal cancer, and familial adenomatous polyposis, which also leads to colorectal cancer. Testing for other less-common hereditary cancers is also available.

Physician referral is required for genetic testing, but not for a consult. Insurance usually covers testing for patients at risk of hereditary cancer.

Not all cancers are hereditary; and there are certainly many cases of cancer that arise without any family history. Conversely, having a certain gene mutation associated with increased cancer risk does not guarantee you'll get that cancer. Genetic counseling and testing aims to identify patients at risk of certain cancers and empower patients to make decisions about getting screenings and possible treatments.

Before testing, HOCC genetic counselors Linda Steinmark, B.A., M.S., C.G.C., and Sara Rhode, B.S., M.S., counsel patients about their cancer risk based on a detailed portrait of the family's health history. This means tracing the age of cancer diagnosis for parents, siblings, grandparents, great grandparents, aunts, uncles and cousins. The genetic counselor also discusses increased screening and treatment options, like risk-reducing surgery, and counsels

patients to discuss these further with their physicians when results are known. Patients who opt for a DNA blood test will usually have results in two weeks.

The genetics counseling and testing program was developed by HOCC gynecologic oncologist James Hoffman, M.D. and colorectal surgeon Christine Bartus, M.D. HOCC launched the regional program — which includes Hartford Hospital and St. Francis Hospital and Medical Center — in October 2010. The program follows guidelines from the National Society of Genetic Counselors and the American Society of Clinical Oncology.

For more information on genetic counseling and testing, call (860) 224-5900, X6630.

Get moving, with our help

The power of produce

When it comes to reducing your cancer risk, fruits and vegetables can be powerful allies. Experts recommend eating at least five servings a day; nine is ideal. This recipe for strawberry salsa is a



delicious way to get those fruits and veggies, and it's a tasty source of vitamin C and potassium. The recipe is adapted from *Eating Well Through Cancer*, by Holly Clegg and Gerald Miletello, M.D. For free recipes, visit HollyClegg.com.

Strawberry salsa

Makes eight, ¼-cup servings

2 cups strawberries (cut up)

1/2 cup chopped green and yellow bell peppers

2 T chopped red onion

2 T chopped basil

1 T canola oil

2 T balsamic vinegar

1 T honey

Dash hot pepper sauce (optional)

Pita chips

In a bowl, combine strawberries, green and yellow peppers, red onions and basil. In a separate bowl, combine basil, canola oil, balsamic vinegar, honey and hot pepper sauce (optional.) Toss with strawberry mixture. Serve with pita chips.

Nutrition information:

Calories: 38, protein 0 g, cal. from fat 41%, saturated fat 0 g, dietary fiber 1 g, cholesterol 0 mg, sodium 1 mg

Exercise is a powerful tool in reducing cancer risk. Dance, swim, ride a bike — find an activity you enjoy (check with your physician first). To reduce the risk of certain cancers, experts recommend at least 30 minutes of moderate to vigorous activity (walking, dancing, golf) at least five days a week; 45 to 60 minutes of vigorous exercise (jogging, swimming, tennis) is optimal. Haven't exercised in awhile — or ever? Exercise physiologists at The Hospital of Central Connecticut's Elliot and Marsha Cohen Good Life Center can help you get moving! For information, call (860) 224-5433.



Hospital partners with or-

ganization providing free patient websites

If you or a loved one has ever had to deal with a major health concern, you know how challenging communicating with family and friends can be. To make it easier, The Hospital of Central Connecticut has partnered with CaringBridge, an online service that allows a patient, family member or close friend to create a free, personal, private website to share information about their health journey with family and friends, and receive messages of support. To create a CaringBridge website, log onto www.caringbridge.org, and follow the simple steps.



HOSPITAL OF CENTRAL CONNECTICUT *Physician News*

Physician spotlight

Brian J. Byrne, M.D., Hematologist Oncologist and Oncology Research Director



At The Hospital of Central Connecticut's annual Cancer Survivors Day breakfast in June, Brian Byrne, M.D., talked about the many hats he wears with his cancer patients.

Among his roles, he said, is listener, guide through his patients' cancer journey, coach and member of the care-giving team, and healer.

He's also a general, he said. "My strategy is to eradicate cancer and win this war."

Research is part of that strategy. A hematologist oncologist, Byrne is also director of Oncology Clinical Research and director of the Tumor Board at The Hospital of Central Connecticut's (HOCC's) George Bray Cancer Center.

For over 20 years, HOCC's Oncology Clinical Research Program has conducted trials for many types of cancer. The hospital is a Gynecologic Oncology Group parent institution; an Eastern Cooperative Oncology Group affiliate of Johns Hopkins University; an affiliate of the Radiation Therapy Oncology Group under the University of Texas MD Anderson Cancer Center; and enrolls patients in the National Surgical Adjuvant Breast and Bowel Project (NSABP) protocols. The Center is also actively involved in several pharmaceutical sponsored trials.

Byrne graduated cum laude from Boston College,

where he received the Joseph Stanton, MD Award given to an undergraduate student for outstanding character, loyalty, leadership and scholarship. He earned his medical degree from Temple University School of Medicine, Philadelphia; completed a residency in internal medicine and a fellowship in hematology and medical oncology at Duke University Medical Center, Durham, N.C. Byrne joined The Hospital of Central Connecticut in 2007 and is in private practice with the Cancer Center of Central Connecticut.

He says people sometimes ask him why he chose the field of hematology oncology. His answer is simple: "I do this to give people more time with their loved ones."

New oncologist at The Hospital of Central Connecticut

Medical Oncology/Hematology

Jason L. Chang, M.D.



Practice: Cancer Center of Central Connecticut, 40 Hart St., Building A, New Britain, 860-224-4408; and 55 Meriden Ave., Suite 1-A, Southington, 860-621-9316

Education: Medical degree, New York University School of Medicine; residency,

internal medicine, NYU Hospitals Center. Clinical Instructor, Department of Medicine, Bellevue Hospital. Fellowship, hematology and oncology, NYU Hospitals Center.

Additional information: Participated in clinical melanoma research at NYU. Co-author of several professional articles and textbook chapters.

HOSPITAL OF CENTRAL CONNECTICUT *Events and support groups*

Cancer center special events

Unless otherwise indicated, all events are held at the hospital's New Britain General campus, 100 Grand St. For more information, please call the contact number for each event, or visit the calendar on www.thocc.org.

American Cancer Society's "Look Good, Feel Better" Program

(860) 224-5299

Oct. 24, Dec. 12. 2012 dates TBA

2-4 p.m., Lecture Room 1

For women undergoing cancer treatment. Enrollment is limited and registration is required. Free parking.

Free dinner and talk, "It's Not About the Hair"

(860) 224-5900, X6321

Tues., Oct. 25

Registration, 5:30 p.m., Cafeteria

For breast cancer patients and survivors. Not your traditional storyteller, Debra Jarvis, the "Irreverent Reverend", will bring a generous helping of humor and humility to the uncertainties of women facing cancer survivorship. Sponsored by the George Bray Cancer Center and the Comprehensive Breast Program. Registration required.

Survivorship programs

Support groups meet at the New Britain General campus, 100 Grand St. (specific locations below). For more information, please call the contact number for each group.

Breast Cancer Support Group

First Wednesday of each month, 5:30-7 p.m.

Radiation Oncology treatment center, waiting room.

For people newly diagnosed or in active treatment for

breast cancer. Light refreshments provided; free parking in front of building. (860) 224-5900, X6307

Living with Cancer Support Group

Third Wednesday of each month, 5:30-7 p.m.,

Lecture Room 1

Facilitated by Diane DeFronzo, LCSW and Pastor Will Baumgartner. Snacks provided; parking in Quigley Garage validated. (860) 224-5299

Prostate Cancer Support Group

Fourth Wednesday of each month*, 6-7:30 p.m.,

Lecture Room 1

For prostate cancer survivors and significant others.

Facilitated by Ninette Vaverchak, L.P.N. Occasional guest speakers may include physicians and other experts. Light supper provided; parking in Quigley Garage validated.

(860) 224-5299 (registration encouraged)

*November meeting will be Wednesday, Nov. 30