



March is Colorectal Cancer Awareness Month

The Second Most Common Cause of Cancer Death Is One of the Most Preventable

SCREENING IS STILL THE BEST WAY TO CATCH COLORECTAL CANCER EARLY. By reviewing and following the guidelines in this article, you could significantly reduce your risk of being diagnosed with colorectal cancer.

- ▶ Colorectal cancer is the second leading cancer killer in the U.S., affecting both men and women equally, especially over age 50.
- ▶ Screening saves lives.
- ▶ Colorectal cancer often can be prevented. Regular screening tests can find precancerous colorectal polyps so they can be removed before they turn into cancer.
- ▶ Screening can find colorectal cancer early, when treatment can be very effective.
- ▶ Polyps and colorectal cancer may not cause symptoms, especially at first.
- ▶ Many insurance plans, including Medicare, help pay for colorectal cancer screening.

Definition of Colorectal Cancer

Colorectal cancer is a term used to refer to cancer that starts in the colon or rectum. Colon and rectal cancers begin in the digestive system, also called the GI (gastrointestinal) system. This is where food is processed to create energy and rid the body of waste matter.

Causes of Colorectal Cancer

While we do not know the exact cause of most colorectal cancer, there are certain known risk factors. A risk factor is something that

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The Second Most Common...

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increases a person's chance of getting a disease. Some risk factors, like smoking, can be controlled. Others, such as a person's age, can't be changed. Researchers have found several risk factors that increase a person's chance of getting colorectal cancer, such as being over 50 years of age, having a family history of colorectal cancer, and eating a high fat or low fiber diet.

Incidence of Colorectal Cancer

Other than skin cancer, colorectal cancer is the second most common cancer found in men and women in this country. The American Cancer Society (ACS) estimates that there will be about 112,340 new cases of colon cancer and 41,420 new cases of rectal cancer in 2007 in the United States. Combined, they will cause about 52,180 deaths.

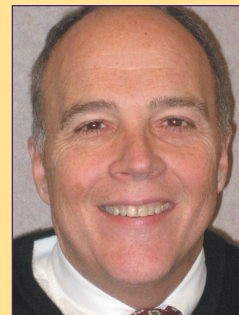
Early Detection Is Key

Colorectal Cancer Screening, or testing, is done while you are feeling well – to detect or find any abnormalities early, before signs and symptoms of disease occur. Screening for colorectal cancer allows for the early detection of cancer when it is highly curable, as well as the detection of growths – or polyps that could become pre-cancerous. These polyps may be removed, preventing the development of cancer altogether. There are several tests used to screen for colorectal cancer. See ACS screening guidelines below.

Colorectal Cancer Screening Guidelines

Beginning at age 50, both men and women at average risk should have a yearly stool blood test plus a flexible colonoscopy every five years.

ask the Doctor



March is Colorectal Cancer Awareness Month. Dr. Bernard Percarpio (Radiation Oncologist at The Harold Leever Regional Cancer Center) answers your questions about the second most common cause of cancer.

Q What are the symptoms of colorectal cancer?

A Colorectal cancer can cause many symptoms. Warning signs to watch for include:

- ▶ Change in bowel habits
- ▶ Diarrhea or constipation
- ▶ Blood in or on the stool (either bright red or very dark in color)
- ▶ Stools that are narrower than usual
- ▶ General stomach discomfort (bloating, fullness and/or cramps)
- ▶ Frequent gas pains
- ▶ A feeling that the bowel does not empty completely
- ▶ Weight loss with no known reason
- ▶ Constant tiredness

These symptoms also can be caused by other problems such as ulcers, an inflamed colon or hemorrhoids. Only a doctor can determine the cause. People who have any of these symptoms should see their doctor.

Q What type of doctor should I visit if I'm having digestive problems?

A You should visit your primary care physician who may decide to send you to a gastroenterologist, a specialist in diagnosing and treating disorders of the digestive system.

MARK YOUR CALENDAR: The Harold Leever Regional Cancer Center is partnering with the American Cancer Society to present a community education program on "**Current Concepts in the Prevention, Diagnosis and Treatment of Colorectal Cancer**" on **Tuesday, March 27th at 6 PM**, featuring Dr. Joshua Kunin, M.D., Board Certified Colorectal Surgeon and Bhupinder Lyall, M.D., Gastroenterologist. Light dinner will be served – please RSVP to **(203) 575-5548**.

For additional information about colorectal cancer, please visit our website: www.leevecancercenter.org

Meet Melissa Seres, Oncology Social Worker

The Harold Leever Regional Cancer Center (HLRCC) is extremely proud and fortunate to offer the services of Melissa Seres, MSW, LCSW, OSW-C, to our patients and families. An oncology social worker who is licensed and has received specialty training and certification in oncology social work, Melissa coordinates and provides the delivery of psychosocial services to patients and families throughout the continuum of cancer care. This includes prevention, diagnosis, treatment, survivorship and end-of-life support. As patients make their way through cancer diagnosis and treatment, Melissa works with the multidisciplinary cancer care team to help people retain their resiliency as they adapt to the inherent changes in their emotions, roles, lifestyle, and physical well-being as a result of their cancer. Melissa also facilitates two monthly support groups at HLRCC – one for patients and the other for caregivers – as well as the Caring Kids support group. A proud Team Leever member, Melissa points out that HLRCC is a wonderful community resource and asset.

All radiation oncology patients at HLRCC are screened by the treatment team for referral to Melissa’s services. She also sees patients from the medical oncology practices located at HLRCC. Patients may also self-refer by requesting an appointment. Her services are available free of charge to all HLRCC patients and families.

Melissa’s dedication to HLRCC runs deep – from one hour to the next she may be seen meeting with a family, making calls

“It is an *honor* and a *blessing* to be able to help people and be a part of their *care* during this difficult time in their lives.”

Melissa is available to meet with any cancer patient and his or her loved ones. For an appointment call 203-575-5511 or stop in and say hello to Melissa in her office located right off the main lobby.

On a personal note, Melissa is a Connecticut native. She lives in Watertown with her husband and two children. When not spending time with her family, Melissa enjoys gardening and reading.



Team
Leever

Fat and Breast Cancer: The Debate Continues

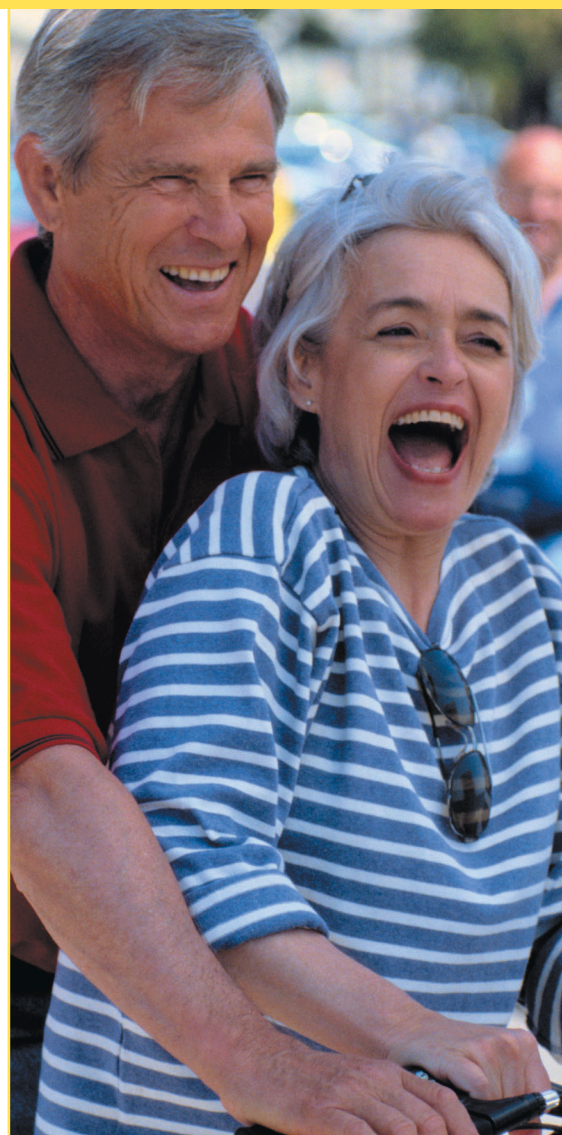
FAT. IS IT GOOD OR BAD? Does a low fat diet play any protective role at all in the occurrence or reoccurrence of breast cancer? This dilemma has been an ongoing theme in the diet-cancer debate for years and it seems as though the data is unclear at best. However, new information presented this past December at the San Antonio Breast Symposium may indicate, for the first time that following a low fat diet DOES help to prevent a recurrence of specific types of breast cancer.

The information was based on results from the Women's Intervention Nutrition Study (WINS). This randomized study, primarily funded by the National Cancer Institute (NCI) with additional funding by the American

Institute for Cancer Research (AICR), included more than 2400 post-menopausal women who had been treated for early stage breast cancer with standard therapies. Half followed a very low fat diet, with fat comprising only 20% of total calories, and the other half followed a standard diet, with approximately 30+% of calories as fat. All were followed for 5 years.

According to the newest data available, lowering ones fat intake was strongly associated with a lower risk of recurrence, but only for non-hormone sensitive breast cancer (also called estrogen-receptor (ER) negative breast cancer). For those with the more common form of ER positive breast cancer, a reduced fat intake had only a modest protective effect. These results are important, since they are one of the first that take into account the hormone status of the breast cancer survivors.

It is important to mention that following a diet that is so low in fat is very challenging. Many women who participated in the study admitted that they did not always stick with the 20% of calories as fat. No one knows if the results would have been even more significant if they had been able to follow



the exact diet for several years.

Does this mean that women with ER positive breast cancer can eat all the fat they want without feeling guilty? Absolutely not! A healthy diet which contains modest amounts of healthy fats, along with lots of fruits, vegetables, fiber, whole grains and lean proteins is recommended for maximizing disease prevention in the general population. And, following a healthy, low fat diet often results in weight loss, which can reduce risk of a breast cancer recurrence.



Lowering your fat intake

There are good fats and bad fats.
This summary will help you make healthy choices.

Eat more of these good fats

Monounsaturated Fats can lower total and bad (LDL) cholesterol while maintaining or increasing good cholesterol (HDL). Populations who consume a diet rich in these fats may have a lower incidence of breast and prostate cancer.

- ▶ Olives and olive oil
- ▶ Avocados and avocado oil
- ▶ Canola Oil
- ▶ Peanuts, hazelnuts, cashews and almonds
- ▶ Oils of nuts and seeds

Omega-3 Fats (also known as fish oil) lower cholesterol, act as anti-inflammatories and may play a role in preventing some cancers.

- ▶ Salmon (wild is best)
- ▶ Ground flax seeds
- ▶ Walnuts
- ▶ Fish oil supplements

Avoid these bad fats

Saturated Fats can raise cholesterol and may increase risk for certain types of cancers. So, stay away from:

- ▶ High fat beef and other red meats
- ▶ High fat dairy products (ice cream, cheese, whole milk, butter, sour cream)
- ▶ Skin on poultry (chicken, turkey, duck)
- ▶ Lard, tropical oils (coconut, palm, cocoa butter)

Trans Fats are highly inflammatory to the body and may increase the risk for heart disease and possibly cancer. They are created by hydrogenating oils (making liquid oils into solid fats). They are used in many processed foods and have recently been banned by restaurants in New York, as well as some fast foods. Labels now contain trans fat content of foods. Stay away from:

- ▶ Processed foods containing “partially hydrogenated” oils
- ▶ Fried foods that use hydrogenated oils
- ▶ Margarines containing trans fat (read the label)

Remember that all fats, good or bad, contain calories and in order to keep your total fat intake low, you need to eat less of them.



If you have nutrition questions that you would like answered, please call our nutritionist, Karen Sabbath, MS, RD at 203-575-5510 or send her an e-mail at ksabbath@leevercancercenter.org.

10 easy ways to lower your fat intake

- 1 Trim visible fat from your food, including the skin of chicken and poultry.
- 2 Avoid fried foods. They may be tasty, but the breading acts like a sponge for the oil in which it is fried.
- 3 Eliminate or reduce the amount of red meats (beef, lamb, pork and veal) in your diet. Use them for special occasions only.



- 4 Go meatless when possible.
- 5 Hold the cheese...most cheeses are 60-80% fat.
- 6 Use salad dressing sparingly...many contain hundreds of fat calories.
- 7 Use low fat cooking methods including grilling (don't char your food), broiling, roasting, searing or poaching. Use cooking spray or a non-stick pan, but be careful not to heat them up too high.
- 8 Pay attention to added fats like butter, margarine, mayonnaise, gravies and cream sauces, which add extra calories as well as fat.
- 9 Limit desserts...although tasty, they often add too many extra calories and fat. Store bought desserts often contain trans fats, which should be avoided!



- 10 Watch your munchies like chips, crackers and buttery popcorn.

Year ⁱⁿ Review

In 2006, The Harold Leever Regional Cancer Center (HLRCC) continued to grow, utilizing and expanding the many teams that make up and support HLRCC. With the full support and backing of its team members, joint owners, Waterbury and Saint Mary's Hospitals, HLRCC completed its fourth full year of providing exemplary, world class outpatient oncology treatment to the community. HLRCC also continued its mission by providing outreach activities for community and healthcare professionals. The HLRCC Clinical Research program, offering cooperative group trials from the National Cancer Institute, was developed and is enrolling patients into national protocols.

In addition, HLRCC expanded its services tremendously by opening the area's first fixed PET/CT Imaging Center- one of the few cancer center-based PET/CT programs in Connecticut. PET/CT scanning provides a valuable new imaging technique that merges structural CT images with metabolic PET images. Because of the community's confidence in HLRCC, we are now one of the fastest growing and most technologically advanced freestanding cancer centers in the Northeast. HLRCC also added a new thoracic multidisciplinary conference in addition to its site-specific multidisciplinary conferences for breast and has submitted accreditation documents to the American College of Radiology for PET/CT Imaging. Much more is in the planning stages.

Our commitment to HLRCC's Mission to expand quality outpatient oncology healthcare for our patients and families is evident and moving ahead. Team Leever remains focused on continuing to provide world-class technology while remaining aware of the total needs of every patient, their caregivers and their families. Challenges and growth abound as HLRCC looks toward 2007.

As we say good-bye to 2006 and welcome the new year, we would like to thank you for your support and offer special thanks to our most precious asset – Team Leever – the Staff of HLRCC, the Boards of Directors, and Volunteers.

From our family to yours, best wishes for continued success and great health on your personal journey in 2007.



Team Leever [front row, l-r]: Deborah Parkinson, Judy Feliciano, Kevin Kniery, Melissa Seres, Lisa Gilmore. [2nd row, l-r]: Kerry Huria, Rae Varrone, Liz Buchetto, Rejina Alam, Diane Ferretti, Carole Gizzi, Dianne Bedard, Janet Policano, Mary Kolb, Karen Sabbath. [3rd row, l-r]: Kevin Khadivi, Tom Belzek, Cindy Pengelly, Cheryl Guetens, Diana Spahiu, Peter Sanchez, Cindy Audet, Dr. Bernard Percarpio, Dr. Jeffrey Bitterman, Dr. Joseph Ravalese III. Missing from photograph: Karen Bailey, Gayle Crowley, Corky Dupre, Marlene Tiedemann.



George Bailey Golf Tournament [l-r]: Tom Belzek, Deborah Parkinson, Don Lovejoy, Karen Bailey, Kevin Kniery

A Caring Community

The Harold Leever Regional Cancer Center wishes to express its appreciation and a sincere thank you to its neighbors and friends by recognizing the spirit and hard work of the members of our community to the Mission of the Leever Cancer Center.

Reflections Boutique: Wine Tasting Fundraiser

With over 400 guests in attendance at the Country Loft Antique Barns in Woodbury, a wine tasting fundraiser was held to benefit the Reflections Boutique at the Leever Cancer Center. Under the supportive guidance of Clare Ventre Carragan, M.D. and Craig Carragan, a committee of over thirty people worked together to plan and run this very successful event. Reflections Boutique is a lending library located in the Leever Cancer Center providing free wigs and head coverings for women undergoing cancer treatment. The event featured wine stations from five different countries and raised over \$25,000 to support the boutique.



3rd Annual George Bailey Golf Tournament

On September 1, 2006 the Third Annual George Bailey Golf Tournament was held at the Pine Valley Golf Course in Southington. The tournament, organized and run by the Bailey Family and George's childhood friend, Don Lovejoy, enjoyed a successful third year, raising in excess of \$13,000. These funds were used to purchase a Rhino-Laryngofiber-scope for patient examination at the Leever Cancer Center. This specialized scope is used by the physicians at the Leever Cancer Center to visualize structures in the head and neck areas of patients with head and neck cancers.

The Right Team. Right Here.

John J. "Jack" Pacowta Retirement

After a distinguished career and more than thirty-five years of service to the greater Waterbury community, Jack Pacowta, a principal in Nishball, Carp, Niedermeier, Pacowta & Co. has retired. Jack had been a driving force in the creation and development of The Harold Leever Regional Cancer Center, serving first as a Co-Chair of the Capital Campaign. Jack served as the first HLRCC Chairman of the Board as well as member of the center's Finance Committee.

Bianca Hernandez- Melendez Golf Tournament/Candle Sale

The family and friends of Bianca Hernandez-Melendez held a Yankee Candle sale in August of 2006 in memory of their loved one, Bianca. The event was paired with a Golf Tournament, held in October at Hawk's Landing Country Club. Monies raised were donated to the Leever Cancer Center in memory of Bianca and to the Terrence Lott Jr. College Fund.

CUREchief Delivery

The CUREchief bus delivered a generous supply of CUREchiefs to HLRCC in 2006. CUREchiefs are soft triangle shape pieces of fabric that can worn on the head like a kerchief or around the neck as a scarf. The CUREchiefs, made by volunteers, provide a headcovering for patients undergoing cancer treatment.



CUREchief president and founder Sandy Centorino, (2nd from left) with volunteers stop to deliver CUREchiefs at HLRCC.



John J. (Jack) Pacowta

Aware!

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We encourage your feedback.
If there is a cancer topic you
would like covered, or to respond to
an article you've read or to be put
on our mailing list, please call
(203) 575-5555 or email:
teamleever@leevercancercenter.org



The Right Team. Right Here.



THE HAROLD LEEVER
REGIONAL CANCER CENTER

1075 Chase Parkway
Waterbury, CT 06708
voice 203-575-5555
fax 203-575-5556

Community Events & Monthly Support Groups

March

CARING KIDS:

A support group for children who have a relative with cancer
March 8th – April 12th

COLORECTAL CANCER AWARENESS MONTH:

For Physicians and
Healthcare Professionals:

“Current Concepts in the Diagnosis
and Treatment of Colorectal Cancer”
March 20th

For Community Members:

“Current Concepts in the Prevention,
Diagnosis and Treatment of
Colorectal Cancer”
March 27th

SOCIAL WORK MONTH

NATIONAL NUTRITION MONTH

LYMPHEDEMA AWARENESS MONTH:

See the website for an event for
Lymphedema patients!

April

FREEDOM FROM SMOKING: Session 2

CARING KIDS SUPPORT GROUP

May

GREATER WATERBURY

RELAY FOR LIFE: Join Team Leever!
May 19th – 20th

SKIN CANCER PREVENTION AND DETECTION MONTH

WOMAN TO WOMAN BREAST CANCER SUPPORT GROUP: monthly 3rd Tuesday,
7 PM – 9 PM, contact Theresa Lombardo at 860-274-2200

BRAVE AT HEART BREAST CANCER SUPPORT GROUP: monthly 2nd Wednesday,
7 PM – 9 PM, contact Anne Pringle at 203-910-7582

CT MULTIPLE MYELOMA FIGHTERS SUPPORT GROUP: monthly 3rd Tuesday,
6 PM – 8 PM, contact Robin Tuohy at 203-206-3536

BEREAVEMENT SUPPORT GROUP: on hold, contact Chaplain BJ at VITAS, 203-565-3251

HLRCC PATIENT SUPPORT GROUP: monthly 2nd Monday, 12 PM – 1 PM,
contact Melissa Seres at 203-575-5511

HLRCC CAREGIVERS SUPPORT GROUP: monthly 1st Tuesday, 12 PM – 1 PM,
contact Melissa Seres at 203-575-5511

BETTER BREATHING CLUB: monthly 3rd Friday, 2 PM – 3 PM,
contact Marion Loyer at 203-757-4991

CIRCLE OF HOPE LYMPHEDEMA SUPPORT GROUP:
monthly 1st Wednesday, 5:30 PM – 7:30 PM, contact Jeanne Tassis at 203-758-6138

THE FRIENDS IN RECOVERY GROUP OF ALCOHOLICS ANONYMOUS:
weekly, Mondays at 9:00 AM, contact Howard D. at 203-729-2672

SPIRITUAL/PASTORAL CARE: Mondays 9 AM – 1 PM, Thursdays 1 PM – 4 PM,
or by appointment, contact Judy Pavan at 203-575-5555

AMERICAN CANCER SOCIETY: LOOK GOOD, FEEL BETTER!: monthly 1st Monday,
either 2 PM – 4 PM or 4 PM – 6 PM, contact the ACS at 203-756-8888

AMERICAN CANCER SOCIETY: REACH TO RECOVERY: by appointment,
contact the ACS at 203-756-8888

OSTOMY SUPPORT GROUP: monthly 1st Monday, 7 PM – 9 PM,
contact Shirley Harkins at 203-573-6203 or Bob Baker at 860-868-2311

*Please call contact person to confirm that group is running as scheduled.
Meeting times may be rescheduled to accommodate holidays or special meetings.
See www.leevercancercenter.org for ongoing community events.*



THE HAROLD LEEVER
REGIONAL CANCER CENTER

1075 Chase Parkway
Waterbury, CT 06708