

Cancer Resource Center Newsletter



Fall, 2018

Message from the Director

The Cancer Resource Center's mission is to be a leader in supportive care to people diagnosed with cancer. The Center offers support services to our community that are creative and worthwhile. Our innovative programming was recently acknowledged by the Association of Community Cancer Centers (ACCC). I presented "Smoothies, Spirituality and Strength Training in a Community Cancer Center" at the ACCC 35th National Oncology Conference in Phoenix in October. This opportunity showcased some of the unique ways we promote wellness, from diagnosis through survivorship. For example, our partnership with the Outpatient Rehab team provides eight weeks of fitness and strength training to breast cancer survivors to increase strength and flexibility after surgery. Similarly, we partner with the Chaplaincy Department on a series of workshops using mindfulness techniques to cope with anxiety, sleep issues, and stress. Cynthia Choi our dietitian, is always finding ways to sneak healthy fruits and veggies into her cooking classes and smoothies for patients. Call 703.558.5555 for more information.

Annual Breast Cancer Conference

This year's Breast Cancer Conference featured Dr. Christina Dilaveri from the Breast Diagnostic Clinic at Mayo Clinic. She spoke on emotional wellness and breast cancer. Her talk was followed by a panel, consisting of Dr. Molly Sebastian, breast surgeon, Dr. Marilyn Nguyen, plastic and reconstructive surgeon, Dr. Hong, radiation oncologist, Dr. Neelima Denduluri, medical oncologist, Dr. Sarah Mezban, radiologist, Mirian Campos, Ed.D., counselor and a breast cancer survivor. Call 703.558.6913 to request a copy of the presentation.

New Colorectal Surgeon Talks About Colorectal Cancer Screening, Prevention and Treatment

Dr. Craig Rezac, a colorectal surgeon joined the Virginia Hospital Center's Physician Group in September, 2017. He attended medical school at the University of Pisa and spent 17 years at the Robert Wood Johnson Hospital in New Jersey. He is Chief of Robotic Surgery at VHC. Dr. Rezac believes in a minimally invasive approach to colorectal cancer surgical treatment.

Colorectal cancer is the 4th most common cancer and the 2nd leading cause of death from cancer in adults. Risk factors can be lifestyle-related, or hereditary. Lifestyle factors include being overweight or obese, smoking, inactivity, diets high in red meats, smoking and heavy alcohol use. Hereditary factors include age, personal or family history of colorectal polyps or colorectal cancer, or the presence of an inherited gene such as Lynch Syndrome.

Primary prevention aims to prevent colorectal cancer before it occurs. This involves leading a healthy lifestyle to include a high fiber diet, regular exercise, and taking a baby aspirin and/or calcium supplement. Secondary prevention methods include screening. The American Cancer Society changed guidelines for colorectal screening in May of this year. The new recommendations suggest that adults 45 years of age and older with an average risk of colorectal cancer undergo regular screening with either a high-sensitivity stool-based test such as guaiac or Cologuard or a structural (visual) examination such as a colonoscopy, depending on patient's preference and physician recommendation. A colonoscopy can prevent colorectal cancer by removing polyps during the procedure. To make an appointment for consultation with Dr. Rezac, call 703.717.4180.

What's New in Radiation Oncology?

The Hitt Family Center for Radiation Oncology is celebrating the ten year anniversary of Dr. Robert Hong as its Medical Director. Since Dr. Hong came to VHC, the number of new patient consults has tripled. He has demonstrated an innovative and progressive approach to patient care. He is extremely well-published and is a national speaker on radiation therapy. The staff describes Dr. Hong as dedicated, passionate and very well respected by patients as well as his medical peers. To make an appointment with Dr. Hong, call 703.558.6284.

Reiki

Lois Mandelberg has been the coordinator of the Reiki program offered through the Cancer Resource Center (CRC) for 16 years. She has seen this outpatient program grow from 3-4 beds to 9, averaging 30-33 patients/monthly session. The number of Reiki practitioners, who are entirely volunteer, has risen to a current number of 24. Each practitioner has received training to at least level 3 (Master Level). About one quarter of the current practitioners are former patients. Ms. Mandelberg would like to see more male volunteers. For the past 18 months, Reiki has been offered to inpatients. One patient stated that she “felt more energized after each Reiki session.” Shari Sitron, LICSW, MPH, the director of the Center stated that, “Reiki is consistently the most popular program attended.”

Reiki is offered on the 3rd Wednesday of each month from 7:00-9:00 pm in the Cancer Resource Center. Each half-hour session is free, but requires registration. Call 703.558.5555 to schedule an appt.

Pickleball Lesson for Breast Cancer Survivors

Pickleball is the fastest growing racket sport. Helen White, a cancer survivor is currently the area’s ambassador to the USA Pickleball Association. She believes that pickle ball was a “life saver” for her after her cancer diagnosis. It is easy, provides great exercise, and can easily become part of your fitness program. Two classes were offered in October. For more information about future classes, call 703.558.5555.

Mirian Campos, Ed.D.

Dr. Campos started working at Virginia Hospital Center in March of 2012 as a receptionist in the Radiology Department. While in this position, she realized that she wanted to work directly with patients to help with emotional distress associated with illness. In August of 2012, Dr. Campos began graduate studies in Clinical Mental Health Counseling at Marymount. She started an internship in the CRC in February of 2014 and was offered a permanent job as a patient navigator/counselor with the CRC in September of the same year. In 2015, Dr. Campos started her doctoral studies which culminated in May of this year. We are proud of Dr. Campos and her desire to help people through their struggles with a cancer diagnosis and treatment. For an appointment, call 703.558.5566.

Nutrition Services for Oncology Patients

People gain about one or two pounds during the holiday season. Here are a few healthy holiday eating strategies.

1. Do not skip meals before a big holiday party. This can cause overeating later. Eating fruit, vegetables and whole grains which are high-fiber foods, will satisfy your hunger.
2. Use a smaller plate so you can have proper portion sizes.
3. Eat salad or vegetables before main entrees.
4. Chew your food slowly so you can enjoy the smell, taste and texture of each item. Put your fork down between bites.
5. Enjoy conversation with your friends and families during the meal.
6. After the first plate, wait 10 minutes to see if you are still hungry.

Nutritional services are also available in groups/classes. Ms. Choi can be reached at 703.558.3255.

Red lentil dhal

2 ½ cups red or pink lentils
5-6 cups of water (a large pot half full)
2 tablespoons curry paste
½ cup coconut milk
1/3 cup water
1/2 teaspoons salt
¼ teaspoon black pepper
¼ teaspoon cayenne
2 teaspoons curry powder
½ teaspoon turmeric
1 teaspoon chili powder
Lime juice
Green herbs for garnish
(cilantro, green onions, etc)



Instructions

1. Bring the water to a boil in a large pot.
2. Add lentils and cook uncovered for 10 minutes, stirring every few minutes to prevent burning on the bottom. Remove from heat.
3. Stir in remaining ingredients until completely incorporated. Season with additional salt and herbs for garnish.

From: www.aicr.org

Cancer Program Practice Profile Reports (CP³R) 2018

The Cancer Committee at Virginia Hospital Center (VHC) monitors the quality initiatives set by the American College of Surgeons Commission on Cancer (COC) related to breast, colon, lung and rectal cancers. This ensures that patients treated at VHC receive the best care according to nationally accepted measures. The Commission on Cancer (COC) measures compliance with current COC quality tools—the Cancer Practice Reports (CP³R). Below is the summary performance grid that reports 2015 cases treated at VHC. Our program meets or exceeds the performance expectations of the Commission on Cancer.

ACOS NCDB CP³R 2015 Measures

<u>Breast Measures</u>			
<u>Measure Type</u>	<u>Measure Specifications</u>	<u>VHC</u>	<u>Required Rate</u>
Accountability	Radiation is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer.	98%	>=90% or upper bound of 95%
Accountability	Tamoxifen or third generation aromatase is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	95%	>=90% or upper bound of 95%
Accountability	Radiation is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >=4 positive regional lymph nodes.	100%	>=90% or upper bound of 95%
Quality Improvement	Image or palpation-guided needle biopsy of the primary site is performed to establish diagnosis of breast cancer.	97%	>=80% or upper bound of 95%
<u>Colon Measures</u>			
<u>Measure Type</u>	<u>Measure Specifications</u>	<u>VHC</u>	<u>Required Performance Rate</u>
Quality Improvement	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	93%	>=85% or upper bound of 95%
<u>Lung Measures</u>			
<u>Measure Type</u>	<u>Measure Specifications</u>	<u>VHC</u>	<u>Required Performance Rate</u>
Quality Improvement	Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 5 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2)	100%	>=85% or upper bound of 95%
<u>Rectal Measures</u>			
<u>Measure Type</u>	<u>Measure Specifications</u>	<u>VHC</u>	<u>Required Performance Rate</u>
Quality Improvement	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemotherapy and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer.	100%	>=85% or upper bound of 95%