

GRAND LAKE REGIONAL CANCER CENTER NEWS

FALL 2010

WORLD CLASS TREATMENT
WITH A HOMETOWN ADDRESS



REDUCING OUR RISK FOR CANCER

How much do daily habits like diet and exercise affect our risk for cancer? According to the American Cancer Society, much more than you might think. Increasingly, researchers agree that poor diets and sedentary lifestyles are among the most important contributors to cancer risk. Fortunately, these are things we can control. Except for quitting smoking, some of the most important ways to help reduce your cancer risk are to achieve and maintain a healthy weight, to be physically active on a regular basis, and to make healthy food choices. The evidence for this is strong: Each year, about 550,000 Americans die of cancer; fully one-third of these deaths are linked to poor diet, physical inactivity, and carrying excess weight.



Judy Broering, Registered Dietitian, at the Grand Lake Regional Cancer Center urges people to adopt a healthy lifestyle.

That means maintaining a healthy body weight, adopting an active lifestyle and eating a healthy diet with lots of whole grains, fruits and vegetables. Limiting alcohol consumption to one drink a day for women and two a day for men is also recommended by the American Cancer Society.

“There is no one food that will protect you, but rather a combination of foods in a healthy diet with an emphasis on plant-based foods that can lower your risk,” Broering said. “Eating right and staying active can also help with weight control which is very beneficial. Being overweight can increase your risk for breast, colon, and kidney cancers as well as several others. It also increases your risk for other diseases including heart disease and diabetes.”

Judy who is a 13 year breast cancer survivor, works with cancer patients to be as healthy as possible before, during and after treatment by eating right and staying active.

“Those undergoing treatment have specific needs that vary from patient to patient based on a number of factors,” she said. “They may need certain supplements to aid in their nutrition, or need to avoid certain foods for a time, but much of what is recommended during treatment is the same as that recommended for everyone as a healthy diet.”

“It is not always easy to eat a healthy diet... it is much easier to go to the drive thru for a hamburger than to find a piece of fruit “on the run” she said. “But, you can make an effort and say this is what I want to do. A healthy diet and lifestyle is a gift to your family. Children and grandchildren look to the adults in their lives as role models. It’s all about moderation in all things. Most of your diet should be fruits, vegetables, whole grains and other low fat foods... that way the occasional piece of chocolate is all right.”



For more information see the article, *Eat Healthy. Get Active. Prevent Cancer.*, on the American Cancer Society’s website at www.cancer.org



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PROSTATE CANCER

PROSTATE CANCER... TO SCREEN OR NOT TO SCREEN

WHAT IS PROSTATE CANCER?

The prostate is a small, walnut shaped gland located below the bladder. Prostate Cancer is the most common cancer in men excluding skin cancer. It is a leading cause of cancer death in men, second only to lung cancer. Prostate Cancer does not usually spread rapidly, so an individual can explore the many treatment options now available. With early detection and the various treatments available, more and more men can survive this disease and lead a very normal, active life.

WHO IS AT RISK?

Any man can have prostate cancer, but the risks are higher as men age. Risks are highest for African American men and anyone with a family history of prostate cancer (father, uncle, or brother who has had prostate cancer).

- Men at average risk for prostate cancer who can be expected to live at least 10 years should have this discussion with their doctor beginning at age 50.
- African American men and men with a family history of prostate cancer are at higher risk, and should have this talk at age 45.
- Men with several family members who had prostate cancer at a young age should have this discussion at age 40.

HOW IS PROSTATE CANCER TREATED?

There are different types of treatment options for patients with prostate cancer. Your physician can discuss the benefits and risks of each treatment depending on your individual needs.

Types of standard treatment are:

- Watchful waiting
- Surgery
- Radiation therapy
- Hormone therapy
- Combinations of two or more of the above

The value of community Prostate Screenings has been under scientific review. Due to the recommendations of several leading medical authorities many community screenings have been discontinued.

- The American Cancer Society (ACS) recommended men without any symptoms* and a life expectancy of at least 10 years should work with their health care provider to make an informed decision regarding prostate screening. The doctor can discuss questions, risks and potential benefits of prostate screening.
- U.S. Preventive Services Task Force concluded that there is insufficient evidence to assess the benefits and

harms of screening in men younger than 75 and recommended against prostate cancer screening in men over 75 years old. This is primarily because most prostate cancer is a very slowly progressing disease in older men. In fact many older men are found to have prostate disease at death, that did not impact their life expectancy at all.

- * Symptoms of possible prostate disease.
- Frequent urination or inability to urinate
 - Trouble starting or holding back urination
 - Weak or interrupted urine flow
 - Frequent pain or stiffness in the lower back, hips, or upper thighs

Contact your doctor if you experience any of the above symptoms.

Again, this does not mean symptoms should be ignored. Men should follow the recommendation of their own doctor regarding screening.

ONE IN EIGHT WOMEN WILL BE DIAGNOSED WITH BREAST CANCER IN HER LIFETIME. EARLY DETECTION IN THE BEST PROTECTION.



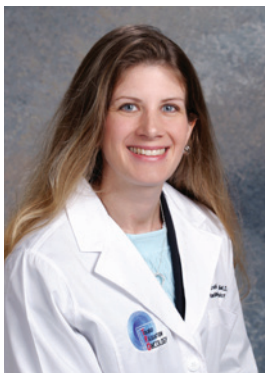
OCTOBER IS BREAST CANCER AWARENESS MONTH

SCHEDULE YOUR MAMMOGRAM

American Cancer Society Mammography Guidelines:

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health
- Clinical breast exam (CBE) about every 3 years for women in their 20s and 30s and every year for women 40 and over
- Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider. Breast self-exam (BSE) is an option for women starting in their 20s.

The American Cancer Society recommends that some women -- because of their family history, a genetic tendency, or certain other factors -- be screened with MRI in addition to mammograms. Talk with your doctor about your history and whether you should have additional tests at an earlier age. For more information, call the American Cancer Society Cancer Resource Center at the Grand Lake Radiation Oncology Center at 419-919-3102 and ask for the document, *Breast Cancer: Early Detection*.



"I strongly feel that women should continue to get annual mammograms. Mammograms can detect cancers up to two years before they become large enough to feel. Breast cancers are easier to cure if treated when they are small and haven't spread elsewhere so the earlier the diagnosis, the better. A mammogram is a simple, potentially life-saving test."

– Heather Kaiser, MD
Radiation Oncologist

MEDICAL ONCOLOGIST



Dr. David Powell is known for his compassion and concern for his patients. It is evidenced by the fact that when he relocated to the area he made sure to have an office at the Grand Lake Regional Cancer Center. Many of his previous patients from Shelby and Darke County followed him to the area so he said he could meet them half way at the center in Celina. It also is convenient for some patients in Celina, St. Marys and Van Wert.

"The Grand Lake Regional Cancer Center is a very nice facility," he said. "Having the radiation oncologist in the same building makes for much better communication and is more convenient for the patient. The American Cancer Society Patient Navigator affiliated with the center is also a definite plus to patients and their families."

Dr. Powell's Cancer Care of West Central Ohio also has an office in Lima. The same experienced staff work in both locations so there is continuity of care whether the patient goes to the Celina or the Lima facility.

Dr. Powell who is board certified in Internal Medicine and Medical Oncology, considered a specialty in surgery, but when both his wife and mother-in-law experienced cancer, he decided he needed to know much more about the disease impacting his family. And he has never regretted that decision.

"I hope to have another doctor in the office some time next year so I can increase the number of days the Celina office can be open," he said.

Dr. Powell is a graduate of the Ohio University College of Osteopathic Medicine He completed an internship and Residency in Internal Medicine and a Fellowship in Oncology all at Grandview Hospital & Medical Center in Dayton.

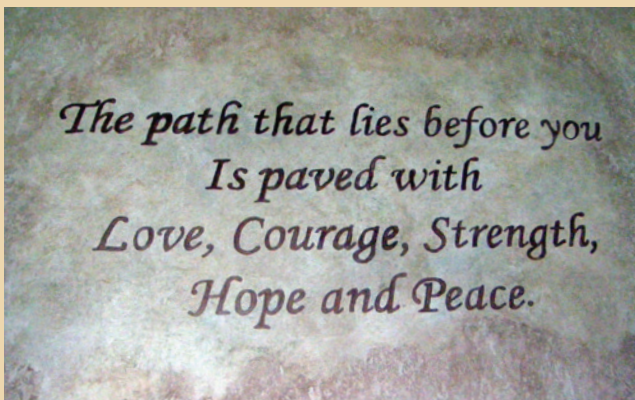
Dr. Powell and his wife Jean have two children Jennifer and Christopher.

GRAND LAKE REGIONAL CANCER CENTER

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HERE ARE A FEW COMMENTS FROM PATIENTS AFTER THEIR RADIATION TREATMENT AT THE GRAND LAKE REGIONAL CANCER CENTER



"I was very impressed with the entire staff at the center. They were all very friendly and provided encouragement when I needed it most."

"Positive attitudes and cheerfulness helped keep me upbeat. Everybody was great!"

"The service I received was wonderful. I couldn't have asked for better care. I appreciated all the information they gave me when I asked."

"I would like to thank everyone at the Radiation Unit for their excellent care. Keep up the good work....Thank You!"

"You people are so nice, my personality is headed the same direction. Thanks for all your kindness."

"My treatment may not have been as intense as some clients but I feel the center is well equipped and the staff very professional and well trained."