

ARTICLES INSIDE

Our Volunteers.....Page 4

Volunteers Patrick and Sandy Kurtas at Illinois CancerCare.....Volunteers and Lovebirds.

Illinois CancerCare provides CancerHelp®.....Page 12

CancerHelp removes barriers that patients face when researching information about cancer.

Let's Talk for I have Walked in Your Shoes.....Page 13

The doctor says, "You have cancer." These can be devastating, terrifying words. The very words evoke fear, among many other emotions.

UPCOMING EVENTS

Monday, February 9, 2009 :

Breathe of Joy - 5 PM
Tai Ji - 6:30 PM

Thursday, February 12, 2009 :

Yoga with Heidi - 9 AM
Cancer Survival 101 - 11:30 AM
Yoga with Lisa - 6:15 PM

Wednesday, February 18, 2009 :

Networking Support Group - 1:00 PM

Thursday, February 19, 2009 :

Cancer Survival 110 - 2:00 PM

Monday, February 23, 2009 :

Look Good...Feel Better - 1:00 PM

See the Calendar Insert for more information.

ILLINOIS CANCERCARE

Free Patient Newsletter



In this photo: Sachdev Thomas, M.D. and Marsha Kutter

Although lung cancer ranks second in the number of new cancer cases diagnosed every year, it remains the number one cause of cancer deaths in the U.S. for both men and women (2008 American Cancer Society Surveillance-Research). An estimated 161,840 people in the United States will die this year from lung cancer, accounting for more than 28% of all cancer deaths. These statistics are startling given the fact that fewer than 20% of adults (19.8%) smoke cigarettes, and smoking and tobacco use causes 9 out of 10 lung cancers.

Story Continued on Page 8

Contact Us

Toll Free: 1.866.662.6564
Peoria: 309.243.3000

Our Websites

www.illinoiscancercare.com
www.peoriacancercenterfoundation.com



ILLINOIS
CANCERCARE, P.C.
Supporting the Cancer and Blood Community



Table of Contents

Table of Contents *Illinois CancerCare*

ILLINOIS CANCERCARE

Table of Contents **Table of Contents**

Table of Contents	2
Imatinib Approved for Resected GIST.....	3
Buckeye (Peanut Butter Balls) Recipe	3
Our Volunteers: Patrick and Sandy Kurtas	4
Research Trial Open.....	5
Recipes from Sharon	6
Nursing Candy Hearts.....	7
Word Search Puzzle.....	7
Sudoku Puzzle	7
Lung Cancer Targets and Trends.....	8,9
Peoria Cancer Center Foundation: Together We Can	10
Illinois CancerCare CarePages	11
Illinois CancerCare provides CancerHelp®	12
Let's Talk for I have Walked in Your Shoes	13
Share Your Story with Us	13
A Day in the Life of our New Patient Schedulers.....	14
Sudoku Puzzle Solution	14
Recycling at Illinois CancerCare	15
Illinois CancerCare Social Services.....	15,16
Illinois CancerCare Physicians	16

Imatinib Approved for Resected GIST

By Marsha Kutter, Research Business Administrator

On December 23, 2008, the U.S. Food and Drug Administration (FDA) announced its approval for the use of Imatinib for treating a rare type of cancer called Gastrointestinal Stromal Tumors (GIST). GISTs form from the cells found in the walls of the gastrointestinal tract. When found early, these tumors can be surgically removed. In spite of surgical resection, many of these tumors come back or recur, so medical scientists and physicians looked for a treatment to give after surgery to help prevent recurrence of GISTs. (We call this adjuvant treatment because it is given adjunctively after surgery as a way to prevent the disease from coming back.)

Up to this time there has been no standard drug treatment approved for

patients with resected GISTs. Imatinib mesylate (trade name Gleevec) had already been approved to treat recurrent GISTs, so it was a good candidate for use after surgical resections of GIST.

Imatinib is a one of a category of drugs called Tyrosine Kinase Inhibitors or TKIs. TKIs are very small molecules. They are so small that they can enter a cancer cell and work inside the cell, blocking certain enzymes from signaling the cell to divide and grow. TKIs are part of a growing body of treatments called targeted therapies because they work on specific cancer cells and tend to leave normal cells unharmed. They "target" the cancer cell.

Physician investigators at Illinois CancerCare and the Illinois Oncology Research Associates Community Clinical Oncology Program (IORA CCOP) participated in the cancer clinical trial, Z9001, which helped get the FDA approval for Imatinib for resected GISTs. Patients in central Illinois received treatment with Imatinib on Z9001, and information on their treatment course helped get this drug approved for use in resected GISTs. The IORA CCOP is funded by a Federal grant from the National Cancer Institute, grant #CA35113. This funding and the commitment to research of Illinois CancerCare physicians allows us to bring cutting edge treatments to the people of central and western Illinois.

Buckeye (Peanut Butter Balls) Recipe

By Judy Hopper, Brandon Hopper's grandmother

Peanut Butter Ball Mix

- 1 lb Margarine or Oleo
- 1 lb Peanut Butter
- 1 tsp Vanilla
- 3 lbs Powdered Sugar

Directions:

1. In microwave melt butter & peanut butter until smooth.
2. Stir & melt in intervals of 1 minute in microwave, then stir. Usually takes a couple of times.
3. Add vanilla & stir.
4. Work in Powdered Sugar 1 lb at a time.
5. After all mixed up roll into balls.
6. Place balls on cookie sheet and cool them in fridge.

Chocolate Mix

- 12 oz Bag of Semi-Sweet Chocolate
- ½ Bar of Paraffin Wax

Directions:

1. Melt paraffin in microwave.
2. Add chocolate chips in melted paraffin.
3. Stir in chocolate chips in a double boiler.
4. Stir until chocolate is melted and smooth.
5. Turn heat down.
6. Put toothpick in middle of ball and dip the ball in chocolate.
7. Place back on cookie sheet.
8. Put in fridge & let cool.

Patrick and Sandy Kurtas

Volunteers and Lovebirds

By Kollet Walty, Director of Public Relations at Illinois CancerCare

I don't know if you will hear the tweeting sound of lovebirds when you come across volunteers Patrick and Sandy Kurtas at Illinois CancerCare; either when they are greeting patients upon their arrival, delivering medication to the various Pods (he says legal drug running), wheeling patients where they need to go (she says pushing people around), bringing a patient something to make them more comfortable, or just being a listening ear, but I sure did ~ Truly.



OK, it was Sandy who actually tweeted when I walked by, but when I looked up; I knew who I would find...

With February being a month to remember romance and stories of love, it is quite appropriate to bring to you our highlighted volunteers for February, Patrick and Sandy Kurtas.

Meeting at a 4 day church retreat in 2005, Sandy knew this might very well be a guy she could spend the rest of her life with. "He was so charming and I enjoyed spending time talking with him and getting to know him. I had met many different guys at various church events over the years and none seemed to have the qualities of a true gentleman like Patrick.

While they spent time together at the retreat, once they went back to their respective lives, it wasn't until February of 2006 that they went on their first official "date". Patrick was living in Ohio (originally from Pennsylvania) taking classes for his mission work, and Sandy was living in Illinois.

The first official date was a formal dance. Sandy went out and bought a sparkling

formal gown and Patrick wore a tux! She felt like a princess and didn't want the date to end. While the date did, it wasn't long before they were officially planning their future.

In April, during a trip back home to Bethlehem, Pennsylvania they were spending the day at Monocacy Creek when Patrick asked for her hand in marriage. After a very relaxing, enjoyable day of walking, talking and picnicking, they headed back to the car, when Patrick stated that he lost the car keys, and thought it must be back where they sat down for lunch. So they walked back to the spot they ate lunch, and down on one knee he went.

Sandy, savoring the moment, took time to prepare her response, and this was a little more than nerve racking for Patrick. Racing through his mind was, "she is trying to say no in a polite way", racing through hers was, "I did this once (her first husband is deceased), and I just said yes, this time, I want to say more than that, I want to tell him what I am feeling". He didn't have to wait to long for the answer, because the wedding took place in August of the same year.

Sandy spent most of her adult life as a stay home mom, raising her son and 2 daughters, while Patrick started his career as a medic in the Navy followed by a sales position with an H Vac company. He and his now deceased wife had 1 daughter as well. Together they have 4 children and now have 2 grandchildren, 1 boy and 1 girl.

While both had experienced another life with their respective first marriages, after they each lost their spouses suddenly (Sandy's husband by a drunk driver, and Patrick's wife by a stroke) they didn't know it would be possible to pick up the pieces, feel and love again.

But they have! Patrick and Sandy have



many things in common. They share the love of volunteering, fishing, boating, swimming, camping and traveling. In fact, in less than 3 years they have traveled to Florida, South Africa, Turkey, Barbados, and the Dominican Republic.

In her spare time she has volunteered in many capacities and was actually volunteering for another organization that drives seniors to their doctor appointments, when she brought a patient here from Lacon. She came in and said there was an immediate desire to check into the volunteer program here. Her mother had died from colon cancer and her father died of lung cancer, and the place felt very comfortable and homelike and she loved the volunteer coordinator, Laura Matus.

Since Sandy had been a volunteer here before she met Patrick, the staff and patients were able to keep up with the budding romance from the beginning. Every week when she came in, everyone wanted to know all of the details. "It was great to hear her stories and be able to watch someone who gave so much of herself, fall in love and be loved, no matter what the age", said volunteer coordinator Laura Matus.

Volunteering was in Patrick's blood as well. Back in Pennsylvania, Patrick was a volunteer Firefighter, had volunteered with Big Brothers, read to the blind on the radio and more. So when Sandy told him they needed more volunteers here, it wasn't a question if he would do it, it was "what day would work so that we can be there together". On Wednesday mornings, when not traveling, this is now the second home for both of them.

They love spending time here helping other people. When asked how long they planned to volunteer here, they laughed, looked at each other and almost in unison said, "No reason to leave. We like it here, they like us. Pay is good, can't get fired and raises aren't an issue".

I know I speak for all of the staff at Illinois CancerCare when I say; like them we do! We are very thankful for the dedication that Patrick and Sandy Kurtas have to helping others here at Illinois CancerCare.



DO YOU HAVE **PAIN** IN YOUR **LEGS** AND **FEET** OR IN YOUR HANDS THAT TRAVELS UP YOUR ARMS?

Peripheral neuropathy causes pain and numbness in your hands and feet. The pain typically is described as tingling or burning, while the loss of sensation often is compared to the feeling of wearing a thin stocking or glove.

Symptoms May Include:

- ✓ Gradual onset of numbness and tingling in your feet or hands, which may spread upwards into your legs and arms
- ✓ Burning pain
- ✓ Sharp, jabbing or electric-like pain
- ✓ Extreme sensitivity to touch and coldness
- ✓ Lack of coordination
- ✓ Muscle weakness or paralysis if motor nerves are affected



DO YOUR **FINGERS** & **TOES** **TINGLE** & FEEL NUMB?

Peripheral neuropathy has many causes including diabetes, trauma, and toxic agents. Chemotherapy, especially with oxaliplatin or paclitaxel, has been known to cause peripheral neuropathy. If you are having these symptoms following cancer treatment, talk to your doctor. You may be eligible for a new study to treat the pain of chemotherapy-induced peripheral neuropathy.

Talk to your doctor or call

Illinois CancerCare Research Department at

309-243-3605 to see if you meet the criteria for a National Institute

of Cancer study investigating a potential treatment for chemotherapy-induced peripheral neuropathy.



Sharon Windsor is a Registered Dietitian for the Cancer Center for Healthy Living.

Recipes from Sharon

Black Bean Brownies with Nuts

1 15-ounce can black beans, rinsed & drained
 ½ cup cocoa
 ½ cup applesauce
 2 cups white sugar
 4 eggs
 ¾ cup all-purpose flour
 1 teaspoon salt
 ½ teaspoon baking powder
 1 cup chopped walnuts

Instructions:

- Puree rinsed beans in a food processor until smooth.
- Mix bean puree, cocoa, applesauce, sugar, and eggs together in a bowl until well blended.
- Sift flour, salt, and baking powder together, and then stir into bean mixture. Stir in nuts.
- Grease a 9x13-inch pan with cooking spray and pour the batter into the pan. Bake at 350 degrees for ~30 minutes or until a toothpick inserted into center of pan comes out clean.

Nutrition Facts

Makes 15 servings. Per serving: 227 calories, 7 g. total fat (1 g. saturated fat), 57 mg. cholesterol, 39 g. carbohydrate, 5.5 g. protein, 3 g. dietary fiber, 189 mg. sodium.

Black Bean Brownies with Nuts - Food Information

Black Beans:

When it comes to three basic categories of nourishment - protein, fiber and anti-oxidant related substances - few foods have as solid a nutritional profile as black beans. Black beans, like other beans, really pack a punch when it comes to protein and fiber. On average, each cup features about 15 grams of both protein and fiber. That amount of protein is about the same as contained in two 8-ounce glasses of milk, but in the case of milk, there is no fiber to be found.

While all beans are exceptionally healthy foods when it comes to their protein and fiber content, it's the color coat on black beans that makes them particularly interesting in contrast to other beans. Researchers have found at least 8 different flavonoids in the black bean's color coat. Flavonoids are color-producing phytonutrients pigments that have great anti-oxidant potential. They work together with vitamins to help the body avoid oxygen-related damage.

Many other foods have been studied for their flavonoid content, and foods like red grapes or red wines are famous for their rich supplies of one flavonoid family, called anthocyanins. As it turns out black beans are an equally rich source of this flavonoid family, containing about 2.37 grams of anthocyanins per 100 grams of seed coat.

Walnuts:

When it comes to their health benefits, walnuts definitely are not a hard nut to crack.

This delicious nut is an excellent source of omega-3 essential fatty acids, a special type of protective fat the body cannot manufacture. Walnuts' concentration of omega-3s (a quarter-cup provides 90.8% of the daily value for these essential fats) has many potential health benefits ranging from cardiovascular protection, to the promotion of better cognitive function, to anti-inflammatory benefits helpful in asthma, rheumatoid arthritis, and inflammatory skin diseases such as eczema and psoriasis.

In addition, walnuts contain an antioxidant compound called ellagic acid that supports the immune system and appears to have several anticancer properties:

If you attended our cooking demonstration on Phytochemicals, you may recall that ellagic acid may reduce the risk of skin, lung, bladder, esophageal and breast cancers.

Ellagic acid is also found in red grapes, kiwifruit, blueberries, raspberries, strawberries, blackberries, and currants (OSF/CCHL Phytochemical handout).

Nursing Games & Candy Hearts



Word Search

Q R F W U S G Q R D D Q W T X
 J C E L L S U A J X F S S W H
 G A H M N F W N T N X N A Y N
 L N L E U L C E M I A N D A E
 D C P D M U T A T I O N C H E
 K E E O Z O L Q Q F N P J M L
 X R L C F Z T U M O R S D W P
 X E G E F R M H H H W J B W S
 S H S K U T K C E N G A V U V
 U Z N O I T I D A R I F R H E
 X B J T P M S Z Z H A G M J C
 L X T N C I O L A U E P I F F
 A C Q O X C U P G R H C H G I
 F N L W H U P A Y K B Y S Y E
 D O M W R Y A X O C A Q A Y I

CANCER
 CELLS
 CHEMOTHERAPY
 LEUCEMIA
 MOLES

MUTATION
 RADITION
 SPLEEN
 SURGERY
 TUMOR

Sudoku Puzzle

	9		5			8	7	
7				2		6		4
5				6				
	3	8			9		1	
				4		9		
	2		1				3	
				1				7
8		5		9				3
	6	2			8		4	

Lung Cancer Targets and Trends

By Sachdev Thomas, MD - Oncologist, Hematologist, Internist
Marsha Kutter, Research Business Administrator

Although lung cancer ranks second in the number of new cancer cases diagnosed every year, it remains the number one cause of cancer deaths in the U.S. for both men and women (2008 American Cancer Society Surveillance Research). An estimated 161,840 people in the United States will die this year from lung cancer, accounting for more than 28% of all cancer deaths. These statistics are startling given the fact that fewer than 20% of adults (19.8%) smoke cigarettes, and smoking and tobacco use causes 9 out of 10 lung cancers. ("Cigarette Smoking Among Adults - United States, 2007." Published online in the November 14, 2008 issue of Morbidity and Mortality Weekly Report (MMWR). Department of Health and Human Services, Centers for Disease Control and Prevention.)

Since lung cancer is a disease that develops over a long period of time, reductions in the smoking rate will not result in lower lung cancer rates for some years to come. Although health benefits to those who do quit begin almost immediately, many thousands of people will nonetheless be diagnosed with lung cancer this year. What hope is there for them?

Lung cancer is a disease that starts in the lungs and is thought to develop over a number of years. Cells within the lung itself develop an abnormality that causes them to grow in an uncontrolled manner. Depending on what cells become abnormal determines what kind of lung cancer may develop. There are basically two kinds: non-small cell lung cancer, which accounts for 85-90% of lung cancers, and small-cell lung cancer accounting for just about all the rest of lung cancers.



In this photo: Sachdev Thomas, M.D. and Marsha Kutter

Human cells are very complicated, with a myriad of proteins and enzymes that affect how they function. Cell growth is controlled by a delicate balance of growth promoting and growth inhibiting factors. Normal cells maintain that balance so they function normally doing the job they are supposed to do wherever they happen to be. Some of these functions occur on the outside of the cell and some happen within the cell membrane.

In cancer cells some part of normal cell activity has gone awry. They have somehow evaded or changed this balance. This happens in a variety of ways. As a result, these activities help the cells divide more rapidly (leading to tumor growth), cause blood vessels to grow toward the tumor cells (providing nourishment for bigger tumors), and lead to cancer cell immortality (result-

ing from an abnormality in "programmed cell death").

As scientists discover more and more about how cancers develop and grow, they are better able to find ways to interrupt or stop a pathway (a cellular roadway) that the cancer cell needs to continue to grow. The idea is that if an essential pathway is blocked, then the cancer cell is stopped from growing and will die. This sounds easier than it is, but new knowledge is being gained all the time resulting in new therapies. These new therapies are often called "targeted treatments" because they are aimed at the specific cancer cells and attack them directly like a stealth missile. The goal of targeted treatments is to affect the cancer cell and not harm the healthy cells.

The positive results of using Avastin for these patients has resulted in other trials for small cell and for non-small cell lung cancer, some using Avastin and some using other compounds that block angiogenesis. At this time Illinois CancerCare has a trial for people with surgically resected non-small cell lung cancer to see if adding an anti-angiogenesis compound to their chemotherapy will help keep their lung cancer from coming back.

Another key protein involved in the growth and spread of Lung Cancer is EGFR (Epidermal Growth Factor Receptor). EGFR plays a role in greater than 80% of lung cancers. Usually EGFR in the lung tissue exists in a dormant state or inactive state. When "activated" it leads to the upregulation or activation of several other proteins, such as Akt, MAP Kinase, which result in the growth of malignant cells and spread of cancer. It is sort of like turning on the ignition switch for cancer cells. Drugs directed against EGFR are used in the treatment of lung cancer. Two such drugs are Erlotinib and Cetuximab. Several other drugs that block EGFR and also have the ability to block other proteins are in testing.

Illinois CancerCare is involved with another study using alternate ways to block cell growth. This compound is called a tyrosine kinase inhibitor or TKI for short. TKIs are very small molecules. They are so small that they can pass through the outside of the cell to work inside the cell. They have been developed to inhibit or block the function of tyrosine kinase.

Tyrosine kinases are enzymes within the cell that function to attach phosphate groups to the protein

tyrosine. This process is called phosphorylation. One of its primary roles is as a molecular on-off switch in how a cell communicates information. The information being transferred can be as basic as whether the cell should live or die. Many malignant cells have found a way to mutate or have so many tyrosine receptors that the cells don't get the signal to turn "off". So researchers have developed tyrosine kinase inhibitors in an attempt to turn cell growth "off". They block or inhibit the communication line, and because they tend to be very specific to malignant cells, they rarely harm healthy cells. Illinois CancerCare's current studies using TKIs are for relapsed small cell lung cancer and for 2nd line non-small cell lung cancer. The target agents are Sorafenib, Sunitinib and Dasatinib. The "nib" endings of the drug names indicate that these are TKIs.

Erlotinib (brand name Tarceva) is an EGFR TKI which the Federal Food and Drug Administration have approved for treating patients with non-small cell lung cancer who have failed at least one prior treatment. Illinois CancerCare, through its affiliation with the Illinois Oncology Research Association Community Clinical Oncology Program, has a radiation study using Erlotinib for non-small cell lung cancer patients whose cancer has spread to their brains.

Trends for the future in lung cancer treatments include identifying genetic aspects of a patient's tumor to help decide which patients will benefit from these targeted therapies. Right now there is not best way to identify which patients will respond to TKIs and which will not.

A proposed study called MARVEL (Marker Validation of Erlotinib in Lung Cancer) may soon be opening at Illinois CancerCare to help answer that very question. It is a study of second-line treatment for patients with non-small cell lung cancer

As researchers and physicians look to the future, we will see a greater cooperation between the laboratory sciences and the clinical studies, combining new therapies with



new ways of evaluating risk and response. The identification of genetic factors and risks will become more standardized and predictable. Targeted therapies on the cellular level will help us know which tumors will respond to specific types of therapy. We will be able to better individualize treatments for the patient, reducing side effects and maximizing treatment response. The future is exciting and hopeful for patients and physicians alike.



Together We Can

By Kollet Walty, Executive Director at Peoria Cancer Center Foundation

With the close of 2008 came advances in the fight against cancer. Among gains cited by the American Society of Clinical Oncology (ASCO) report, titled Clinical Cancer Advances 2008: "This report shows we are making important progress in preventing, detecting and treating cancer," Richard Schilsky, MD, ASCO President, said. "Each of the studies represents new hope for people with cancer and those who care for them."

Advances have been made in the early detection of breast cancer screening and new treatments for liver, kidney, head, neck and lung cancers are among this year's most important breakthroughs in cancer care.

The news is good as treatments are improving the lives of many cancer patients, however flat federal funding for research and clinical trials continues to threaten future progress, as reported in ASCO's year end report.

"Overall, this is a very hopeful picture," said Dr. Jim Knost, medical oncologist at Illinois CancerCare and president of the Peoria Cancer Center Foundation. "We have made advances and there is hope that we will make more advances as we enter this new molecular-targeted treatment era."

But, Knost adds, "Funding for cancer research has reached a critical point." "The only ways we can study what's better or worse for patients and get

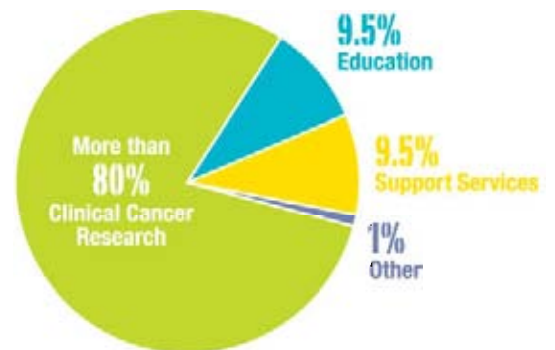
newer more effective drugs and therapies approved, is to do clinical trials," he states. "But where we continue to struggle over the past several years is in reductions in federal money for clinical trials."

The physicians and research staff at Illinois CancerCare have participated in many of the trials that have resulted in the new standard of cancer care; and are committed to continuing to participate in clinical cancer research until there is a cure.

Research is hope, period.

Being in the throws of the largest sustained period of federal funding cuts and sustained flat funding for cancer research demands action on all of our parts. Cancer will touch us all in one capacity or another as cancer affects 1 in 3 people in their lifetime.

"In order for the residents of central Illinois to have access to the very latest treatments and therapies, we must not scale back the efforts that are being done, we must work to double our efforts", said Dr. Jim Knost. "In order to bring these drugs here and work towards finding better, more effective treatments and eventually the hope for a cure, we need your support. The Peoria Cancer Center Foundation is committed to bringing the very latest



99% OF EVERY DOLLAR RAISED FUNDS RESEARCH, EDUCATION AND SERVICES

in cancer research treatments and trials right here to the residents of central Illinois".

Every dollar donated to the Peoria Cancer Center Foundation goes directly to fund cancer research, education and awareness in central Illinois. There are no overhead costs associated with the foundation, as the physicians of Illinois CancerCare are generously underwriting all of the costs associated with the foundation.

Together, We Can.

For patients and families

CarePages bring friends and family close...

when you need them the most.



CarePages are private personalized Web pages provided to you as a free service by Illinois CancerCare.

*"This is an amazing service."
Robert, CarePage Member*

CarePages help you:

- **Receive support from friends and family.** Visitors to your CarePage send you messages of encouragement, giving hope and strength even in the most difficult situations.
- **Update them at the same time without repeated phone calls.** Your CarePage keeps everyone in the loop. You spend less time on the phone.
- **Control the flow of information.** You share news at a time that's right for you. Friends and family call less often since they're automatically e-mailed when you post a new update.
- **Keep in touch before, during, and after your care here at Illinois CancerCare.** CarePages don't have an expiration date, they may be used for as long as you would like.

CarePages are private and fully secure. CarePages are password protected and comply with all patient privacy regulations.

Creating a CarePage is easy! It takes less than 10 minutes to set up a CarePage. To get started, visit www.carepages.com and click on "Create A CarePage" where the steps are clear and easy to follow.

If you would like assistance setting up your CarePage, the volunteers at Illinois CancerCare have a laptop, and are more than willing to help you while you are here for your treatments.



**Connect, share...care.
Start today!**

*"My father's CarePage made all the difference."
Sheila, CarePage Manager*

*"I love CarePages! My grandmother had surgery, and I didn't have to worry so much..."
Chris, CarePage Manager*

*"Our son's CarePage was a Godsend."
Lindsay, CarePage Member*



Illinois CancerCare provides CancerHelp®

Information obtained from <http://www.cancerhelp.org/learnAbout.html>

By Heather Burks, Clinical Research Coordinator

Since 2005, the lobby at the Peoria Cancer Center has been the location of a CancerHelp patient education computer. The computer uses software provided by the CancerHelp® Institute and a touchscreen monitor to provide the latest, most comprehensive cancer information available.

CancerHelp removes barriers that patients face when researching information about cancer. The easy-to-use touchscreen interface allows non-computer literate persons to access comprehensive cancer information, literally at the touch of a finger. All information is organized into meaningful topic areas that guides the user to their destination. This information can then be printed, allowing the patient to gather important information that can be read at the user's convenience. Furthermore, both the onscreen and printable information are available in Spanish.

The CancerHelp Institute is an official licensee of the National Cancer Institute's Physician Data Query (PDQ) database. Originally developed to provide physicians with state-of-the-art information on cancer diagnoses and treatment, the PDQ has been expanded to include information for patients as well. The PDQ contains separate statements for both patients and health professionals on the treatment and diagnosis of over eighty types of cancer. The CancerHelp Institute receives monthly updates of the PDQ from the NCI. As a result, CancerHelp subscribers receive a software update each month that reflects these changes.

In addition to the PDQ, the National Cancer Institute has developed a number of publications that cover such topics as clinical trials, diet and nutrition, and eating problems, to name a few. Even though these

publications are often widely available, users appreciate being able to browse this information by topic, making this section one of the most accessed in CancerHelp.

CancerHelp also contains over 2000 cancer medication statements from Micromedex. The drug statements are for both generic and brand name drugs and include descriptions of medicines, major precautions, possible side effects, and guidelines for proper use. The drug statements are updated on a quarterly basis.

CancerHelp fills in information gaps and eliminates the myths and misinformation that patients encounter. Informed patients asking specific questions facilitates communication with health providers by focusing conversations on relevant topics.

Patients who obtain valid and up-to-date information tend to do the following:

- The CancerHelp Institute, a not-for-profit corporation, was started by Kathryn "Kit" Keefe, a breast cancer patient who was frustrated by the overwhelming task of keeping current with her ever changing cancer information needs. She knew that she could make better decisions about her treatment and support if she had complete and current information.

Kit dreamed of a computer system that was easy-to-use and had all of the information she needed. She put her dream into action and obtained funding and started the CancerHelp Institute in 1991. She consulted with the National Cancer Institute to identify cancer information sources for patients and families. Working closely with cancer patients, and with medical and technical assistance, she



directed the design of the CancerHelp software. Kit's vision was that CancerHelp would be continually expanded, accessible, easy-to-use, and help patients with their treatment decisions and emotional needs. Before Kit passed away, she saw the first CancerHelp touchscreen computer placed at the Kellogg Cancer Care Center in Evanston Hospital, Evanston, Illinois.

CancerHelp touchscreen systems were then placed at 2 additional Illinois sites. In 1994, the Institute was invited to participate in an NCI sponsored study of Physician's Data Query (PDQ) Patient Information File. CancerHelp was studied at M.D. Anderson Cancer Center in Houston, Texas, and the University of Rochester Cancer Center, Rochester, New York. The results were positive and the Rochester results were published in the journal, *Cancer Practice*, Nov./Dec. 1996. They concluded that CancerHelp "was well received and heavily used" and actually saved staff time.

Through collaboration with the NCI, the CancerHelp Institute developed the "Patient Education Grant" in 1995. As a result, over 270 hospitals, wellness centers and oncology practices subscribe to CancerHelp. The CancerHelp Institute is committed to Kit's vision and will continue to help patients and families fight cancer with information.



Let's Talk for I have Walked in Your Shoes

By Kollet Walty, Director of Public Relations at Illinois CancerCare

The doctor says, "You have cancer." These can be devastating, terrifying words. The very words evoke fear, among many other emotions.

If only someone who has been in your place before could talk to you and help you through your difficult time. Maybe someone to tell you that what you are feeling is "normal". You are not in this alone.

How Illinois CancerCare Patient Advocates can help?

Several previous patients at Illinois CancerCare, known as patient advocates, are making themselves available to help newly diagnosed cancer patients and their families. They will be available for you to call and/or to e-mail whenever you might need to talk. All of these advocates have "walked in your shoes" and can be of tremendous support. While everyone's experience is unique, they have all faced similar decisions and battled issues similar to those you must now confront.

In the following issues of our newsletter you will be seeing the faces of those patient advocates who have shown a tremendous desire to help those newly diagnosed with cancer. Each of these advocates are either currently going through cancer treatment or have gone through cancer treatment in the past. We will list the type of cancer with which they were diagnosed and whether they were on a research study. The advocates' first names along with their phone numbers and e-mail addresses will be printed on cards so they can be given to newly diagnosed cancer patients.

To ease your concerns as you start your journey as a cancer patient, the patient advocates at Illinois CancerCare want to be there for you and let you know that they have walked in your shoes and together, will be there for you every step of the way.



Share Your Story with Us



Illinois CancerCares invites our readers to contribute a story about a way our physicians and or staff have had an important impact on your life. Please type a story or share your story with Laura Matus, the Volunteer Coordinator. Your story will become a part of this newsletter and be placed in one of the next issues.

If you would like to e-mail your story, please send your submissions to kwalty@illinoiscancercare.com or bhopper@illinoiscancercare.com

A Day in the Life of our New Patient Schedulers

By Brandon Hopper, Marketing Design/Developer

Have you ever wondered who the person is on the other end of the phone? What they do? What they look like? You hear a voice with passion and concern, who is aware of your situation and has an understanding of what you are going through?

At Illinois CancerCare we have several employees who possess these traits, but for now let us introduce you to, Stevie Becker and Teresa Janecke, who are Illinois CancerCare's New Patient Schedulers, as they go about their day.

7:31 AM, clocked in and ready to go, Stevie makes her way to the New Patient Scheduler's office. Quickly adjusting from the cold, Stevie turns on her computer getting ready to start the day. "Alright, first things first, let's get the census printed," mumbled Stevie. Making her way through the cancer center, Stevie delivers the census, which is a list of our patients who have been admitted to area hospitals, to each of the pods and departments who need to know this information.

At 8:15 am, Stevie makes her way back to the desk to find Teresa working away, answering the constant phone calls coming through.

As New Patient Scheduler's, Stevie and Teresa are the first contact with each new patient before they actually come out to the Peoria Cancer Center.

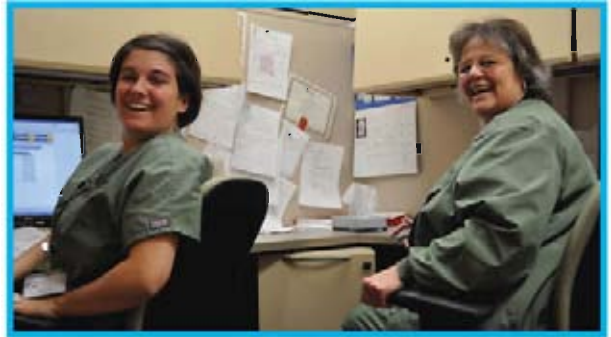
The charts from the previous day are delivered. The charts are separated into sections concerning each individual patient. The sections are broken down into categories for our physicians to analyze, which include patient history, x-rays, lab results, other tests, correspondence and a miscellaneous tab.

Actually, preparation begins five days before the scheduled first visit. "We get the patients folders ready and information prepared beginning the fifth day prior to the appointment. Stevie and Teresa pull charts for new patients from all of the physician schedules for Peoria and surrounding satellite clinics, except for Bloomington and Normal. After the patients are compiled on a list, they research insurance coverage, co pay deductibles, etc.

Four days out, Stevie and Teresa make the actual charts for the pod in which they will see their respective physicians. Each chart color is based on who the physician is. At this point this is where the folders get stuffed, the guts are inserted and the folder is ready for medical records to be delivered the following day.

Three days out, Stevie and Teresa call all new patients to remind them of their upcoming appointments and ask a series of questions necessary to populate patient charts, such as "who is the referring physician, is there any significant history the doctor should know before your visit, etc. If the patient doesn't answer, a message is left and the chart is flagged by making a copy and setting it aside for when the patient calls back," explained Stevie. After the charts are completed, Stevie and Teresa take turns delivering the charts to the pods.

"Our patients are going through a lot. It's a journey through life that you don't volunteer your-



self for, but if diagnosed, you must go through. We're the liaison on the other end of the phone; someone who is just here to help. The bottom line is that we care and trying to make our patient's experience as smooth as possible. We all are," explained Teresa.

"We enjoy what we do and feel comfort in knowing we can help our patients prepare for their visit." Stevie Becker and Teresa Janecke.

Sudoku Puzzle - Solution

2	9	6	5	3	4	8	7	1
7	8	3	9	2	1	6	5	4
5	1	4	8	6	7	3	9	2
4	3	8	2	5	9	7	1	6
6	5	1	7	4	3	9	2	8
9	2	7	1	8	6	4	3	5
3	4	9	6	1	5	2	8	7
8	7	5	4	9	2	1	6	3
1	6	2	3	7	8	5	4	9



Recycling at Illinois CancerCare

By Marsha Kutter, Research Business Administrator

If you see a big green tote with a yellow lid, or a green tub, or a black wastebasket with recycling decals on the side, please don't put your regular trash in these receptacles. These are our designated recycling containers and only recyclable material should go into them.

We can recycle PETE and HDPE plastic, which includes plastic water bottles and 2 liter soda bottles; any color glass bottles and jars; aluminum cans; newspapers; magazines; and metal cans. All of these materials can go into the same containers, allowing us to "co-mingle" our recycled material.

You can help Illinois CancerCare continue "going green." If you have something to throw away that could be recycled, put it into a black or green recycling receptacle. Thank you!

I would like more information about the following services:

[Social services form for patients](#)

ACS = American Cancer Society

CCHL = Cancer Center for Healthy Living

- Help for children coping with a parent who has cancer (Kids Connected)
- Support Networking groups (CCHL)
- Individual counseling for the patient, family members, or caregivers (CCHL)
- Massage therapy for patients in treatment (\$25 fee/hr.) (CCHL)
- Healthy Living classes (yoga, gentle aerobics, Tai Ji) (CCHL)
- Meditation group (CCHL)
- Nutritional counseling (CCHL)
- Cancer Survival 101 class (ACS/CCHL)
- Cancer 110 - Nutrition During Cancer Care (CCHL)
- Meal resources/home delivered meal programs (fee may be required) (ACS)
- Homemaker services, such as household cleaning, errands, general assistance (per service fees apply) (ACS)
- Financial assistance for treatment, medications, or medical supplies (ACS)
- Transportation assistance for appointments (ACS)
- Lifeline® Home Emergency Response System (monthly service fee) (ACS)
- Wigs, hats, turban resources (ACS)
- Look Good, Feel Better® (ACS)
- Housing/lodging information (ACS)
- Living will/power of attorney directives (ACS)

* All services are free unless otherwise noted.

[More information on the reverse side](#)

Physicians

Illinois CancerCare Physicians



Illinois CancerCare Social Services

Illinois CancerCare is proud to partner with the Cancer Center for Healthy Living and the American Cancer Society to provide the following services to our patients and their families.

Name: _____
 Type of cancer: _____
 Date of birth: _____
 Today's date: _____
 Phone: _____

Would you like more information about or receive any of the following publications?

Clinical Cancer Research Trials

- Illinois CancerCare Treatments/Trends/Tomorrow magazine
- The Cancer Center for Healthy Living newsletter
- Illinois CancerCare monthly newsletter by e-mail

Address _____
 City _____ State _____ Zip _____

By e-mail: _____

- No, not at the time

[See Other Side](#)