

ILLINOIS CANCERCARE

Free Patient Newsletter

March/April 2011 | Issue 8



ILLINOIS
CANCERCARE, P.C.

Specializing in Cancer and Blood Disorders



ARTICLES INSIDE

Your Health: Colorectal Cancer Page 6

Illinois CancerCare Physician, Dr. Pankaj Kumar, talks about colorectal cancer since March is Colorectal Cancer Awareness Month.

Happy to Help: John and Ruth Loebach . . . Page 4

Meet John and Ruth Loebach -- two of our volunteers at Illinois CancerCare and find out why they are here to help.

Illinois CancerCare Foundation's Annual 50/50 Raffle Page 11

Take a chance at winning up to \$38,000 and helping those afflicted with cancer right here in our community.



Four generations of the Colgan Family gather on Christmas day and the traditional gift exchange has transformed into a combined charitable donation of Christmas spirit in place of presents.

Read the entire story on page 12.



ILLINOIS
CANCERCARE, P.C.

Specializing in Cancer and Blood Disorders



Contact Us

Toll Free: 1.866.662.6564
Peoria: 309.243.3000

Our Websites

www.illinoiscancercare.com
www.illinoiscancer.com

8940 N. Wood Sage Rd. | Peoria, IL 61615

Table of Contents

Table of Contents

ILLINOIS CANCERCARE

Table of Contents

Illinois CancerCare Mission & Values	2
Why I Work Here: Sarah Gonzales	3
Volunteer Profile: John and Ruth Loebach	4
Research: Cancer Control	5
Your Health: Colorectal Cancer	6
Patient Compliance: What Does It Mean?	7
Word Search & Soduku Puzzle	7
Retail Pharmacy	8
Recipes from Sharon: Peanut Butter Fondue	9
Word Search & Soduku Puzzle Solutions	9
Roller Derby Girls to the Rescue	10
Illinois CancerCare Foundation's Annual 50/50 Raffle	11
Are You Tough Enough to Wear Pink? Bradley Students Fundraiser	12
Colgan/Gill Family Gift to Illinois CancerCare Foundation	12
Illinois CancerCare Leads the Way	13
Community Supporters of Illinois CancerCare Foundation	13
Calendar of Events	14
Calendar of Events Descriptions	15
Illinois CancerCare Social Services	15, 16
Illinois CancerCare Physicians	16

OUR MISSION

To provide comprehensive, compassionate care that enhances the lives of patients and their families

OUR VALUES

Patients first
Treat others with respect and compassion
Open and timely communication
Commitment to research
Invest in personal and professional development
Take ownership in our practice
Positive attitude



Why I Work Here – Sarah Gonzales

We all have a story to tell. Everybody has a reason for why they work at Illinois CancerCare. This recurring feature tells the stories of the Illinois CancerCare staff and why they work here.

Name: Sarah Gonzales

Position: Lead Clinical Research Associate

Years at Illinois CancerCare: 10

“I get to see the faces of our patients going through clinical trials and not just the statistics and that is important to me,” says Sarah Gonzales, Lead Clinical Research Associate at Illinois CancerCare. Sarah is a part of the Illinois CancerCare Research department guiding patients through the clinical cancer trials process.

Currently, Sarah is a navigator working specifically with breast and gynecological cancer patients. She reviews every chart of patients diagnosed with breast or gynecological cancer to see if they are eligible to participate in any of the open clinical cancer research trials at Illinois CancerCare. If a patient is eligible, the physician is notified and the physician informs the patient. If the patient is interested in participating in the trial, Sarah sits with the patient and goes over the details of participating in a clinical trial. She gets the patient registered for the clinical trial by compiling the necessary data and ensuring all of the testing and scans are completed if needed. Once a patient is registered for the clinical trial, Sarah coordinates the treatment details including randomization (what drugs the patient receives in addition to the standard of care). Then, the patient starts treatment.

Sarah is with each patient throughout the clinical trial process and she likes that about her job. “One of the positives of doing a clinical trial is that there is continued follow-up and patients are more closely monitored,” says Sarah. “Patients will always be on the clinical trial because we continue with their follow-up long after their clinical trial treatment is completed. I like it because I can form long-lasting bonds with the patients.”



Sarah Gonzales

The other component of Sarah’s position, as a Lead, is working with half of the research department to mentor them and help with any problems they are having.

Before joining Illinois CancerCare, Sarah worked in the clinical laboratory at Methodist Medical Center as a Certified Medical Technologist for 12 years. Sarah answered an ad for Illinois CancerCare and found her transition rewarding but challenging at first, including all of the on the job training required. A major change from her last job was patient contact. “I had to adjust to having patient contact, but it has become my favorite part of the job; to interact with the patients,” says

Sarah. “When we initially meet with the patients they are scared and overwhelmed, and it is amazing to watch them grow stronger emotionally throughout their treatments. Seeing what they go through daily, puts me in my place.”

Sarah has seen the impact clinical cancer research trials have had on bringing more effective treatments and therapies to cancer patients and she knows that knowledge has an impact on current patients considering participation in a current clinical trial. “The number one reason patients go on clinical trials is to help others. All current treatments came from the past clinical trials,” she says. “We wouldn’t know what we are doing now without clinical trials. We can’t always promise it will help them personally, but their contribution will certainly help others in the future.”

This past January, Sarah celebrated her 10th Anniversary at Illinois CancerCare. She says her job and the patients continue to inspire her. She is also inspired personally as well. In 2006, Sarah’s brother was diagnosed with brain cancer. His diagnosis made her even more passionate to help cancer patients and ultimately find a cure.

Happy To Help: John & Ruth Loebach

John Loebach started volunteering at Illinois CancerCare about 4 years ago. Since he and his wife Ruth lived about 50 miles away near Canton, she would come into town with him. She would spend the day in Peoria while he volunteered. Soon, though, he found himself asking volunteer coordinator Laura Matus if she could find a volunteering job for Ruth as well, and Laura did just that. So, for about 3 years now both Ruth and John have been Illinois CancerCare volunteers on Fridays.

As a two-time cancer survivor, John started volunteering because he wanted to give back to the place that treated him so well when he was a patient. "I felt I wanted to pay it forward to those who were so kind to me," says John. In 1975, he was diagnosed with thyroid cancer and in 2004, he was diagnosed with lymphoma. His story has a happy ending and he wants to share that with other cancer patients.

John is a "front door handyman." He helps patients in and out of the facility, assists them with a wheelchair if they need one, transports patients where they need to go or gives directions if necessary. When he is not at the front door, John helps run the chemotherapy drugs where they are needed as well.

On Friday afternoons, Ruth helps in the pod waiting rooms and makes sure all of the supplies are restocked. She also cleans the coffee pots so they are ready for Monday and pulls the shades. When patients need a warm blanket, she brings them one. "Just like when we were here as the patient and the caregiver, we know how nice it is to receive a warm blanket or a cup of coffee," says Ruth.

Both Ruth and John say that the best part of volunteering, though, is listening and talking to the patients when they want to talk. "Every time we leave here, we talk about how good it feels to help," says John, "It is so nice to see the positive response from patients." Ruth notes how important it is for current patients to see John, who is a survivor, and hear his story.

John and Ruth know they make an impact on the patients



John & Ruth Loebach

and their families. Recently, John was told by a patient "I like seeing you at the front door." Ruth and John are also impacted by our patients and their families. John says he is inspired when he sees a patient get better. "We like to watch the patient's progress, and you get attached to them," he says, "When patients don't show up, we worry about them."

When asked to recount times that stand out to them throughout their time volunteering, John and Ruth noted that many patients have impacted them and made their time volunteering enjoyable. John and Ruth try to make the patients feel good or laugh while they are here. "It is nice to know we are helping them" says Ruth, "This isn't a fun place to be, but the people here make it better and we are happy to help."

Before retiring, John was an engineer and Ruth was an elementary education teacher. Ruth still is a substitute teacher in Canton from time to time and John teaches math part-time for the University of Phoenix online. When they are not volunteering, Ruth enjoys sewing and swimming and John likes outdoor photography and golf. They enjoy traveling together. In July, John and Ruth will celebrate their 45th wedding anniversary together. Their three daughters all chose professions in the sciences. Their oldest daughter, Jennifer, is a patent attorney; middle daughter, Anne, teaches biology; and youngest daughter, Beth, is a project manager for the Illinois Department of Natural Resources. All three daughters are married and have children. John and Ruth really enjoy spending time with their six grandchildren and have one more on the way.

Thank you John and Ruth for sharing your time and compassionate hearts with our patients at Illinois CancerCare.



Cancer Control - The Catch-All Concept

By Marsha Kutter, CCRP, Research Business Administrator

In 2009, by Presidential Proclamation (#8354), April became designated as National Cancer Control Month. A presidential proclamation certainly adds credence and importance to cancer control, but it still doesn't tell us much about it. So we might ask, "What is cancer control? What does it mean to me? What does it mean at Illinois CancerCare?" April is Cancer Control month, and many say, "So what?"

What is cancer control?

Cancer control is a bit of a catch-all phrase with broad applications. After all, you might ask, isn't the whole idea to control cancer, or better yet to eradicate it medically, genetically, pharmaceutically, environmentally, spiritually or however it can be done? Wouldn't we be better off with a National Cancer Eradication? Certainly that is every cancer specialists' goal, but for the healthcare community, cancer control also means something else. Cancer control encompasses efforts to prevent, detect, and treat the symptoms of cancer and the side effects of treatment. Cancer control runs the gamut from diet and exercise to try to reduce the occurrence of cancer, through screening tests for early detection, to treatments for nausea or weight loss or mouth sores from the treatment of cancer. Cancer control is the annual mammogram for women and the PSA for men; it's the vaccination of adolescent girls to prevent cervical cancer (and now the recommendation to vaccinate adolescent boys to prevent genital warts which can sometimes become malignant). It's taking the pain meds your oncologist prescribes or sucking the ice chips during treatment to prevent mouth sores. It's a range of actions and lifestyle choices and treatments.

What does it mean to me?

In terms of cancer prevention, it may mean making healthy lifestyle choices regarding diet, exercise and smoking. There is still controversy about whether or not certain foods can prevent cancer, but a diet that is rich in whole grains and fresh fruits and vegetables and lower in saturated fats can only help us to be healthier, whether or not it will prevent cancer. The cancer prevention effects of exercise are even more controversial, but again our general health is better if we include times of physical activity and exercise as part of our weekly routines. The single, biggest thing a person can do to prevent cancer is to not smoke or to quit if one does smoke. What else does cancer control mean? It means following recommended screening for cancers of the cervix, breast, prostate and colon. Those recommendations can be found at the American Cancer Society's web site for early detection and screening: <http://www.cancer.org/Healthy/FindCancerEarly/CancerScreeningGuidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>. As a patient at Illinois CancerCare, it means following your physician or nursing staff's recommendations for pain

control or nausea or diarrhea or constipation. It's letting the Illinois CancerCare staff know if you are having symptoms or problems.

What does Cancer Control mean at Illinois CancerCare?

For the quality of life of our patients at Illinois CancerCare, cancer control means adequate pain measures, proactive prevention of nausea or vomiting from chemotherapy treatments, asking patients to suck on ice chips to prevent mouth sores from certain kinds of drug treatments, recommending dietary supplements to prevent weight loss, and any number of other treatments and interventions to help reduce the side effects from cancer and its treatment.

From a research perspective, cancer control is the name we give to clinical research trials which study various interventions or treatments for the effects of cancer or the side effects of its treatments. Currently, Illinois CancerCare has nine active cancer control studies. Three of them are clinical trials that collect information about certain kinds of cancers and their treatments. The other six clinical trials each asks a question concerning how better to treat side effects from cancer or from certain treatments for cancer. There are two general studies for treating cancer-related issues; one is a study using Ginseng to help improve fatigue; the other is a study of white wine versus dietary supplements to help with appetite loss. There are two studies for treating side effects related to treatment with paclitaxel (Taxol). The first is for pain related to the use of Taxol, and the other is to prevent peripheral neuropathy, a type of neurotoxicity which results in numbness or tingling in the fingers and toes, and is a side effect often reported by patients using Taxol. Another study is for patients beginning treatment with a pharmaceutical agent called Oxaliplatin. It, too, has neurotoxicity side effects, and the Illinois CancerCare study is designed to help prevent those. A final study is to treat patients who have had either Taxol or Oxaliplatin and have persistent neurotoxic side effects from those treatments.

For Illinois CancerCare, cancer control has strong patient care and quality of life implications. It is one of our goals to enhance the quality of life for all of our patients. If you have questions concerning quality of life issues, please talk to your physician or to one of our nurse practitioners or nurses. If you have an interest in the cancer control clinical trials offered by Illinois CancerCare, please let us know. April is Cancer Control Month. Perhaps it means something to you now. It plays an important part in the continuum of care for patients at Illinois CancerCare.



Colorectal Cancer

By: Pankaj Kumar, MD, Illinois CancerCare

The Colon is a large muscular tube, approximately 5 feet long that removes water and nutrients from partially digested food and turns the rest into stools. Cancers that start in the colon or rectum are called colorectal carcinoma [CRC]. In the US alone in 2010, there were 102,900 new cases of colon cancer and approx 39,670 cases of rectal cancer resulting in 51,370 deaths.

No one knows the exact causes of colorectal cancer, however it is occurs more frequently in people over age 50 and those with a family history of the disease. Other risk factors include:

1. **Colorectal polyps** which are growths in the colon or rectum, most of which are non cancerous but some can change into cancer.
2. **Personal history of cancer:** A person who has already had colorectal cancer or women with a history of ovarian, uterus or breast cancer.
3. **Smoking** and history of **ulcerative colitis and crohns disease.**
4. **Diet high in fats**, especially animal fat, and low in fiber.
5. **Genetic changes:** There have been genetic changes noted in some genes that have been associated with a higher risk of this cancer. Hereditary nonpolyposis colon cancer (HNPCC) is the most common type of genetic colorectal cancer. The average age at diagnosis in a person with this abnormality is 44. People with Familial adenomatous polyposis (FAP) develop hundreds of polyps in the colon and rectum, usually causing colorectal cancer by age 40.

One of the most common symptoms of colorectal cancer is a change in bowel habits. These changes can include:

- Having unexplained diarrhea or constipation
- Feeling that your bowel does not empty completely
- Finding blood (bright red or very dark) in stools
- Finding your stools are narrower than usual
- Losing weight with no known reason

Unfortunately, in some patients there are no symptoms of this disease and they present very late to their doctors because of a lack of symptoms. This is why it is very important to have a screening colonoscopy in which a doctor examines the inside of colon and rectum using a tube with a camera attached at the end. The diagnosis of colorectal cancer, as in other cancers, is established by a biopsy, usually during a colonoscopy.

Once this diagnosis is confirmed, doctors need to do several tests to find out how far this cancer has spread. Each patient is assigned a stage using the TNM staging system. A patient's stage helps us to define their chances of disease recurrence.

- Stage 0: The cancer is found only in the innermost lining of the colon or rectum, this stage is also called carcinoma in situ.
- Stage I: The tumor has grown into the inner wall of the colon or rectum.
- Stage II: The tumor extends more deeply into or through the wall of the colon or rectum
- Stage III: The cancer has spread to lymph nodes.

- Stage IV: The cancer has spread to other parts of the body, such as the liver or lungs.

Colon and rectal cancers are treated differently, depending primarily on the stage of disease. The treatment usually involves surgery, chemotherapy and in the case of early stage rectal cancer, radiation therapy.

Why do patients with colorectal cancer have recurrence despite a complete cancer removal?

It is most likely because they have disease that has already spread beyond the colon at time of initial presentation. It is probably present in a microscopic form that cannot be detected by scans or other tests. The idea behind chemotherapy after surgery is to eradicate these microscopic cells. This form of treatment is called adjuvant chemotherapy. Adjuvant chemotherapy for colon cancer has been around for about 40 years now. Research in the 1990's showed that a medication called 5-FU with another drug Leucovorin when given to these patients improved the survival of patients with stage III colon cancer. In the past few years new data has emerged thanks to new studies that have been conducted..

MOSAIC trial - This was a key international trial that added a new agent called Oxaliplatin to 5-FU and leucovorin (this regimen is called FOLFOX). Nearly 2200 patients participated in this trial; approximately 40% stage II and 60% stage III patients. This treatment increased the survival of colorectal cancer patients significantly as compared to the older treatment. 66% of Stage III patients on this study at 5 yrs were free of cancer as compared to 59% on the older treatment.

X-ACT study - Nearly 2000 patients participated in this trial which compared an oral chemotherapy agent called Capecitabine with the older combination of 5-FU and leucovorin. The trial showed that this oral pill was as effective as the IV treatment and it might even be superior to the IV form and it had lesser side effects.

Ongoing studies - In the US and internationally, several ongoing studies are currently trying to improve upon the current results that have been obtained in patients in whom colon cancer has been surgically removed and in patients, in whom unfortunately whose cancer has recurred. These studies are looking at combining the chemotherapy with newer biological agents and some studies are elaborating upon the pre clinical discoveries that have been made in the recent past such as the k-ras gene.

For further information about colorectal cancer treatment or research trials or the over 100 clinical cancer research studies being conducted by Illinois CancerCare, please contact us at 309.662-2100 or visit www.illinoiscancercare.com. Illinois CancerCare is participating in many of these research studies and is honored to be a part of this discovery process thanks to our patients and their families who agree to participate alongside us. This is an exciting time in cancer research and hopefully this process will continue to improve upon the survival of our patients and ultimately find cures.



Patient Compliance: What Does It Mean?

By Mark Zapf, PharmD Candidate, Midwestern University

In a study of people between the ages of 57 and 85 it was found that over 80% had at least one prescription medication. Almost 30% of people reported using five or more medications¹. With so many people being prescribed so medications, adherence is an important issue for both healthcare providers and patients.

People may hear the term adherence or compliance and wonder what it means or how it applies to them. Adherence and compliance are similar terms that both refer to the proper administration of medication. At first glance this might not seem like a difficult idea. However, this means consistently taking the correct medication with the correct dose at the correct time. There are many obstacles facing both doctors and patients when it comes to adherence. These obstacles, or barriers, have been well described in previous articles². Some of the most common barriers for patients include: Cultural/language; Patient-provider miscommunication; Reluctance to question provider; Health literacy/lack of knowledge; Cost of or access to medicine; Medication issues (side effects and pill burden).

Despite all of the barriers facing patients, there are solutions for each of these problems. One common theme throughout many of these barriers involves communication. A lack of communication or a miscommunication can make a difficult task almost impossible. The first step in communicating effectively with your healthcare staff is making sure you are speaking the same language. Don't hesitate to request a translator, multilingual staff members may be available to assist. If that is not an option bring in a friend or family member to help communicate.

Sometimes two people can be speaking the same language and miscommunications can still arise. This is a frequent occurrence in the medical field when complex processes are involved in a patient's treatment. Again the simple act of communication can eliminate this barrier. If the healthcare provider begins using terms or phrases you don't understand, ask them to slow down and explain exactly what they mean. This goes hand in hand with the barrier related to reluctance to question the provider. Most healthcare providers

will welcome patient questions because it demonstrates an interest in and an understanding of the process. Do not hesitate to bring your healthcare concerns to the staff's attention.

Several of the barriers deal with specific medication issues one might encounter. One of these issues is the cost of the medication. There are several programs available to patients who are having difficulty paying for necessary medications. Your healthcare staff may know of an assistance program to help offset the cost of high priced medications.

Another medication specific barrier involves issues with pill burden and side effects. The side effects of medications can sometimes be very difficult or uncomfortable. Discussing these side effects with a member of your healthcare team is a good way to remove this barrier. There may be strategies to minimize the side effects or a different medication may be available with fewer side effects.

There are also strategies for managing the pill burden associated with medication adherence. Pill boxes are available that can serve as a reminder of when to take medications. Linking medication administration to daily activities, such as when you brush your teeth, serves as another reminder. These are just some of the barriers facing patients with prescription medications. Despite these barriers, adherence is an important issue for both the medical staff and patients alike. Using these strategies patients may be able to remove some of the barriers keeping them from adherence.

References:

1. Qato, Dima, G. Caleb Alexander, Rena Conti, Michael Johnson, and Phil Schumm. "Use of Prescription and Over-the-counter Medications and Dietary Supplements Among Older Adults in the United States." JAMA 300.24 (2008): 2867-878. PubMed. Dec. 2008. Web. 13 Jan. 2011. <<http://www.ncbi.nlm.nih.gov>>.
2. Peschin, Susan, Craig Doane, Mary Roberts, Margaret Farley, Anthony Gucciardo, C. McClain Haddow, Suzanne Mintz, and Peter Modica. "Patient Adherence: Identifying Barriers and Defining Solutions." The American Journal of Pharmacy Benefits 2nd ser. 2 (2010): 137-40. PubMed. Apr. 2010. Web. 13 Jan. 2011. <<http://www.ncbi.nlm.nih.gov>>.

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

Flowers
Spring
Easter

Rabbits
Robins
Puddles

Umbrella
Kite
Rain

Baseball
Rainbow
Tulip

Warmth
Sunshine

Illinois CancerCare Pharmacy Services

The Illinois CancerCare Peoria facility has a full retail pharmacy on-site, to manage all of your prescription (as well as some of the more common over the counter) needs.

Illinois CancerCare Pharmacy – The Right Choice for our Patients

Dr. Michele Rice, PharmD, BCOP Director of the Illinois CancerCare Pharmacy Services, specializes in cancer and blood disorder drugs.

As a cancer or blood disorder patient the last thing you should have to worry about is the safety and interactions of your medications while on treatment. You can be certain that Dr. Michele Rice has the needed qualifications, along with her entire pharmacy team, to see that all of your prescriptions are managed and dosed properly.

When it's Something as Important as Your Cancer Care, We Invest the Time...

The Illinois CancerCare Pharmacy is reserved for use by our patients only, allowing the pharmacy staff the needed time to check and double check the prescriptions for dosing requirements, scheduling and drug interactions that chain store pharmacists don't have the daily working experience with nor the time to research drugs that they don't often fill prescriptions for.

The Illinois CancerCare pharmacy is open during regular clinic hours and stocks many of the hard-to-find cancer and blood disorder medications. Cash prices are comparable to the leading chain pharmacies and we accept most prescription insurance plans..

In addition to the on-site pharmacy, patients can order medication refills online. Just log in to our secure refill server and fill out the refill order form. Our pharmacist will send you an email when your request has been filled and is ready for pickup. Delivery service is also available in the Peoria/Dunlap area during the center's normal business hours or your medications can be sent by FedEx directly to your home.

You can speak with Dr. Rice and her team about any questions or concerns you may have at any time by visiting the pharmacy counter, calling (309)243-3404 or submitting an online question via the www.illinoiscancercare.com contact us page on our website.



Dr. Michele Rice, PharmD, BCOP, director of Pharmacy Services, specializes in Cancer and Blood Disorder medications. She brings the unique understanding of how our patients specific treatments interact with the medications they may be taking. A committed professional focused on providing the finest patient care possible and helping you win the fight against cancer and blood disease.



Recipes From Sharon

Peanut Butter Fondue

Yields two 5-tablespoon servings

Ingredients

- ¼ cup creamy peanut butter
- ¼ cup light cream
- 2 tablespoons honey

Dippers

- Apple Wedges
- Peach quarters
- Banana chunks
- Pitted dates
- Fresh whole strawberries
- Graham cracker squares

Toppings

- Flaked coconut
- Toasted wheat germ

Instructions

In small microwave-safe dish, combine peanut butter, cream, and honey. Microwave on medium power for 1 to 2 minutes, stirring every 20 seconds, until hot and bubbly.

Spear fruit with fork and dip into peanut butter mixture. Coat with coconut and or toasted wheat germ.

Nutrition Facts (Per serving)

Calories: 340
Total Fat 25 G.
Protein 9 G.
Dietary Fiber 2 G.
Iron .6 mg
Calcium 35 mg
Vitamin A 100 RE
Vitamin C Trace



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

Source: Pass the Calories, Please! A cookbook and problem-solving guide for people who need to eat more

Sudoku & Word Search

Word Search Puzzle Answers

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

Sudoku Puzzle Answers

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

Our Giving Community



Roller Derby Girls to the Rescue!

What event recently brought over 2,800 people to the Peoria Civic Center Arena while raising a huge amount of money for the Illinois CancerCare Foundation? If you guessed a Roller Derby bout you would be correct! On January 22, 2011, The Peoria Push, (a newly formed in 2010 roller derby league), held a double header to raise money for the Illinois CancerCare Foundation in a superhero kind of way! The Roller Derby Girls to the Rescue double header pitted the Peoria Push against the McLean County Misfits and the Quad City Rollers.

A roller derby bout is a race with interference. It features two teams with five players each, out on the track. Four of them are blockers and one is the jammer. The jammer is the person who scores points. She does this by passing opposing players as she skates around the track. The blockers from the jammer's team are there to help her get through the pack of skaters and to try to stop the other jammer from scoring. Overall, it is a physically challenging sport but incredibly fun to watch and participate in.

Since the Roller Derby League was officially formed in April of 2010, they have had two events. The first was held at the East Peoria Convention Center and sold out. Knowing that they needed a larger venue, they partnered with the Peoria Civic Center to host this January 2011 event. The roller derby league allows these gals to have an opportunity to be involved on a team for the camaraderie, exercise, and having good old fashioned fun, while helping the local community by donating all proceeds to a charity", said Rebecca Rees, a founding member of the Peoria Push, "That's why we're in existence."

The Peoria Push chose the Illinois CancerCare Foundation because they knew it would hit home with many people in the community. "It's hard to find a family who hasn't been affected by cancer," said Rees, "and this foundation is a perfect vehicle to give the proceeds to, because we know all of our money will stay here to help



Members of the Peoria Push presenting the check to Kollet Koulianos and Lauren Obail of the Illinois CancerCare Foundation.

cancer patients in this community, where we work and live".

In response the Peoria community came out to show their support for roller derby and the fight against cancer in full force. Over 2,800 cheering fans were shocked and amazed when members of the Peoria Push presented a check for over \$26,000 to the Illinois CancerCare Foundation in between Bouts.

Moving forward, the Peoria Push intends to host between 3 and 4 events a year and hopes to continue to make an impact in this community by giving their proceeds to not for profit organizations that

align with their mission.

We would like to give a heartfelt thanks to all those who came out to support such a wonderful event while helping us on our mission to make an impact in the lives of cancer patients in our community, while paving the way to a cure! To find out more about the Peoria Push, visit their website at peoriarollerderby.org.



People packed into the Civic Center Arena to watch the Derby girls compete in their bout.

Our Giving Community

Our Giving Community



ILLINOIS CANCERCARE
foundation

50/50

RAFFLE

All proceeds go to support:

**CANCER RESEARCH
IN ILLINOIS**

Ticket cost: **\$100 each or 3 for \$200**
Maximum number sold: 750

***TO PURCHASE TICKETS, contact the
Illinois CancerCare Foundation at (309) 243-3320,
by email at info@illinoiscancer.com or
by visiting www.illinoiscancer.com***

Drawing Held:

APRIL 15, 2011

**Need not be present to win.
The winner will be listed on our website:
www.illinoiscancer.com**

1/2 of your ticket is
tax deductible!

License #R-73-10

TOGETHER WE WILL WIN.



Our Giving Community

Are You Tough Enough To Wear Pink?

This past October, during Breast Cancer Awareness Month, The Bradley University Association of Residence Halls (ARH) held different events over a week long period to raise money in support of the Illinois CancerCare Foundation. ARH chose to donate to the Illinois CancerCare Foundation because it is a local organization and the money raised throughout the week stays in the surrounding area.

The overall theme for the week was, "Are you tough enough to wear pink?" Ashley Kirwan, the VP of Programming in ARH said this theme was chosen, "because it is empowering people to fight breast cancer." Pink shirts were sold every day at lunch and featured the theme on the front of them. The pink shirts were popular with the student body, especially the males, who wanted to prove that they were tough enough to wear pink.

Throughout the day on Tuesday, the cafeterias had double swipe day. This meant that students swiped their ID once to pay for their meal, and the second time they swiped they made a donation to the Illinois CancerCare Foundation. Double swipe day alone raised \$500.

Tuesday also featured a Spa Night, which was held in Lydia's Lounge on Bradley's campus. Students could get a men's haircut from two local hairstylists or receive a manicure from students at the Triccoci Cosmetology school. Both of these services were done for a \$5 donation. Ice cream was also sold during the Spa Night. Breast Cancer survivor, Bradley President Joanne Glasser, attended Spa Night and was able to interact with many students as she showed her support for cancer research.



Bradley Students getting their haircut during Spa Night.

A Midnight Breakfast was held on Wednesday night. Students could get a delicious breakfast of pancakes, eggs and bacon catered by Barracks Cater Inn. While eating, students were able to listen to their fellow classmates karaoke to popular songs.

At the end of the week, the Illinois CancerCare Foundation was thrilled to receive over \$3,750 in support of breast cancer research. Bradley students really showed they care about cancer research and were willing to make a difference in their local community.



ARH Representatives, Abi Vogel and Ashley Kirwan presented the check of the money raised during Breast Cancer Awareness Week to Illinois CancerCare Foundation staff, Bonnie Alexander and Kollet Koulianos along with Illinois CancerCare Foundation Advisory Board representative, Kathy Francis.

Spreading the Holiday Spirit

Every year, on Christmas Day, Joe and Majella Colgan host a large family celebration at St. Dominic's Hall in Wyoming, IL with four generations present totaling more than 75 people. Over the years, the traditional gift exchange has transformed into a combined charitable donation of Christmas spirit in place of presents. The contribution benefits a local not-for-profit service organization. This year's gift was donated to the Illinois CancerCare Foundation.

Also, joining in on this combined family contribution are the extended descendants of Clem and Dorothy Gill, formerly of rural Wyoming. More than 100 people are represented by the coordinated contribution.

The Illinois CancerCare Foundation has a special place in the two families' hearts for the excellent care given to Dan Gill, in his fight with leukemia, and for other members of the two families who are cancer survivors.

The doctors at Illinois CancerCare helped Dan to extend his years and quality of life significantly. Dan passed away in April 2006 at the age of 35. He was the son of Joanne (Colgan) and Gene Gill of rural Wyoming, Illinois.

This year the combined families' Christmas gift was their largest Christmas contribution yet, over \$5,000. Together with a 50% match by an anonymous friend of Illinois CancerCare Foundation, it totaled over \$7,500.

"We recognize the fine medical work, research, and services supported by the Illinois Cancer-

Care Foundation. We know the value of these works personally and for the entire west-central Illinois area. We are happy to share our Christmas spirit with a great organization that serves so many people. We especially share the hope with Illinois CancerCare Foundation of progress through clinical research in the fight against cancer. We are confident that Illinois CancerCare is making great strides toward significant cancer research advancements."

"The two extended families have contributed to the Illinois CancerCare Foundation for many years with our own summertime fundraising activities, but it feels especially appropriate to combine the Christmas spirit with the mission of Illinois CancerCare with this combined family donation." -Tom Colgan



The extended Joe and Majella Colgan clan gathered last summer to celebrate their 70th wedding anniversary.



Some of the members of the Colgan family stopped by the Peoria Cancer Center to deliver the donations from the families. (L-R) back row: Philip Colgan, Gloria Colgan and Tom Colgan; front row: Geol Weirs and Brendan Colgan

Our Giving Community

Our Giving Community



Illinois CancerCare Leads the Way

Illinois CancerCare is 1 of only 3 sites in Illinois (the only community cancer center) approved to offer those suffering from prostate cancer, a new form of immune therapy known as **Provenge**. This newly approved treatment has shown a significant survival benefit in men who have metastatic androgen-independent prostate cancer.

Prostate cancer is one of the most common cancers. Each year in the US, around 230,000 men are newly diagnosed with prostate cancer and 30,000 die of the disease.

Provenge is called a vaccine, but unlike most vaccines, it is used not to prevent illness but to treat an already existing condition. The vaccine combines a protein that is found in most prostate cancer cells with a substance that helps the immune system recognize the cancer as a threat.

Produced from the patient's own cells, **Provenge** must be custom made for each patient individually. First, patients have their blood run through a machine for two or three hours in order to extract certain immune system cells, called antigen presenting cells (APC). These cells are then mixed with a protein called prostatic acid phosphatase (PAP) that is commonly found on most prostate tumors. The PAP is fused with another immune-stimulating substance called GM-CSF.

The caveat is that the time window from when the APC are extracted from the patient - to the time of infusion cannot exceed 48 hours. This process is repeated three times over the course of a month. The basic idea is to alert the immune system that cells containing prostatic acid phosphatase, (i.e., prostate cancer cells) should now be attacked as if they were a foreign invader.

Illinois CancerCare's Ottawa location within the Fox River Cancer Center meets the proximity of office to major airport criteria making this the location which our patients must receive infusions. Our overall heavy involvement in research was also taken into account when they made their selection criteria.

As Illinois CancerCare continues to dedicate themselves to treating patients with cancer and blood disorders, we stay on the leading edge of break through science and medicine in the hopes that one day we will be victorious over this disease. For more information about **Provenge** or other treatment options, please talk to your Illinois CancerCare physician or contact us at 309.243.3000 or visit www.illinoiscancercare.com.

Community Supporters



Rose Calbow was recognized as the most recent Care Champion during a Research department meeting.



William Ball (second from left), Manager, Social Responsibility Initiatives and Corporate Public Affairs, Caterpillar, presents a \$25,000 Caterpillar Foundation Employee/Retiree Matching gift check to Senator David Koehler, Illinois CancerCare Foundation Board of Directors member, Kollet Koulianos, Executive Director, Illinois CancerCare Foundation and Dr. Paul Fishkin, Illinois CancerCare Foundation Board of Directors member and Illinois CancerCare President. Through the support of Caterpillar employees and retirees, the Illinois CancerCare Foundation was able to receive the matching funds.



ILMO Products Company/Medical Gases employees went casual for a cause in the month of October and generously donated \$1,000 to the Illinois CancerCare Foundation. ILMO employees Jasen Friedrich and Jeffrey Elliott show off the t-shirts the employees wore to show their support for the cause.



Calendar of Events

Calendar of Events

March

March is Colorectal Cancer Awareness Month

Please see next page for all group and service descriptions. If you are attending a class for the first time, you will need to pre-register.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7 9:00 am – Aqua Survivor 5:00 pm – Breath of Joy Yoga 6:00 pm – Kids Konnected 6:30 pm – Tai Ji	8 9:00 am – Gentle Aerobics	9 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	10 10 – 9:00 am - Yoga with Heidi 6:15 pm – Yoga with Lisa	11 9 am – Living Strong 10 am – Coping with Cancer Support Group	12 9 am – 4 pm - Dancing Through the Dreamtime of Self
13	14 9:00 am – Aqua Survivor 4:00 – Look Good...Feel Better 5:00 pm – Breath of Joy Yoga 6:30 pm – Tai Ji	15 9 am - Gentle Aerobics 6:00 pm – Stretch & Tone	16 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	17 9:00 am - Yoga with Heidi 6:15 pm – Yoga with Lisa	18 9 am – Living Strong 10 am – Coping with Cancer Support Group	19
20	21 9:00 am – Aqua Survivor 5:00 pm – Breath of Joy Yoga 6:00 pm – Kids Konnected 6:30 pm – Tai Ji	22 9 am - Gentle Aerobics	23 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	24 9:00 am - Yoga with Heidi 6:15 pm – Yoga with Lisa	25 9 am – Living Strong 10 am – Coping with Cancer Support Group	26
27	28 9:00 am – Aqua Survivor 5:00 pm – Breath of Joy Yoga 6:30 pm – Tai Ji	29 9:00 am – Gentle Aerobics 6:00 pm – Stretch & Tone	30 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	31 9:00 am - Yoga with Heidi 6:15 pm – Yoga with Lisa		

April

April is Cancer Control Month

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 9 am – Living Strong 10 am – Coping with Cancer Support Group	2
3	4 9:00 am – Aqua Survivor 5:00 pm – Breath of Joy Yoga 6:30 pm – Kids Konnected Cooking Class 6:30 pm – Tai Ji	5 9:00 am - Gentle Aerobics	6 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	7 9:00 am – Yoga with Heidi 6:15 pm – Yoga with Lisa	8 9 am – Living Strong 10 am – Coping with Cancer Support Group	9 9 am – Tai Ji Retreat
10 9 am – Tai Ji Retreat	11 9:00 am – Aqua Survivor 5:00 pm – Breath of Joy Yoga 6:30 pm – Tai Ji	12 9:00 am - Gentle Aerobics 6:00 pm – Stretch & Tone	13 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	14 9:00 am - Yoga with Heidi 4:00 pm – Cancer Basics 101 6:15 pm – Yoga with Lisa	15 9 am – Living Strong 10 am – Coping with Cancer Support Group	16
17	18 9:00 am – Aqua Survivor 1:00 pm – Look Good...Feel Better 5:00 pm – Breath of Joy Yoga with Lisa 6:00 pm – Kids Konnected 6:30 pm – Tai Ji	19 9 am - Gentle Aerobics	20 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	21 9:00 am - Yoga with Heidi 6:15 pm – Yoga with Lisa	22 9 am – Living Strong 10 am – Coping with Cancer Support Group	23
24	25 9:00 am – Aqua Survivor 5:00 pm – Breath of Joy Yoga with Lisa 6:30 pm – Tai Ji	26 9 am - Gentle Aerobics Noon & 5 pm – Healthy Cooking Demo	27 11:00 am – Yoga with Jean 1:00 pm – Living with Cancer Support Group 6:30 pm – Beginner Tai Ji	28 9:00 am - Yoga with Heidi 6:15 pm – Yoga with Lisa	29	30

Calendar of Events

Calendar of Events



Calendar of Events Descriptions

For Cancer Center for Healthy Living (CCHL) programs, please call 309-693-8139 to pre-register.

Support Group Information

Living & Coping with Cancer Support Groups (CCHL/ACS) – A gathering of cancer survivors and their caregivers who discuss issues and concerns that come up from a cancer diagnosis and its impact on daily life.

Healthy Living Classes

All classes below are open to the general public with a \$5 per class fee unless specifically noted. All classes below are free to cancer survivors. Classes are located at the Cancer Center for Healthy Living office at 5215 N. Knoxville in the Hult Health Education building unless noted otherwise.

Yoga with Jean or Lisa– open to all yoga levels.

Yoga with Heidi – Class for beginners. Call Heidi at 309-692-8484 to register.

Location: Joy Miller & Associates conference room at 7617 Villa Wood Lane

Breath of Joy Yoga with Lisa –Open to breast cancer patients and survivors only

Living Strong with Beth – strength training

Beginner Tai Ji– Led by Cara Murdoch

Aerobics– Gentle exercise with low impact. All levels welcome.

Aqua Survivor – Gentle Water aerobics. All levels welcome. Led by Kathy Smith at Landmark Health Club.

Stretch & Tone – A combination of stretching,

pilates and yoga with Yinka. All levels welcome.

Special Programs

Cancer Basics 101 (ACS/CCHL) – This workshop is for those newly diagnosed with cancer and their caregivers and includes details about what cancer is, origins of chemotherapy and radiation, emotional and nutritional guidance and resources to help pay for treatment. The workshop is held free of charge at Illinois CancerCare in the Classroom.

Kids Connected – This support program is for children ages 5-18 whose parent, grandparent or caregiver has or had any type of cancer. Facilitated by professionals, this program provides them the chance to share their feelings, gain strength from one another and learn more about cancer in age-appropriate groups. Accompanying adults are welcome to join for dinner at 6 pm and can stay and visit or join their own adult support group. To participate, call 309-589-1800.

Look Good...Feel Better (ACS)– This seminar pairs licensed volunteer cosmetologists with cancer patients to teach them techniques to deal with issues such as hair loss and skin changes and helps to restore appearance and self-image during treatments. There is no charge to attend and patients will receive FREE cosmetics. Patients may bring a friend or relative to the session (they are able to participate but will not receive free make-up). All sessions are held at Illinois CancerCare. To register, call Catherine at 309-243-3635.

Dancing Through the Dreamtime of Self (CCHL) – Learn about the language of our dreams during this day-long workshop. The workshop begins at 9am and concludes at 4pm, with an intermission for lunch. You will not want to miss this

unique presentation. The cost for the day is \$5.00 per person. There are only 20 seats available for this workshop, so hurry and reserve your spot today by calling (309) 693-8139.

Healthy Cooking Demo (CCHL) – Join Sharon Windsor, RD and the OSF Dietetic Interns for a free cooking demo and educational program which incorporates cancer prevention guidelines developed by the American Institute of Cancer Research and the World Cancer Research Fund. This will be held at the Hy-Vee grocery store in Peoria.

Sound Therapy Workshop (CCHL) – Come and experience how sound therapy can make a difference in your day to day activities. The therapeutic use of sound and music can be used to reduce anxiety and emotional stress, lower blood pressure and heart rate, and promote healing. This workshop will be led by Becky Cobb.

Reflexology Workshop (CCHL) –The foot is the map to your entire body. Stimulating the nerve endings located in your feet can relax your body and aid in your body's natural ability to heal. Learn how to relieve pain and nausea, decrease stress and improve circulation through reflexology. Join Becky Cobb for a hands-on workshop that will demonstrate how you can do reflexology for yourself or others.

Tai Ji Retreat at Wildlife Prairie State Park (CCHL) –This workshop will include Tai Ji and Chi Gong from the traditional forms of practice as well as the Five Elements and Circles introduced by Chungliang Al Huang, a world renowned teacher and author. Cielie Tewksbury, Senior Instructor Tai Ji Master will be focusing on the 5 animals associated with the 5 elements. The cost for the retreat is: Saturday & Sunday: \$125; Saturday Only: \$85; Sunday Only: \$65.

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)
- ☐ Individual counseling for the patient, family members, or caregivers (CCHL)
- ☐ Healthy Living classes (yoga, gentle aerobics, Tai Ji) (CCHL)
- ☐ Cancer Basics 101 class (ACS/CCHL)
- ☐ Financial assistance for treatment, medications, or medical supplies (ACS)
- ☐ Lifeline® Home Emergency Response System (monthly service fee) (ACS)
- ☐ Look Good, Feel Better® (ACS)
- ☐ 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)

- ☐ Support Networking groups (CCHL)
- ☐ Massage therapy for patients in treatment (\$30 fee/hr.) (CCHL)
- ☐ Nutritional counseling (CCHL)
- ☐ Living will/power of attorney directives (ACS)
- ☐ Transportation assistance for appointments (ACS)
- ☐ Wigs, hats, turban resources (ACS)
- ☐ Housing/lodging information (ACS)

More information on the reverse side

*All services are free unless otherwise noted.

illinoiscancercare.com



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 services listed on the other side to our patients and their families.

Name: _____

Type of cancer: _____

Date of birth: _____

Today's date: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

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
- ☐ No, not at the time

Information about programs & services on other side