

ONCOLOGY Connections

MARCH 2008



**Salem Cancer
Institute**

A part of Salem Health

DEDICATED TO KEEPING PHYSICIANS INFORMED

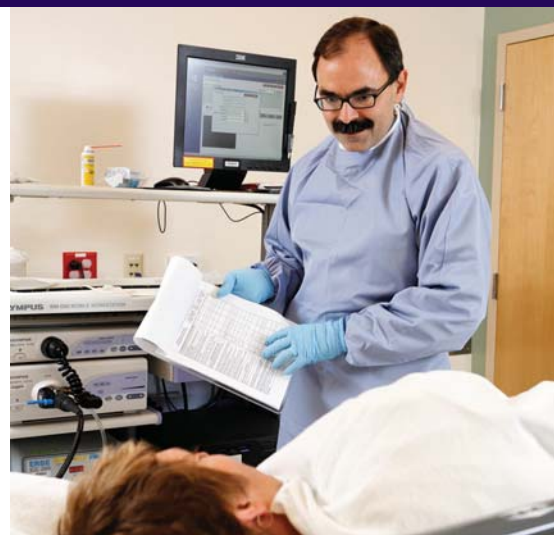
Colorectal Cancer Awareness Month

**“It is a tragedy
to lose a patient
to a malignancy
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curable but also
preventable.”**

Most cancer prevention programs require that your patients make good decisions every day: watch the diet, don't smoke and don't forget to use sunscreen. Prevention of colorectal cancer only asks that patients make one good decision every 10 years—and insurance companies will usually pick up the cost of that screening.

As part of Colorectal Cancer Awareness Month, the doctors and the staff of Salem Gastroenterology, Pacific Pathology, the Salem Cancer Institute and Salem Hospital are working together to promote understanding of this disease. It is a tragedy to lose a patient to a malignancy that is not only curable but also preventable. And this disease kills more American men and women than any cancer except lung cancer.

The Centers for Disease Control (CDC) estimates that routine screening for patients 50 and older would save nearly 20,000 lives each year and prevent the need for adjuvant treatment in an additional 20,000. Currently, only 37 percent of colorectal cancers are discovered at an early stage—when the five-year disease-free rate tops 90 percent with appropriate therapy. Because precancerous polyps cause no symptoms and 75 percent of cancers occur in patients with no known risk factors or family history, only widespread



screening will achieve these reductions in incidence and mortality; but the CDC reports that currently fewer than one half of the at-risk population is appropriately screened.

Although a variety of recommended screening schedules exist, the American Society of Gastrointestinal Endoscopy states, “Colonoscopy is the preferred modality for colorectal cancer screening in average-risk patients.”

Newer screening methods are under evaluation and include virtual colonoscopy with computerized tomography colonography, capsule video endoscopy, and fecal testing with either immunochemical detection of the human globin molecule or evaluation of shed DNA. But whatever screening method you and your patient choose, the main thing is to “get 'er done.”

For more information go to www.cdc.gov/cancer/colorectal.

Salem Cancer Institute Advisory Board

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Oncology Connections is produced 6 times yearly by Nancy Boutin, M.D., and the Marketing and Communications department at Salem Hospital. Please address questions or correspondence to nancy.boutin@salemhospital.org.

Smashmouth Support Group

“...we feel very lucky for the amazing doctors we’ve had. I just feel there should be a next step.”

“Tell me about the Head and Neck Cancer Support Group, and what more do you need from your doctors?”

This question prompted the following essay, written by Carolyn Craig, wife of cancer survivor Michael Craig. And while we all know that “the patient is the one with the disease,” in reality the whole family lives with the diagnosis—as Carolyn’s comments illustrate. Oncology patients and their spouses often speak in the first-person plural. At a visceral level, they seem to share the disease in a way that may not be seen in other medical conditions. Carolyn’s perspective also underscores the opportunities we have in this community to improve the experience of cancer patients during treatment and long after.

This group has come together due to life-threatening/changing circumstances and created a family. Many of us share the same story to the point we can finish a thought for each other. We all look forward to our next meeting, whether it’s a gabfest just catching up or a professional talking about our many and varied side effects and how to best monitor our health.

We can always find a reason for a celebration: Halloween mask decorating, Christmas gift exchanges and, of course, food—right now we’re planning a

summer barbecue. The common complaint is taste and saliva, so we started the “smashmouth potluck” to share recipes and ideas. This, of course, was Mike’s brilliant idea, as he always says, “If I can smash it against the roof of my mouth and it goes down, then it’s good.”

We share newsletters and subscriptions and solicit sample products such as dry-mouth aids. We learn little tricks and tips from each other and, most important, we laugh—a lot! The battle we’ve all faced and the curveballs thrown at us could easily consume us, but as a group we pull together to give compassion, understanding and strength. We find it therapeutic to help one another and open our hearts to new members. We remember our own fear and struggle coming to terms with our diagnosis, and we understand the turmoil they’re suffering. Highs and lows, good and bad, we’re there as a team and it feels great!

Physically, we are drained and attempting to heal yet are continuously faced with side effects that might not even show up for many months post-treatment. Emotionally, we’re reeling from what we’ve just endured, the fears of “what ifs” and trying to adjust to the life-changing side effects. We go to our checkups like clockwork and watch for and address issues as they manifest themselves, but in

many ways we’re blindly stumbling along, wondering, *What’s next? or Is this normal?*

We would like our doctors to come to the group and discuss the latest information regarding treatments for side effects and maintenance of our overall health. As cancer survivors we need follow-up care that encompasses all aspects of our health and well-being. Each of us has expressed how we almost feel abandoned. Treatment is over, yet our physical and emotional beings are anything but okay. All head and neck survivors have common problems of lack of taste, lack of saliva and oftentimes trouble swallowing. Proper nutrition is critical to healing, and yet these people are struggling just to get down solid food let alone find good nutrition. We need guidance.

I am in no way criticizing our medical team. In fact, we feel very lucky for the amazing doctors we’ve had. I just feel there should be a next step.

But in the meantime, we have each other. Throw in our cheerleaders, Robyn and Tristi, who head up our group, add a mix of spouses (that’s a whole new bag of worms) and you’ve got yourself a pretty great bunch of people. I know I speak for all of us when I say how thankful we are to have each other to share this journey.

The Head and Neck Cancer Support Group meets on the third Tuesday of every month at the Mid-Valley Cancer Care Community, 880 Winter Street NE (near the intersection with D Street). Meetings begin at 6 p.m. Please see www.mvcancercare.org for more information. If your patient wants to join the online support group, please have him or her send an e-mail to the moderator at Bstrong4us-subscribe@yahoogroups.com.



Board Member Profile

—Evelin Dacker, M.D.
A Holistic Approach to Cancer Care

The tagline for Dr. Evelin Dacker’s family medicine practice is *Western medicine with an open mind.*

A broad array of opportunities throughout her education has provided Dr. Dacker an understanding and an appreciation of healing traditions that span cultures and centuries. Undergraduate degrees in psychobiology and anthropology from Hamilton College, a small liberal arts institution that prides itself on promoting independent thought, led her to study indigenous medical practices in Latin America. Later, as a medical student at Case Western Reserve University, she spent time with American Indian healers in Colorado. After a “very traditional” family medicine residency in Martinez, California, she continued her medical education by attending conferences in integrative medicine with Andrew Weil, M.D., at the University of Arizona—the first program of its kind in the United States. She also keeps current with continuing medical education in nutrition, which she calls “a real passion of mine.”

Now, faced with a patient exhibiting common Western disease states such as hypercholesterolemia or hypertension, Dr. Dacker is likely to strongly encourage lifestyle change and better nutrition in addition to doling out the latest medication. And though she doesn’t use “alternative” modalities in her own practice, she believes that her familiarity with them allows patients to be more forthcoming about what else they are taking or doing outside her office.

Dr. Dacker’s interest in a holistic approach to problems faced by cancer patients prompted her to submit her name for election to the Salem Cancer Institute Advisory Board. She hopes that her blend of allopathic training and awareness of “what’s out there in the community—what works and what doesn’t” will benefit a group of patients who, at times, fall prey to fads and charlatans. She also hopes to educate her colleagues in methods of symptom management that have not traditionally been taught in U.S. medical schools.

“If I can, in any way, help to make this community more positive and a better place for people to live—with and without disease,” says Dr. Dacker, “then that’s why I’m here.”





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Cancer Program Review

“With all the work done by physicians and staff... we anticipate a favorable review.”

On May 8, 2008, Ann P. Carter, M.D., will arrive to review the Salem Health cancer program for approval by the American College of Surgeons Commission on Cancer. With all the work done by physicians and staff to ensure the highest quality of care for our patients, we anticipate a favorable review. As with everything we do, however, it's always a matter of “telling our story.” For the next few months, members of the Cancer Committee will be organizing all the papers necessary to document the efforts undertaken on behalf of our program and the results achieved. Please wish them well!



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Evelin Dacker, M.D.*

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