EASTCHESTER CENTER FOR CANCER CARE

ECCC 2006– ISSUE 3

BRINGING HOPE HOME

AUGUST 2007

INSIDE THIS ISSUE:

SPECIAL POINTS OF INTEREST:

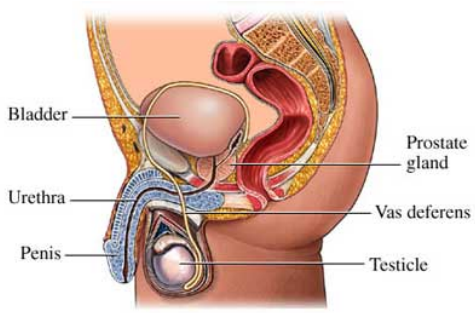
- New clinical trials available!
- Visit our Newly designed website to sign up and receive periodic newsletters
- Free Prostate exam
- IGRT
- Caregiver Support Group

FROM THE DR'S DESK:

PROSTATE CANCER

Clinical Discussion: By Avi Retter, MD

Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy. Men at high risk (African-American men and men with a strong family of one or more first-degree relatives (father, brothers) diagnosed at an early age) should begin testing at age 45. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.



Information should be provided to all men about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that they can make an informed decision about testing.

Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also, not offering testing is not appropriate.

DISCUSSION

Despite the above recommendations, it should be noted that there are currently no convincing data from randomized. controlled screening trials that show benefits

As mentioned above, although there are multiple screening options (as no single test is of unequivocal superiority), most recommend that patients with an average risk for colorectal cancer should be offered yearly FOBT (two samples from each of three consecutive stools with any positive test followed by colonoscopy), and flexible sigmoidoscopy every 5 years. Patients with higher than average risk for colorectal cancer should be offered screening as appropriate for their specific condition.

There is no "one size fits all" treatment for prostate cancer, so each man must learn as much as he can about various treatment options and, in conjunction with his physicians, make his own decision about what is best for him.

For most men, the decision will rest on a combination of clinical

Continued on Page 2

MANAGING SIDE EFFECTS

WHAT IS PERIPHERAL NEUROPATHY AND HOW IS IT RELATED TO CHEMOTHERAPY?

The body's nervous system is divided into two major systems; the central nervous system and the peripheral nervous system. The peripheral nervous system is also divided into two major parts, the somatic nervous system and the autonomic nervous system. The somatic nervous system consists of peripheral nerve fibers that send sensory information to the central nervous system and motor nerve fibers that send signals to skeletal muscle. The autonomic nervous system controls smooth muscle of the viscera (internal organs) and glands.

Peripheral neuropathy results from some type of damage to the peripheral nerves. Certain chemotherapy drugs can cause peripheral neuropathy such as vinca alkaloids (vincristine), cisplatin, paclitaxel, and the podophyllotoxins (etoposide and tenoposide). Other drugs used to treat cancer

Continued on Page 2

PROSTATE CANCER

Continued from Page 1

and psychological factors. Men diagnosed with localized prostate cancer today will likely live for many years, so any decision that is made now will likely reverberate for a long time. Careful consideration of the different options is an important first step in deciding on the best treatment course.

Consultation with all three types of prostate cancer specialists—a urologist, a radiation oncologist and a medical oncologist—will offer the most comprehensive assessment of the available treatments and expected outcomes.

For further information or inquiries please contact Dr. Retter at ECCC or email him at retter@eastchestercenter.com.

MANAGING SIDE EFFECTS

Continued from Page 1

such as thalidomide and interferon also can cause peripheral neuropathy.

Individuals at greatest risk of peripheral neuropathy associated with chemotherapy are those with preexisting peripheral neuropathy from conditions such as:

- Diabetes
- Alcoholism
- Severe malnutrition
- Previous chemotherapy

Symptoms of peripheral neuropathy:

- Numbness, tingling (feeling of pins and needles) of hands and/or feet
- Burning of hands and/or feet
- Numbness around mouth
- Constipation
- Loss of sensation to touch
- Loss of positional sense (knowing where a body part is without looking).
- Weakness and leg cramping or any pain in hands and/or feet
- Difficulty picking things up or buttoning clothes

Areas affected by neuropathy:

- Fingers and toes (most common) This may move gradually upward in a stocking-glove type fashion.
- Bowel. May cause or worsen constipation
- May lead to conditions such as ileus (intestinal blockage).

Other; face, back, chest.

Although some of the signs of neuropathy may appear suddenly, this change in sensation usually builds gradually and can worsen with each additional dose of chemotherapy. It is usually strongest right after a chemo treatment, but tends to lessen just before the next treatment. The symptoms usually peak about 3-5 months after the last dose of treatment is taken. The abnormal sensations may disappear completely, or lessen only partially; they may also involve less of the body. If neuropathy diminishes, it is a gradual process usually requiring several months. However, in some cases it may be irreversible and never diminish in intensity or the area of the body affected.

Things you can do (the patient) to minimize the effects of chemotherapy-based neuropathy:

Various techniques have been tried by patients and recommended by physicians to prevent, lessen the severity or treat chemotherapy side effects such as peripheral neuropathy. There is no "one-size-fits-all" regimen that works for everyone. Much of the treatment is based on trial and error, and finding what combination of interventions works for the individual.

Report any unusual feeling you may have to your health care professional. Let them know if you are experiencing any of the above symptoms, so they can assess.

Follow instructions regarding rest and delays in treatment.

Be active in decisions regarding treatment versus quality of life.

PROTECTION AND SAFETY AGAINST PERIPHERAL NEUROPATHY:

Protect areas where sensation is decreased (example; do not walk around without foot wear). Wear thick socks and soft soled shoes.

Extreme temperature changes may worsen symptoms.

Wear warm clothing in cold weather. Protect feet and hands from extreme cold.

Use care when washing dishes or taking a bath or shower do not let the water get too hot.

Use potholders when cooking.

Use gloves when washing dishes, gardening.

Inspect skin for cuts, abrasions, burns daily, especially arms, legs, toes and fingers.

SIMPLE COMFORT MEASURES:

- Massage
- Flexible splints
- Lotions and creams

Eat foods high in fiber like fruits (pears, prunes), cereals, and vegetables.

Drink two to three liters of non-alcoholic fluids (water, juices) each day; unless you are told otherwise by your doctor.

Exercise twenty to thirty minutes most days of the week, as tolerated, and if okay with your doctor. A lot of patients find that walking for exercise is convenient and easy to do.

If you have been prescribed a "bowel regimen," make sure you follow it exactly.

Other tips to combat or minimize chemo-based neuropathy:
Some patients have found techniques such as deep breathing, relaxation and guided imagery helpful particularly to help with pain associated with neuropathy.

Drugs/treatment changes or therapies that may be prescribed by your doctor:

Chemotherapy treatments may need to be interrupted or the dose adjusted to prevent worsening of this side effect.

Use of vitamins particularly those in the B-complex family.

Control of neuropathic pain:
Pain relievers (analgesics)

Antidepressant (such as amitriptyline)

Antiseizure medications (such as gabapentin)

Therapies:
Physical therapy may help with strengthening of muscles that are weak. Usual exercises are range of motion, stretching and massage. Also can recommend assistive devices such as orthotic

MANAGING SIDE EFFECTS

Continued from Page 2

braces, canes, and appropriate splints.

Occupational therapy may also be of help with assistive devices for activities of daily living.

Therapies such as biofeedback, acupuncture, or transcutaneous nerve stimulation (TENS) may also be recommended/prescribed in severe cases.

When to call your doctor or health care professional:
Notify your health care professional if you are experiencing the above symptoms.

Unrelieved pain.

Constipation despite laxative use.

Note: *We strongly encourage you to talk with your health care professional about your specific medical condition* and treatments.

TOWN HALL

What's new at ECCC?

RADIATION THERAPY

We have just implemented a new technology in our radiation department;

IGRT (Image Guided Radiation Therapy)

Please ask Dr. Boselli or Dr. Rosenbaum to learn more about this new treatment option.

CLINICAL TRIALS

We have several new clinical studies underway . Please ask your physician about available studies to see if you may be eligible to participate. You can contact Dr. Karen Hoffman directly at 718-732-4029,to learn more about the various studies

CAREGIVER SUPPORT GROUP

We are pleased to announce the formation of a caregiver support group facilitated by Alma Otoole. Please give her a call for more information. Alma can reached at 718-931-8126 or 917-370-1650

EXERCISE FOR HEALTH

Fatigue is a frequent and severe problem of cancer patients undergoing treatment. Several studies have reported that more than 60% of cancer patients experience substantial fatigue during chemotherapy; moreover, about 30% of patients are not able to carry out usual daily activities after concluding therapy due to this symptom.

Fatigue is often considered to be an inevitable result of disease and therapy. Side-effects of oncological treatment such as anemia, corticoid-induced myophathy, and cardiotoxicity can severely affect the patient's functional ability. To reduce the intensity of fatigue, patients are frequently advised to downregulate their daily activities and to avoid exertion. However, the result of this recommendation can be paradoxical. Patients reduce their activity to a minimum; therefore, due to the lack of exercise, they lose muscle mass and cardiorespiratory fitness. Hence, activities requiring physical effort become increasingly strenuous. A vicious circle is created in which patients avoid exertion due to rapid exhaustion and physical performance is reduced by lack of exercise. This mechanism has been postulated as an

Continued on Page 4

NUTRITION CORNER

ASK PAULA?

Question: Paula, is there a special food that I should be eating to battle fatigue?

Answer:

Fatigue is often the most distressing side effect of cancer. Chemotherapy and radiation can cause extreme fatigue and patients often find they cannot do the simplest things that they are accustomed to doing. Fatigue may be caused by low red and white blood counts, dehydration and poor nutrition. Since patients often experience loss of appetite and changes in taste and smell which make old favorite foods less appealing, diet and nutrition become very important in fighting cancer related fatigue.

Small, frequent meals throughout the day are often helpful when a patient is experiencing nausea and vomiting. Protein is a very important nutrient because it helps to repair damaged body tissue. Some very good sources of protein are fish, chicken, turkey, lean beef, eggs, beans and peanut butter. Complex carbohydrates such as whole grains, fruits and vegetables also give the body long-lasting energy. Sipping fluids (water, juice, Gatorade) throughout the day can help ward off dehydration which is also a cause of fatigue.

Current research shows that exercise has been proven to boost energy. A moderate walk can not only lessen fatigue, it can also lead to improved digestion and increased appetite.

Please visit us on our website!

www.eastchestercenter.com

EASTCHESTER CENTER FOR CANCER CARE

2330 Eastchester Road
Bronx, NY 10469

Phone: 718-732-4000
Fax: 718-881-3035
E-mail: info@eastchestercenter.com

The Eastchester Center for Cancer Care is a state-of-the-art cancer treatment center providing unparalleled cancer care for the Bronx, Queens, Westchester and greater New York. We are conveniently located off all major highways and have free parking to make your visit as convenient as possible. Please contact us to learn more about the services we provide.

Eastchester
CENTER FOR CANCER CARE

BRINGING HOPE HOME

EXERCISE FOR HEALTH

Continued from Page 3

etiologic factor for the long-lasting fatigue frequently observed in cancer patients.

A new approach is therefore required in order to implement successful treatment of fatigue. Patients do not need rest but physical exercise, in order to restore their normal physical performance. Exercise results in a substantial increase of muscle mass and stamina. Therefore, daily activities are less strenuous and patients find it easier to cope with them. Based on this, interest has developed on the effects of exercise as therapy for cancer-related loss of physical performance and fatigue..

Furthermore, physical activity can also improve mood and reduce mental stress of cancer patients undergoing chemotherapy. Self-esteem and independence of patients increase as their functional ability improves.

Note: *Please consult with your health care professional before you begin any exercise program.*

COMMUNITY BULLETIN

- Free Prostate Screening Aug 5, 2007

(There will be a mobile unit right next door to our center)

MENTAL HEALTH

"Being defeated is often a temporary condition. Giving up is what makes it permanent.."

---Marlene vos Savant